

**SURVIVING RISK: THE TRANSLATIONAL LABOR OF COMMUNITY
VIOLENCE INTERVENTION WORKERS IN SERVICE TO
LABELED LIVES**

A Dissertation
Submitted to
the Temple University Graduate Board

In Partial Fulfillment
of the Requirements for the Degree
DOCTOR OF PHILOSOPHY

by
Dijonee A. Talley
December 2025

Examining Committee Members:

Jamie J. Fader, Advisory Chair, Criminal Justice
Jason Gravel, Criminal Justice
Jennifer D. Wood, Criminal Justice
Rod K. Brunson, External Reader, University of Maryland

©
Copyright
2025

by

Dijonee A. Talley
All Rights Reserved

ABSTRACT

This study examines how community violence intervention (CVI) program workers and clients navigate risk, institutional expectations, and lived survival. While most CVI research evaluates reductions in violent crime or changes in individual-level risk factors, less attention has been given to the everyday labor required to sustain these efforts and the tensions that shape them, or the perspectives of those most directly targeted by interventions. Drawing from semi-structured interviews with staff and clients across three models—focused deterrence, street outreach with credible messengers, and hospital-based violence intervention—this study investigates how workers define their role, legitimize their expertise, and struggle to make client progress legible to external stakeholders, as well as how clients themselves understand and adapt to community gun violence in ways that both corroborate and complicate program framings of risk.

The analysis reveals how frontline staff balance relational practices—trust, persistence, and recognizing incremental progress—with institutional pressures to produce standardized metrics and demonstrate efficiency. These dynamics are captured in what I describe as translational labor: the ongoing negotiation CVI workers perform to hold together the nonlinear, relational realities of client change with the rigid, categorical demands of institutions. This is less about seamlessly converting one world into the other than about improvisation, compromise, and selective representation. Clients, meanwhile, describe both the value and the limits of these interventions. Their accounts show how “risk” is lived: as survival strategies under conditions of poverty, instability, and violence as well as moments of stabilization and opportunity that CVI programs help to create.

Altogether, the study shows that CVI workers sustain legitimacy on two fronts—relational with clients and institutional with funders—while contending with persistent misalignments between them. These findings underscore the need for performance measures that account for structural context and the limits of individual-level change. Finally, while CVI programs are indispensable, they cannot substitute for robust investments in housing, education, and economic opportunity. By critically examining these dynamics, the study not only advances scholarly debates on risk and governance but also informs policy and practice, highlighting what is required for CVI to move beyond short-term risk reduction and toward long-term community stability and mobility.

This dissertation is dedicated to my late great-grandfather, Leroy Talley, who passed away after my first year in the program. He instilled in me a deep appreciation for the power and resilience of our family name. Now I get to put “Dr.” in front of it.

ACKNOWLEDGMENTS

I am writing these acknowledgements in the summer of 2025, 4 months after being laid off due to federal funding cuts. While this, what I'm calling my "unpaid sabbatical" isn't ideal, it has given me the opportunity to slow down significantly to complete this project with the love and care it deserves. I've lived four lives since I started this program, and the roots of my growth trace back to my time at Temple. What I learned and lived there became the groundwork for this project and everything it represents. For that, I owe a great deal of gratitude to so many people I've met along the way.

I have to thank my chair, Dr. Jamie Fader, who has been my advisor since day one. We've grown in such a way that she is both my mentor and an incredible friend. This last decade has been a roller coaster of a ride for me—not just academically, but personally and professionally. I could always count on you to be there for it all, with patience and support no matter where I was in my journey, consistently meeting me where I was with the realness I needed, both stern and loving, to get me back on my way. I also need to thank my other committee members, Dr. Jen Wood and Dr. Jason Gravel, and Dr. Rod Brunson, for supporting this project and providing incredible feedback that took this labor of love to the next level. I also appreciate the guidance and feedback from my other academic mentors along the way – Caterina Roman, Kendell Coker, and Venezia Michalsen.

This project would not have been possible without the Stoneleigh Foundation and my experience as an Emerging Leader Fellow working with the Health Promotion Council and CeaseFirePA. Special thank you to Marie Williams, my Advocacy Institute

students, Victor Jackson, OURhive and the People’s Lot for all of the incredible youth and community work that fed my spirit and my thinking. When I made the transition back home to Connecticut, armed with new perspectives on gun violence, New Haven embraced me like I never left. I have to acknowledge Carlos Sosa-Lombardo, who stole me from Mayor Elicker’s office to help lead the development of the inaugural Office of Violence Prevention portfolio, and all of the community-based violence prevention organizations and partners that make that work what it is—Connecticut Violence Intervention and Prevention, Project M.O.R.E., Project Longevity, and Yale New Haven Hospital’s hospital-based violence intervention program. Special thanks to Leonard Jahad, Raquel Ferguson, Dr. James Dodington, and Quintarus McArthur especially for their support on this research.

I wouldn’t have survived my earliest days in the program if it weren’t for my grad student family, beginning first with Eva—who went from my classmate, to roommate, and now my sister. Wallace Street was a ride and I wouldn’t have wanted to do Philly with anyone else! Special shout outs to Katorah, Juwan, and Abbie, who to this day, I can call on for anything—academic or otherwise.

For my family, my backbone—thank you for your patience. When I started this journey, I know none of you thought it would take 10 years but we did it. My tribe of dear friends, so much love for the endless support and joy in between all of the milestones that led here. I can’t thank you enough – Dericka, Kyle, Maija, Qadry, and Tayler. And to Michael, you weren’t here for the whole ride, but you definitely helped pull this 27th grader across the finish line. Thank you for everything.

TABLE OF CONTENTS

	Page
ABSTRACT	iii
DEDICATION	v
ACKNOWLEDGMENTS	vi
LIST OF TABLES	xiii
CHAPTER	
1. INTRODUCTION	1
2. LITERATURE REVIEW	9
Risk Discourses in Crime Control	11
Actuarial Risk and the New Penology	13
Labeling Theory and Youth Risk Discourse.....	17
Risk-Based Approaches to Community Gun Violence Prevention	19
Focused Deterrence.....	20
Street Outreach.....	21
Hospital-Based Violence Intervention Programs.....	22
Street-Level Bureaucracy and Inhabited Institutionalism.....	23
Research Gaps.....	26

3. THE STUDY	30
Research Questions.....	32
Data Collection	36
In-Depth Interviews with Community Violence Intervention Staff.....	37
In-Depth Interviews with Community Violence Intervention Clients.....	37
Sampling	38
Recruitment.....	40
Participant Privacy, Safety, and Well-Being	44
Analysis.....	45
4. DEFINING COMMUNITY VIOLENCE INTERVENTION WORK	47
Root Causes and Aggravating Factors	48
Family Dynamics	49
Social Media as an Accelerant.....	57
Access to Guns and Lethality	60
Addressing Risk vs. Root Causes	61
Immediate and Basic Needs as Program Strategy	62
The Limits of Community Violence Intervention Program Responsibility.....	64
Chapter Summary	69

5. LEGIMITIZING COMMUNITY VIOLENCE INTERVENTION WORK.....	71
Relational Legitimacy: Building and Sustaining Client Trust.....	72
Foundations of Trust-Building.....	73
(Not) Talking About Risk.....	77
Coaching Change, Not Controlling It.....	83
Trust-Building Through Persistence and Continuity	86
Institutional Legitimacy: Demonstrating Credibility Across Systems	89
Access and Institutional Reliance	90
Embodied Risk.....	93
Consistency and Relentless Responsiveness	97
Hybrid Expertise as Legitimacy.....	100
Hybrid Expertise as Practice	101
Hybrid Expertise as Credential	102
Hybrid Expertise as Organizational Strategy.....	104
Legitimacy Through Institutional Endorsement	107
Chapter Summary	112
6. THE COSTS AND LIMITS OF TRANSLATIONAL LABOR	113
Translating Risk for Eligibility	114
Readiness as a Wildcard	120

Client Narratives of Readiness.....	122
Denzel	123
Tony	123
Curtis.....	124
Readiness Muddies Eligibility and Metrics	125
Translating Performance.....	126
Time as Performance	127
Counting Clients, Doing Numbers.....	128
Nonevents and “Invisible” Outcomes.....	130
Accountability in Crisis	131
Chapter Summary	132
7. DISCUSSION AND IMPLICATIONS.....	134
Main Findings.....	134
Limits of CVI Responsibility in Addressing Risk vs. Root Causes	135
Relational Legitimacy.....	136
Institutional Legitimacy	137
Translational Labor.....	139
Limitations	140
Implications and Contributions.....	142

Theoretical Implications	142
Policy and Practice Implications.....	144
Empirical Contributions to CVI Research	147
Future Research	149
Conclusion	151
REFERENCES	153
APPENDICES	
A: IRB APPROVAL LETTER.....	166
B: CERTIFICATE OF CONFIDENTIALITY	167
C: CVI STAFF INTERVIEW GUIDE	168
D: CVI CLIENT INTERVIEW GUIDE	170
E: SAMPLE RECRUITMENT EMAIL	172
F: CVI STAFF RECRUITMENT FLYER.....	173
G: CVI CLIENT RECRUITMENT FLYER.....	174
H: MAIN LEVEL CODEBOOK	175

LIST OF TABLES

Table	Page
1. Homicides and Non-Fatal Shooting Victims in New Haven, 2013-2023.....	32
2. CVI Staff Participant Characteristics.....	43
3. CVI Client Participant Characteristics.....	43

CHAPTER 1

INTRODUCTION

Gun violence remains one of the most urgent public health and social justice challenges in the United States (Braga, 2021). While firearm suicides constitute the majority of gun deaths (Kim et al., 2025), the public and political spotlight for prevention has long centered on urban interpersonal violence—especially shootings involving Black and Brown youth and young adults—where political will often manifests in the form of crime control and “tough on crime” policies. In the late 1980s and 1990s, this demographic became the subject of intense scrutiny and fear. During this period, rates of violent crime among young people surpassed those of adults for the first time (Blumstein, 2002; Fox, 1996). Between 1983 and 1992, arrests of Black youth for violent crime rose by 82%, largely driven by robbery and homicide (Hawkins et al., 2000).

These shifts gave rise to enduring cultural and political narratives. Scholars such as John DiIulio (1995) warned of a “demographic time bomb,” forecasting a surge of “super crime-prone males” ages 14 to 17 and disproportionately Black, who were predicted to unleash unprecedented violence. Others, such as Fox (1996), spoke of a new class of menacing, unsupervised, gun-carrying adolescents suffering from “moral poverty.” Though these predictions were empirically unfounded as violent crime began to decline even before they were articulated (Zimring, 2013), their influence was profound. The “superpredator” discourse cemented a powerful racialized association between young Black men and violent criminality, justifying punitive policies that reverberate today.

The legacies of this moment illustrate how discourses of risk take on a life of their own. Even as national homicide rates declined sharply in the late 1990s and 2000s, policies and practices rooted in surveillance, exclusion, and selective incapacitation persisted (Carrion & Schiraldi, 2022; Garland, 2001; Ryan, 2012). Young people of color in urban communities remain disproportionately targeted for both punitive enforcement and preventive interventions. Whether through stop-and-frisk policing or risk-based sentencing, Black and Brown youth continue to live under the weight of being deemed “high-risk” (Lewis, 2022; Wendel et al., 2022).

At the same time, communities most affected by violence have also generated innovative responses outside the criminal legal system. Community violence intervention (CVI) programs—including focused deterrence, street outreach with credible messengers, and hospital-based violence intervention programs (HVIPs)—have proliferated, fueled by new streams of public and philanthropic funding (Department of Justice, 2023; Giffords Law Center, 2021). These programs aim to interrupt cycles of violence, provide support to those at highest risk, and build trust in communities where traditional institutions have often failed. With the 2022 Bipartisan Safer Communities Act and the creation of the White House Office of Gun Violence Prevention in 2023, CVI gained unprecedented visibility and political support (White House, 2024).

These developments represented an historic moment: for the first time, the federal government formally acknowledged community-based intervention as a critical pillar of national violence prevention strategy. Yet this momentum has proven fragile. Beginning in early 2025, the current administration disbanded the White House Office of Gun Violence Prevention and rolled back federal investment in CVI programs (Brennan

Center for Justice, 2025; Zaller et al., 2025). This political reversal underscores both the precarity of the field and the importance of understanding how these programs make their case for legitimacy in the absence of sustained government commitment. Funders, including local governments and philanthropic actors, must now weigh whether and how to continue investing in CVI when federal support wanes. Research such as this, which examines the everyday labor of making CVI legible and credible, is thus as important now as it was during the peak of federal investment—if not more so.

Yet and still, enthusiasm for CVI has and continues to outpace our understanding of its inner workings. Research has largely focused on evaluating aggregate outcomes, such as crime reduction, re-injury rates, or individual-level risk factors (Braga et al., 2018; Cooper et al., 2006). Much less attention has been given to the everyday labor of frontline workers who must deliver on these goals under conditions of high need, scarce resources, and competing institutional demands. CVI workers are asked to engage clients whose lives are marked by instability, to demonstrate measurable progress on timelines set by funders, and to sustain legitimacy with both communities and institutions. Clients, for their part, navigate not only their exposure to violence but also the labels, expectations, and interventions that come with being targeted as “high-risk.” These dynamics raise pressing questions about how prevention is actually practiced. This dissertation takes up those questions, tracing how CVI workers translate the broad aims of prevention into the realities of everyday work.

The current study shifts focus from programs as abstract models or outcome-producing machines to the lived and negotiated practices that make CVI possible. Central to this is the concept of translational labor: the ongoing negotiation CVI staff perform as

they move between institutional logics and community realities. Translational labor is not a matter of mechanically converting one set of terms into another; rather, it is improvisational and strategic. It involves deciding when to stretch eligibility rules to preserve trust, when to defend patience as progress, and when to frame nonevents (a shooting that did not happen, a conflict that was quietly de-escalated) as evidence of success, or to reframe failures as partial progress. These negotiations shape how violence prevention is both practiced on the ground and understood by those who fund and evaluate it.

The inquiry is guided by two central research questions, each with their own set of sub-questions.

1. How do workers across different types of CVI programs understand and approach the work of violence reduction with their clients?
 - a. How do they define “high-risk” or “at-risk” for being involved in gun violence?
 - b. How do they identify “high-risk” or “at-risk” clients? What is their theory of change and strategies for achieving violence prevention (risk reduction) with their clients?
 - c. How do they define success in their work?
2. How do CVI clients understand and adapt to community gun violence?
 - a. What do they perceive as risks related to community gun violence?
 - b. How do they adapt to their evolving understanding of risks and its consequences as they age into adulthood?

- c. What are their experiences with systems of care and services that are deployed to address risk?

Together, these questions allow the study to illuminate both sides of the intervention encounter: the translational labor of staff and the lived experiences of clients that contextualized that labor.

This study is significant on several levels. For policymakers and funders, it highlights the risks of measuring CVI success only through narrow metrics of crime reduction or recidivism, showing how such approaches can obscure the relational and improvisational work that makes interventions possible. For practitioners, it illuminates the strategies frontline workers use to sustain legitimacy with both clients and institutions, providing insights that may inform training, organizational support, and program design. For communities, it underscores the stakes of aligning institutional expectations with lived realities: when these worlds diverge, trust frays and opportunities for long-term stability and mobility are undermined. Theoretically, this research advances criminological understandings of discretion, legitimacy, and governance by conceptualizing translational labor as a central feature of community-based prevention.

While these dynamics resonate nationally, the study grounds its analysis in New Haven, Connecticut—a city of nearly 135,000 residents (Seaberry et al., 2021), notable both for its reputation as one of the most violent cities in the state and as the home of Yale University (Ospina, 2023). In 2011, New Haven’s violent crime rate was more than five times the national average (Sierra-Arevalo et al., 2016; Smith & Cooper, 2013). Though violence declined through the mid-2010s, homicides and non-fatal shootings spiked again in the years leading up to this study (New Haven Police Department, 2024).

In response, the city created a Department of Community Resilience (DCR) in 2021, tasked with coordinating violence prevention, crisis response, and reentry services (Zaretsky, 2021). Within this infrastructure, CVI programs—focused deterrence, credible messenger outreach, and HVIP—became central components of the city’s multi-pronged violence reduction strategy. New Haven provides a strategic lens because multiple CVI models coexist within a single mid-sized city, offering a microcosm of the national field. This local context exemplifies the broader national story: programs designed to engage those deemed “high-risk” must navigate the legacies of racialized risk discourses, the pressures of accountability systems, and the lived realities of young people striving to survive and thrive amid structural disadvantage.

By examining the negotiations and tensions that shape CVI work, this study advances both empirical and theoretical understandings. Empirically, it provides a rare window into the perspectives of frontline workers and clients, offering insights that extend beyond the metrics commonly used to judge program effectiveness. Theoretically, it bridges literature on risk, labeling, and street-level bureaucracy to conceptualize translational labor as a central feature of community-based prevention. Ultimately, the study argues that while CVI programs are indispensable, they cannot substitute for broader investments in housing, education, and economic opportunity. Aligning institutional demands with the lived realities of frontline work and client survival is critical if CVI efforts are to move beyond short-term risk reduction and toward long-term community stability and mobility.

Chapter 2 provides a comprehensive review of the literature that informs this study. It traces the development of risk discourses in crime control, the rise of actuarial

logics and the “new penology,” and the insights of labeling theory in shaping how young people are defined as “risky.” It also reviews community-based program models—focused deterrence, credible messenger outreach, and hospital-based intervention—and situates them within frameworks of street-level bureaucracy and inhabited institutionalism. The chapter concludes by identifying research gaps around the everyday labor of CVI staff and the tensions they navigate across institutional and community domains.

Chapter 3 outlines the methodological approach, describing the qualitative design. The study employs in-depth, semi-structured interviews with CVI staff and clients to examine how risk is conceptualized, communicated, and experienced. The chapter details the rationale for using qualitative methods, particularly the Life as a Film (LAAF) framework and narrative criminology, to elicit rich, reflective accounts of CVI clients’ experiences. It also describes the data collection processes, recruitment, and steps taken in the analytic process.

Chapter 4 is the first of three findings chapters. It examines how CVI workers understand the root causes of community gun violence and how those understandings align, or fail to align, with the scope of their work. The analysis explores how staff conceptualize structural drivers such as poverty, disinvestment, and racialized exclusion, and how these beliefs shape the limits of what they see as possible within program mandates. Insights from clients further illuminate these dynamics through their narrative histories and direct experiences with systems and services. Together, these perspectives reveal the tensions CVI workers face in balancing the urgency of immediate risk reduction with attention to underlying structural conditions.

Chapter 5, the second findings chapter, turns to the dual fronts of legitimacy. It analyzes how CVI workers build what I refer to as **relational legitimacy** with clients—through trust, persistence, and culturally fluent strategies—and how they simultaneously secure what I call **institutional legitimacy** with funders and partner agencies. These dynamics reveal how workers “sell” their work across two fronts: making programs credible to the people they serve and legible to the institutions that sustain them. Importantly, these competing systems of credibility-building overlap significantly, but elements of both are also at odds.

Chapter 6, the final chapter of findings, explores the tensions of program accountability. It traces how eligibility criteria, client readiness, and performance metrics become sites of friction where relational practices and institutional demands collide. The chapter introduces the novel concept of **translational labor** to explain how workers navigate these pressures—balancing community relationships and institutional expectations in ways that sustain program integrity, organizational legitimacy, and ultimately, their survival within competitive funding and policy environments.

Finally, Chapter 7 situates these findings within broader theoretical, policy, and practice debates. More specifically, it reflects on the implications of translational labor for theories of governance, and for the design, funding, and evaluation of CVI programs. The chapter concludes with recommendations for aligning institutional expectations with the realities of community-based practice, and for integrating CVI within a broader ecosystem of social investment in housing, education, and economic opportunity.

CHAPTER 2

LITERATURE REVIEW

Gun violence in the United States has become a leading issue of debate and concern. Though firearm suicides account for most gun-related fatalities (Davis et al., 2023; Kim et al., 2025) and mass shootings are often the most sensationalized in mass media (Schildkraut et al., 2018), it is undeniable that a great deal of government and philanthropic resources, political attention, and public fear are focused on interpersonal gun violence in urban areas. This is evidenced by unprecedented funding and the proliferation of programs to address urban gun violence (Giffords Law Center, 2021). This is for good reason. Firearm injury has become the leading cause of death for young people between the ages of 15 and 24, surpassing motor vehicle deaths for the first time (Goldstick et al., 2022). Community gun violence in particular rose almost 30% during the pandemic (Ssentongo et al., 2021), setting new records in cities across the country. Many jurisdictions have responded to this crisis by increasing funding to law enforcement and community-based violence intervention programs (Department of Justice, 2023; Giffords Law Center, 2021). In fact, there has been considerable bipartisan support for policies and appropriations focused on gun violence prevention, including the 2022 Bipartisan Safer Communities Act which, among other things, invested \$250 million to community violence intervention (CVI) programs (Everytown for Gun Safety, 2022).

Yet, crime and justice are not neutral domains. They are shaped by struggles over power, inequality, and narratives through which problems are defined (Beckett & Sasson, 2004; Foucault, 1977; Garland, 2001). Increased attention to community gun violence is

both celebrated and necessary given the scale of harm, but the ways in which the issue is framed profoundly influence the strategies pursued, the outcomes measured, and the power relations that emerge in the field.

The study was initially designed to examine how “risk” functions in these contexts, including how program staff define and apply it in their daily practice and how clients navigate and adapt to the label of being “high risk.” But what quickly became apparent during fieldwork was that risk discourse, while ever-present in the background, was not the most pressing dynamic in CVI work. Instead, what surfaced most vividly were the institutional negotiations. These negotiations included how organizations in the CVI space survive by making themselves trusted and credible to multiple stakeholders, from funders and policymakers to clients and community members, and how frontline staff carry out what I describe as translational labor. This work involves strategically applying or bending rules and mandated expectations of eligibility criteria and resource allocation to bridge institutional logics and community realities. These are critical decisions that work to not only protect their organizations’ survival, but also the survival of their clients.

To situate these dynamics, this chapter begins with risk—not because it captures the full story of CVI, but because it reveals the institutional logics that program staff must continually navigate. Reviewing scholarship on actuarial risk, labeling, and street-level bureaucracy highlights the enduring tension between how systems categorize individuals and how workers interpret and act on those categories in practice. These tensions become most visible in the CVI program models themselves, which I review at the end of the chapter.

Risk Discourses in Crime Control

Societal responses to gun violence—especially their fixation on youth—cannot be understood without situating them in the history of risk discourses in crime control.

While risk is not the central analytic lens of this study, it remains a defining institutional logic that shapes CVI work: structuring program models, eligibility criteria, and funding priorities. Understanding its conceptual and historical development helps explain why certain practices persist, and why frontline workers must constantly negotiate these inherited logics in their day-to-day practice.

The concept of risk and risk labeling exists within a broader context of historical processes tied to the sociology of punishment and governmentality. This scholarship highlights how modern risk-based prevention strategies evolved, and why they take the forms they do today. As Beck (1992) argues, late modern institutions became increasingly preoccupied with anticipating and managing risk. Further, the very selection of which risks matter reflects cultural values as much as objective conditions (Douglas & Wildavsky, 1982). Risk did not simply enter crime control as a neutral concept; it became a dominant way of organizing institutional thinking, laying the groundwork for the translational labor, discretionary practices, and survival strategies explored later in this manuscript.

Despite decades of scholarly debate, risk remains an ambiguous term. It is variably framed as threat, danger, or vulnerability depending on disciplinary lens, and even technical versus everyday definitions diverge (Luhmann, 2002; Tulloch & Lupton, 2003). This ambiguity, however, is not weakness but strength. Precisely because it is so flexible, risk can be mobilized across policy domains—from finance to health to public

safety—to authorize intervention. As social theorist Foucault reminds us, discourse is not merely descriptive but productive: the ways we talk about risk shape how it is acted upon, embedding assumptions about predictability, manageability, and control (Foucault, 1972; Lupton, 1993).

Risk discourse in this sense functions as a technology of governance. It transforms uncertainty into a knowable object, one that can be surveilled, assessed, and managed. As Foucault (1977, 1991) and his interlocutors argued, surveillance and risk management become institutionalized techniques that normalize intervention in everyday life. Burchell and colleagues (1991) as well as Donzelot (1979) describe this as the rationality of governmentality: risk is less a fact than a way of rendering populations governable. For CVI workers, these discourses are not abstract—they are the background logics they must translate into practice, shaping what counts as prevention, progress, or failure.

Garland's (2001) culture of control shows how these dynamics intensified in late modernity. As social and economic insecurity deepened, institutions embraced increasingly punitive responses anchored in the language of risk. As he writes:

The risky, insecure character of today's social and economic relations is the social surface that gives rise to our newly emphatic, overreaching concern with control and to the urgency with which we segregate, fortify, and exclude. It is the background circumstance that prompts our obsessive attempts to monitor risky individuals, to isolate dangerous populations, and to impose situational controls on otherwise open and fluid settings. (Garland, 2001, p. 194)

This shift marked a turn away from reformist visions of rehabilitation and social inclusion toward a reliance on surveillance, exclusion, and incapacitation (Feeley & Simon, 1992). In this environment, experts gained growing authority to

classify, assess, and predict risk, promising not just to manage but to detect and prevent it in advance.

In sum, risk discourse has become a dominant way of framing crime and social problems, transforming uncertainty into something calculable, knowable, and therefore governable. For CVI programs, this backdrop is consequential: workers inherit logics that expect risk to be identified, classified, and managed, even when such expectations clash with community realities. The move from reformist ideals toward surveillance and exclusion reflects not just a cultural but a structural transformation in how institutions approach crime. These shifts paved the way for what Feeley and Simon (1992) describe as the “new penology”—an actuarial orientation that privileges managing risky populations over rehabilitating individuals. The next section turns to this actuarial turn, examining how risk management technologies and “high-risk” classifications structure opportunities and constraints for CVI practice.

Actuarial Risk and the New Penology

The rise of actuarial logics in crime control, most famously described by Feeley and Simon (1992), marked a fundamental shift away from rehabilitating individuals and toward managing populations deemed risky. This “new penology” reflects a managerial orientation in which the aim is less to understand or reform people than to assess the likelihood of future offending and apply controls accordingly. In this framework, prediction, surveillance, and classification are prioritized over narratives of individual change.

The embrace of actuarialism was not a sudden rupture but the culmination of longer tensions in penal governance. Throughout the twentieth century, policy and

practice oscillated between punishment and rehabilitation (Andrews & Bonta, 2010; Cullen & Gendreau, 1989). By the 1970s, rehabilitative optimism collapsed in the wake of Robert Martinson's (1974) now-famous claim that "nothing works" in offender rehabilitation. Reviewing over 200 studies and hundreds of thousands of cases, Martinson argued there was little consistent evidence that correctional programs reduced recidivism. Although he acknowledged some successes, the broader conclusion was widely interpreted as systemic failure. Punitive advocates used this to justify scaling back treatment, while reformers called for more rigorous and evidence-based interventions (Cullen, 2012; Lipsey & Cullen, 2007). The "nothing works" debate is thus credited with fueling the punitive turn of the 1980s and paving the way for actuarialism and the new penology.

Within this emerging framework, the individual gave way to the population. Feeley and Simon (1992) describe how correctional practice shifted toward identifying risk factors, calculating probabilities, and allocating resources to maximize efficiency. New technologies such as risk assessment instruments, predictive policing tools, and large-scale data systems enabled institutions to sort, rank, and manage individuals by their perceived threat level. This actuarial orientation recast criminal justice as an administrative project: the goal was not transformation but containment, not rehabilitation but risk management.

Critics argue that actuarial logics not only depersonalize but also actively shape the subjects they categorize. By reducing people to risk scores or group-level characteristics, these tools erase the social, historical, and relational contexts of crime (Harcourt, 2007). They produce "actuarial subjects" known primarily through statistical

likelihood, narrowing institutional responses to efficiency, surveillance, and control. In this sense, the new penology is not simply descriptive but a governing rationality, organizing how institutions imagine what is possible in responding to crime and risk.

Even amid critiques, actuarial approaches remain entrenched. Risk management is now routine not only in prisons and community supervision but also in the community-based infrastructures built as alternatives (Desmarais et al., 2016; Goddard, 2012; Quirouette, 2018). This is particularly evident in community violence intervention (CVI) programs, which rely on “high-risk” designations to identify clients. Individuals are frequently flagged through police intelligence, hospital referrals, or community networks that mark them as most likely to be involved in future violence. These classifications create pathways to services but also reproduce institutional narratives about who is dangerous, salvageable, or expendable. In this way, actuarial practices both expand opportunities for intervention and intensify the stigmatizing effects of risk labels.

Scholars have traced how community-based organizations inherit and reproduce these logics, even when they don’t utilize actuarial tools themselves. Quirouette (2018) shows that practitioners partnering with courts must continually negotiate competing framings of risk, at times reinforcing punitive categories while also advocating for recognition of structural conditions. Goddard’s (2012) study of Los Angeles youth-serving organizations similarly finds that service providers both embrace and resist surveillance-centered schemes of risk management. Hannah-Moffat (2015, 2016) demonstrates how risk and need are often conflated in practice, producing administrative responses that recast social needs as liabilities and obscuring the structural conditions that drive outcomes such as compliance or stability. **Together, this scholarship illustrates**

that CVI work is not outside the actuarial turn; rather, it operates within it, shaped by its logics while also creating spaces for translation, negotiation, and resistance.

By centering risk management over rehabilitation, actuarial logics complicate the aims of CVI. As responsibilized organizations (O'Malley, 2010), CVIs take on duties once reserved for the state, absorbing imperatives to identify, monitor, and reduce risk. Though framed as voluntary organizations working outside of the formal justice system, they nonetheless exercise forms of inclusionary control—a mode of governance in which access to services is conditioned on compliance and surveillance (Tomczak & Thompson, 2019). In this position, CVIs function as decision-makers that can include or exclude, producing the potential for “net-widening” as more individuals become subject to formalized forms of oversight. This responsibilized role creates “new sites and possibilities for governing” (Maurutto & Hannah-Moffat, 2006), leaving staff to continually reconcile institutional demands with client realities.

In practice, actuarialism can narrow what “success” can mean, reducing complex lives to probabilities and metrics that circulate easily across bureaucracies but often miss the texture of client change. Further, actuarial tools and logics do more than sort populations. They also attach enduring labels to individuals, shaping how they are seen by institutions and how they come to see themselves. Importantly, these logics operate even in the absence of formal numerical assessments: terms like “high-risk” and “at-risk” travel through organizational discourse and everyday practice as common currency, carrying predictive weight without a score attached. Labeling theory offers a critical lens for examining how such categories move from abstraction to lived identity, with consequences that extend far beyond their original intent. The next section turns to

labeling theory to explore how these designations shape both institutional responses and individual self-concepts

Labeling Theory and Youth Risk Discourse

Actuarial logics generate categories like “high-risk” that circulate across institutions, but it is labeling theory that explains how those categories take on social force. Risk designations become consequential not only when quantified but whenever they are named, repeated, and acted upon. Labeling theory shows how such classifications move from abstraction into lived identity, shaping both institutional responses and individual self-concepts.

Rooted in symbolic interactionism, labeling theory emphasizes that deviance is not an objective condition but a social construction produced through institutional reactions. Tannenbaum’s (1938) notion of the “dramatization of evil” describes how youthful misbehavior could crystalize into criminal identity; Becker (1963) argues that once someone is caught and labeled deviant, they are more likely to persist in that identity; Lemert (1967) and Schur (1965) demonstrate how such processes harden over time. Cooley’s (1902) “looking-glass self” and Merton’s (1948) “self-fulfilling prophecy” reinforce the same dynamic: people come to see themselves as others see them. A “high-risk” designation, then, is never a neutral descriptor—it is a social intervention that can reshape futures.

Empirical research bears this out. Besemer and colleagues (2017) found that convictions in emerging adulthood predict continued offending, and that children of convicted parents are disproportionately targeted by justice systems, magnifying intergenerational cycles of labeling. These effects are not evenly distributed: Black and

Latino youth are more likely to be flagged as “high-risk” in gang databases (Ball, 2025), subjected to exclusionary discipline in schools (Skiba et al., 2014), and surveilled (Rios, 2011). An intersectional lens further highlights how these dynamics compound. Race, class, gender, and neighborhood context converge to shape not only who is labeled “risky” but also the intensity and consequences of surveillance (Crenshaw, 1989). For example, young Black men in low-income neighborhoods may experience labeling in ways that differ from young women or individuals of other ethnicities who face overlapping but distinct forms of scrutiny. Labeling does not simply reflect inequality; it produces and sustains it.

The language of “at-risk” has become institutionalized across education, health, and juvenile justice since at least the 1980s (Nardini & Antes, 1991). While originally framed as a tool for identifying need, it now often serves as shorthand for pathology, tethering young people to deficit-based expectations. Scholars have long critiqued this framing and called for language that affirms potential rather than pathology, advancing prosperity-based frameworks (Rios et al., 2021). Policymakers have also begun to adopt this perspective. California, for instance, replaced “at-risk” with “at-promise” in state code to reduce stigma (Rios & Mireles-Rios, 2019). Yet despite these shifts, the designation persists as a flexible category through which institutions monitor and manage young people.

What labeling often obscures are the fuller, more complex identities of youth. Drakeford (2009) reminds us that offending is “only one element in a much wider and more complex identity” (p. 8), yet risk discourse elevates deficits over strengths. From a Foucauldian perspective, this represents a technology of control: labels normalize

surveillance, discipline, and exclusion. Kelly (2011) goes further, describing young people in such regimes as “governmentalised artefacts of expertise” (p. 432)—subjects continuously constituted by systems that claim authority over them.

Labeling theory underscores that risk is never merely descriptive but constitutive: it shapes self-concept, constrains opportunity, and can legitimize institutional responses that deepen inequality. These insights offer a useful lens for understanding how contemporary models of community violence intervention organize prevention. Focused deterrence, street outreach, and hospital-based interventions all rely on risk classifications to structure eligibility, services, and measures of success. Examining these models highlights how risk discourses are built into program design, shaping both the opportunities and constraints of CVI work.

Risk-Based Approaches to Community Gun Violence Prevention

Violent crime in the United States has again risen sharply in recent years, with the national homicide rate increasing by nearly 30% between 2019 and 2020—the largest single-year spike on record (Rosenfeld & Lopez, 2020). In 20 major cities, homicides rose 37% between May and June 2020 (Rosenfeld & Lopez, 2020). Scholars attribute these increases to structural and pandemic-related disruptions, including unemployment, housing instability, and racialized inequities (Schleimer et al., 2022). Yet this is not the first moment of crisis. From the 1960s through the early 1990s, homicide rates more than doubled, peaking in 1991 before declining for two decades (Cooper & Smith, 2011; Zimring, 2013). That earlier era produced one of the most enduring risk discourses in American crime policy: the “superpredator” thesis (Dilulio, 1995; Fox, 1996; Wilson, 1995). Though empirically disproven, it left a durable imprint by cementing the idea that

a cohort of “high-risk” young Black and Latino men were the predictable drivers of violence.

In the decades since, community-based approaches have proliferated in response to the limits of punitive control. Today, three models dominate community gun violence prevention, each relying on some form of risk designation to target participants.

Focused Deterrence

Focused deterrence, or group violence intervention, is a violence reduction strategy that targets specific high-risk individuals, groups, and gangs in the community. The model employs the “pulling levers” approach that was originally made popular in Boston by Operation Ceasefire (Braga et al., 2001). The approach involves law enforcement, community leaders, and social service providers who all collaborate to identify and engage individuals who are believed or confirmed to be involved in criminal activities to deliver a strong message: cease criminal and violent behavior or face the full weight of the criminal legal system. To encourage cooperation, program targets are also offered social services such as education programs, job training, substance use and mental health treatment, as well as other interventions to foster conventional success. Overall, the strategy seeks to disrupt criminal networks, reduce violence, and improve community safety by focusing on those individuals who are believed to be most likely to commit violent offenses (Roman et al., 2017).

Focused deterrence strategies, such as Boston’s Operation Ceasefire, have demonstrated significant reductions in youth homicides, with an early evaluation of the program reporting a 63% decrease (Braga et al., 2001). Similarly, the Cincinnati Initiative to Reduce Violence (CIRV) achieved a 41% reduction in group-related homicides (Engel

et al., 2010). A 2018 systematic review concluded that focused deterrence strategies are effective at controlling violent crime (Braga et al., 2018), but notes that effect sizes vary by program, calling for more rigorous evaluations to understand program components that are most effective.

Street Outreach

The public health framing of violence emerged in the late 1990s and early 2000s as a counterpoint to punitive approaches. Epidemiologist Gary Slutkin advanced the idea that gun violence functions like a contagious disease—transmitted through exposure and capable of being interrupted (Slutkin, 2013). The Cure Violence model operationalized this metaphor through credible messengers, who are individuals with lived experience of violence or incarceration that mediate conflicts, interrupt retaliation, and shift community norms. Building on this foundation, street outreach or credible messenger programs have expanded across U.S. cities as community-based initiatives that engage individuals at the highest risk of involvement in violence. Workers establish relationships, provide mentorship, and connect participants with social services, education, and job training to address the structural conditions that sustain cycles of violence. These programs often operate in collaboration with law enforcement, local organizations, and community leaders to create a coordinated, community-centered approach to violence reduction (Varano & Wolff, 2012). In doing so, they embody a public health approach to prevention while still relying on the identification of “high-risk” participants.

The model has demonstrated varying degrees of success in reducing shootings and retaliatory violence (Butts et al., 2015; Webster et al., 2013). A 2024 study in New York City associated Cure Violence with a 14% reduction in shootings, suggesting

effectiveness in reducing gun violence (Avram et al., 2024). Conversely, an evaluation of a Boston street-gang outreach intervention found no detectable effect on violence among targeted gangs, indicating that outcomes can vary based on implementation and context (Hureau et al., 2023).

Hospital-Based Violence Intervention Programs

Hospital-based violence intervention programs (HVIPs) aim to prevent violent reinjury and retaliation by engaging patients at the point of care following a violent incident. These programs pair medical treatment with immediate social and behavioral support, using the “teachable moment” after injury to connect participants with counseling, mental health care, and community resources (Health Alliance for Violence Intervention, n.d.). Multidisciplinary teams—typically composed of medical staff, social workers, and community-based service providers—collaborate to stabilize clients, address underlying needs, and reduce the risk of future harm. Many HVIPs also extend their efforts beyond the hospital through follow-up services, mentorship, and community education initiatives. Though not a new concept, HVIPs have recently become a central component of broader community violence intervention strategies and have shown promise in reducing reinjury and retaliation while generating cost savings (Cooper et al., 2006; Juillard et al., 2016; Purtle et al., 2013).

Across these models, eligibility and targeting hinge on identifying “high-risk” individuals—through law enforcement intelligence, hospital emergency room referrals, or community networks. This focus opens pathways to potentially life-saving services but also embeds programs within many of the same risk discourses that historically justified punitive responses. In effect, CVI inherits both the promise and the peril of risk-based

logic: the capacity to reduce violence through targeted support, and the danger of reinforcing stigmatizing narratives about young people of color as inherently risky.

Still, organizational models tell only part of the story. To understand how CVI actually functions, it is necessary to examine the everyday practices of the workers who deliver these interventions. Street-level bureaucracy (SLB) scholarship provides a framework for analyzing these frontline encounters, showing how broad institutional logics are translated, adapted, and sometimes resisted in practice.

Street-Level Bureaucracy and Inhabited Institutionalism

Scholarship on responsabilization shows how the state increasingly displaces responsibility for managing crime, risk, and social welfare onto community-based organizations and other non-state actors (Goddard, 2012; Hannah-Moffat, 2015; Tomczak & Thompson, 2019). Within this framework, programs including CVI initiatives operate as extensions of risk governance, translating public safety imperatives into localized practices of prevention and control. Understanding how these imperatives are enacted on the ground requires attention to the discretionary work of the people carrying them out. Street-level bureaucracy (SLB) provides a framework for examining this dimension, highlighting how frontline workers use discretion to implement program policy and deliver services.

Lipsky's (1980) classic work defines street-level bureaucrats as public service workers who interact directly with citizens and hold substantial discretion in how policies are implemented. These workers operate under conditions of scarce resources, ambiguous goals, and high demand, making discretion both inevitable and consequential. Later elaborations, such as Hallett's (2010) notion of "inhabited institutionalism," underscore

how discretion is not just individual but structured by organizational and cultural contexts. Applying this framework to CVI highlights staff as actors who must continually decide how to translate broad program mandates into situated practices.

In this sense, SLB literature adds a distinct but complementary layer to scholarship on actuarial governance. Where the latter shows how risk categories and responsabilized organizations set the parameters of intervention, SLB draws attention to the micropolitics of how those parameters are enacted, bent, or resisted on the ground. For example, CVI workers may decide whether to enforce referral criteria strictly, how to interpret client progress when outcomes are ambiguous, or how to balance pressure from law enforcement partners with the need to maintain community trust. These frontline practices are not extensions of policy but sites where broader logics of risk are mediated through human judgment.

Street-level bureaucracy scholarship has long emphasized the dilemmas that arise when frontline workers must reconcile institutional expectations with the lived realities of their clients. Discretion, in this literature, is both necessary and constrained: workers interpret vague policies, allocate scarce resources, and improvise responses in unpredictable situations, but their choices are shaped by organizational priorities, accountability systems, and professional norms (Evans, 2011; Maynard-Moody & Musheno, 2003). In practice, service delivery is never a straightforward application of policy but a negotiated process reflecting the tension between state authority and client needs.

More recent extensions of SLB underscore how discretion is relational, moral, and performative. Dubois (2016) shows how face-to-face encounters between bureaucrats

and clients function as sites where institutional authority is reproduced and the state's legitimacy is enacted in everyday life. Maynard-Moody and Musheno (2000) argue that workers act less as neutral implementers of rules than as moral agents who make judgments about who is deserving of support or sanction. Similarly, Zacka (2017) highlights the ethical burdens of frontline state work, where street-level bureaucrats serve as the face of the state and must continuously reconcile competing moral and institutional obligations. Though CVI practitioners are not state employees, they engage in analogous forms of ethical triage as they navigate the tensions of serving community needs while advancing state-defined imperatives of public safety. Collectively, this literature suggests that CVI staff, like other frontline actors, are not merely conduits of policy but active interpreters of institutional logics, constantly weighing the imperatives of funders, community partners, and clients.

Building on SLB, inhabited institutionalism further highlights how frontline discretion is shaped not only by rules and resources but by organizational culture and local meaning systems. Hallett and Ventresca (2006) argue that institutions are "inhabited" through ongoing interactions that both reproduce and transform them, while Binder (2007) shows how frontline workers draw on cultural logics to resolve contradictions in their daily practice. In CVI programs, this means decisions about eligibility, engagement, and success are shaped not only by formal mandates but also by the symbolic and relational contexts staff inhabit. These contexts confer legitimacy, generate tensions, and open space for improvisation.

SLB and inhabited institutionalism sharpen attention to the discretionary, relational, and cultural practices through which programs are enacted. What remains less

clear—and what this study takes up—is how these practices unfold specifically in community violence intervention programs, where staff operate at the crossroads of institutional mandates and client realities.

Overall, these literatures highlight the multiple layers through which risk is constructed and enacted. Actuarial scholarship traces the rise of population management and predictive tools and labeling theory underscores how risk categories shape identities and opportunities. Research on CVI models shows how these logics are embedded in community-based interventions and SLB literature illuminates the discretionary, relational work of frontline staff. Each framework captures a different dimension of how risk circulates, but rarely are they brought into conversation. This dissertation builds on their insights while attending to the spaces between them—where institutional categories meet lived realities, and where staff and clients negotiate the meaning of risk in life and in practice.

Research Gaps

Despite a growing body of scholarship on crime control, punishment, and community violence, several gaps remain in understanding how risk discourses and institutional logics take shape in the everyday practice of community violence intervention (CVI). Much of the existing research on CVI evaluates impact through aggregate outcomes such as reductions in shootings, arrests, or recidivism (see Braga et al., 2018; Butts et al., 2015; Webster et al., 2013). While these measures provide important benchmarks, they often obscure the processes by which frontline workers actually carry out the work—building trust with clients, negotiating competing demands, and sustaining legitimacy with institutions. The daily labor of interpreting mandates,

improvising strategies, and navigating tensions across audiences has received far less systematic attention (Buggs, 2022), leaving a blind spot in how programs function on the ground.

At the same time, criminological scholarship has produced rich accounts of risk as an institutional logic, particularly through actuarial practices and managerial governance (Feeley & Simon, 1992; Garland, 2003; Hannah-Moffat, 2015; Harcourt, 2007). Yet much of this work remains focused on macro-level discourse and policy design, rarely tracing how categories such as “high-risk” are enacted in everyday practice. Less is known about how staff negotiate how those labels shape service delivery, how clients experience and resist them (Rios, 2011), and how programs struggle to reconcile institutional classifications with the nonlinear realities of client change. This disjuncture between discourse and practice highlights the need for research that examines risk not only as a policy framework but also as a lived and negotiated process.

Finally, while punitive institutions such as prisons, probation, and policing have been extensively studied (Comfort, 2007; Kohler-Hausmann, 2018; Lipsky, 1980; Lynch, 1998), community-based violence prevention programs have received comparatively limited sociological attention. When examined, these programs are often treated as models to be evaluated or policy innovations to be scaled, rather than as inhabited institutions shaped by the discretionary choices of workers. The hybrid roles of CVI staff—part mentor, part caseworker, part institutional broker—remain underexplored, even though these dynamics are central to understanding both the promise and the limitations of CVI as a public safety strategy (see Cheng, 2017; Wooten, 2022).

While these programmatic and theoretical gaps persist, the need for such inquiry

is underscored by current trends in violence itself. In New Haven, Connecticut—the site of this study—violence declined through the mid-2010s but resurged in the years preceding data collection. Between 2018 and 2023, annual homicides ranged from 10 to 26, while non-fatal shootings fluctuated between roughly 50 and 121. For 2021, the city reported 26 homicides and 109 non-fatal shootings, representing one of the highest violent crime rates in the state (New Haven Police Department, 2024; Ospina, 2023). These fluctuations mirror broader national patterns of urban gun violence yet manifest within a smaller, tightly networked prevention ecosystem, making New Haven an instructive context for examining how frontline workers navigate institutional mandates under conditions of persistent risk and scarcity.

This study addresses these gaps by foregrounding the everyday labor of CVI staff and the perspectives of clients. Rather than treating violence prevention as a set of program designs or aggregate outcomes, it centers the negotiations, judgments, and relational practices that bring these programs to life. By examining how workers navigate the intersection of institutional expectations and community realities, the study highlights the tensions and adaptations that remain largely invisible in conventional evaluations. In doing so, it contributes to both research on CVI effectiveness and sociological theories of governance, offering a fuller account of how CVI efforts are enacted, constrained, and sustained in practice. This focus anticipates what I term translational labor—the ongoing work of balancing institutional expectations with community needs—developed more fully in the findings and discussion chapters. The next chapter outlines the methodology employed to address these questions, detailing the research design, data collection, and

analytic strategies used to examine how risk is enacted and contested within CVI programs in one jurisdiction.

CHAPTER 3

THE STUDY

In an attempt to bridge the aforementioned gaps in the literature, this study seeks to understand how risk is constructed, negotiated, and lived within community violence intervention (CVI) programs—both through the perspectives of staff and the experiences of clients themselves. Specifically, it examines how workers define and operationalize “risk” in their day-to-day practice, and how clients’ experiences provide complementary perspectives that confirm and extend these definitions by situating them in the realities of daily life.

The conceptualization of this project began in 2020, during my tenure as a Stoneleigh Emerging Leader Fellow with Health Promotion Council (HPC) and CeaseFirePA (CFPA). Working alongside young people engaged in advocacy during a period marked by rising gun violence, the COVID-19 pandemic, and the racial justice uprisings that followed the killings of George Floyd and Philadelphia’s Walter Wallace Jr., I witnessed how youth were frequently positioned as “high-risk.” In community forums and policy discussions, structural drivers of violence were acknowledged, but attention often shifted quickly to individual-level characteristics—framing young people themselves as the problem. The youth I worked with pushed back, questioning both the definitions of “high-risk” and the interventions built upon them. Their critiques, and their frustration at being spoken about more than spoken with, sharpened my own attention to how risk categories are constructed, by whom, and with what consequences.

I carried these insights with me to New Haven, Connecticut, where I led citywide coordination of violence prevention, reentry, and victim services between 2022 and 2024.

There, I observed how risk discourses shape program practice and client experiences: who is identified as “high-risk,” how “success” is defined, and what kinds of outcomes satisfy institutional demands. These observations underscored the need for research that looks beyond aggregate outcomes to examine the everyday negotiations that constitute CVI work.

While millions of dollars are invested in anti-violence programming annually (Department of Justice, 2021; Giffords Law Center, 2021), and recent years have seen renewed federal support for gun violence research (Cunningham et al., 2023), most studies still emphasize root causes or program efficacy. Much less is known about how “risk” itself is defined and enacted within interventions, or how those targeted by CVI programs understand and respond to their positioning.

This study addresses that gap through a qualitative inquiry in New Haven, drawing on in-depth, semi-structured interviews with both CVI staff and clients. By analyzing how risk is conceptualized, operationalized, and experienced, the research provides insight into the tensions between institutional expectations and community realities, and into the translational labor required to sustain CVI efforts on the ground. To situate this inquiry, it is important to note the local conditions in which CVI programs operate. New Haven has experienced persistent but fluctuating levels of firearm violence in the decade leading up to the study, making it a particularly instructive setting for examining how frontline practitioners and clients navigate risk amid structural precarity. Table 1 summarizes reported homicides and non-fatal shootings from 2013 to 2023, illustrating the volatility that frames the work of community violence intervention programs locally.

Table 1. *Homicides and Non-Fatal Shooting Victims in New Haven, 2013-2023*

	'13	'14	'15	'16	'17	'18	'19	'20	'21	'22	'23
Homicides	20	13	15	13	7	7	12	20	26	17	23
Non-Fatal Shooting Victims	66	60	63	67	61	50	78	121	110	109	76

Note. Data sourced from New Haven Police Department (2024) CompStat Report. Although total numbers are relatively small, the city’s per-capita homicide rates during this period ranged from roughly 5 to 19 per 100,000— most years well above the national averages, which ranged from 4.4 to 7.8 per 100,000 during the same period (Centers for Disease Control and Prevention, 2024; Federal Bureau of Investigation, 2018).

Research Questions

The current study, approved by the Institutional Review Board (see Appendix A), is centered on two major questions, each with their own set of sub-questions designed to provide more granular detail relevant to the larger inquiry:

1. How do workers across different types of community-based CVI programs understand and approach the work of violence reduction with their clients?
 - a. How do they define “high-risk” or “at-risk” for being involved in gun violence?
 - b. How do they identify “high-risk” or “at-risk” clients?
 - c. What is their theory of change and strategies for achieving violence prevention (risk reduction) with their clients?
 - d. How do they define success in their work?
2. How do CVI clients understand and adapt to community gun violence?
 - a. What do they perceive as risks related to community gun violence?
 - b. How do they adapt to their evolving understanding of risks and its consequences as they age into adulthood?

- c. What are their experiences with systems of care and services that are deployed to address risk?

The first research question (1) asks: how CVI workers understand and approach the work of violence prevention with their clients. This inquiry is especially important because the very meaning of “risk” is unstable across contexts. In research, it is often reduced to demographic predictors; in policy, it is invoked to justify both rehabilitative and punitive measures; and in practice, it guides how scarce resources are allocated. Recent legislation targeting so-called “high-risk repeat offenders” (Connecticut General Assembly, 2023) illustrates how fluid the term remains—sometimes signaling a need for intensive support, other times a rationale for heightened surveillance and sanction. For CVI workers, these shifting definitions are not abstract: they structure who is deemed eligible, what kinds of progress are recognized, and how legitimacy is negotiated with both funders and clients. The goal of this first research question is to uncover how workers themselves navigate and operationalize these competing notions of risk on the ground.

The first sub-question (1a) asks: how CVI program workers define risk, and more specifically, what factors qualify an individual as “high-risk” or “at-risk” for involvement in gun violence? “Risk” circulates widely across CVI programs and funder rhetoric, yet lacks consistent meaning. In the firearm injury literature, risk is often tied to demographic categories such as age, race, and prior victimization (Boeck et al., 2020; Brunson et al., 2022). Applied locally, such categories would classify large swaths of young Black men in disadvantaged neighborhoods as risky, stretching the term so wide it risks losing

meaning. Asking how staff define risk shows how they sort through these broad categories and draw their own boundaries around who is seen as in need of intervention.

The second sub-question (1b) asks: how staff identify high-risk clients? Referral pathways—whether through law enforcement, probation, hospitals, or street outreach—carry their own assumptions about risk and legitimacy. The process of identification is therefore not just about individual behavior but also about institutional framing and categorization. Examining these pathways reveals how programs inherit risk logics from external partners and how staff reconcile those designations with their own community expertise.

The third sub-question (1c) asks: What are CVI workers' theories of change and strategies for achieving violence prevention (risk reduction) with their clients? Even when programs adopt branded models, frontline staff must adapt them to local conditions. Understanding who staff target, how they define risk, and what strategies they prioritize helps clarify the implicit theories of change that guide everyday practice. This inquiry highlights where certain framings of “high-risk” clients prevail, where particular prevention practices are privileged, and how staff operationalize risk reduction on the ground.

The fourth and final sub-question (1d) asks: how do CVI staff define success? Funders often measure outcomes in terms of recidivism, shootings prevented, or service completions, but staff themselves may emphasize trust built, crises averted, or nonevents that leave no formal record. Their definitions matter because they reveal how CVI's legitimacy is negotiated between two audiences: funders who require measurable outcomes and clients who require relational credibility. These accounts also speak to

whether workers believe risk can ever be fully eliminated, offering critical insight into the perceived life cycle of risk in CVI work.

The second major research (2) turns its focus on CVI clients, the subjects of CVI programming itself, and asks: how do CVI clients understand and adapt to community gun violence? This line of inquiry is crucial because clients' voices are often marginalized in both research and policy. Programs, funders, and policymakers frequently construct categories of "high-risk" without fully accounting for how those targeted by interventions interpret their own risks or the supports offered to them. Understanding client perspectives provides a fuller account of how violence prevention operates on the ground and whether interventions align with the lived realities of those most affected.

Here, the first sub-question (2a) asks: what clients perceive as risks related to community gun violence? Much of the literature defines risk in terms of demographic predictors or statistical probabilities, but such measures do not capture how individuals themselves identify danger in their daily lives. Risk may be understood in terms of people, places, reputations, or broader structural conditions. Documenting these perceptions is necessary to move beyond abstract categories and to examine how risk is recognized and navigated in concrete, everyday contexts.

The second sub-question (2b) asks: how clients adapt to their evolving understanding of risk and its consequences as they age into adulthood? Emerging adulthood is a critical developmental stage, characterized by transitions in work, education, relationships, and independence (Arnett, 2000). Scholars have shown that this period is marked by both vulnerability and opportunity. Exploring client adaptations

during this time helps illuminate how young people navigate shifting responsibilities and expectations under conditions where risk is both externally imposed and personally negotiated.

The third sub-question (2c) asks: what are clients' experiences with systems of care and services that are deployed to address risk? Community violence intervention often depends on partnerships across law enforcement, hospitals, and social service agencies, but little is known about how those interventions are received by clients. For some, these systems may represent opportunities for support and stability; for others, they may reinforce stigma or replicate forms of surveillance. Examining these experiences is essential to assessing how violence prevention programs are understood by those at the center of their efforts, and whether they foster trust, credibility, and engagement.

Data Collection

To address the study objectives and research questions, this study employed in-depth, semi-structured interviews with two groups: CVI staff and CVI clients. Qualitative methods are particularly well suited for uncovering the meanings participants assign to their experiences, offering space for unanticipated insights that structured, quantitative designs often obscure (Becker, 1996; Morrow & Smith, 1995; Sandelowski, 2000).

Semi-structured interviews were chosen for their balance of structure and flexibility. They allowed exploration of CVI workers' roles and perspectives while also centering the lived experiences of clients, whose voices are often missing from policy debates and program evaluations. As Smith (1987) argues, participants are "knowers located in the actual lived situations" (p. 91), and interviews capture these situated perspectives more fully than other methods. In this spirit, the interview guide served as a

focusing tool rather than a rigid script, ensuring that conversations were participant-driven and could generate rich, nuanced accounts (Rubin & Rubin, 2012).

In-Depth Interviews with Community Violence Intervention Staff

Precise definitions of risk continue to evade intellectual consensus despite their centrality in CVI frameworks (Adel et al., 2022; Garland, 2003). Evaluations of CVI typically emphasize aggregate outcomes such as crime reduction or service uptake (Buggs, 2022), leaving less understood the everyday meanings and practices through which workers interpret and act on risk. Qualitative interviewing is especially well-suited to this gap, as it allows participants to articulate how they make sense of their work in their own terms (Morrow & Smith, 1995; Sandelowski, 2000).

Staff interviews asked questions such as, “What is your personal theory about why gun violence occurs?” “How do you promote behavior change to reduce young people’s risk of violence?” and “How do you talk to young people about their risk?” (see Appendix C). This semi-structured approach (Alshenqeeti, 2014) provided space to capture both alignment and tension in how staff conceptualize their clients and engage with them in practice. As Smith (1987) reminds us, participants are “knowers located in the actual lived situations” (p. 91), and their accounts offer crucial insight into how programmatic interventions are translated into service delivery. These interviews also contextualize client narratives, offering a comparative lens on how risk discourses circulate across institutional and interpersonal domains.

In-Depth Interviews with Community Violence Intervention Clients

To explore how clients experience and interpret interventions, the study drew on the Life as a Film (LAAF) approach (Canter & Youngs, 2015). LAAF invites participants

to narrate their lives as if they were the protagonist in a film, identifying key turning points, characters, and climactic events. This method has been shown to facilitate openness of storytelling with individuals involved in crime (Canter & Youngs, 2015) and was particularly effective with CVI clients, enabling them to frame their experiences in their own words and highlight both agency and constraint.

The interviews were conducted in a semi-structured, responsive style, with prompts such as, “If your life were a movie, what genre would it be?” or “Who are the main characters in your story?” (see Appendix D). Flexibility allowed for conversational partnerships that adapted to each participant, eliciting depth, vividness, and nuance (Rubin & Rubin, 2012).

Narrative criminology provides the analytic foundation for this approach, treating stories not merely as recollections but as meaning-making tools that shape identity, behavior, and perceptions of risk (Presser & Sandberg, 2019). Narratives are also co-produced at individual and social levels (Loseke, 2007), making them uniquely valuable for examining how CVI clients experience labeling, intervention, and their own evolving sense of risk.

Sampling

New Haven, Connecticut, served as the study site due to its concentrated investment in community violence intervention and persistent exposure to firearm violence. Police department data show that rates of homicide and non-fatal shootings have fluctuated in recent years, remaining among the highest in the state (New Haven Police Department, 2024; Ospina, 2023). These conditions make New Haven an

instructive setting for examining how CVI programs and frontline staff interpret and respond to risk in everyday practice.

This study focused on two target populations: CVI program staff and CVI clients.

For staff, New Haven offers a relatively bounded field of organizations engaged in community violence prevention and intervention. Programs are small, with some employing fewer than five workers, making it feasible to attempt near-complete participation across the city. Recruiting staff across these organizations captures diverse perspectives on how CVI is conceptualized and practiced, while ensuring representation of the full range of program models in operation locally.

The second population consists of current or former CVI clients between the ages of 18 and 25. This age group—often referred to as “emerging adults”—is critical because it sits at the intersection of continuing developmental change and full legal adulthood (Arnett, 2000; Bonnie et al., 2015). While many diversionary privileges are no longer available, biological and social transitions are still underway (Perker & Chester, 2017). This liminal stage shapes both exposure to and responses to risk.

Recruitment focused on individuals residing in New Haven neighborhoods with disproportionately high levels of violence. These areas—such as Newhallville, Fair Haven, and the Hill—together represent less than one-third of the city’s population but nearly half of violent crime (New Haven Police Department, 2023; Tong et al., 2023; U.S. Census Bureau, 2020).¹ They also reflect stark racial inequities: Black and Hispanic

¹ New Haven Police Department CompStat reports provide crime counts by district, which do not map precisely onto neighborhood boundaries. However, district-level data closely approximate these neighborhoods and, in combination with census tract data and prior studies (e.g., Tong et al., 2023), capture the disproportionate burden of violence in these areas.

residents are disproportionately affected by firearm injury (Santilli et al., 2017; Tong et al., 2023). Centering residents of these neighborhoods ensures that participants bring lived experience of both direct and ambient exposure to violence, rather than being categorized as “high-risk” solely through administrative labels.

Few studies have examined the perspectives of individuals formally targeted by CVI programs, despite their dual position as both trauma-exposed and intervention-monitored (Cheng, 2017; Wooten, 2022). While some work has traced adaptive behaviors among young men facing community violence (Wooten, 2022), it has not addressed their experiences with the interventions themselves. By recruiting CVI clients directly, this study fills a gap in the literature and provides rare insight into how risk discourses are received and navigated by those most directly labeled “high-risk.”

The five-year window for recruitment (2018–2022) was selected to capture a distinct period in New Haven’s recent history, following a record low in gun violence in 2017 and encompassing the subsequent resurgence. This timeframe reflects both the city’s evolving violence prevention infrastructure and the changing social conditions in which staff and clients were situated.

Recruitment

Study participants were recruited through my role as Special Projects Director in the City of New Haven’s Department of Community Resilience, where I coordinated citywide reentry, violence prevention, and victim service initiatives. In this capacity, I worked closely with the city’s principal initiative—the Program for Reintegration, Engagement, Safety, and Support (PRESS)—as well as the Victim Service Support Network (VSSN), which convenes local CVI partners, including the hospital-based

intervention program. These roles provided sustained participant-observation, direct contact with program staff, and access to clients identified as “high-risk” for gun violence through program referrals.

Recruitment centered on New Haven’s three principal CVI models:

Project Longevity is a statewide focused deterrence program in Connecticut that launched in 2011. It employs group call-ins and custom notifications, combining legal consequences, moral appeals, and service referrals (Braga, 2017). Participants are identified through law enforcement intelligence and engaged with a three-part message against violence, coupled with access to case management and services.

Connecticut Violence Intervention Program (CTVIP) is Black-led community-based organization established in 2018. CTVIP deploys violence prevention professionals (VPPs) as credible messengers to mentor and provide case management to high-risk youth and young adults. Drawing on Cure Violence principles, CTVIP conducts mediations, conflict resolution, and peer mentorship, leveraging VPPs’ lived experience and embeddedness in local neighborhoods.

Project MORE is an organization under which New Haven’s Reentry Welcome Center operates. Since 2021, it has served as the Connecticut Department of Correction’s primary community drop-off site for returning citizens. While Project MORE provides services to all returning individuals, it works closely with Project Longevity through the City’s Program for Reintegration, Engagement, Safety, and Support (PRESS), targeting those labeled as high-risk for gun violence. Therefore, for the purposes of this study, Project MORE is treated as part of the focused deterrence landscape given its integration with law enforcement and deterrence mechanisms.

Yale New Haven Hospital's (YNHH) hospital-based intervention program (HVIP) provides case management for victims of violence, with referrals to mental health, employment, educational, and legal services. Clients are typically engaged at the point of care following firearm injury and connected to community-based supports to reduce the risk of re-injury.

Because of my established relationships with these programs, I used a combination of purposive and snowball sampling to recruit participants, both by word of mouth and via email (see Appendix E). Staff were recruited directly through organizational partnerships, while clients were referred by staff members and, in some cases, by peers who were also engaged in CVI programs. Recruitment also included fliers distributed through each organization, both for staff and for clients (see Appendix F and Appendix G). Given program overlap, some clients had contact with multiple CVI organizations, reflecting the interconnected nature of New Haven's violence prevention network. The resulting sample included 16 staff and 15 clients across the city's three principal CVI models. Tables 2 and 3 summarize participant characteristics.

Staff participants represented a range of program models and positions, though most were men and generally middle-aged or older. Their pathways into CVI work varied widely. Some came from professional fields such as social work, probation, or law enforcement, while others brought lived experience of incarceration or community violence that positioned them as credible messengers within their neighborhoods. Client participants reflected the populations most often served by those programs—young Black and Latino men whose ages skewed toward the upper end of the 18-to-25 eligibility range, most with prior justice involvement.

Table 2. *CVI Staff Participant Characteristics*

ID	Role	Race/Ethnicity	Gender	Age	Tenure
FD #1	Program Manager	Black	Male	50	2
FD #2	Case Manager	Black	Female	53	< 1
FD #3	Case Manager	Black	Female	38	3
FD #4	Case Manager	Black	Male	46	< 1
CM #1	Director	Black	Male	57	6
CM #2	Program Manager	Black	Female	30	3
CM #3	VPP	Black	Male	53	5
CM #4	VPP	Black	Male	40	2
CM #5	VPP	Black	Female	47	< 1
CM#6	VPP	Black	Male	56	6
CM #7	VPP	White	Male	49	2
CM #8	VPP	Black	Male	35	2
HVIP #1	Director	White	Male	41	4
HVIP #2	VPP	Black	Male	54	5
HVIP #3	Case Manager	White	Female	42	3
HVIP #4	Case Manager	Black/Latina	Female	47	< 1

Note. FD = Focused Deterrence program; CM = Credible Messenger program; HVIP = Hospital-Based Violence Intervention program; VPP = Violence Prevention Professional. Tenure reflects the number of years participants had been in their respective roles at the time of the interview.

Table 3. *CVI Client Participant Characteristics*

ID	Program Involvement	Race	Age
James	HVIP, CM	Black/Latino	20
Dominic	HVIP, FD	Black	23
Jordan	CM	Black	18
Tony	FD, CM	Latino	21
Terry	FD, CM	Black	22
Denzel	FD, CM	Black	20
Mike	FD	Black	21
Ricky	FD	Black	23
Selby	HVIP, FD	Black	24
Carlito	FD	Black	25
Monty	FD, CM	Black	25
Ivan	FD	Black	24
Curtis	FD	Black	25
Aaron	FD	Black	24
Ken	FD	Black/Latino	25

Note. Pseudonyms are used to protect participant confidentiality. All client participants identified as male. FD = Focused Deterrence program; CM = Credible Messenger program; HVIP = Hospital-Based Violence Intervention program.

Together, these participants offer multi-level perspectives on community violence intervention practice in New Haven, capturing both the organizational and lived realities that shape how CVI work is defined and carried out.

Participant Privacy, Safety, and Well-Being

Because participants were engaged in CVI work and, in some cases, actively navigating risks in their personal lives, special attention was given to protecting their privacy, safety, and well-being. All participants were provided with a confidentiality notice outlining the measures taken to ensure their identities were not linked to their responses in the study. To further protect confidentiality, they were not asked to sign a consent form for participation. In addition, I applied for and was granted a Certificate of Confidentiality from the National Institute of Health, which provided additional legal protections for sensitive information shared by client participants (see Appendix B).

Care was taken to schedule interviews at times and in locations where participants felt safe and comfortable. Most were conducted in private rooms at partnering CVI organizations, though some took place in other mutually agreed upon safe, accessible settings. This flexibility was particularly important given that some CVI participants had ongoing conflicts in the community that limited their willingness to travel or be seen in certain areas. In all cases, measures were taken to maintain confidentiality and trust.

Each interview was audio recorded, stored securely, and password protected. As compensation, participants received a \$50 gift card, both to offset the time commitment and to signal the value of their contributions.

Analysis

All interviews took place between October 2024 and February 2025 and were audio-recorded. Audio files were transcribed and reviewed for accuracy prior to coding. The analysis was conducted using ATLAS.ti 23, a qualitative analysis software that supports systematic coding of large textual datasets. Interviews with CVI staff averaged about 65 minutes, ranging from 37 to 104 minutes. Interviews with CVI clients averaged about 50 minutes, ranging from 21 to 76 minutes.

Data analysis followed an iterative, thematic coding process conducted concurrently with data collection to allow early insights to inform subsequent interviews. In the initial phase, open coding was used to capture broad concepts emerging from the data. Transcripts were read line by line, and codes were assigned to meaningful segments of text that captured how participants understood risk, intervention, and the broader social conditions shaping community violence (Saldaña, 2021). This exploratory phase ensured that emergent themes were not overlooked. In the next phase, focused coding refined and consolidated codes into broader categories, collapsing redundancies and identifying recurring themes (Saldaña, 2021). Particular attention was given to contrasts between CVI staff and client perspectives, definitions of risk, and narratives of intervention experiences.

To strengthen the credibility and trustworthiness of the analysis, I employed triangulation strategies consistent with best practices in qualitative research (Tracy, 2010). This approach involved iterative discussions of coding decisions and interpretations with my advisor, surfacing alternative readings of the data and clarifying the boundaries of key codes. Peer debriefing with colleagues provided additional

scrutiny, ensuring emerging themes were plausible and not overly shaped by my own positionality. Two colleagues with qualitative research and coding experience independently reviewed excerpts from eight transcripts using the working codebook, offering suggestions and raising questions that informed subsequent refinement (Cofie et al., 2022). Finally, member checking with staff participants allowed for refinement of interpretations based on whether identified themes resonated with participants' intended meaning and experiences (McKim, 2023).

The refined codes were then grouped into overarching thematic categories that reflected the core findings of the study (see Appendix H). Themes were assessed for salience and consistency across participants, and representative quotations were selected to illustrate key points. Throughout this process, memo-writing was used to document analytic reflections, patterns, and contradictions in the data, supporting the conceptual development of themes in relation to the study's research questions (Birks et al., 2008). Coding was recursive rather than linear, meaning that earlier phases were revisited as new insights emerged. The final themes were synthesized into a cohesive narrative linking participant experiences to broader structural and programmatic implications. This ensured that the analysis remained faithful to participants' perspectives while contributing to wider conversations on CVI programs and risk.

With this approach, the analytic process progressed from granular coding to broader thematic insights, grounded in participants' narratives and strengthened through multiple strategies of qualitative rigor. The following chapters present the key findings that emerged from these procedures.

CHAPTER 4

DEFINING COMMUNITY VIOLENCE INTERVENTION WORK

Over time, the way policy makers define and manage “risk” has significantly shaped the development of systems and strategies aimed at preventing violence. Community Violence Intervention (CVI) work is one such system—a relatively recent model of risk management that has become increasingly professionalized, particularly in urban communities and among populations of young Black men in low-income, high-crime neighborhoods (Hureau & Papachristos, 2025). Yet, as CVI has expanded in practice and scale, questions have intensified over how the field is defined, who holds the authority to define it, and whether prevailing intervention strategies meaningfully reflect the lived realities of impacted communities (Costa et al., 2025).

This chapter examines how CVI workers themselves define and interpret the work of risk reduction: what they believe drives community violence, what they see as necessary to reduce it, and how those needs are—or are not—reflected in the practices, priorities, and constraints of their programs. Staff accounts provide the most direct insight into what constitutes risk and how it is operationalized in practice. Clients, by contrast, rarely use the language of risk explicitly. Instead, their narratives of survival, conflict, and opportunity corroborate staff interpretations and ground them in lived experience. These accounts suggest that risk reduction is often defined less by abstract categories than by the concrete realities of poverty, family instability, and exposure to violence. In this sense, risk serves as both a necessary frame for organizing CVI practice and an insufficient one, as participants consistently framed individual risk as inseparable from structural conditions. What follows is a closer look at how staff and clients define the

drivers of violence and the disconnects between those understandings and the limitations of current CVI practice.

Root Causes and Aggravating Factors

One of the most consistent themes across staff interviews was how they understand the root causes of community gun violence—not as isolated acts of individual deviance, but as the predictable outcomes of long-standing structural deprivation. When asked what drives community gun violence, staff pointed overwhelmingly to structural conditions including poverty, single-parent households predominantly led by single mothers, and lack of access to tools for economic mobility. Economic deprivation, in particular, was described as the constant backdrop shaping clients' choices, limiting access to opportunity, and influencing the urgency with which both clients and workers pursued income-generating activities.

This framing places CVI work within a structural lens from the outset, with staff situating “risk” not as a matter of individual pathology but as the cumulative effect of social and economic exclusion, which shapes how they define the appropriate scope of intervention. For example, one CVI staff argued:

I currently work for a municipal board of education in which 75% plus of our students live in poverty. That's at-risk for me. Why are we waiting until these young men have guns in their hands? Why does *that* make them at-risk? (Credible Messenger #7)

This respondent suggests that focusing on gun play behavior among boys and young men is too late in the process. Implicitly, they are suggesting that an approach rooted in primary prevention, or promoting healthy development for the general population (Abaya, 2019; Bulger et al., 2019), would be much more effective. However, most CVI programs are focused on intervention at what public health officials would consider the

secondary or tertiary levels which target disease once it is present, either by treating it early or mitigating its ongoing impact once serious harm has already been inflicted (Abaya, 2019). This reflects a broader question that the CVI space has long grappled with but has yet to clearly answer: What does it truly mean to prevent violence and what is this field actually equipped to do? The next section draws on interview excerpts from CVI workers and clients who highlighted family dynamics, social media, and access to firearms as important risk factors, that when compounded, increase the likelihood of gun violence both at the individual and community-levels.

Family Dynamics

Staff also indicated the role of family structure, highlighting the impact of single-parent households on the prevalence of gun violence. Some point to the lack of supervision associated with single-parent households where the present parent is likely to need to work more hours to make ends meet. These extended work hours were described as a symptom of deeper economic strain, where parents' time and energy were consumed by the demands of survival, leaving less capacity for close monitoring or engagement with their children. One CVI staff participant, a licensed social worker, stated:

[Parents are] trying to work so they don't have time to watch their kids, and that's when the kids are out there—in the street—hooking up with who knows who, just being really negative influences... Just connecting with the wrong people cause there's nobody else and there's nowhere to go. (Focused Deterrence #3)

Households led by single mothers, however, weren't only considered a risk factor because of the lack of supervision that could pave the way to unstructured free time. Beyond time scarcity, the absence of reliable adult guidance is critical. CVI workers explicitly named the absence of fathers as a missing safeguard for boys and young men.

One CVI worker put it vaguely, “There's things that kids that are growing up with just moms are learning differently than kids who have dads in their life. There are crucial things you need to learn from a man that you can't learn from a woman.” Though he failed to articulate exactly what fathers could provide that could make the difference specifically, several of the client participants in their own narratives provide some perspective on those missing factors. Ivan, 24, stated, “Me personally, I didn't have my father around... I'm not going to blame it on him... but I just wanted to feel love... so I guess I was looking for love in the streets.” Ivan describes a type of approval and acceptance-seeking in the neighborhood that could have otherwise been fulfilled by his father if he were present. Instead, his absence made Ivan vulnerable to seek the wrong type of approval from peers in the form of committing crime and violence. Tony similarly expressed feeling let down by his father's lack of support. He suggested that circumstances may have turned out differently for him if his father, who he describes as present but not supportive, would have taken a more active role in speaking more in depth with him about his life and guiding him in his development as a young boy. He stated:

I [wonder] how it would be if it was different... if he actually... talked to me and was actually there... I probably would have never went to jail... ... if for certain stuff I could have came to him. If I really needed money... Or like I really need to find a job. ‘You think you could [help] try to get that for me?’ Stuff like that. (client, Tony)

In this way, Tony sees paternal support as a potential safeguard against him feeling compelled to make decisions to be involved in the street and to make money in a way that put him at risk. Collectively, these accounts frame father absence as both an emotional and structural vulnerability. Participants tie it to unmet needs for guidance, material

support, and belonging—needs they believe can push youth toward peer validation and street involvement. While these views reflect longstanding narratives about family structure, they also show how CVI workers and clients interpret interpersonal risk within the context of broader structural deprivation.

In addition to gaps in parental presence, some participants viewed certain parental behaviors—especially those linked to justice involvement—as negative influences for their children. This theme emerged in both staff and client accounts where parents’ ongoing system contact shaped youth trajectories. CVI workers report that many of the youth and young adults that they work with have justice-involved parents who have modeled risk behavior that their children imitate. One supervisor shared:

We have a couple of cases where the parents have had [supervision officers]... when they were teenagers... so [the parents have] been in the juvenile justice system... in the [child welfare] system, and they [didn’t] get the supports as youth... and now they’re just young adults having kids. (Credible Messenger #2)

This respondent describes such cases where a client’s parents have had their own history of unresolved trauma and behavioral health issues, and that the young person is often exposed to negative influences because of it.

CVI clients’ own accounts of this relational dynamic and its consequences are consistent with these staff observations. More specifically, several of the client participants mentioned their relationships with their fathers as consequential to their life outcomes. The lives of many of their fathers were marked by street crime and justice involvement, serving as a model of behavior for their sons. For example, Ricky talked about his father spending much of his life in and out of prison. When Ricky was just under 10 years old, his father was home for a brief period—but that window proved

significant for all the wrong reasons. “Me being around him for them 2 years showed me... this is what I’m supposed to do when I’m older... selling drugs, shit like that. I thought that was okay. Nobody ever told me that that’s wrong.” For much of his adolescence, Ricky saw this behavior as normal, even desirable. It was not until he was shot at 18 and began catching charges for selling drugs and firearm possession that he confronted consequences his father had never prepared him for. In retrospect, he described those moments as the first time he understood that the model he had followed was both dangerous and unsustainable. Further, his father continued to model this behavior, returning home once more when Ricky was a bit older and getting into trouble, this time in tandem with his son who had grown to engage in similar behavior: “He got out of jail and started doing the same shit I was doing.” In cases such as this one, the presence of a criminally involved parent was recognized as a risk factor for clients when reflecting on their own life choices.

Some CVI clients are being raised primarily by their grandparents because their parents remain involved in the streets. Even when parents are not consistently present, their influence is still palpable. Children may witness a father’s arrest or, as one worker noted, even have a parent hand them a gun and instruct, “this is how you handle a situation” (Credible Messenger #2) —reflecting the direct role parents can play in the socialization of violence. These dynamics mean that CVI workers often find themselves serving not just an individual youth, but the broader family unit. Yet case management with extended family is rarely written into contracts or funded as an integral part of the work. Still, workers insist it is essential to their effectiveness, recognizing that addressing

cycles of violence often requires engaging the entire family context, not just the young person.

While some youths are raised by grandparents in the absence of engaged parents, others contend with a different challenge: parents who are present but defensive, shielding their children from outside correction. Staff framed a generational turn toward autonomy as crowding the older “village” norm of shared accountability, limiting who can correct or redirect youth. In their accounts, these “new parents” are more concerned with defending both their child’s independence and their own authority than with accepting outside discipline. When schools, CVI workers, or other community adults point out troubling behavior, parents often minimize the issue or push back, effectively signaling that others should refrain from intervening.

Worker described this shift as a progression, from everyday pushback to denial of serious risk, to outright avoidance by practitioners. One worker began with a description of a common scenario in which parents lash out when a neighbor or community member tries to redirect a child:

Even these parents now are different. We have the type of parents now where you can’t say nothing to your child. I don’t know how you grew up, but I didn’t grow up like that. Anybody was able to discipline me. I’m not saying to physically abuse me or to hit me or pop me, but just—if I’m doing something wrong, they were able to say something. Now we have these parents where, ‘Don’t say nothing to my child.’ And it’s like, I think that’s why people are more afraid to get involved, because it’s like, I don’t want no beef with your mother...They can see the child doing wrong, and they probably do want to say, “Come here young man.” But it’s like, I gotta hear your mouth and I gotta hear your mother’s mouth. That’s why I feel like—how do we make it normal again where everybody can get involved with raising your child? (Focused Deterrence #3)

Another sharpened the critique by pointing out how some parents actively deflect system accountability, even in cases of extreme risk, by redirecting blame back onto

institutions. In their account, defensiveness is not just about shielding children from discipline, but also about refusing to confront parental behaviors that may contribute to the very risks at issue—even if those parental behaviors aren't criminal. They state:

There's parents struggling. I know that... But we need to be able to pull a parent to the table... I'm not cutting corners with no parent. If I'm dealing with a parent whose kid is out there with a gun, am I cutting corners and trying to sugar coat the issue? No! He's about to kill somebody and get himself killed. But you can't talk to these kids that way no more. You can't be real with these parents and say, 'Listen, maybe it's the excessive clubbing or the six boyfriends, or the drug dealing that's going on in your apartment that's the problem and not the school.' Not saying that that's always the problem, but there are extreme circumstances like that where that is the issue and God forbid you say something. (Credible Messenger #7)

Here, the worker highlights a dual issue. Parents not only reject external discipline but also foreclose any attempt to name the home conditions that might be contributing to youth risk. To raise issues is to cross a line, one that staff know will trigger hostility and perhaps rupture trust. The phrase, "God forbid you say something," captures this taboo vividly, underscoring how CVI staff can sometimes feel limited in their ability to speak freely when they see risk clearly.

The result can be anticipatory avoidance. Workers learn that some conversations are too fraught to initiate, which narrows the space for family accountability before it can even begin. As once credible messenger admitted, "It's hard to have a conversation with certain parents. I already see how you are with the Board of Ed, with this teacher... so I don't stand a chance" (Credible Messenger #8). This reflection suggests that parental defensiveness is not only encountered but preemptively internalized by staff, sometimes shaping the way they engage with parents altogether, constraining the very scope of CVI intervention by foreclosing some conversations before they start.

Crucially, these dynamics reverberate beyond CVI. Teachers, neighbors, and other adults in the community also learn to stand down in the face of likely parental hostility, withdrawing from the informal community oversight that once provided a buffer for youth. As one worker put it, the loss of this broader accountability has weakened the communal safety net:

I was always taught... it takes a village to raise the kids in the community. Everybody kind of has to be one. I think we can set that groundwork for being a place that [parents] can actually go to and [believe] that these people in the community are here to help... and help raise [the kids]
(Focused Deterrence #3)

Instead of the village ideal, CVI workers describe a landscape where parental defensiveness echoes outward, silencing other adults and leaving problematic behaviors unchecked until they escalate. At that point, cases often land on CVI's proverbial desk—sometimes because parents or schools, unable to manage escalating behaviors, turn to them, and other times because youth become justice-involved and are referred through probation or flagged by law enforcement. In either case, workers emphasize that these dynamics expand the scope of CVI's responsibility, deepening the expectation—whether from families, schools, systems, or themselves—that they fill gaps once held by community oversight.

This defensiveness, combined with what workers saw as a broader reluctance from schools and the juvenile justice system to impose meaningful consequences, left many youths effectively shielded from accountability. As one worker explained:

We coddle our kids. We coddle our kids from day one, from kindergarten. We coddle them. I don't believe in punishment, you know me. I could walk in a room with a thousand kids and they'd part like the Red Sea without me having to say a word. It's a commanding respect, but it's not born out of fear. It's born out of a fear to disappoint. Like, you've built yourself up in that person's life so deeply they trust you... You've built

that trust up to a point that they hang on every word. I don't have to raise my voice when I deal with them, but they know they can't fuck up because I'm going to hold them accountable... It may just be the talk, but it's *something*. We don't do *anything*. (Credible Messenger #7)

Another echoed this, noting that young people can commit shootings, serve a brief stint in detention, and return to the community “with no work, no mental health training, no nothing... already know[ing] he shot somebody and got away with it” (Credible Messenger #3). Workers often framed this as a lack of consequences. Yet their accounts suggest, rather, that consequences exist, but they are shallow. Detention or probation rarely comes with the mental health treatment, skill-building, or relational supports that could transform sanction into a turning point. Without those supports, consequences amount to little more than a temporary interruption—one that leaves underlying risks untouched.

Client reflections echoed this dynamic. Ricky, 23, pointed not to his peers but to “the little kids, the younger [aged], they're a threat... They not really going to jail... they gon' do a little bit of time at detention, but yea, they don't care.” He contrasted this with his own adolescence, which involved “bad kid” behavior such as riding around on bikes and smoking marijuana, but not the shootings he sees now. Even clients themselves, formally labeled as “high-risk,” reproduce a long-standing perception that today's youth are uniquely more reckless or deviant than prior generations, a phenomenon well-documented by Protzko and Schooler (2019).

These accounts suggest that parental defensiveness and weak system response compound each other, producing what CVI staff participants describe as a generation of youth more willing to escalate violence unchecked. Weakened accountability within families, communities, and institutions creates an environment where risk behaviors are

free to run rampant. Yet staff also emphasized that this erosion of guardrails does not happen in isolation. It intersects with newer forces, particularly social media, that can amplify disputes, extend their reach, and compress the timeline from provocation to retaliation.

Social Media as an Accelerant

While family structure and parenting were central to how participants understood risk, they also identified factors outside the home that could rapidly escalate conflict. Chief among these was social media, which workers described as a powerful amplifier of disputes and provocations. More specifically, in situations where individuals are “beefing,” social media is often used as a platform where these conflicts can continue to play out, and play out quickly, even while individuals are not immediately proximate to one another. One worker described how broader patterns in the use of social media play out in the context of online beef that turns into street conflict:

Social media plays a big part in [gun violence], more than it ever did before... We talk about people that just stay behind their computer... and start sending these emails... but would not be able to communicate that with you face-to-face. But now some of the younger guys with the internet and social media now they can start talking a little bit more reckless and instigating, and provoking, and threatening... When you're being threatened and you feel like the other person is gonna carry it out... you're having your gun and you're ready for... war. (Focused Deterrence #4)

CVI staff generally agreed that online interactions often escalate conflicts, with disputes on social media spilling over into real-world violence. Many of them also talked about the kind of posturing that young people do on platforms such as Instagram and Snapchat, including displaying firearms in stories or posts to signal status and bravado. In my role leading violence prevention for the City, I observed this most clearly during an incident following the shooting death of a group-involved young man. Concerned citizens

called my attention to a video posted to Instagram in which members of a rival group were urinating on the gravesite, which prompted my team to deploy credible messengers to diffuse what we all knew might come from video which was going viral locally—retaliatory gun violence.

This is consistent with research that demonstrates how social media has become a new mechanism by which violence can spread, being used to communicate threats (Patton et al., 2018; Patton et al., 2019). Relatedly, during my interview with Jordan, 18, his caseworker interrupted to confront him about a video posted to Snapchat in which Jordan and a friend were each holding firearms in the camera, waving their arms as they rapped along to the song playing in the background. Jordan attempted to downplay the video as harmless fun. However, according to staff, this behavior contributes significantly to gun violence—even when those showing off guns are not involved in active conflict. Staff contend that displaying a firearm on social media can invite unwanted types of attention, potentially provoking others to attempt to steal the weapon or come armed to a conflict that occurs down the road simply because someone believes the individual carries. All of which can lead to more violence. This is consistent with research that demonstrates how social media has become a new mechanism by which violence can spread, being used to communicate threats (Patton et al., 2018; Patton et al., 2019). Another, more insidious reason, is because it is believed that when a young person is in possession of a gun and has the attitude that they are proud to possess it, reflected in their eagerness to show it off, they are also more likely to want to use it. A participant explained:

[I]f I'm holding a gun and I haven't used it yet, am I itching to use that gun? I really want to use it. So I'm looking for any situation... Majority of issues that's out here right now really didn't really start over anything. It's young individuals [that] might've had a fight in school... guys want to be popular and fire a gun. (Credible Messenger #6)

Another credible messenger shared that a lot of the behavior related to showing off weapons is driven by “clout chasing,” which is the act of seeking attention and status—especially on social media—by engaging in controversial, but popular behavior (Evans, 2020). According to the participants, clout chasing can explain the drive to shoot as described by the speaker of the previous statement. They reasoned, “So you'll see it'll be 12 shootings in a weekend. How many people die?” I responded, “Sometimes none.” “Clout,” he says. “They just shooting to say they shot” (Credible Messenger #8). In short, while social media wouldn't be considered something that necessarily causes violence, the function and format of social media lend itself to being used as a means to express, provoke, and publicly disrespect another person.

Across staff accounts, social media emerges less as a root cause than as an accelerant—compressing the time between provocation and retaliation, and expanding the audience for conflict. In their view, online posturing both sustains disputes and draws in individuals who might not otherwise be directly involved, increasing the likelihood of armed encounters. Further, the escalation of conflict through social media is compounded by another factor: the widespread availability of firearms. In their view, online disputes become far more dangerous when the individuals involved have ready access to guns, increasing both the likelihood and potential lethality of violent outcomes.

Access to Guns and Lethality

Alongside social media's role in escalating conflict, participants pointed to the sheer availability of firearms as a critical aggravating factor that raises the stakes of everyday disputes. As one worker put it:

We have way too many guns on the streets. [They're] way too easy access... I think when you have the accessibility of guns, you have a lack of guidance and how to properly resolve conflict... if their idea of how to resolve conflict is shooting them up 'bang bang'... that's all part of it.
(Focused Deterrence #2)

Here, access is not viewed in isolation, but as part of a broader socialization process in which violence is modeled and normalized as the primary means of resolving disputes. In this framing, a gun is not just an object—it is the final link in a chain of learned behaviors, peer reinforcement, and cultural cues that make violent responses both thinkable and likely.

Several staff underscored that the challenge is not just the number of guns, but the evolving technology and market dynamics that make them more lethal and more accessible. One worker described “the culture of guns” as inseparable from the ease of purchasing extended magazines, switches that convert handguns into automatic weapons, and even untraceable “ghost guns” online at low cost. “It’s just a perfect recipe for community violence,” they explained, “because someone disrespected you, they allegedly harmed you... [I]f we could slow things down without them grabbing a gun to settle a score, we could settle a lot of conflict” (Credible Messenger #1). In their view, the combination of cultural norms around using guns to settle grievances and the ready availability of increasingly deadly firearms means that minor disputes can—and often do—escalate rapidly into potentially fatal encounters.

The structural drivers and aggravating factors described by participants—family and community dynamics, social media amplification, and widespread access to increasingly lethal firearms—create an environment in which conflict can escalate quickly and with devastating consequences. For CVI workers, this reality shapes not only how they understand “risk,” but also the limits and possibilities of what their programs can do. The next section examines how staff reconcile these understandings with the scope of services their organizations provide, and how they navigate the tension between addressing deep-rooted causes and managing immediate threats.

Addressing Risk vs. Root Causes

After discussing what drives violence, participants reflected on how those drivers translate—or fail to translate—into program priorities. Here, tensions emerged between addressing structural causes and managing immediate threats, and between what programs promise to do and what they can realistically deliver. To begin the staff interviews, I asked each to describe what their organizations do in their own words. In defining the purpose and scope of their work, CVI staff were easily able to proudly and confidently articulate the great and important work that their organizations do.

We address the needs of our highest at-risk youth in New Haven... So intensive mentoring... case management, try to lower their risk. Keep them out of trouble. And sometimes... that’s just keeping them alive and out of police hands for the day. (Credible Messenger #2)

Whether you're carrying guns, shootings, whatever the case may be. We know this. We know who you are, what your history has been, but we're not here to judge you. We are here to offer you a different path. (Focused Deterrence #2)

I think really what we're trying to do is be a bridge from the hospital to community services... [We are] a support to make sure [patients] get connected to services they need and/or want. (HVIP #3)

These definitions reveal both overlap and divergence: while all emphasize meeting the needs of high-risk individuals, some frame the work primarily as direct service provision, others as brokering connections to external resources, and still others as providing a bridge between systems. These differences matter because they shape not only what services are offered, but also how program success is defined. Without consensus, CVI work risks fragmentation—where workers and programs may be pulling in different directions even under the same organizational umbrella. Some staff equate risk to root causes, while others see risk only in immediate threats, such as gun-carrying, car theft, or drug dealing. Some of them believe that their job is to be connectors to external resources, while others see their work as being the resource themselves.

Immediate and Basic Needs as Program Strategy

For many workers, the path from risk to stability begins not with cognitive or behavioral interventions, but with ensuring that clients' most basic needs are met. Without secure housing, food, or treatment for underlying mental health and substance use issues, participants argued, deeper forms of engagement are unlikely to succeed. Throughout the interviews, CVI staff within and across programs sometimes disagree with each other on what the program priorities should be relative to the type of risk that programs are actually equipped to address. Some focus on attitude of clients and connecting them to gainful employment. Others argue that they can't engage clients in any services or case management if they are hungry, homeless, and hopeless, underscoring a foundational need to provide basic needs and stabilization before anything else. For some participants, this disconnect also raised deeper questions about

responsibility—what should CVI programs be accountable for, and what lies beyond their scope? During an interview with one program director, I heard:

One thing that we used to do that was wrong, we used to measure our effectiveness if a youth went to the next grade, if they graduated high school...But if you have a crappy school system, you know, we're really taking responsibility for things that are outside of our control. (Credible Messenger #1)

What the participant suggests here is that a great deal of his work has been taking on the responsibility of addressing issues that largely belong to other institutions, or factors that are shaped by systemic failures. While the staff within his organization can and likely do have some impact on youth outcomes in spite of structural conditions largely outside of their control, demonstrating their own performance by such measures can prove problematic, for reasons that will be discussed in Chapter 5.

Despite the burden of root causes being largely outside of their control, CVI organizations understand that addressing the consequences of structural divestment and trauma is key to facilitating the type of meaningful engagement that makes their work most effective. For example, one worker described exactly how not prioritizing addressing these fundamental factors serves as a barrier to any deeper service provision:

Say if I have a client who's struggling with substance use... or untreated mental illness... I cannot help this person look for a job until that part is addressed.... [I]f we don't address that, his employment is going to be affected. His relationships are going to be affected. His housing is going to be affected... [W]e have to think about that first. (Focused Deterrence #3)

One supervisor captured this reality in a vivid example that underscored how environmental conditions can directly shape a young person's willingness to comply with program or probation expectations:

This kid doesn't even have a bed. He has a mattress on the floor and a milk crate... We [and probation] are telling this kid to stay in the house.

For what? What's he staying in the house for? To lay on that dirty mattress he got on the floor and a milk crate? He has no TV, no video games... Granted, I don't think every kid needs video games, but just to get him that point of that baseline. (Credible Messenger #2)

Accounts like this illustrate how material deprivation can undermine system mandates to “stay home” or avoid the streets; without safe and comfortable living conditions, compliance with such directives is both unrealistic and unappealing. One credible messenger lamented, “What do we have to offer our young youth when they want to change?... They come to us and say, “What can you offer me? What can you give me? What is it you can help me with that can help me elevate?” I got to have those resources.”

The Limits of Community Violence Intervention Program Responsibility

Ultimately, participants confronted a difficult truth: CVI programs operate within—and are constrained by—structural forces they cannot control. While they can influence individual trajectories, they cannot, on their own, reverse the sociohistorical conditions driving violence. CVI programs across the board struggle to provide any of the services or resources that workers collectively agree are needed to address community gun violence. One director summarized the struggle briefly, stating:

I'm not responsible for single parent households where kids aren't getting the proper supervision, low homeownership. I'm not responsible for that. I'm not responsible for dysfunctional families... that they can't get quality food in their neighborhoods...poverty levels, generational racism, generational violence, generational trauma... I can't solve all that. This is my lane. This is what I can do. (Credible Messenger #1)

While poverty was rarely discussed as a standalone issue, it remained a constant throughline in how staff described both the risks their clients faced and the limits of their own influence. Economic deprivation formed part of the structural terrain they navigate

daily, even when their programs could only address its consequences indirectly. This underscores the challenge CVI programs face: they operate in the context of broader social forces and dynamics that they cannot, but are often expected to, resolve. The expectations placed on them by funders, communities, and even clients—often exceed their actual capacity.

Interviews revealed a consistent tension between how staff and clients understand the roots of community violence and what CVI programs are structured to address. Participants pointed to poverty, unstable housing, intergenerational trauma, and lack of opportunity as central drivers of violence. Yet programs themselves are resourced and evaluated through narrower behavioral categories such as gun carrying, gang affiliation, or compliance with services. This gap highlights the limits of CVI responsibility: while workers recognize the structural conditions that shape risk, they are compelled to act within frameworks that prioritize short-term, individual-level change.

This tension is illustrated in the account of Carlito, a CVI client, who recalled that his earliest involvement in a car theft ring grew not from thrill-seeking but from homelessness:

I got arrested at 18... I was running a car theft ring... we [made] pretty quick money, more money than I knew what to do with. And yeah, that was addicting... It went from something that used to be for survival and then survival turned into fun. Because these cars that we used to find, we used to sleep in. (client, Carlito)

Carlito's narrative makes clear that the behavior later framed as "high-risk offending" was, at its origin, a strategy for basic survival. What began as sleeping in stolen cars for shelter eventually morphed into a profitable but risky enterprise. The challenge for CVI programs is that they are rarely equipped to intervene at the level of housing precarity or

systemic neglect that shaped his pathway. Risk in this case was less about cognition or individual decision-making than about structural deprivation—conditions that short-term services cannot fully remedy.

Staff recognized this disconnect in their own work. Several described home conditions where family dysfunction or the absence of stable, prosocial environments left young people vulnerable to peer influence and street involvement. In one case I observed during my work with the City, multiple CVI programs were supporting a family with several high-risk brothers. The team mobilized as many resources as they could, but the household itself remained an obstacle: the family lived in a deteriorating home in a high-crime neighborhood where the front door would not lock, alongside other long-ignored repairs. With formal city channels failing to compel the landlord to act and the family unable to afford relocation, the house itself became a risk factor. Unsurprisingly, the young men were more often “in the mix” on the streets, not because of a desire for trouble but because their home environment felt unsafe and unlivable.

Workers emphasized that they were severely under-resourced to provide the kinds of supports clients needed—not only because of the volume of referrals they received, but also because the scope of those needs extended far beyond the mandate of any one program.

In addition to these structural constraints, workers pointed to a more immediate credibility problem—resource scarcity and the overpromising it produces. Even when grants include flexible funds for things like food, rent, or vital documents, the supply is never enough to match the demand. Staff described being caught between clients’ urgent needs and the institutional performance of abundance at intake. As one worker recounted:

...When a client tells me he needs food, when a client tells me he needs clothing for his employment, when a client tells me he needs anything that costs money... I cannot... We should be beyond driver's license and eight-hour drug and alcohol course. We should be paying for people's schooling... even just the application fee is what I'm saying. Of course not the whole tuition, but... they come to these meet-and-greets, they sit at the head of this table and [we] tell them 'whatever you need.' Ain't no 'whatever you need.' (Focused Deterrence #3)

Here, the worker underscores a disjuncture between program rhetoric and program reality. The act of promising "whatever you need" is not only unsustainable, but risky. When services fall short, it damages the fragile trust that programs work so hard to build.

The significance of those tangible supports becomes clearer in Selby's account. He described attending a Project Longevity call-in where social service providers presented opportunities and encouraged participants to reach out for help. But when he followed up, the promised support never materialized: Selby starts by mocking the various speakers, saying:

'Oh yea, if y'all need help, we here to help y'all. Y'all can reach out at this, that, and the third [contact]. We gonna help y'all.' You wanna know the funny thing about that? I tested that theory. Since y'all wanna talk like this, let's see if y'all really gonna back it up. I ain't never get no help. (client, Selby)

For Selby, unmet promises did more than frustrate. It confirmed his skepticism about the credibility of formal systems of support, reinforcing the very distrust that CVI programs seek to overcome. His account illustrates how gaps between rhetoric and delivery can transform well-intentioned engagement into further alienation.

Yet, clients also describe the opposite dynamic where services are experienced as helpful. James, for example, emphasized the relational and therapeutic aspects of his caseworker's role. He described how simply having someone to talk to about his feelings

made him feel safe and supported, and how music therapy offered by the agency gave him an outlet:

I feel like [there are] things that [CVIs] help with a lot. Like say if I'm struggling... [my case worker] helped me get in the studio... I like to make music for myself when I'm alone... it helps me express myself in ways that I can't to certain people. (client, Selby)

For James, space to process emotions and express himself in constructive ways mattered. Carlito, by contrast, highlighted concrete, material assistance. He proudly described landing his first legitimate job with the help of his CVI caseworker, noting that at the time of the interview he had just received his first paycheck. For him, the most meaningful benefit of engagement was access to work and legal income—something he saw as life-changing.

While James and Carlito pointed to services that made a difference in their lives, Selby's experience underscores the consequences of gaps between what is offered and what is delivered. These gaps highlight the limits of CVI responsibility not just in structural terms, but also in relational ones. Staff know that raising expectations they cannot meet places credibility at risk, yet they also recognize that such promises are part of the institutional performance funders and partners expect. This dynamic will be examined more closely in Chapter 6, where I show how staff interpret such gaps as part of the broader challenge of “translating” their work for funders — balancing institutional demands with the realities of what programs can and cannot deliver.

At the same time, workers are clear that the shortfall is not simply about CVI underperformance, but about the absence of systemic responsibility. They argue that the ecosystem of violence prevention requires the sustained participation of other actors — courts, schools, employers, and community institutions — if clients are to stabilize and

grow. As one credible messenger explained, “We can reduce antisocial beliefs and values... but we need the whole ecosystem, everyone, to step up—the courts, family institutions, businesses to offer jobs, sustainable wages...” (Credible Messenger #1).

These tensions—between addressing root causes and managing immediate risks, between program promises and practical constraints—define the reality of CVI work. Staff operate within a constant push-and-pull: they know what clients need to stabilize and grow, but they also know what their programs, funders, and external partners are willing or able to support. They must navigate expectations shaped by public safety politics, funding requirements, and institutional norms, all while preserving the trust and credibility that make their work with clients possible in the first place.

Chapter Summary

This chapter examined how CVI staff in New Haven define the work of violence prevention and intervention, focusing on their interpretations of risk and the forces that shape client trajectories. Staff consistently located the root causes of violence in structural deprivation—poverty, limited opportunities for mobility, and fragile family structures—rather than in individual pathology. Family dynamics, particularly the absence of fathers, intergenerational justice involvement, and parental defensiveness, were framed as both emotional and structural vulnerabilities that compound youth risk. Workers emphasized that shifting parental norms—from communal “village” accountability to a culture of autonomy and defensiveness—have weakened informal checks on youth behavior, with consequences reverberating across schools, neighborhoods, and ultimately CVI caseloads.

Participants also highlighted how shallow system responses amplify this problem. Detention and probation may provide temporary interruptions but rarely deliver the mental health care, skill-building, or relational supports that could transform sanctions into turning points. As a result, consequences are experienced as weak or ineffective, reinforcing cycles of escalation rather than deterring them. Further, alongside these interpersonal and institutional gaps, staff identified social media as a powerful accelerant that extends disputes, accelerates retaliation, and widens the audience for conflict. Easy access to increasingly lethal firearms further raises the stakes, transforming everyday disputes into potentially fatal encounters.

These findings underscore the limits of CVI responsibility. While staff are deeply committed to meeting both basic and emotional needs, they recognize that they cannot, on their own, remedy the systemic conditions driving violence. Instead, they operate within an environment where diminished family accountability, shallow institutional consequences, and new accelerants like social media converge to heighten demand for their work. This sets the stage for the next chapter, which explores how staff navigate the dual task of maintaining legitimacy with clients and with institutions that hold sometimes divergent expectations of what credibility looks like.

CHAPTER 5

LEGITIMIZING COMMUNITY VIOLENCE INTERVENTION WORK

Community violence intervention (CVI) programs have become cornerstones in their communities—respected by residents, trusted by the individuals they serve, and valued by external stakeholders for their role in local violence prevention efforts. Concerned parents and neighbors turn to credible messengers when they see a young person headed down a dangerous path. Staff serve as anchors and advocates, offering guidance, connection, and tangible support that extends well beyond formal program requirements. At the same time, local government, law enforcement, and funders rely on these programs to advance public safety goals, often referring individuals for services and looking to CVI as a key partner in broader violence reduction strategies.

As shown in Chapter 4, CVI workers identified root causes of violence as family instability, localized norms around respect and retaliation, and weakened community cohesion—patterns that were echoed in client accounts. Yet despite recognizing broader drivers, the structure of many CVI programs focuses interventions at the level of individual behavior change. This disjuncture shaped how staff described their role—not just narrowly fixing individuals, but as responding to layered needs involving clients’ families, peer networks, and broader community dynamics. Although specific institutions and actors are rarely named, CVI staff participants expressed a diffuse sense of accountability to entities beyond their clients. The sections that follow examine how workers navigate these dynamics by building legitimacy across multiple audiences, both with the communities they serve and the institutions that shape and evaluate CVI practice.

This chapter examines how CVI staff negotiate two interconnected forms of legitimacy:

1. Relational legitimacy with clients and communities, built through trust, cultural competence, and strategies that affirm autonomy and dignity.
2. Institutional legitimacy with funders, policymakers, and partner agencies is maintained through demonstrating unique access and consistent presence in the community, emphasizing differentiated expertise rooted in both lived experience and professional skill, and engaging in strategic collaboration with established institutional partners.

What follows explores these two parts, which can be understood as opposite sides of the same CVI coin. Taken together, relational and institutional legitimacy highlight how workers establish themselves as indispensable actors in both community and institutional contexts.

Relational Legitimacy: Building and Sustaining Client Trust

For staff, legitimacy begins at the point of contact: every first encounter is, in effect, a sales pitch. If clients experience CVI as “just another system,” engagement collapses. But if they are persuaded that the program offers safety, respect, and usefulness, then other forms of change become thinkable. How CVI staff approach their work is critical because their strategies directly impact the effectiveness of engagement, trust-building, and, to some degree, the behavior change among clients. Many individuals who are referred to and served by CVI programs have had negative experiences with traditional authority figures such as law enforcement, community supervision officers, or social service agencies such as child welfare. If staff were to replicate those approaches

that are commonly experienced as rigid or punitive, they run the risk of alienating the very people that they aim to help. **Instead, CVI staff prioritize building and maintaining relational legitimacy with their clients through intentional strategies undergirded by program values that ensure their services are based on trust, cultural competency, and connectedness.** This section outlines those critical approaches and their role in fostering genuine connections to maximize impact for the clients they serve.

Foundations of Trust-Building

The success of CVI work in New Haven is deeply rooted in the relationships that staff build with clients. Trust is the foundation of these programs, and staff play a crucial role in fostering that trust because they know it works. As one credible messenger boasted:

I could walk in a room with a thousand kids and they'd part like the Red Sea without me saying a word. It's a commanding respect, but it's not born out of fear. It's born out of a fear to disappoint... You've built yourself up in that person's life so deeply, they trust you... You've built that trust to the point where they hang on every word. (Credible Messenger #7)

Additionally the way that staff interact with clients can determine whether they see the program as a genuine support system or just another system of control. One strategy that credible messengers deploy to prevent that is by adapting what could otherwise feel like stiff, clinical approaches to feel more natural in conversation. For example, a supervisor talked about how all of the credible messengers on staff are trained in Cognitive Behavioral Therapy (CBT), a form of psychotherapy that is designed to help individuals change behavior by targeting and changing unhelpful thinking patterns. Research demonstrates that CBT is one of the most effective forms of therapy for offenders,

including justice-involved and at-risk young people, resulting in reductions in both recidivism and externalizing behaviors such as aggression (Lipsey et al., 2001; Baskin-Sommers et al., 2022; Dumornay et al., 2022). More than just implementing CBT, however, a treatment that has the reputation of being rigid and clinical, the supervisor emphasizes that the way in which staff are encouraged to deploy CBT with clients has a more culturally competent spin, saying:

We took the [CBT] training and we really just prepared the staff on how to revamp it to their style... that's what we focus on the most... if they have that relationship with youth, they could use [CBT] in regular conversation. I could be using CBT with you right now, you wouldn't even know.
(Credible Messenger #2)

The credible messengers are trained and encouraged to adapt the approaches they learn to their own style to not only further connect with the clients they work with, but also to use that relationship as an opportunity to sell the intervention in a way that feels natural, even invisible, so clients buy in to the process rather than resist it. In practice, this means staff treat clinical tools as conversational tools. The intervention is not only **what** is offered (CBT), but **how** it is delivered—through culturally fluent relationships that feel voluntary rather than imposed.

Similarly, another worker talks about how framing service that is mindful of cultural beliefs and barriers is important. In their view, language matters. Sometimes the ability to connect can be diminished by a commitment to language when words and messaging can be changed. They provide an example of reframing therapy as something less stigmatizing when suggesting it to a client arguing:

[W]e [can] lose the words and get the same message across. 'I have somebody I want you to talk to.' That's not threatening, right? Versus, 'I want you to see this therapist. I want you to see this counselor, this psychiatrist.' You lose them right there. (Focused Deterrence #2)

Workers are actively lowering the threshold for help-seeking: swapping clinical labels for everyday language becomes part of “selling” support in a form clients can actually accept, preserving dignity and keeping doors open. This demonstrates the way in which staff can and do intentionally adjust language in order to avoid unnecessary barriers that will prevent appealing to a client’s sensibilities.

In addition to language, other staff pointed to making the environment more welcoming and appealing to clients, including both the physical environment of organizational offices, but also the attire that workers might wear. They state:

... it’s the business environment too... not just the environment, you come in in the suits and other stuff that you’re wearing every day. They’re used to having that from their probation officer. They’re used to having that from the warden. They’re used to having that from the principal. (Focused Deterrence #1)

Here, this staff supervisor suggests that elements of the physical environment including the vibe of the office and the clothes that staff are wearing can impact the comfort of the client and, by extension, the ability of staff to build trust and connect with a client. Space and vibe function here as engagement infrastructure. Staff frame “welcoming” not as a luxury but as a precondition for disclosure, accountability, and return visits—even when funders read such investments as non-essential. Similarly, one credible messenger spoke about the importance of their building serving as not only a place of business for staff to conduct their work, but also a safe and welcoming space that clients will actually want to come to outside of just needing to visit the building to report for services. They argued that programs working with high-risk young people need to have friendly spaces with things for them to do, rather than the program just showing up for a young person in court or at the probation office as is a customary form of support. He argues that programs can

build with clients by having things for them in their buildings saying, “[Youth] get bored. They open up when they’re not bored and they want to come around more and listen more... Sitting three kids in the office just talkin’ gets boring.”

While their organization is one of the more youth friendly spaces in the city, the worker still advocates for gaming systems, televisions, and pool table for the building to continue to attract engagement. James, who is mentored by a credible messenger at CTVIP talks about the support he receives from the organization to deal with his mental health through expression in music. “I feel like [there are] things that they help with a lot. Like say if I’m struggling... [my case worker] helped me get in the studio... I don’t want to make music to make it or anything, but I like to make music for myself when I’m alone... It helps me express myself in ways that I can’t to certain people.” However, funders aren’t interested in providing resources for what they see as luxuries for these types of programs, like the music studio that the organization had constructed in the building, despite its perceived benefits. Further, they have other expectations of the ways in which programs should engage with their clients and what they are willing to fund and tolerate that fall outside of those boundaries. This will be discussed in further detail later in the chapter.

Trust-building is at the core of CVI work, shaping how staff engage with clients and create environments that are welcoming. Staff employ a range of strategies to fostering connection and credibility with the individuals they serve. However, beyond these foundational elements of engagement, CVI staff were found to commonly deploy three other distinct strategies that help to build trust, but also play a role in encouraging accountability and behavior change. The following sections explore how CVI workers

intentionally avoid direct discussion of risk, refrain from telling clients what to do, and remain persistent despite resistance. These are important approaches that not only reinforce trust but promote client agency and long-term transformation.

(Not) Talking About Risk

With trust established, workers are deliberate about where they place emphasis. A striking pattern across interviews: staff rarely talk *about* “risk” even as they work *on* risk. Arguably, all CVI is centered around addressing and reducing risk in one form or fashion. Despite its rhetorical ubiquity in the field of violence prevention and its omnipresence in program models, across the board, CVI staff agreed that they never speak directly to their clients about risk. One might not expect this. How could an organization address a risk that staff do not talk about with the individual who poses it? Turns out, there are many reasons why risk is not explicitly talked about, and many of those reasons reflect back on the importance of trust in being able to deliver service to clients and it be effective.

One dimension of this strategy is avoiding situations where workers might learn information they would be obligated to report to authorities. One worker states, “I don’t ask... I don’t want to know... I don’t want them to get comfortable telling me and then they tell me something that I shouldn’t know and then I’m gonna have to report it,” (Focused Deterrence #3). For this social worker, the level of comfort required for a client to disclose any violent or criminal behavior would immediately be undermined by her need to report it and potential jeopardize the relationship with a person they will likely encounter again and want to help. For this participant, it would be much easier to simply avoid a conversation related to activities of interest to, but unknown to police.

Another dimension is steering clear of situations where workers can even be perceived as the source of compromising information. This kind of willful ignorance is a strategy that strengthens trust and bonds, which is what CVI staff know is so critical to the success of their work. One credible messenger emphasized this strategy of willful ignorance as one of his organization's greatest strengths, saying, "...we never, with our clients or the people that we deal with, they can never say that we put them in danger or spoke about their case... I never ask a kid, 'Did you do it?'" (Credible Messenger #6). Willful ignorance not only protects clients from violence that might arise from such information leaking, but also helps workers navigate the optics associated with their relationship to law enforcement. For example, if a client discloses having knowledge of or being involved in a shooting, that may not only prompt a law enforcement response, but a violent retaliatory response in the community. CVI staff seek to maintain their position as support for clients in their risk-reduction journeys by not involving themselves in anyway with a client's alleged criminal behavior.

However, this does not mean that staff are not concerned with alleged criminal behavior. On the contrary, it is one of their biggest concerns. Still, staff maintain that even if crime and violence is their biggest concern with the clients that they work with, it is not a good strategy to focus on it explicitly in their approach to clients. Instead, they are much more strategic in how they discuss alleged criminal behavior. More specifically, in situations where staff do become aware that their clients are suspected of or known to be engaging in risk behaviors, they deploy a more artful and discrete technique that discourages the behavior without emphasizing or chastising a client for it. For example, one of the credible messengers said that his approach is to:

...explain in a way that [the client] can understand that you have to stop doing what you're doing...I don't ever come to a kid and say, 'They saying you a problem. You a shooter. They don't know what to do with you...' I would [say] you need to slow down a little bit. You need to take a different approach. They're watching you... things like that. (Credible Messenger #3)

Another veteran credible messenger stated, "I'm coming to tell [the client] to knock it off, or leave it alone, because if I know the police know... [I'll say,] 'Yo man, your name is ringing [circulating in connection to violence]. How can I help you?' (Credible Messenger #6). Rather than label, staff nudge. The message is prospective ("what choices are still available?") rather than retrospective ("what did you do?"), which workers believe reduces defensiveness and preserves agency. Similarly, a director asserts, "We never ask them if they did it," (Credible Messenger #1) and provides an example script of what they would say to a young person he hears is engaging in gun play:

I'm in my 50s. I'm not in the streets or anything else. However, I keep hearing your name. I don't want to keep hearing your name. I'm hearing your name for a reason, I think. So what can we do to fix it... to minimize your exposure? Because if you keep doing things, you're going to get caught or someone's going to give you up. Now how can we keep you out of this...? What do you really want? How can I help you? (Credible Messenger #1)

This calibrated "not-knowing" protects three things at once: client safety (avoiding compelled reports), worker credibility (not being seen as informants), and the relationship itself (keeping the door open for influence). Even in the program that deploys a version of the Focused Deterrence model which some would argue is more punitive, the staff follow a similar approach. For example, in a similar situation where staff are made aware that a client is suspected of engaging in violent street behavior, the supervisor simply stated that his approach is to let the client know, "The road that you're leading, these are the options that you are going to have," (Focused Deterrence #1) encouraging

the client to consider the consequences of their alleged current course of action. Another staff member echoed this strategy, providing his own script for the situation:

I hear that you're still out there in the streets. I heard you're still being involved with certain individuals... The message continues to be the same—we're here to help and support, but if you're engaging in this activity... I'll be limited and my hands will be tied in how much I can help you out. (Focused Deterrence #4)

The approach of Focused Deterrence staff can arguably be perceived as more direct than the approach described by the credible messengers in the two prior examples. However, their approaches still manage to emphasize the consideration of consequences over condemning the alleged acts. Whether intentional or not on the part of some staff, the avoidance of fixating on the undesirable behavior and focusing on the choices for different, more positive behavior resembles avoiding further stigmatizing individuals who are already heavily scrutinized by criminal justice agencies and other social institutions in the community.

This stands in stark contrast to the way that external stakeholders speak about or directly to individuals who are program-involved. During call-ins, police, prosecutors, and the mayor himself are known for using strategies akin to scared straight tactics during these mandatory meetings for incoming clients. Selby summarized his assessment of the experience briefly, stating, "They called me to that little meeting basically just to threaten me. That's it." Selby is referring to the tone of the call-in, which is known for its harsh language and reliance on criminal legal levers—such as arrests, prosecution, and severe sentencing—to encourage individuals into seeking service instead of engaging in crime and violence. However, for many CVI staff, variations of this more indirect approach also

serve an additional purpose in avoiding any potential for a labeling effect that so many of them are acutely aware of.

For one credible messenger who spent a significant amount of time in prison for homicide, the impact of labeling resonated deeply. He asserted:

What is the high risk? What do you do? So is he a shooter? Yes. Has he shot somebody? Probably yes. Has he robbed or did he steal cars? Yes. So he's high risk. But I just [don't believe in] saying it to a kid and making him believe it. (Credible Messenger #3)

This staffer goes on to describe being assigned to a school where they work with a specific classroom of kids who are placed there because they are “high-risk” and taking issue with the way that designating students as a part of this “high-risk” group, believing that it impacts the self-image of the students:

I say, ‘Do you all know why you’re in this class?’ and they all answer the question. I said, ‘Why?’ They said, ‘Because [the school] said we bad. We act up.’ So now they got the mentality of ‘we’re bad. We act up.’ But I said, ‘That’s not how I see you. That’s not how I want you to see yourself. (Credible Messenger #3)

Across accounts, the problem is not just surveillance; it’s identity. Once “high-risk” hardens into a social label, workers fear it becomes self-fulfilling or status-conferring—precisely the opposite of what CVI intends. Further, one credible messenger says they avoid focusing on the bad behavior and naming it to any significant degree because some young people consider it a badge of honor. They argue that if they put too much emphasis on the acts, they could inadvertently give a client the sense that, “‘You a tough boy,’ now they feel like they made it,” (Credible Messenger #8). Overemphasizing the act for young people who are looking for “clout,” or status and notoriety, could have the unintended consequence of encouraging the behavior, even in the context of a CVI program.

This is especially an important impact to consider in CVI work considering that many of the CVI staff across the organizations and programs under examination here do not believe that all of the clients referred and ultimately served by them are truly high-risk. Despite their willingness to serve most anyone referred to their programs because many of the staff see primary prevention as an overlooked, but critical tool in preventing community violence, staff admit that they believe those who are referred to their program do not reflect the level of risk that their program model or the referral sources including law enforcement, probation, and parole claim to be the priority in the work.

Violence prevention programs carry this reputation of serving the most high-risk individuals in the community. Whether that is happening or not is one thing. However, if it is not happening that way, then it poses another problem that could end up being less than favorable for clients who perhaps are not high-risk but are looking to improve their lives. To this point, one staff cautions about the potential negative impact of names becoming familiar in the CVI space:

When you have names that you become familiar with... we know that name... you can't undo it. Remember, if the concept of PRESS or Project Longevity is we're dealing with clients that are risky and [carrying] guns... you associate that person with that, [even when] that's not necessarily the case. (Focused Deterrence #2)

This highlights a lesser explored tension in CVI programs: the reputational weight that they carry in serving high-risk individuals and the unintended consequences that come with it. The participant suggests that when names become familiar within these spaces, there is a risk of permanent association, even if that individual is not actively involved or has since moved on from risk behaviors. This could potentially shape how clients are

perceived indefinitely and could influence how others treat them in subsequent encounters.

By avoiding direct discussion of risk, CVI staff create an environment where clients do not feel judged, labeled, or otherwise forced into defensive positions. Instead of focusing on past behaviors, staff emphasize future choices, guiding clients toward safer decisions without reinforcing harmful identities that may have been ascribed to them in the past or in other contexts. This allows clients to engage on their own terms, rather than feeling coerced or overly scrutinized, which could lead them to shut down.

The consequences of labeling, however, extend beyond stigma and self-image to tangible exclusion from services. Ricky, a young man injured twice by gunfire, recalled being stereotyped by hospital staff after his second shooting and denied HVIP services altogether — a decision tied less to his needs than to the police intel attached to his name. His case underscores how quickly risk labels can move from identity to action, shutting clients out of opportunities for support even when staff themselves would have preferred otherwise.

Coaching Change, Not Controlling It

Consistent with avoiding labels, staff also avoid directives. They position themselves as coaches who expand options rather than authorities who issue orders. CVI staff generally agree that prioritizing relationship-building is essential to their success in promoting behavior change, as it allows them to leverage mutual respect to connect with young people and guide them in a positive direction. One strategy that they use to build trust is by empowering choices, not enforcing rules. This is similar and related to not discussing risk but represents a more general principle of promoting autonomy for

clients. When asked what their approach is to clients, staff often described asking their clients initial questions to identify what they perceive their own needs to be. Staff do not assess and tell clients what they need, but rather let them decide what they think is most important for them to address to get where they want or need to be.

My ideal approach is just to... ask them what's their story... what they are looking for... I just don't assume what they want. I'm not going... to say this is what you should do. I ask them...how can we get you to the goal that you want? What is going to help you...be successful? (Focused Deterrence #1)

In addition to allowing clients to chart their own course by leading in identifying their own needs and priorities in service, staff also emphasize the importance of taking the time to explain in the reasoning behind their guidance. This kind of approach allows for deeper understanding of the choices available to them, rather than simply dictating actions. For example, one of the program directors stated:

They're always being told what to do. Sometimes it's good advice... but... oftentimes we just tell [young] people what to do... Growing up, the parents will say... 'Because I said so.' That's not real investment... What's wrong with that extra five to ten seconds, just giving someone an explanation of why it's important... Once you have ownership, you have a stake in it. (Credible Messenger #1)

Here, explanation is a mechanism of dignity. When clients understand the “why,” participation looks less like compliance and more like authorship—critical for durable behavior change. By positioning themselves as advisors, CVI staff create space for clients to take ownership of their decisions. Denzel appreciates the approach of one of his case workers from Project MORE, who he says doesn't tell him what to do, but rather lets him know his options and gives him space and autonomy to make the right decision.

Somebody being in my ear telling me what to do, I'm going to do the complete opposite every time... I just don't like being told what to do... [My case worker] gave me the resources I needed... gave me a little call

here and there but wouldn't be pressuring me... let me do what I wanted to see what I'd rather do. I went and signed up for that [Occupational Safety and Health Administration] class. I went and got it done. She didn't force me in that direction. If somebody was to be in my ear, 'You need to do this,' I probably would never had got that done. (client, Denzel)

This is the pattern staff hope for: light-touch persistence → client choice → owned milestone. Workers read such outcomes as more stable precisely because they were not coerced. One worker described how he reinforces accountability, making it clear that while support is available, it is ultimately up to the client to take the actions stating, "I'm here for some support. I'll help you out. Everybody will get the same amount of assistance and support, but it's really about the work that you put in as you receive it" (Focused Deterrence #4). The worker ensures to leave room for clients to demonstrate their own willingness and accountability—something that can only be measured when clients have room to make their own decisions without being told what to choose.

Many of the young people served by CVI programs navigate intense external pressures—from family members involved in crime and violence to peers seeking status and validation through exhibiting popularized risk behaviors like stealing cars and brandishing firearms. In a world where youth can often feel powerless, CVI staff recognize that the last thing youth need is yet another voice telling them who they should be and what they should do. Instead, staff offer something more valuable, the ability to make choices and take control of their own lives. Yet, for those who are not immediately ready to accept support or are resistant to behavior change, staff do not disengage. The next section explores how staff continue showing up despite resistance so that they can be present when clients are ready for change.

Trust-Building Through Persistence and Continuity

Of course, choice also means clients can refuse. Rather than interpret refusal as failure, staff adopt a long-game posture. Staff commonly practice “relentless outreach,” a method of persistent engagement with young people and a commitment to showing up, even in the face of their rejection or disengagement (Chablani & Spinney, 2011; ROCA, 2007). Many CVI staff view this as a critical, yet undervalued strategy—one that is widely understood among frontline workers but often overlooked and disregarded by stakeholders and funders. Across many staff, there is this shared principle that caseworkers never give up on clients, regardless of setbacks. For example, even if a client is incarcerated – in some cases for the most serious of violent offenses – staff believed that their work did not end just because a client is no longer in the community. One staff member talked about keeping in close with a client who was incarcerated for some years, writing letters, visiting, and offering support both in and outside of the walls. They argued that this type of consistency is critical to the work, to make sure that even though a client “fails,” supporting them through perceived failure increases the likelihood that they can be successful on the next attempt.

In another example, a CVI staff advocated for second chances for high-risk youth. He compared this the approach of relentless outreach to the way substance use treatment handles relapse:

I’m relentless because people will fall, and we have different levels of acceptance of failure... [I]f an adult is using drugs, we know that they may relapse and that we’ll give them another chance. It’s part of the culture... but we don’t do that with kids... because as soon as they get arrested, they do something dysfunctional, we write them off. (Credible Messenger #1)

Workers normalize setbacks as part of the change arc, importing a harm-reduction logic into violence prevention: stay present, keep contact, be ready when readiness appears. This staff criticized what they see as a societal tendency to quit on kids after mistakes contrasting it with their organization's approach and belief in continued engagement, even when partners, such as referral sources, tell them to discontinue outreach to disengaged young people:

[My organization has] this idea when [partner agencies] say, 'Oh, the youth is not engaging.' Okay. Not right now. We don't stop the case management... Even if they're not actively engaging right now... You're going to have a breakthrough... The only time we really stop engaging with a youth is if they move away. Even if they're incarcerated, we still keep engaging them. (Credible Messenger #1)

Another staff member discussed how he practices patience with expectations for new clients explaining that he tries to be understanding in accepting that some clients are going to take to them faster than others, sometimes simply due to the type of day the client is having or other factors. He said, "Some kids don't want to open up at that moment in time, but they might. I see them two weeks later and they ready to talk or they ready to try" (Credible Messenger #4). For this worker, it is important to persist in order to be present for when the client *is* ready. In this way, CVI staff recognize resistance as a part of the process and see it as their job to persist past it. One worker insisted:

It's okay that the client comes resistant. We get it. You don't want to be here. Just have an open mind and once you open up that door and they see you're not judgmental, they open up and then they end up getting something out of it every single time. (Focused Deterrence #2)

Rather than seeing resistance as failure, CVI staff treat it as a natural part of change, one that must be met with consistency and unwavering commitment to showing up. As Fader (2021) demonstrates, avoiding risk can itself be an act of agency—a strategy to minimize

exposure to violence or legal trouble. Clients in this study echoed this logic, framing disengagement as protection. CVI client Terry explained, “Sometimes you got to separate yourself... the things that I went through, it could have been avoided. And it could have been avoided by watching who I was hanging with.” Another client, Monty, served time for his part in a robbery with peers that resulted in the death of the victim, prompting him to stay to himself now. He summed up his new approach, “[I] might run into a couple of people... politic with people on social media... but I’m not outside just chillin’ with people. I ain’t doing that.” Taken together, clients consciously distance themselves from perceived risk while CVI staff persistently maintain contact until clients are ready to engage. In this sense, staff practices exist in tension with, but also complement, clients’ own strategies for self-preservation.

Further, staff report that even the most resistant clients begin to engage eventually. This understanding underscores CVI workers’ shared belief that transformation is not a straight path, but a process. In some ways, demonstrating patience also models it for clients. One worker emphasized his personal practice of reminding clients that progress takes time: “It’s a process. It was quick for you to get yourself in trouble, it was quick for you to go in the wrong direction. It’s going to be hard to get out” (Focused Deterrence #1).

This balance between persistence and patience reflects a deeper understanding of the incremental, nonlinear nature of change. Change is not forced, only supported. In many ways, persistence itself is a long-game form of selling: staff keep showing up, keep demonstrating reliability, so that when clients are finally ready, the program is already positioned as credible and worth saying yes to. By refusing to give up on clients, CVI

workers create the conditions for change to take place, whether it may unfold over the course of months or years.

Relational legitimacy, then, is slow, situational, and labor-intensive. These are qualities that make it effective with clients, but awkward to evidence with external stakeholders, an issue that is taken up later in Chapter 6 as a form of translational labor. The following section shifts focus to outward-facing strategies aimed at securing institutional validation. Here, legitimacy is less about cultivating trust and more about sustaining credibility and reliance in the eyes of funders, policymakers, and partner agencies, often critical to organizational survival.

Institutional Legitimacy: Demonstrating Credibility Across Systems

Relational legitimacy secures staff credibility with clients. On the other hand, what I refer to as **institutional legitimacy** anchors their credibility with external systems. Funders, policymakers, and partner agencies look to CVI workers as essential collaborators in violence prevention, but legitimacy in these institutional arenas is not automatic.² It must be actively cultivated. Staff described demonstrating their indispensability by showing they could reach individuals that other agencies could not, by emphasizing the differentiated expertise they bring through lived experience and cultural competency, by framing themselves as professionalized and multi-skilled service providers, and by engaging in strategic collaborations with powerful partners such as law enforcement, courts, and hospitals. CVI workers deploy these strategies in an effort to

² Institutions here refer to external governmental, funding, and partner entities including municipal offices, police departments, community supervision, and other agencies that influence CVI programming but are not home to it. While CVI workers often collaborate with these bodies, CVI programs remain organizationally independent, with the exception of the HVIP which operates within and is partially governed by the hospital system.

position themselves as more than just community actors, but as legitimate institutional partners.

Access and Institutional Reliance

CVI staff consistently described their ability to go where others will not and to remain present in ways that signal reliability to not just clients and the community, but also to institutional partners. This unique access forms the foundation of their institutional legitimacy. It reassures funders, policymakers, probation officers, and law enforcement that CVI workers can connect with individuals who are otherwise “unreachable.”

The credible messenger model rests on this premise. Proponents of the credible messenger movement hold that individuals with similar backgrounds, such as growing up in a certain neighborhood context, experiencing poverty, or being justice-involved, have greater success in connecting with CVI clients who share those experiences. Lived experience grants entry to spaces where traditional service providers, law enforcement, and other perceived outsiders might be met with resistance, suspicion, or even hostility. In contrast, those who are known and trusted in the communities where violence is occurring can “go where a lot of people can’t,” (Credible Messenger #6). Buggs and colleagues (2022) recognizes lived experience as a “license to operate” in communities safely and with respect (p. 30). As one veteran credible messenger put it:

We deal with some of the most high-risk youth that probably no one else in the city can get to... couldn’t get too far to have a conversation and engage them... [High-risk youth] will tell [others] to ‘F’ off, get out of here... That’s not the case with us. (Credible Messenger #6)

This access is both relational and reputational. Some CVI workers are widely known for their past criminal histories, including homicide convictions in a few cases, and they

leverage those biographies as sources of credibility. This allows them to offer guidance that feels relevant and relatable, rather than abstract or out of touch. To clients, credible messengers have experience navigating similar life circumstances, and research demonstrates that clients value that experience and are more receptive to frontline workers who have it (Decker et al., 2020). In this way, lived experience functions here as both methodology and credential.

I think that's what our strength is...Our reputation, our credibility, is able to get to some of the most high-risk young men in New Haven to be able to [deter] them from violence or just have a conversation, let them know that we're here for them... Being able to go where a lot of people can't. (Credible Messenger #6)

His emphasis on reputation and credibility underscores how institutional actors come to depend on CVI programs to be the connective tissue between programs and people. A common example is how probation and police often refer clients precisely because they believe CVI staff can succeed where formal authorities sometimes fail. One staff member noted bluntly that “if probation can't reach this kid, they expect us to reach the kid... They feel like we have a certain type of relationship” (Credible Messenger #8). In this way, staff's consistent relational presence is leveraged by institutions as an extension of their own reach. This is especially the case because most CVI referrals come directly from probation and parole. One worker estimated that nearly 80% of their youth referrals come from juvenile probation alone. Supervision officers frequently reach out to CVI caseworkers when they cannot reach or meaningfully engage with the young people on their caseloads.

An example of this informal reliance can also be found in formalized city policy. New Haven's local legislative body, the Board of Alders, authorized a funded three-year

agreement with Connecticut Violence Intervention and Prevention (CTVIP), enabling the organization to hire four part-time credible messengers. These staff would be tasked with serving as the designated second line of offense when other providers associated with the city's Program for Reintegration, Engagement, Safety, and Success (PRESS) initiative cannot reach or engage targeted clients, especially emerging adults outside the leverage of probation or parole (New Haven Board of Alders, 2023). By writing their access into the city's service architecture, the contract converts reputation into recognized institutional capacity. In effect, the city codifies what frontline workers already do—extend the system's reach where it itself, and other agencies, are thinnest.

CVI staff frequently described a sense of institutional reliance that was both validating and fraught. On one hand, they took pride in being trusted to access people and spaces that others could not, especially when those relationships opened doors to collaboration with schools, hospitals, and justice system actors. Several participants framed this trust as a hard-won form of credibility. Yet beneath this pride ran an undercurrent of tension. While staff acknowledged that CVI programs often filled gaps left by overstretched institutions, few described this explicitly as exploitative. Instead, their accounts suggested a quiet awareness that institutional endorsement often came with expectations they felt unprepared or unsupported to meet, especially in high-stake partnerships like probation, parole, or gun violence response teams.

This paradox of being both essential and insufficiently resourced created what can be interpreted as a structurally embedded precarity. By their own account, CVI workers' legitimacy is often tethered to conditions they cannot control, such as political will, interagency cooperation, and the persistence of systemic failures that necessitates their

presence in the first place. Although staff rarely named these dynamics directly, their reflections on “being everywhere” or “doing the most” in holding the weight of CVI hints at a deeper cost embedded within institutional validation, particularly when juxtaposed with the resource limitations and cope boundaries discussed in Chapter 4. The pride they expressed in being relied on by system actors often sat alongside quiet frustration at being tasked with solving problems that extend far beyond their formal capacity or mandate.

Further, these tensions extend beyond access or recognition. They also manifest in the physical and emotional risks staff assume, often in contexts where other actors can choose not to engage. The next section turns to how this embodiment of risk itself becomes a source of legitimacy, even as it exposes workers to forms of danger and burnout.

Embodied Risk

Institutional legitimacy is also secured through CVI staff’s willingness to assume forms of risk that other actors may disavow. Staff described an unspoken expectation of their physical reliability in community settings that are often constructed as volatile—particularly large gatherings of young Black residents that institutions preemptively view as potential flashpoints. In these moments, CVI staff are expected not only to “bridge the gap” between police and the community, but to embody a kind of unarmed risk management that institutions otherwise assume belongs to law enforcement. For example, one worker stated, “[T]hey look at us like we’re supposed to do probation’s jobs, do the cop’s job... Probation, the cops, other organizations feel like [we’re] the Batman of New Haven (Credible Messenger #8). While “they” is not defined explicitly, this participant—like others throughout the study—evoked a broader, often implicit group of institutional

stakeholders such as law enforcement, school officials, elected leaders, or other systems actors who routinely engage CVI teams in moment of anticipated tension.

When asked to provide an example of what this looked like, the worker went on to describe how external partners routinely request CVI presence at events or gatherings in community that are expected to turn volatile. He says:

[T]hey'll send us to certain events because they feel like we have a certain type of relationship, but we don't have guns, mace, none of that... So why do y'all think we're gonna be the ones breaking up fights... when you have cops and other people there that get paid for those types of things, but they be on us about that... being law enforcement and security.
(Credible Messenger #8)

This reveals an irony at the core of institutional legitimacy. CVI staff are not only validated for their access to communities but also for their willingness to assume forms of risk that institutions often do not assume themselves, instead relying on CVI workers to manage these tensions. Their unarmed presence becomes a signal of legitimacy that is valorized as essential, yet positions CVI staff to take on risks and responsibilities that staff themselves note are typically assigned to law enforcement. In effect, the very contexts that institutions designate as “risky” operate as the proving ground through which CVI credibility is constituted and sustained.

These expectations surface daily in governance decisions, particularly among local government and criminal justice institutions, which often treat CVI staff as default responders in moments coded as dangerous. I observed these dynamics firsthand during my time with the City. In early 2023, when warmer weather drew large groups of young people downtown — outside of businesses and at the doorsteps of Yale University — the gatherings were quickly seen as threats. Fights broke out at times, and the scene became a

regular source of public anxiety, with some businesses even threatening to close during peak hours if nothing was done. In response, the City began deploying police, school district personnel, and CVI workers to the area each afternoon around 1 p.m., when youth were expected to congregate. Despite the already heavy police presence, CVI staff were expected to be on site to diffuse tensions. On one occasion when a CVI organization failed to appear, City staff confronted them directly, underscoring both the expectation of their presence and the degree of institutional reliance on their role.

Assuming these types of risk is not just a result of being called on, but rather a more deeply embedded aspect of the work. One worker explained how engaging a potentially violent client required shifting the meeting site, stating:

Say we know this person [might] be involved in a murder or something. We can't bring him to the building, because we got other people coming in and out of here. So we meet him where he at, his house, his block, we engage him where he at. (Credible Messenger #6)

Another worker captured the reality of meeting a client “where he’s at” by describing the routing nature of his interactions with armed young people on the street:

I'm out there in a neighborhood... Most of the time when I hug a person, I hug them and I always tap their waist and I know if they got a gun on them or not... and it's not for me to, 'let me get that gun.' I can't wrestle a gun away from a kid, but I could tell them that you shouldn't have that gun on you, you know what I mean? And try to get the gun away from the kid. But majority of the time, 70% of the time when you touch a young kid's waist, he got a gun on him. (Credible Messenger #3)

This kind of intimate, high-stakes encounter is unlikely to play out with any other professional group. Police, probation officers, or social workers are neither positioned nor expected to knowingly engage someone who is armed outside of formal enforcement settings. CVI workers, by contrast, do not condone or normalize gun-carrying; rather, their credibility allows them to approach such moments without escalating to

enforcement, creating openings for dialogue and de-escalation that others cannot. Particularly for credible messengers embedded in the community, these interactions flow directly from the trust they build over time and their commitment to relentless outreach. Although rarely acknowledged in formal expectations, there is a tacit reliance on CVI staff's ability to step into these roles — to physically and emotionally hold the line in situations that institutions themselves mark as dangerous.

Sometimes risk-taking becomes crisis intervention. One credible messenger illustrated this through a story he considered his greatest “success.” He told me about the night a young man was killed in the city and his journey with the victim’s best friend, which began in the waiting room of the hospital as they were waiting to find out if the young man would survive:

[The doctor] came out... announced that he didn't make it... One of his best friends was crying... then he took off running toward the projects... I went down there... Sure enough he had a gun... he was coming back toward the hospital... saying he was coming to get somebody to take him, he was going to get the dude that did it. I met him right there and I was like, 'Nah man.' He had a gun and everything, and I ended up getting the gun off him and stayed with him... all night until like 4 o'clock in the morning because he was so traumatized. He was so hurt... I made it my point to see him every day... I was running out of words to say to him... I said, 'Yo, you love him?' He said, 'Yeah, that's my brother man.' I said, 'So how you gonna honor him?.. You never get arrested, you never hurt nobody, you never kill nobody... honor him. He finished school... he did that and became a sheriff for the courthouse. (Credible Messenger #6)

These accounts illustrate how institutional legitimacy is embodied. Institutions recognize CVI workers not only because they can “go where others can't,” but because they are willing to step into dangerous spaces, intervene in moments of volatility, and hold the emotional and physical risks that others displace onto them— whether or not institutions explicitly name that expectation. Yet staff also emphasized that what truly

sustains their credibility is not just stepping into crisis, but continuing to show up long after it has passed.

Consistency and Relentless Responsiveness

Embodied risk highlights the intensity of CVI work in singular moments of danger. However staff also stressed that legitimacy rests on a different quality: reliability. What makes them credible is not only that they step into volatile situations, but that they do so consistently, across both ordinary community life and moments of crisis. It demonstrates to communities that they are trusted and ever-present figures rather than outsiders who appear only in moments of crisis. Consistency here means more than simply “showing up.” It encompasses being a familiar presence at barbecues and reunions, as well as answering late-night calls to respond to shootings. For staff, legitimacy is built on the assurance that whenever and wherever they are needed, they will be there. One worker stressed:

Our reputation over the years shows that we help. And I think the consistency, and not just coming around when there’s violence, coming around normally ... I think that makes us strong too. We just don’t show up for violence. We go to events, cookouts, reunions. (Credible Messenger #6)

Here, everyday presence demonstrates commitment, which reassures both communities and institutional partners that CVI staff are not opportunistic but deeply embedded.

Another worker talked proudly about a project where they put together Valentine’s Day baskets for young girls who lost their fathers to gun violence, adding that their job is just as much about acts of kindness and compassion as it is “bridging the gap between police and the community” (Credible Messenger #8).

An outreach worker highlighted the responsiveness this work requires: “Every time there’s something, it’s all hands on deck, show up. We’re at McDonald’s, we’re going downtown, whatever... [Our] presence, I think, is what makes the difference for [stakeholders]. I don’t see other people.” In their account, legitimacy stems from being immediately available in moments of community need — a responsiveness that is unique to CVI.

In fact, New Haven CVI workers are the core of a private text message group managed by police leadership, which alerts participants the moment a 911 call comes into the public safety answering point (PSAP), confirming a fatal or non-fatal incident. When the message goes out, phones buzz across CVI teams and staff drop what they’re doing—whether at home, with family, or asleep in bed—to mobilize. In many cases, CVI staff know about the shooting and are headed to the scene before the message even goes out—oftentimes because a resident contacts them directly or they live close enough to the scene that they heard it and responded on their own.

Their role in these moments is multifaceted and demanding. At hospitals, they steady grieving families, de-escalate tensions among peers, and calm waiting rooms on the verge of chaos. At shooting scenes, they work alongside police to speak with bystanders, gather information from the community, and identify potential retaliatory threats — all while beginning the slower work of connecting residents to resources in the aftermath of trauma. As someone who was part of this group chat, I know these calls often came in the middle of the night, and I witnessed the relentlessness with which staff responded. The expectation was not questioned: when violence occurred, CVI workers were there.

This practice illustrates how responsiveness is not merely a professional ethic but an institutionalized routine, woven into the city's own crisis communications. Police depend on CVI staff to answer these calls precisely because they bring a legitimacy and relational credibility that law enforcement alone cannot provide. Their consistent willingness to mobilize at all hours underscores why they are viewed as indispensable by both communities and institutions.

Yet, reliance has not always been seamless. For several years, a unique partnership granted credible messengers key card access to Yale New Haven Hospital's emergency department, where they could reach gunshot victims at the bedside. Staff recall the practice as a proud feature of the city's violence prevention ecosystem: arriving quickly after shootings, preventing texts or phone calls meant to trigger retaliatory violence, supporting security with crowd management, and connecting families to services. The access symbolized institutional recognition of their indispensability.

But one incident revealed how fragile such access could be. During a chaotic night in the emergency room following a shooting, a frustrated nurse reportedly made a racially charged remark about a victim "deserving what he got." Tensions escalated between hospital staff, the victim's family, and the credible messengers who were there to support them. While the conflict had not been instigated by the credible messengers, their visible alignment with the family rather than the hospital staff positioned them as a threat to institutional order. When credible messengers returned for the next shooting, they discovered their key card access had been revoked without notice or mediation. What followed was months of negotiation, which escalated to hospital leadership and the Mayor's Office. Eventually, the dispute was "resolved" through a formalized standard

operating procedure. Credible messengers could still be called to the emergency department, but only under defined circumstances and through the police department as intermediary.

The episode underscores two key dynamics. First, even amid conflict, city and hospital leaders acknowledged the essential need for credible messengers at the hospital, especially for safety and retaliation prevention. Second, it illustrates the fragility of legitimacy. CVI access hinges on endorsements and protocols set by external systems, which can be rescinded or redefined at any moment. Partnerships that appear routine and indispensable are, in practice, conditional — dependent on the tolerance and validation of institutions often made uncomfortable by the disruptive nature of the work itself.

The hospital episode makes clear that legitimacy is conditional: CVI workers may be trusted enough to manage grief in the waiting room yet not trusted enough to hold a key card. Their indispensability coexists with precarity. This paradox extends beyond hospitals. Across systems, lived experience can open doors to clients while simultaneously closing them in rooms where authority is measured by credentials and bureaucratic fluency. For CVI staff, sustaining institutional legitimacy therefore requires more than presence and responsiveness; it requires performing a hybrid expertise that blends the credibility of lived experience with the professionalized skill sets institutions demand.

Hybrid Expertise as Legitimacy

Consistency and responsiveness win CVI workers recognition, but hybrid expertise is what sustains it. Lived experience alone may secure trust on the street, but it does not always translate into authority in policy meetings, funding negotiations, or

hospital boardrooms. In these institutional arenas, credibility depends on showing fluency in professional logics — documenting cases, speaking the language of trauma-informed care, or demonstrating competencies in counseling, case management, and data systems—a translational fluency that will be explored in more detail in Chapter 6. At the same time, staff insist that without the grounding of lived experience, such formal expertise risks irrelevance in the community context.

Staff therefore cultivate what I describe as hybrid expertise: a dual arsenal that blends the credibility of lived experience with the recognizability of professional skill. Sometimes this hybridity is embodied in a single individual who can code-switch across worlds. Other times it is distributed across teams whose members bring different forms of legitimacy. In either case, hybrid expertise functions as a bridge between two domains of legitimacy — grounding CVI practice in community realities while making it legible to institutions that might otherwise overlook or marginalize it.

Hybrid Expertise as Practice. Staff frequently rejected external portrayals of their role as either too informal or reducible to traditional professions. On one side, they bristled at being dismissed as “just mentors.” One worker insisted:

A mentor is just anybody that you can just grab and say, ‘Oh that’s his mentor, he’s helping him out.’ [We] do a variety of things that don’t just box you in as a mentor. Job placement, dealing with families, dealing with DCF, dealing with juvenile probation, doing presentations at school. [We] do a whole variety [of things]. And that’s why people get lazy – “I’m not paying for mentoring.” People think we’re mentoring. No that’s not what we are. We’re much more versatile than that. (Credible Messenger #3)

On the other side, they argued that formal professional training alone was insufficient. A staffer contrasted CVI work with social work:

I also feel like you have to have the background for this too. Because social work has taught me you got to meet the person where they are. ... A lot of people just hire to hire. They don't have the skills. They don't have the experience to handle these type of clients. (Focused Deterrence #3)

Together, these accounts underscore that legitimacy derives neither from informal presence alone nor from professional credentials alone. CVI staff emphasized that their expertise lies in a hybrid position — refusing the minimization of their role while also challenging the idea that traditional professional training, absent lived experience, is adequate.

One supervisor described how this hybridity plays out daily, noting how staff fuse professionalized interventions with relational credibility, stating, “Our staff are all credible messengers. So they use their stories to really influence behavioral change with our youth ... we use cognitive behavioral therapy on the day-to-day whether we're at the corner store, the alleyway, the school” (Credible Messenger #2).

This tension between being “too informal” and “not professional enough” is central to how hybrid expertise operates as legitimacy. Workers show that they are neither reducible to mentorship nor replaceable by credentialed professionals. Instead, they carve out a distinctive middle ground: an expertise that is versatile, deeply relational, and anchored in life-and-death credibility. What sustains their authority, then, is not just doing the same work as social workers with a different title, but performing a translation between professional logics and community realities that neither mentors nor traditional practitioners can fully achieve.

Hybrid Expertise as Credential. For many workers, lived experience is a credential in its own right. One insisted:

Everybody gets a seat at the table. But your opinion should never be the opinion unless you've actually lived what you're talking about— not studied it. If I'm in a room full of people with multiple degrees and doctorates... and we talking about incarceration, drug dealing, gun violence, guys like [Credible Messenger #6] and [Credible Messenger #3] are always going to be the authority for me. I don't give a fuck what your background is... Sociology, psychology, don't matter to me. [Credible Messenger #6] earned a degree in the projects. He has a master's degree. (Credible Messenger #7)

Another worker explained how that “degree” translated directly into more accurate readings of risk than those drawn from paperwork alone, stating:

[Police, parole, or probation]... say they believe this person is high-risk. Then we do our own little background on them... what neighborhood he from, how we heard his name, do we know him?... who he's hanging with—like if he's hanging with people that are known to us that we know are also high-risk—that's also known as a “shooter...” someone that has been shot, shot at someone, or even been shot... High-risk is determined by that, what we know. (Credible Messenger #6)

They argue that the internal knowledge that CVI workers are strategically positioned to have and maintain, is a key component of the recipe for risk assessment. Here, lived experience functions as institutional capital. Police intel becomes actionable only after it is filtered through community-based judgements. Hybrid expertise thus reframes risk in actionable, grounded terms that cannot be gleaned exclusively from files.

What is striking is how these accounts reposition lived experience from deficit to authority. Rather than being disqualifying, histories of violence, incarceration, or neighborhood affiliation are recast as specialized knowledge — precisely what enables CVI workers to negotiate bureaucratic categories into socially recognizable ones. At stake here is not only credibility with clients but authority in institutional decision-making spaces: the power to say who counts as “high-risk,” whose background warrants attention, and how interventions should be prioritized. In other words, lived experience

becomes a credential that rivals, and at times supersedes, the authority of professional degrees by producing forms of risk knowledge that institutions cannot generate on their own.

Hybrid Expertise as Organizational Strategy. Hybrid expertise is not only practiced at the level of individual staff. It is also negotiated at the organizational level, where agencies make choices about who to hire and what balance of backgrounds they want represented in their teams. In this sense, legitimacy is not just a matter of whether one worker can “speak both languages,” but how staffing decisions position them within the broader ecosystem of legitimacy.

In New Haven, these debates have surfaced sharply around the hiring of retired law enforcement officers into CVI roles. For city leaders, such hires signal professionalism—reassurance that CVI is led by “seasoned experts.” The first head of the Office of Violence Prevention, for example, was formally introduced to the city through a press conference led by the Mayor, who emphasized his decades in juvenile detention and parole. Such appointments are shorthand that reassured institutions that CVI is grounded in the logics of accountability and control.

But within the CVI community, law enforcement backgrounds are far more contested. Many staff worried that officers-turned-CVI workers reintroduce carceral approaches into a space meant to counter them. One HVIP worker put it bluntly: “My personal belief is no police background” (HVIP #2). They described seeing law enforcement tendencies “pop out” in moments of tension, reinforcing surveillance and control rather than trust and care. The risks of this ethos were not abstract. Workers pointed to the longtime director of Project Longevity, a retired police officer notorious

for his punitive style. At call-ins meant to support returning citizens, he enforced strict rules designed for probationers and parolees. In one incident, a workforce partner who arrived late was barred entry under the “no late entry” policy, despite having traveled across state lines. The partner cut ties with the program entirely, leaving clients without access to a scarce job training resource. What was meant to project professionalism instead damaged both institutional credibility and client trust.

Others, however, insisted that law enforcement backgrounds bring valuable skills. A retired probation officer argued that years of practice in boundary-keeping helped staff avoid being overextended or manipulated, noting, “[CVI workers are] there to assist and help clients out, but at the same time... [those with law enforcement experience] won’t get duped into providing services to people that don’t necessarily need it... getting manipulated and being used,” (Focused Deterrence #4). In this view, law enforcement training contributes discipline and limits that protect programs from burnout or mission drift.

Beyond this binary, some supervisors pushed for diversifying staff backgrounds altogether. They argued that credible messengers need not only be people with “negative” lived experiences but could also include those who grew up in the same neighborhoods yet avoided legal trouble — modeling alternative pathways of success. As one supervisor explained, the ideal staff makeup would be a “balance of people who have had community violence experience... and then also a combination of people who could have gone down that path and chose not to” (Credible Messenger #2). Another added: “I don’t buy into the idea that you have to have a criminal background or you got to come from the street to be the best or a great interrupter” (Credible Messenger #6). For these

advocates, diversification broadens the resonance of CVI work, offering multiple role models whose varied trajectories can connect with clients across different circumstances and motivations. As one worker put it more bluntly: “We need more ways to be able to penetrate a mind” (Credible Messenger #3).

Indeed, in practice, New Haven’s CVI organizations already employ more diverse workforces than the narrow categories of “justice-involved” or “former law enforcement” might suggest. Staff include long-time residents of neighborhoods most affected by violence, individuals who have lost children or close friends to shootings, and those who have navigated poverty and adversity in the same contexts as their clients. These forms of lived experience — exposure to violence, grief, and structural disadvantage — expand the bases of credibility and trust, even when they do not map neatly onto either criminal-legal or professional credentials.

These accounts reveal how contested expertise is within CVI. Law enforcement veterans may lend structure, discipline, and institutional recognition, but risk importing logics of surveillance and punishment. Credible messengers with lived experience bring unmatched community trust, but their authority can be discounted in professionalized spaces. Neither background is automatically legitimate. Instead, legitimacy emerges through a balancing act — assembling teams whose very composition signals credibility both to communities and to the institutions that oversee funding, partnerships, and policy.

In this way, hybrid expertise is not only a feature of individual practice but a strategy at the organizational level. Staffing decisions function as performances of legitimacy, positioning CVI organizations within broader infrastructures of public safety and care. These performances matter because they set the stage for institutional

endorsement — the moments when external systems formally recognize and incorporate CVI as indispensable partners.

Legitimacy Through Institutional Endorsement

CVI staff underscored that their legitimacy rests on the alliances they build with established systems — from law enforcement, supervision agencies, and courts to hospitals and schools. Hybrid expertise is similar yet distinct from institutional endorsement: the former is cultivated internally through the blending of lived experience and professional skill, while the latter materializes when systems formally recognize and incorporate that expertise into their own operations. Such collaborations reinforce CVI’s standing as credible actors within broader infrastructures of public safety and care. By sitting at decision-making tables, sharing intelligence, and leveraging institutional trust to advocate for clients, staff positioned themselves as indispensable intermediaries.

One worker described how law enforcement partnerships shape the very process of identifying “high-risk” individuals:

Risk is determined by ... if you have law enforcement sitting at the table and you know that they might not even have been convicted ... but their name keeps coming out ... so you know who the heavy hitters are because that’s what intel is about. Knowing who... you might not have got caught for everything, but you have to have a way of determining who the riskier clients are. (Focused Deterrence #3)

Her account highlights how collaboration confers legitimacy by placing CVI staff alongside police in risk-assessment work. In these moments, their community-based knowledge is institutionalized as a form of intelligence, validating them as actors who shape — not merely receive — the categories through which systems allocate surveillance and resources.

Yet endorsement by supervision agencies is conditional. CVI staff often find themselves supporting young people even when institutions have written them off. A supervisor recounted the case of a teenager who had stolen a police car and injured an officer — a youth widely stigmatized across the state:

The whole state of Connecticut was like, give him all the years. ... In that time, one of our staff just kept working with him ... writing letters, building the relationship. ... When he got out, probation was giving him the hardest time. ... We were just consistent. We vouched for him. ... And actually, we're about to hire him as a junior [violence prevention professional.] (Credible Messenger #2)

In this story, CVI legitimacy did not come from aligning with institutional priorities — in fact, it required directly resisting them. Probation sought to punish, while CVI staff insisted on persistence. When that persistence produced stability and a visible “success,” the very institutions that once rejected the youth now celebrated his turnaround. Here, endorsement was not conferred in real time but retroactively, once CVI persistence produced results that could be folded into institutional narratives of redemption.

Hospitals also function as endorsing partners, though in contested ways. One HVIP worker noted that hospital executives increasingly view violence intervention specialists as complements to, rather than replacements for, social workers:

Why are we different than social work? ... One of the key differences is the ways in which the expertise that I think our team carries ... vastly different than what a day-to-day social worker will encounter in their process and their bandwidth. (HVIP #1)

Here, legitimacy stems from being embedded in a formal medical hierarchy. CVI staff's distinctive expertise — intensive case management, long-term engagement, cultural competency — is recognized as essential to effective care for victims of violence. Being positioned within the hospital system thus affirms their credibility not just with patients,

but with administrators and medical professionals who decide which interventions are institutional priorities. However, this does not come without its challenges. The HVIP leader also described how their role as a medical director is fundamentally different from peers:

I have a medical director in pediatric emergency medicine... [whose] main concerns are IV shortage and clinical care... In an HVIP, you have a very different role. You are a community-government relations, social integration, community partnership... fundraiser, grant writer... These are the kinds of hats you really need to wear to be successful. But every time I talk to a medical champion, they tend to wear these five hats, and they are not necessarily inherently supported... by [their] institution... and with some things, they sometimes [are] undermined directly by [their] health system and [their] C-suite. (HVIP #1)

This reflection highlights three key dynamics. First, institutional endorsement often demands expansive labor — wearing “five hats” that extend well beyond clinical duties. Second, that labor is structurally unsupported, leaving HVIP leaders to navigate fundraising, partnerships, and advocacy without the resources provided to other specialties. Third, endorsement is fragile: the very health systems that validate HVIPs as indispensable can simultaneously undermine them by refusing to institutionalize CVI as legitimate medical practice.

In this way, hospital endorsement affirms HVIPs as vital to patient care while also exposing them to precarity. Their legitimacy depends on their ability to stretch across professional boundaries, but that very versatility makes them vulnerable to institutional neglect or dismissal. Endorsement thus confers visibility without full integration, producing an ambivalent legitimacy that is both celebrated and constrained.

Schools endorse CVI work more consistently, often embedding credible messengers as daily presences in classrooms, assemblies, and mentoring groups. One worker described their role in this way:

We are kind of like... superheroes in the sense of the work that we do. The work that [we] do is not easy. Working with a kid sometimes, creating relationships with individuals that you will have... five years down the line where you mentor the kid and you've seen the progression, the change of a kid. And now that kid is mature enough where now he's somebody that you consider family or a good friend. (Credible Messenger #3)

Here, legitimacy comes not simply through being visible, but from being entrusted with long arcs of development that schools cannot themselves provide. Staff are validated not only as short-term behavioral supports but as long-term relational anchors, positioned by schools as figures who can carry mentorship and accountability beyond the classroom and across years.

This endorsement is most visible in New Haven's "alternative schools," where high-risk and justice-involved youth — often expelled, returning from incarceration, or otherwise excluded from mainstream schools — are clustered together. These schools function as both sites of concentrated need and of institutional abandonment. For credible messengers, the very existence of these "dumping grounds" makes their work more accessible: they know exactly where to go to reach the young people who are most vulnerable to violence. Schools, in turn, validate their expertise by embedding them in these settings. Yet as one worker noted, this arrangement also reflects profound disservice:

They label a kid ... put all these volatile kids that got trauma ... together in one school. You got no therapist here. You got no really strong foundation ... teachers travel from other places, don't understand the trauma ... now these kids are creating this persona about themselves — they told me I'm bad, so why not live up to it? ... I've been there and

watched five to six kids that I've mentored graduate but can't read or write. (Credible Messenger #3)

In this account, schools endorse CVI by relying on their consistent presence, but only because they lack the infrastructure to meet students' needs themselves. Endorsement thus reflects both reliance and displacement: CVI staff gain legitimacy as “superheroes,” yet that legitimacy rests on structural failures in education that CVI cannot solve. This dynamic echoes themes from earlier findings — that CVI can mitigate immediate risks but cannot substitute for robust institutional investments in systems like education.

Across law enforcement partnerships, the hospital, and school system, CVI staff demonstrate how they strategically secure institutional legitimacy not only through access and expertise but also through the alliances they forge and the contested endorsements that follow. Institutions may doubt or resist CVI judgment in the moment, yet they are often the first to embrace and amplify the outcomes of CVI persistence once those outcomes align with institutional narratives of success.

In summary, institutional legitimacy is earned more by practice than by titles. This credibility is driven by access where others cannot go, a willingness to absorb embodied risk, relentless responsiveness, and the hybrid expertise to move fluently between street and system. Yet that very recognition is conditional. Endorsements arrive through contracts, protocols, and partnerships that can be revised or revoked; credibility is leveraged by institutions to fill their own gaps, even as it exposes CVI workers to displacement, exploitation, and scrutiny. In short, institutional legitimacy is a negotiated and precarious asset—indispensable to survival in a system that continually tests it. What it does not resolve are the everyday frictions of proof: how to convert slow, relational

work into the standardized performances that funders, hospitals, schools, and criminal-legal partners will accept as “results.”

Chapter Summary

This chapter traced how CVI workers build legitimacy through visibility and reliability on two fronts. With clients and communities, CVIs “sell” their programs through culturally fluent trust-work, softening clinical tools into everyday conversation, avoiding labels that harden identity, coaching choice rather than demanding compliance, and practicing relentless outreach so the door is open when clients are ready to engage. With institutions, CVIs secure standing by showing up where risk concentrates, de-escalating without force, and blending lived experience with professional fluency. Their access is sometimes formalized, sometimes thinly, through partnerships, contracts, and protocols.

Relational legitimacy is cultivated through strategies that staff largely control, while institutional legitimacy unfolds in a more contested space where workers must continually prove, defend, and negotiate their value against external standards. Even when recognized, CVIs still face the daily challenge of sustaining that recognition by translating the slow, relational nature of their practice into the fast, measurable, and often contradictory demands of institutions. Chapter 6 explores these limits, situating them within broader pressures of accountability and showing how translation often reveals as much about its impossibility as its success.

CHAPTER 6

THE COSTS AND LIMITS OF TRANSLATIONAL LABOR

This chapter examines the costs and limits of the translational labor performed by community violence intervention (CVI) staff—the interpretive, relational, and strategic work of navigating institutional logics in an attempt to make client needs and experiences legible to funders and partner institutions. Where Chapter 4 detailed how staff understand the root causes of violence, and Chapter 5 explored how they cultivate legitimacy with both clients and institutions, this chapter turns to the contested ground in between: the translation zones where those worlds collide.

I argue that CVI staff function as boundary-spanners, constantly negotiating between institutional mandates and community realities; as street-level bureaucrats, exercising discretion to adapt rigid rules and timelines; and as reluctant participants in performance regimes, tasked with converting complex and nonlinear human change into standardized, fundable metrics. Yet these translational efforts carry real costs and confront real limits. At times, translation is possible but extractive, eroding staff credibility or draining organizational capacity. At other times, translation falters altogether—progress resists quantification, institutional categories clash with community needs, and legitimacy can’t always be sustained on both fronts at once.

This chapter traces two core translation zones and a destabilizing wild card. First, questions of eligibility expose how risk is defined in the context of CVI alignment with and accountability to funders and external stakeholders with authority, which often impose expectations of who counts as a legitimate client. Second, the terrain of metrics and performance underscores the difficulty of representing nonevents, incremental

progress, and embodied risks in institutional forms that demand measurable outcomes. Complicating both zones is the issue of client readiness, which cuts across eligibility decisions and performance expectations by disrupting the standardized timelines against which progress is measured.

By tracing these costs and limits, this chapter illuminates not only how CVI programs survive within institutional ecosystems, but also how much is lost or strained in the very act of trying to hold two worlds in tension.

Translating Risk for Eligibility

The first site of translational labor emerges not in service delivery, but at the threshold: defining who is eligible for intervention. CVI programs are designed to target individuals at the highest risk of violence involvement, yet staff must constantly reconcile competing definitions of risk and eligibility criteria. Funders and referral partners—probation, parole, schools, hospitals—supply clients based on their own mandates, while frontline staff rely on community knowledge, histories of engagement, and behavioral signals to decide who most needs attention. This is where CVI workers act as boundary-spanners, trying to hold together institutional categories of “high risk” and the lived realities of who in fact drives violence.

As one supervisor explained, many referrals technically meet eligibility criteria yet fall short of the intended “high-risk” profile:

I don't personally think everyone is high-risk. Sometimes... if I had to put them in a category... low risk. However most people that are really low risk, they're just looking for some direction to assist them... I'd say out of 10, maybe 5 of them are [low-risk] guys... coming in for a resource. Most of our high-risk guys, we have to really stay on top of to give them services. Most of them don't want to do it. (Focused Deterrence #1)

For staff, this misalignment is not trivial. When slots meant for those most likely to drive violence are filled by those with lower risk, the program’s impact is diluted and legitimacy is put at risk. Staff noted that certain referral sources, such as probation and parole, often rely on legal labels to define risk, though these categories can obscure important context. A gun charge, for example, may satisfy the criteria for “high-risk,” yet staff insist context matters. As one worker argued:

Just because you have a gun doesn't mean you're high risk... Most guys that have a gun on them actually are low risk. However, they have a gun on them but it's a high-risk case. They only did that to protect themselves. You really got to get down to the nature... and really investigate the crimes that you're dealing with. (Focused Deterrence #1)

Here, community-based judgment reframes risk in ways that interrogate legal labels. Gun possession signals danger to institutions, but staff distinguish between offensive intent and defensive necessity. This interpretive labor—decoding who poses a threat and who is simply surviving—is nuanced and isn’t positioned to be automated by carceral logics or actuarial tools.

Referral sources also optimize for their own mandates—compliance and stabilization—rather than violence prevention. One worker noted bluntly, “[T]he people who are coming is because [of] probation and parole... The ones that we really want, they’re not on supervision. [Referral sources] maneuver that way because, if not, we won’t have anybody” (Focused Deterrence #3). Such discretion by probation and parole staff also boosts their own outcomes, filling programs with compliant, lower-risk clients demonstrates system productivity while offloading harder cases. This is what Lipsky (1980) would recognize as street-level bureaucracy by proxy—frontline actors in one institution shaping the caseload of another.

Clients themselves recognize this misalignment. Ricky, who participated in multiple CVI programs, contrasted his perception of peers in programs he attended with others, not targeted, that he believed were better suited:

I been to jail with about 7 people that got out around the same time as me, right? And I'm the only person out of them people... [that go] to the program. Other people who go there, I don't know them. The people that I'm in the program with, they not a threat to nobody. I promise you.
(client, Ricky)

For Ricky, high-risk identification was off and resources misallocated. Individuals not central to street violence were served, while his peers who he believed posed greater risk were not. His critique reveals how eligibility is also a legitimacy issue. When the “right” people are not reached, community members may doubt the program’s relevance while funders misread outcomes.

The problem of “who counts” is not confined to law enforcement partnerships. Even within hospitals, where HVIPs are embedded in clinical systems, carceral logics creep into eligibility debates. “[The hospital doesn’t] want us to serve people if they’re involved,” one worker shared. “Which I get. I mean, if you’re actively shooting at people should you really get services?” (HVIP #3). Here, “involved” refers to individuals who are perceived as perpetrators of gun violence rather than “innocent” victims. However, that definition quickly expands. Another HVIP worker noted that victims under police custody at the hospital are also excluded:

From my understanding, it's like if you're a perpetrator... say, even if you're [in] custody, then it's like we don't want to give [services]... You're not necessarily a victim if you perpetrated [a] crime and then you just ended up getting shot. (HVIP #4)

This narrowing of victimhood shows how eligibility boundaries move with institutional risk-aversion. As revisited here from Chapter 5, Ricky’s exclusion from HVIP services

after his second gunshot injury demonstrates how the consequences of such policies play out on the ground. In more detail, he recalls being stereotyped in the emergency department and denied access to the program, not because of his actual role in the incident, but because police intelligence framed him as implicated:

[Hospital staff are] against... [gunshot victims]. They thought I was a suspect at first so they stereotyped me... I get shot,... it was multiple people that got shot that day... I was the first one at the hospital... the only one there at the time... they're getting calls that they got multiple people coming in with gunshot wounds... off my history because I got a gun charge, they sayin' that I had something to do with the shooting... Whole time, I didn't have nothing to do with it. I didn't even know the people that was involved... I got treated improperly... based off the police department stereotyping, now the hospital is going off of that. (client, Ricky)

Ricky later noted that police made public statements about the shooting: "They... [had a] press conference the day after basically saying that one of the gunshot victims, which was me, is on parole and they think I had something to do with it." It is unclear whether police actually identified Ricky directly or whether this was his interpretation of the media coverage shaped by police statements. What matters is that Ricky experience himself as publicly labeled and treated as culpable, both in the press and in the hospital, where this perception contributed to his exclusion from HVIP services. The irony is stark.

Individuals most vulnerable to violence may simultaneously be perceived as least deserving of support. Suspected involvement can become grounds for denial. Yet this logic sits uneasily with a substantial body of research showing frequent overlap between victimization and offending (Berg & Schreck, 2022). In Ricky's case, whether the label was explicitly applied or simply inferred, illustrates the very dilemma CVI staff describe. Once suspicion circulates, it can be consequential.

Another client, Selby, experienced a similar exclusion in the community context. He was blocked from enrolling in a job-training program after staff determined—based on police intelligence—that his neighborhood affiliations made attendance too risky.

Selby insisted he had no such affiliations:

...[T]hey didn't put me in a program because the area where the program is in... [O]ne of my caseworkers is saying] that I can't go to that area because I'm not from over there... [T]hey thought it was going to be conflict [for me to go] to a program in [that area]. (client, Selby)

For Selby, the denial reflected not his own actions but the persistence of gang and group labels that clung to him regardless of his protests. As he put it: “They be quick to try to label somebody as, ‘Oh, he in a gang.’” What may have been intended as a protective measure was experienced as another form of exclusion that ultimately undermined trust in the very programs meant to provide opportunity.

Importantly, neither Ricky's nor Selby's exclusion was a discretionary choice by frontline staff, many of whom recognized the contradiction. In both cases, externally imposed conditions—hospital policy in the emergency department and police intelligence in community programming—overrode staff judgment. The result was a double failure of translation. As Chapter 5 showed, CVI workers cultivate relational legitimacy by avoiding stigmatizing labels with clients even while pursuing institutional legitimacy with funders and partners. Here, those strategies collided. Labels that staff do not deploy interpersonally (“high risk,” “gang-involved,” “perpetrator”) were weaponized institutionally to justify exclusion. That Ricky's exclusion occurred in a hospital and Selby's in the community underscores that this is not a quirk of one organizational model. Across CVI programs, the pattern is consistent. Institutional logics and external

intelligence can trump staff discretion, sidelining the very hybrid expertise CVI workers claim as their strength.

This collision between institutional logics and staff discretion also points to a deeper structural dilemma: with limited staff and service slots, programs cannot serve everyone, and eligibility categories become a tool for rationing scarce resources. An HVIP worker captured this dilemma with particular clarity, explaining:

[T]his is the worry... that if [victims] could be like legally involved, the HVIP shouldn't enroll them... [T]here are real conflicts around this idea of... who's making that determination... There's a lot of layers there that could get into very hot water very quickly... Not to say the least of which... younger men involved [in] significant violence... presented great challenges... One of the greatest issues... is I have limited [full-time equivalent staff] with our team, we have limited abilities to serve a population and to truly make impact — how do we prioritize? (HVIP #1)

As demonstrated here, eligibility debates matter so deeply. With limited staff, funding, and service slots, every referral carries opportunity costs. Programs ration scarce resources under the pressure to demonstrate productivity to funders, which often force staff to balance expertise against externally imposed priorities. This might mean enrolling “good clients”—consistent, motivated, and unlikely to pose problems or be an institutional liability—rather than those at the very center of violence. As one worker admitted, “Sometimes we just try to get numbers instead of determining if the client is really appropriate” (Focused Deterrence #2).

Crucially, this rationing logic also bleeds into judgments about *fitness* and *deservingness*. The same pressures that push staff to enroll “good clients” also shape how they assess whether a client is “ready” to engage in services — a calculation that is part relational judgment, part survival strategy, and part performance management. Readiness

thus destabilizes the very boundaries that eligibility is meant to fix, shaping not only who gets in the door but also how success and failure will later be judged.

Readiness as a Wildcard

Even when eligibility is established, staff emphasized that another variable frequently complicates intervention: readiness. Unlike formal criteria, readiness is not a binary threshold but an interpretive judgment, reflected in staff perceptions of a client's readiness to both engage and disengage from services, but also complicated by external stakeholder expectations of when casework should be complete. Readiness, in this sense, becomes a two-sided challenge where staff report feeling compelled to defend both relentless outreach and prolonged engagement when necessary.

One program leader described how this tension plays out in both their work with clients and their communication with external actors related to program capacity:

The city will [ask,] 'What's the ratio... your caseload to one [violence prevention professional]?' I said, "It's 15-to-1." [They say,] 'So you're working with 60 kids.' No, we're doing case management on 60. We have to work with [the] peer group... family... I had to explain it to [the city]... Probation makes a referral for the program... they'll say, 'Oh, well, [the client's] probation is done. You can discharge them.' No, we don't do that. We still work with them... Probation doesn't mean that anything is resolved, they just completed it... Reducing risk is not necessarily a completion thing... And [probation says,] 'Well, I need to refer somebody else...' I said, 'you're going to see this kid again... if we discharge him right now, you're going to see him again in your system.' So we have to continue the work. (Credible Messenger #1)

This account highlights how institutional timelines may treat program completion as synonymous with risk reduction. In contrast, CVI workers often view disengagement as a decision best made relationally and contextually, not administratively. Discharging a client too early risks undermining progress and, in many cases, reinforcing the very patterns CVI aims to interrupt.

CVI workers instead work to translate relational signals into institutional categories, deciding when hesitation reflects unreadiness, when it signals a need for persistence, and how to narrate either to funders who expect measurable progress. As one staff explained, staff can want change for their clients, but motivation has to come from the clients themselves:

Meeting them where they are... starts with a conversation, meeting them where they are and then seeing exactly what it is they need. Also their motivation, how motivated are they to change? Where are they and their motivation? Because we can want all we want for them, but if they're not really there yet... it's up to them. (Focused Deterrence #2)

This comment underscores a core tension in CVI work: progress cannot be coerced. Staff translate readiness into relational cues that help them decide whether reluctance signals resistance or whether persistence and support can tip the balance toward a breakthrough.

In one way, readiness is framed through markers of reciprocity and follow-through. One staff described how small acts — returning a call, showing up for an appointment, rescheduling when something falls through — serve as practical signs that a client is prepared to engage:

I'm here for some support. I'll help you out. Everybody will get the same amount of assistance and support, but it's really about the work that you put in as you receive it... For the most part, you don't usually get 100% of people that are referred to us ready to receive those services... The ones [who are] constantly calling, the ones they're investing in, the ones asking the right questions and showing up for appointments — those are the ones who are ready. (Focused Deterrence #4)

Readiness here is not about eligibility or risk level but about relational signals. Staff translate these small gestures into evidence of commitment. To this point, the speaker also notes, “it's kind of hard to rate the success rate based off of what the program's offering,” a reminder that readiness is not easily captured in metrics and success,

therefore, isn't always demonstrable in the context of program offerings and whether clients take advantage or not.

Trust also emerged as inseparable from readiness. One worker described how clients sometimes test staff because they had been let down by adults before:

I think that we rush in building a relationship. We try to rush it, and... it has to be nurtured. There are national studies that say it takes at least six months to build a trusted relationship. I like to say that it doesn't take us as long, but [these youth] have had trusted relationships that have been broken. And the kids are watching. They're watching because they've been let down. They're watching you to make sure... that you're not going to let them down. (Credible Messenger #1)

In this way, readiness is not an individual trait but a relational accomplishment. Trust is cultivated slowly, often on timelines far longer than external stakeholders allow. Workers exercise discretion to override those timelines, investing in clients who appear “not ready” to funders and partners, but whose readiness may be emerging in more subtle ways.

While staff describe readiness as an ongoing interpretive and relational task, clients themselves locate their own readiness in long arcs of transformation. The client accounts that follow underscore how being “ready” emerges through accumulated experience, shifting relationships, and changing self-perception.

Client Narratives of Readiness

Many clients also described readiness not as a sudden shift but as the outcome of long arcs of involvement in violence, incarceration, and changing family roles. Their accounts illustrate how “being ready” is often tied to life course transitions and relational anchors that staff cannot engineer but must interpret, pace, and defend to institutions.

Denzel. Denzel described his adolescence as marked by fights, gun carrying, and car theft. He saw himself as “the muscle” of his peer group and stayed behind in New Haven when his family relocated during his teenage years, explaining that he was invested in the identity and status that role afforded him. Years later, after serving time for gun possession, completing parole, and participating in CVI programming, he decided to move to join his family. He described the relief of walking to work without looking over his shoulder and the pride of being a positive figure for his younger siblings. Denzel emphasized that his CVI worker never pushed or dictated his choices, but offered resources at his pace, allowing him to decide when and how to act. He also recalled how his honesty with parole officers — even when it could have backfired — was received as respect and earned him credibility. For Denzel, readiness was not a matter of suddenly becoming “low risk,” but of shifting space, role, and orientation to family, changes that only became legible over time.

Tony. Tony described himself as a kid who was always “into stuff”: setting peers up to be jumped, robbing, carrying guns. His most recent case involved burglary and weapons charges, and his public defender warned he could be facing 7 to 10 years. Instead, he served less than one. Tony contrasted his sentence with peers serving decades for violent crimes, including a friend convicted of homicide, saying he “lucked out.” He rejected pity, insisting that the short sentence forced him to reflect and was part of what moved him out of the streets. During the interview, he beamed with pride when speaking of his two daughters, whom he now shares custody of. When asked his greatest regret, he responded:

I'm not even going to say the robberies because it's like it was a mistake and I shouldn't have did it. But it's like I learned from it... If I go to jail, then I wouldn't be the person I am today. I'd have still been... in the streets just doing something different. (client, Tony)

For Tony, regret didn't necessarily come from the crimes he committed, but rather how close he came to losing a chance to be the father he is now. His story shows readiness as a moral reframing of past mistakes into responsibility for others, a translation that staff can recognize but that funders' metrics often flatten.

Curtis. Curtis located his trajectory in his and his family's notoriety for gun crimes, which made him a regular target for police. He described often being stopped, searched, and treated as suspect simply for being recognized: "Because they know who I am... They'll tell me [to] lift up my jacket and turn around and make sure I don't have no weapons..." His daughter was born while he was in prison, and he recalled the disorientation of "meeting" her for the first time upon release. After another gun charge, he went on the run, admitting at the time he had not been ready to change, stating, "I was doing good until I started coming back around... Then we started getting back into stuff." This time, though, his daughter is his motivating anchor to remain engaged in programs and compliant with parole mandates, insisting "I want to spend time... I've been missing... But this time, like, I don't want to miss no more time with her." For Curtis, readiness crystallized in relation to family, but only after years of incarceration and loss. Staff must translate such belated readiness into program engagement, even when institutions expect quicker conversions.

These three arcs underscore that readiness is not a fixed attribute or a box to be checked at intake, but a cumulative, deeply relational process. For Denzel, it was a shift

in space and role that allowed him to redefine himself in relation to family. For Tony, it was the combination of narrowly avoiding a long sentence and embracing fatherhood. For Curtis, it was the stark experience of missing his daughter's early years and refusing to repeat that absence. Each narrative illustrates how readiness crystallizes only after years of high-risk involvement and institutional contact, making it a translation problem for staff: how to interpret these long arcs in real time, and how to allocate resources in ways that honor slow-turning trajectories without appearing inefficient to funders.

Readiness Muddies Eligibility and Metrics

The interpretive and translational burden of readiness is intensified by resource scarcity. As one supervisor explains, programs often push clients into opportunities before they are ready in order to satisfy external demands:

I think sometimes we'll say... we think [the client] can do this... and they're not ready. I think we try to put them on a [timed] schedule that [doesn't] fit everybody... [E]ach case is different. You might have somebody that's going to take a year or two to really get them together... You give them resources... but you don't give them resources that they're going to fail... [I]f I know a guy is going to have a drug problem, I'm not going to put him in a [Commercial Driving License] program... but we do that... sometimes we try to... meet the quotas or meet the standards of... the funding coming in. (Focused Deterrence #1)

Here, relational legitimacy — persisting with clients until they are ready — collides with external reporting requirements or funder-imposed productivity benchmarks. Readiness thus destabilizes the boundaries of both eligibility and performance. It complicates not only *when* someone should receive services, but also *who counts* as a legitimate client in the first place, since staff may stretch eligibility boundaries to justify persistence with clients they believe will eventually turn a corner. In this way, the very act of interpreting readiness becomes a rationing tool under scarcity.

At the same time, staff are acutely aware that how they handle readiness will echo later in performance evaluations. To clients, hesitation may be treated as part of a trust-building process; to funders, the same hesitation risks being read as failure or inefficiency. Staff therefore translate relational signals into institutional evidence, weighing whether to frame persistence as progress or withhold resources in the name of productivity. These judgments shape not only who receives services but also how programmatic “success” or “failure” may be judged down the line.

These tensions complicate both the entry and exit points of service provision, underscoring that readiness is not a static attribute or a box to be checked at intake or discharge. It is a slow turning, deeply relational process that CVI workers must continually interpret, defend, and package for multiple audiences. Enrolling someone too early risks burnout for both client and worker; waiting too long risks losing them to incarceration or violence. Readiness, then, is a site where community realities and institutional timelines collide most visibly — and where the costs of translational labor are especially acute.

This emphasis on time and trust naturally leads to the second translation zone: how staff reconcile the nonlinear rhythms of client change with the rigid performance expectations imposed by funders and referral partners.

Translating Performance

If eligibility raises the question of who gets in the door, and readiness complicates when clients engage, then performance unsettles how progress is counted once they are enrolled. These three dimensions are connected: readiness destabilizes eligibility by showing that enrollment does not guarantee engagement, and it bleeds into performance

because funders often equate delayed engagement with program inefficiency. Yet translating performance is a distinct problem. Here, staff must align the nonlinear rhythms of client change with the rigid schedules, benchmarks, and audit logics of funders and referral partners. Where readiness is interpreted through trust and persistence, performance is interpreted through metrics — a translation staff repeatedly describe as distorting their work.

Time as Performance

For CVI workers, time is the first domain where performance translation takes shape. Staff participants report that some funders and referral partners push for CVI programs to report outcomes on standardized engagement timelines such as fixed engagement windows, timelines for progress, and deadlines for discharge. However, staff recognize that client realities are more likely to fluctuate significantly. Clients relapse, stabilize, and relapse again; breakthroughs emerge slowly, often years after initial contact. Staff therefore frame time not as a performance indicator but as a relational practice, one that must stretch to accommodate “rollercoaster lives.” This tension between time as metric and time as lived reality defines one of the core translation dilemmas of performance.

For staff, progress rarely unfolds on fixed timelines. One CVI supervisor explained:

A lot of our clients got rollercoaster lives. You got up days [and] bad days... [We] say six months this is where [a client] should be at—that’s not everybody. This guy might need 12 months... 16 months... two years. We fail by putting time limits on people because everybody’s not going to be the same. (Focused Deterrence #1)

This notion of patience was framed earlier in Chapter 5 as a strategy for engagement with clients, building relational legitimacy to the individuals who CVIs service. The nonlinear progress that the worker is describing is also illustrated by narratives of readiness in the previous section. But whereas staff can defend patience to clients as part of trust-building, they must defend it to funders as program success — a much harder case to make. Here, the translation problem shifts. Staff know readiness unfolds unevenly, but funders demand it appear as timely progress. Time, for workers, is not a performance indicator but a relational practice, one that rarely fits the standardized benchmarks programs are held to. This is classic street-level discretion: staff sometimes override external mandates, continuing to support clients even when probation or parole says they should be discharged, because they know relationships outlast contracts. As one staff member put it, “Our clients are the funders” (Focused Deterrence #1). The remark captures the double bind. Staff serve two constituencies at once, and their translation of time must satisfy both.

Counting Clients, Doing Numbers

“Doing numbers” – enrolling, documenting, and reporting clients in ways that satisfy external targets rather than reflect depth or effectiveness of engagement—sometimes leads CVI programs to underserve clients. For funders, these numbers suggest reach and accountability, but they often mask superficial or fleeting engagement. Clients, too, recognize this disjuncture. James, for example, had a history of engagement with both the HVIP and CTVIP. He had been shot with his own illegal firearm when a peer attempted to steal it, and he carried many other institutional markers of risk: juvenile history, unstable family dynamics, illegal gun possession, and repeat police contact. On

paper, he looked like an ideal candidate — eligible, enrolled, and therefore counted as served. Yet his actual engagement was thin. He describes some aspects of his engagement being helpful, specifically having someone check in on him emotionally, but otherwise admitted that the program “didn’t really affect me... living wise... it didn’t change any of that.” Within weeks of our meeting, James was arrested and charged with armed robbery. His case exemplifies how shallow engagement can be translated into program productivity, even while underlying trajectories remain unchanged.

James’s case shows how thin participation can still “count” as success in reports, even when little has been shifted. Staff, by contrast, insist that progress is made up of incremental, often invisible steps. Their most sustained and relationally demanding work is made up of small signals of growing stability. They describe success in terms of incremental progress that rarely registers in funder reports but is deeply meaningful in practice. As one credible messenger explained, even getting a youth to attend school for a week is a significant step — not because it looks impressive on paper, but because it signals stability moving in the right direction:

Our expectation... [is] small successes... [I]f I have a kid that don’t go to school... and I can consistently get them to go to school... for a week straight... that’s a small success for me... Then maybe two weeks. Those are the things that... are improvements for us... [O]ur first thing with a kid is to keep him out of trouble, make sure he’s not hurting nobody and make sure nobody’s hurting him. It’s sad that our secondary thing is making sure [he learns.] (Credible Messenger #3)

These micro-level shifts are sometimes neglected by funders but central to how staff interpret their effectiveness. Staff bristle at this mismatch between what counts and what matters. As one worker put it bluntly:

I’m not playing this numbers game... It’s always, ‘We need this many clients, we need that many clients.’ I’m not playing this numbers game. I

understand you need your numbers to keep the program going, but when people are really passionate about what they do, they don't care nothing about no numbers. (Focused Deterrence #3)

For staff, the problem is not accountability itself, but the proxies through which it is determined, including “clients” served. The insistence on “doing numbers” pushed programs to document outputs at the expense of outcomes, producing what staff see as a hollow performance of success. Together, James’s story and staff reflections show the translation dilemma clearly: thin participation can be exaggerated into “success,” while incremental, durable change is erased as “failure.”

Nonevents and “Invisible” Outcomes

Some of CVI’s deepest, most labor-intensive work never shows up in the numbers at all. The outcomes that matter most — a client choosing not to retaliate, a conflict that de-escalates, a week that passes without a shooting — are precisely the outcomes that resist enumeration. As one HVIP worker put it, “*This concept of recording a non-event... it’s impossible*” (HVIP #1). The paradox is clear: programs are held accountable for what can be counted, even if superficial, and rarely recognized for what cannot be counted, even if lifesaving. Translating absence into evidence requires staff to perform a kind of bureaucratic ventriloquism: packaging trust, persistence, and restraint in the language of deliverables. One credible messenger described mediating a dispute over a stolen chain:

Both of them had guns... I told them don't bring guns. I never did a mediation like that. They both brought two people that both had conflicts, they got to arguing, both of them. I'm like, 'Oh man, y'all disrespected me... I asked y'all not to do that. So y'all kill each other right here or you shoot him, you want me to go to court... Y'all are putting me in a situation. Don't put me in a situation.' They were like, 'Yo, you right...' It got resolved... they talked it out. (Credible Messenger #6)

This intervention prevented a possible shooting, but it cannot be logged as a “success” in most reporting systems. The evidentiary gap is also political. When funders prize standardized metrics over staff judgment, they implicitly question the very expertise CVI programs are built upon. In practice, lived experience, persistence, and credibility function as evidence — but only within the community. To funders, those same elements are discounted unless rendered legible on spreadsheets. The translational labor of CVI workers, then, is not only about narrating client progress but about arguing for their own expertise as measurable.

Accountability in Crisis

Some staff try to bridge the evidentiary gap, developing tools to better capture risk trajectories. One supervisor admitted that their current data collection “*doesn’t capture the work that we’re doing*” (Credible Messenger #2). They described plans for an internal database to log not just outcomes but the ups and downs of client progress — arrests, relapses, school attendance, reconciliations — all markers of volatility that shape risk but rarely show up in contract deliverables. Such systems reflect a translation strategy: narrating nuance in ways that satisfy audit demands while staying closer to the grain of practice. Yet they also reproduce the expectation that programs must account for every incident — even violence committed by non-clients — under the logic of “Why wasn’t this individual on your radar?”

These accountability dynamics become most punitive in moments of crisis. Staff shared that during moments of crisis, such as spikes in violence, their work is sometimes interpreted by external stakeholders as shortcomings in prevention efforts. In these moments, CVI providers are asked not simply to defend their caseloads, but to also

justify their existence. For example, one worker recalled a community leader chastising local CVI groups after a rash of shootings: “We got all these groups out here getting all this money and there’s still violence in the community. What are they doing?” I also witnessed this dynamic firsthand. In late 2023, New Haven was on track to record historically low homicides — only eight by November, compared to nearly double the year before. But during the final week of December, over the holiday break, five shootings occurred in quick succession. On January 3rd, I woke to an email from the mayor, copied to both my supervisor and the police chief, asking whether the victims had been on the caseloads of CVI organizations under contract with the city. The unsaid was loud: Who did we miss, and why? To me, the implication was that a “miss” signaled programmatic failure, and that I had to tighten things up with my contracted CVI grantees and partners. This was a reminder of how accountability sharpens most when violence spikes even when such spikes reflect conditions outside the program’s control.

These layers — shallow engagement counted as success, deep engagement uncounted, and spikes in violence recast as programmatic failure — illustrate the high stakes of performance translation. The work of translation here is double-edged: staff are asked to make invisible labor legible without erasing its substance, and to defend against logics that equate prevention with absence. Performance, then, is less about proving impact than about surviving accountability systems designed to misrecognize it.

Chapter Summary

This chapter has examined the costs and limits of translational labor in CVI programs, tracing three intertwined but distinct arenas where institutional logics and community realities collide. First, eligibility debates reveal how institutional categories of

risk—often tied to legal labels or referral pipelines—clash with staff’s community-based assessments, leaving programs vulnerable to serving clients who may be easier to manage but less central to violence. Second, readiness emerges as a destabilizing wildcard, disrupting neat intake criteria and standardized timelines. Staff must decide whether reluctance signals resistance or slow trust-building, and client narratives show how readiness often crystallizes only after long arcs of incarceration, family transitions, and self-reflection. Finally, performance underscores the difficulty of translating nonlinear human change into measurable outputs. Programs are judged by numbers enrolled or shootings “prevented,” yet their most meaningful work often lies in invisible acts—conflicts mediated, retaliations avoided, weeks without violence.

Across these zones, staff are caught in double binds: to clients, they must embody persistence and trust; to funders, they must deliver productivity and proof. Translation is possible, but extractive. It stretches staff discretion, distorts practice into program report-friendly proxies, and exposes programs to blame when violence persists. Together, these accounts illustrate the paradox at the heart of CVI—its effectiveness rests on relational work that institutions struggle to value, making survival as much about negotiating accountability systems as it is about preventing violence itself.

CHAPTER 7

DISCUSSION AND IMPLICATIONS

Main Findings

This study set out to examine how community violence intervention (CVI) workers define and enact their roles, and how clients understand and adapt to both community violence and the interventions directed at them. Recent polling shows broad public support for CVI as a community safety strategy, even as federal funding has receded and local jurisdictions remain dependent on fragile partnerships with hospitals, nonprofits, and law enforcement. Yet despite this momentum, little is known about how CVI programs interpret and operationalize “risk,” or how clients experience these interventions in practice. Existing evaluations have largely emphasized aggregate outcomes—reductions in shootings, homicides, or recidivism—which provide important benchmarks but obscure the everyday labor and lived consequences of CVI.

To address this gap, the study was guided by two central questions: (1) How do workers across different CVI programs understand and approach their work? and (2) How do CVI clients understand and adapt to community gun violence? By centering these perspectives, the study examines what unfolds “under the hood” of one local CVI ecosystem. For workers, sub-questions explored how staff define risk and identify “high-risk” clients, articulate theories of change, and measure success. For clients, sub-questions examined how they perceive risk in their communities, understand their own risk and its consequences, and experience systems of care including CVI programs.

Across interviews, one finding became inescapable: the work of violence prevention is less about implementing a prescribed model than about negotiating tensions

between institutional expectations and community realities. These tensions surfaced most clearly in how staff defined risk, built and sustained legitimacy on two fronts, and improvised strategies to make their work both possible and credible. **What emerged was not a story of straightforward service delivery but of translational labor—the ongoing negotiation required to hold together structural constraints, institutional demands, and client needs.** Four key findings illustrate this dynamic: the limits of CVI in addressing immediate risks and structural root causes, the centrality of relational legitimacy, the parallel necessity of institutional legitimacy, and the translational labor that links them.

Limits of CVI Responsibility in Addressing Risk vs. Root Causes

The main research questions of this study asked how CVI workers and clients understand are root causes of gun violence and what factors qualify an individual as “high risk.” Interviews revealed a consistent tension between how staff and clients make sense of violence at its origins and what presents at the individual level. Participants in both groups identified poverty, unstable housing, family dynamics, and lack of opportunity as central drivers of violence. For staff, this creates a dilemma for their work. They recognize these structural conditions as fundamental, yet CVI programs are resourced and evaluated primarily through narrower behavioral categories such as gun carrying, gang affiliation, or service compliance. For clients, those same categories were often interpreted differently—less as signs of pathology than as survival strategies in contexts where they see safety under constant threat. This misalignment highlights the limits of CVI responsibility: while workers see structural conditions as decisive, they are compelled to act within frameworks that prioritize short-term, individual-level change.

These dynamics reflect broader critiques of actuarial governance, in which crime control is framed around managing risky populations rather than addressing root causes (Feeley & Simon, 1992; Garland, 2001). In practice, CVI programs inherit these logics by virtue of their connection to and proximity with more formal systems of control such as police, courts, and community supervision agencies. They are positioned as community-based alternatives to punitive systems, yet their reliance on risk categories often prescribed by punitive systems ties them back into the same frameworks. The result is a paradox: staff continually point to structural deprivation as decisive, but their day-to-day responsibilities focus on behaviors that can be measured within grant cycles and performance metrics. This narrowing of responsibility not only misaligns with workers' own understandings but also constrains the possibilities for long-term impact.

Relational Legitimacy

A second major finding, linked to the first research question on how CVI staff understand and approach their work, is the centrality of what I term **relational legitimacy**—the trust and credibility workers cultivate with clients as the foundation of intervention. Staff emphasized that this was not ancillary but constitutive of the work: without credibility, no other strategies were possible. The first half of Chapter 5 illustrates how relational legitimacy was built through four interrelated strategies.

First, workers build trust by presenting as approachable and enacting cultural competence. Even when using clinical tools such as Cognitive Behavioral Therapy, they adapt them with accessible, everyday vernacular to ensure interactions feel authentic rather than clinical. Second, they deliberately avoided stigmatizing language, particularly the explicit invocation of “risk.” Workers recognized that labels such as “high-risk” could

alienate clients, so they reframed conversations to emphasize resilience, incremental progress, and personal agency. Third, they practiced persistence, through relentless outreach and maintaining contact even after setbacks such as client disengagement or re-arrest. Staff described this persistence as essential to signaling belief in clients' capacity for change. Finally, staff emphasized non-coercive support, choosing to coach and guide rather than dictate choices, thereby reinforcing autonomy and trust.

These practices demonstrate an acute awareness of potential harms of labeling and extend the theory by showing how frontline actors actively mitigate the effects of risk designations (Becker, 1963; Rios, 2011). Clients reinforced these dynamics, reporting greater satisfaction with staff who emphasized support over coercion and who acknowledged strengths alongside challenges. Yet relational legitimacy was fragile: it required time, discretion, and flexibility—qualities rarely captured in efficiency-driven metrics.

By uncovering strategies of relational legitimacy, this study highlights that answers to the first research question extend beyond program models or prescribed interventions. What staff identified as essential was the cultivation of trust itself. Recognizing relational legitimacy reframes how CVI effectiveness should be evaluated, suggesting that outcomes cannot be disentangled from the relationships that make them possible.

Institutional Legitimacy

A third major finding concerns the parallel need for CVI programs to maintain legitimacy with external institutions. Unlike relational legitimacy, which workers actively construct to foster client trust, what I term **institutional legitimacy** is more often

compelled—demanded by funders, policymakers, and partner organizations as a condition of survival. Although not directly tied to a research question, interviews revealed that staff continually adopted strategies to “sell” themselves as indispensable actors in the local safety landscape.

The second half of Chapter 5 demonstrates how these strategies were multifaceted. Workers highlighted their unique access to “unreachable” people and places, often demonstrating credibility by entering spaces considered too risky for others. They underscored reliability—showing up consistently at community events, in schools, and in moments of crisis such as crime scenes or hospital emergency departments after shootings. They emphasized hybrid expertise, blending street credibility rooted in lived experience with more formalized training, credentials, and even the strategic hiring of retired law enforcement officers, whose presence lent external credibility despite internal tensions about punitive orientations. Finally, they invested heavily in cultivating both formal and informal partnerships with institutions such as schools, hospitals, and police, recognizing that these alliances bolstered their standing in the eyes of funders and policymakers.

Through these strategies, staff positioned themselves as professional leaders in the field, not only community insiders but also indispensable intermediaries. Yet the necessity of institutional legitimacy reflects an asymmetry: while relational legitimacy was intrinsic to the work, institutional legitimacy was a condition imposed from outside. To remain viable, CVIs had to continually demonstrate credibility to powerful actors who controlled resources and recognition, even when these performances strained alignment with the relational practices staff considered most essential.

Translational Labor

A fourth major finding, though not posed directly in the original research questions, emerged as central to understanding CVI work: the practice of what I refer to as **translational labor**. The first two findings emphasized the relational strategies workers use to build credibility with clients and the institutional strategies they employ to remain legitimate in the eyes of funders and partners. Yet interviews made clear that the work does not stop there. What defines CVI practice most acutely is the negotiation between these two domains—the constant negotiation between relational realities required in CVI work and categorical demands of institutions.

As Chapter 6 illustrates, translational labor manifests in several recurring tensions. Staff described negotiating definitions of “risk” and eligibility with probation officers, parole agents, and hospital partners, often advocating for clients whom they believed to be most immediately in need but who fell outside formal criteria. They also struggled with the problem of “readiness”: while relational work required persistence through disengagement and relapse, institutional actors expected steady, predictable progress toward measurable outcomes. Similarly, performance metrics created a disconnect. Workers understood their impact through non-linear client growth, slow trust-building, and nonevents—mediations that prevented shootings, retaliations that never occurred—but these forms of success often went unrecognized by funders who demanded numerical proof of service provision.

This labor is not captured by Lipsky’s (1980) account of discretion alone. It is not merely about how rules are bent in practice, but about how staff continually reshape the very meaning of rules, outcomes, and risk categories so that programs can survive.

Translational labor involves reframing failures as partial progress, elevating nonevents as evidence, and softening the language of risk to preserve trust. In this sense, it is less about the *act* of translation than about the tensions that make translation necessary and the consequences it carries.

By naming translational labor, this study extends theories of governance and frontline practice. It shows that CVI survival depends less on strict fidelity to rigid program modalities than on workers' improvisational ability to negotiate across audiences under conditions of scarcity, surveillance, and skepticism. The title of this dissertation—*Surviving Risk: The Translational Labor of CVI Workers in Service to Labeled Lives*—captures this dual role. CVI staff are charged with helping stigmatized clients navigate structural conditions and personal struggles, while simultaneously ensuring their organizations survive through external validation. It is in this in-between space, where relational and institutional legitimacy converge, that the true complexity and fragility of CVI work is revealed.

Limitations

There are several important limitations to consider in this study. First, the research draws from a relatively small sample of CVI staff and clients in a single city. While qualitative inquiry is not designed to produce generalizable findings, the depth of data provides insight into processes and dynamics that may be transferable to other contexts with similar structural and organizational features. The perspectives captured here are highly context-dependent, shaped by local program structures, policies, and conditions. Cities with different levels of violence, resources, or institutional support may yield different experiences of CVI work.

Second, most client participants were recruited through CVI programs, meaning the sample consists of individuals who were already identified as “high-risk” and had some degree of engagement with services. This introduces potential selection bias by excluding those who may have been eligible but never reached, or who actively avoided intervention. Their perspectives—especially of those most distrustful of institutions—may differ in important ways. Moreover, engagement among participants varied: some received extensive support, while others had limited or negative involvement. This unevenness complicates interpretation of program impact, since participant reflections are shaped by both the intervention itself and broader life circumstances.

Third, the study relies on self-reported narratives, which are inevitably subject to memory, framing, and social desirability biases (Grimm, 2010). Clients may reinterpret past motivations through the lens of current aspirations, and staff may emphasize successes over challenges. While narrative criminology does not depend on factual accuracy so much as the meanings participants attach to their stories (Presser & Sandberg, 2019), it remains important to acknowledge the limits of retrospective accounts.

Fourth, while the study foregrounds perspectives of CVI staff and clients, it does not systematically capture the voices of funders, policymakers, or institutional partners. Their expectations and logics appear in the data largely through how CVI staff experience and narrate them. This means that institutions may appear here as somewhat monolithic or opposition, when in reality their practices and perspectives are likely more varied. The analysis is not intended to portray institutions as strawmen, but to highlight that the ways institutional demands are experienced and translated on the ground.

Finally, my own positionality may have shaped the data. As a former funding decision-maker with relationships to local programs, some staff and leaders may have been cautious in voicing frustrations, while frontline workers may have presented their efforts in an idealized light. Although reflexivity and transparency were emphasized throughout, these dynamics could have influenced the degree of candor in some interviews.

These limitations underscore that the study should not be read as a definitive account of CVI writ large, but as a contextually grounded exploration of the everyday negotiations of staff and clients in one city. Despite these constraints, the findings contribute unique insights into the lived dynamics of CVI work that are often obscured in outcome evaluations, offering analytic concepts and empirical detail that can inform both future research and practice.

Implications and Contributions

The current study was designed to explore the definitions and approaches to risk reduction for CVI caseworkers, and understandings of and adaptations to risk for clients involved in CVI programs. The findings offer significant theoretical, policy, and practical implications for understanding risk in the context of CVI programs. The findings also challenge conventional risk discourses, highlight the complexities of program engagement, and emphasize the need for nuanced, client-centered approaches in CVI efforts.

Theoretical Implications

This study advances theoretical understandings of community violence intervention by reframing risk not as a fixed attribute but as a dynamic category

continually negotiated through translational labor. Prior work on actuarial governance (Feeley & Simon, 1992; Garland, 2001; Hannah-Moffat, 2015) often situates risk within the individual, treating it as a measurable propensity toward violence. The findings here demonstrate instead that risk is simultaneously structural and relational—shaped by poverty, housing instability, and exposure to community violence, and reinterpreted by both staff and clients as they move through program contexts. Translational labor is the process through which these competing understandings are made actionable: a continual negotiation of what counts as “risk,” what progress looks like, and how progress is made legible to divergent audiences. This aligns with recent calls for research to turn attention to CVI programs’ theories of change and how both participants and staff perceive progress and success (Buggs, 2022). As demonstrated in this study, those perceptions can differ from what is expected by funders. In this sense, translational labor provides a theoretical account of overlooked relational practices and outcomes.

The study also contributes to labeling theory (Becker, 1963; Lemert, 1967; Rios, 2011) by showing how CVI programs themselves become sites of labeling. Being designated “high-risk” can open access to services but simultaneously reinforce stigmatizing identities. This dynamic demonstrates how programs can reduce aggregate violence while also producing unmeasured harms (Berman, 2022). Staff, through translational labor, often resisted or softened these labels—avoiding direct discussion of risk behaviors, reframing client struggles in terms of resilience, or drawing on culturally fluent language that affirmed rather than condemned. These practices show that labeling is not only imposed from above but is contested and reinterpreted in everyday

interactions, situating CVI as a site where labeling processes are both reproduced and resisted.

Finally, the study extends street-level bureaucracy (Lipsky, 1980) and inhabited institutionalism (Hallett & Ventresca, 2006) by illuminating how frontline practice is sustained through improvisation, negotiation, and credibility-building. Where Lipsky emphasized discretion as the gap between policy and implementation, and inhabited institutionalism highlighted the role of local cultures in shaping practice, translational labor underscores a further dimension: CVI workers must continually negotiate between two audiences. They sustain legitimacy with institutions that demand metrics and efficiency while preserving trust with clients for whom progress is non-linear and relational. In this sense, survival of CVI programs depends as much on these ongoing acts of translation as on their formal models of intervention.

These insights position CVI programs not simply as sites of service delivery but as arenas where competing logics of governance, legitimacy, and survival are constantly negotiated. This recognition provides a critical foundation for the policy and practice implications that follow, underscoring that support for CVI cannot rest on technical program models alone but must account for the relational and institutional labor that sustains them.

Policy and Practice Implications

The findings of this study underscore that effective CVI requires more than adherence to program models or the achievement of quantifiable outcomes. Translational labor—the negotiation workers perform to balance institutional demands with client needs and experiences—emerges as central to the sustainability of these efforts.

Recognizing and supporting this labor has significant implications for policy, practice, and funding.

For funders and policymakers, the study highlights the risks of imposing narrow, outcome-driven performance metrics. Current measures prioritize short-term reductions in shootings or recidivism, often at the expense of capturing the relational and preventive work that makes such outcomes possible. Translational labor shows how staff stretch eligibility rules, reframe nonevents, creatively document client progress, or even recast failures as partial successes in order to meet these metrics without undermining trust. Funders should therefore expand evaluative frameworks to account for relationship-building, persistence, and client-defined markers of change. They should also lengthen funding horizons so that programs are not forced into cycles of constant justification that devalue their core practices. This is consistent with Buggs (2022), who argues that evaluation efforts must attend to programs' theories of change and to how staff and participants perceive progress and success (see also Giffords Law Center, 2025). Recognizing these dimensions requires treating CVI not as quick fixes but as relational, long-term investments.

For practitioners, the findings affirm that the relational strategies often dismissed as "soft skills" are in fact the infrastructure of violence prevention. Workers build trust by refusing to reinforce stigmatizing labels, by adopting culturally fluent approaches, and by persisting with clients even when progress appears stalled. These practices, though resource-intensive, create the conditions under which change becomes possible. Recognizing them as translational labor situates frontline staff not simply as service deliverers but as brokers whose boundary-spanning role is indispensable to program

credibility. Training and organizational support should therefore prioritize cultural fluency and relational persistence as core competencies.

For broader systems, the findings emphasize that CVI alone cannot carry the full burden of addressing structural conditions that generate violence. Staff and clients consistently pointed to poverty, housing instability, and limited economic mobility as drivers of risk, yet programs are rarely resourced to address these root causes.

Translational labor keeps programs afloat in the short term, but it cannot substitute for broader public investment. Public health frameworks remind us that effective prevention requires both individual-level support and systemic reform. Webster (2022), for example, argues that a public health approach must address environmental risk factors such as firearm and alcohol availability and neighborhood decay, while also reforming policing and prosecution practices that have historically harmed communities of color. Buggs (2022) likewise emphasizes that CVI models are not designed or resourced to address upstream determinants of health such as housing, employment, and education. The clients in this study further underscored this point, identifying long-term stability, economic independence, and personal agency as central to their desistance from violence. Taken together, these findings call for embedding CVI into a wider ecosystem of housing, education, workforce development, mental health services, and justice reform. Only through such multi-system coordination can the negotiations that sustain CVI be translated into durable pathways for community stability and mobility.

The findings also suggest the need for greater attention to how CVI programs define and identify “high-risk” individuals. Many clients in this study were recruited based on justice-involvement, victimization, or perceived gang or neighborhood

affiliations, but their experiences reveal that these classifications may be overly broad or misapplied. Compulsory participation through probation or parole conditions further complicates how clients perceive and engage with services, risking the reproduction of social control under the guise of care. This aligns with Tomczak and Thompson's (2019) warning that statutory contract funding can lead to goal distortion and "mission capture" by punitive logics, as external agencies pull voluntary organizations toward exclusionary priorities. To counteract these dynamics, CVI programs must acknowledge and mitigate the coercive aspects of recruitment, ensuring that participation is framed as an opportunity rather than an obligation.

Finally, some clients described program involvement as a barrier rather than a benefit, particularly when CVI programs reinforced negative labels or excluded individuals based on perceived risk. While well-intentioned, these practices may replicate systemic harms—especially when partnerships with law enforcement lead to surveillance and selective service provision. To counteract these effects, programs should ensure that services remain inclusive, flexible, and responsive to individual needs. Given the unpredictable and nonlinear nature of risk, effective intervention requires patience and persistence: recognizing disengagement as part of the process, rather than as program failure. These findings align with broader calls for holistic, wraparound services that do not penalize setbacks but instead meet clients where they are (Chablani & Spinney, 2011).

Empirical Contributions to CVI Research

This study makes several empirical contributions to the literature on community violence intervention (CVI).

First, by centering the perspectives of both staff and clients, it provides a rare window into the everyday negotiations that sustain program practice. Much of the existing research evaluates CVI in terms of aggregate outcomes such as reductions in shootings, hospitalizations, or arrests. While valuable, those measures obscure the lived processes that produce (or sometimes fail to produce) such outcomes. By foregrounding staff discretion and client adaptation, this study shifts attention from “what works” in the abstract to how work actually gets done in practice. It captures how interventions are improvised, resisted, reframed, and sustained through relationships rather than simply delivered as programmatic treatments.

This research also introduces translational labor as an analytic concept for understanding CVI. Rather than a deliberate strategy, translational labor names the ongoing negotiations workers are compelled to make in order to reconcile competing demands. Staff must continually balance institutional expectations with client realities—making systemic conditions legible to funders while rendering institutional logics survivable for clients. These negotiations are rarely smooth or prescriptive; they are improvisational, contingent, and often contradictory. Seen this way, CVI appears not as a static intervention model but as an inhabited institution, sustained through the daily work of frontline staff navigating scarcity, surveillance, and skepticism. In doing so, the study provides an empirical foundation for theorizing translational labor as a defining feature of community-based prevention, offering language to describe work that practitioners have long recognized but researchers have seldom analyzed.

Further, the study expands the empirical base of CVI research by focusing on a small-city context. Scholarship in this field often centers large urban areas where

programs attract research dollars and visibility. By contrast, New Haven offers insight into how CVI operates in a mid-sized jurisdiction with high rates of violence but limited resources. The experiences of both staff and clients in this setting highlight the particular challenges of sustaining legitimacy and building trust when resources are scarce and institutional pressures are intense. This context-specific analysis underscores the importance of examining CVI not only as a national policy trend but as a set of local practices shaped by the politics of place.

Finally, this study sheds light on how labeling processes intersect with intervention. By tracing how clients come to be recruited, excluded, or stereotyped within CVI programs, it documents how access to services is uneven and sometimes shaped by relationships with law enforcement or referral sources. In doing so, it demonstrates how programs themselves can reproduce harms alongside benefits, and how staff attempt to resist, soften, or strategically repurpose labels in practice.

In sum, these contributions expand the empirical understanding of CVI by documenting the everyday practices and perspectives that aggregate metrics cannot capture, and by naming translational labor as the connective tissue that holds these programs together. They also provide a fuller account of the conditions under which CVI succeeds or falters.

Future Research

This study opens several avenues for future research on CVI. First, while the present analysis identifies translational labor as a defining feature of CVI, further inquiry is needed to understand how these negotiations vary across program types, jurisdictions, and institutional contexts. This includes more systematic attention to the perspectives of

fundors, policymakers, and institutional partners whose logics and expectations shape CVI work in ways only indirectly captured here. Comparative studies could clarify how funding structures, local governance, and enabling institutions shape the tensions workers face, as well as how definitions of “success” circulate between funders, policymakers, and frontline staff.

Future research should also expand on the client perspective. Few studies capture the voices of individuals formally labeled “high-risk,” yet these accounts complicate prevailing assumptions about inevitability and deficit. Longitudinal work that follows clients through and beyond their engagement with CVI programs would illuminate how interventions shape trajectories over time, including unintended consequences such as labeling or exclusion.

Finally, methodological diversity remains critical. Ethnographic studies could capture the everyday improvisations of staff and the subtle relational work that interviews alone may miss, while mixed-method evaluations pairing aggregate outcomes with qualitative process data would provide a fuller picture of both effectiveness and experience.

These directions suggest that the study of CVI must move beyond asking whether programs “work” toward deeper attention to how they are enacted, adapted, and sustained in practice. By building on the concept of translational labor, future research can better account for the interplay of structural constraints, institutional demands, and client realities that define the field.

Conclusion

Risk remains a central yet elusive concept in the study and practice of community violence intervention. This dissertation has shown that risk is never merely descriptive—it is lived, negotiated, and contested by those who work within CVI programs and those who are targeted by them. Staff and clients alike recognize that risk is rooted in structural conditions such as poverty, segregation, and limited opportunity, yet they also grapple with the role of individual agency, readiness, and choice. This duality complicates how programs define eligibility, deliver services, and measure success.

By foregrounding the translational labor of CVI workers, this study illuminates the improvisational, relational, and strategic practices that make intervention possible in the face of institutional demands and client needs. These practices highlight both the promise and the precarity of CVI: they create space for trust, persistence, and incremental change, but they also reveal the constraints of short-term funding cycles, punitive partnerships, and the persistent weight of racialized risk discourses.

The findings underscore that CVI programs, while indispensable, cannot carry the burden of structural transformation alone. Their capacity to reduce violence will always be limited if broader investments in housing, education, employment, and health remain absent. What CVI programs demonstrate most powerfully is not only that community-based prevention is possible, but that it flourishes when institutions recognize and resource the everyday labor that sustains it. This study conceptualizes translational labor not as the literal conversion of institutional and community logics, but as the ongoing

negotiation through which CVI workers make true impact legible to funders and meaningful to clients.

In the end, this study contributes to a fuller understanding of how violence prevention is enacted on the ground—messy, nonlinear, and deeply human. By making visible the negotiations and tensions that shape this work, it offers both a caution and an invitation: a caution against reducing CVI to metrics that obscure its core practices, and an invitation to imagine violence prevention as part of a larger ecosystem of justice and care.

REFERENCES

- Abaya, R. (2019). Firearm violence and the path to prevention: What we know, what we need. *Clinical Pediatric Emergency Medicine, 20*(1), 38-47.
- Ädel, A., Östman, J. O., & Höög, C. N. (2023). Chapter 1. From risk and responsibility to risk discourse. In A. Ädel & J. Östman (Eds.), *Risk Discourse and Responsibility* (pp. 2-37). John Benjamins Publishing Company.
- Alshenqeeti, H. (2014). Interviewing as a data collection method: A critical review. *English Linguistics Research, 3*(1), 38-45.
- Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law, 16*(1), 39-55.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.
- Avram, R., Koepcke, E. J., Moussawi, A., & Nunez, M. (2024). Do Cure Violence programs reduce gun violence? Evidence from New York City. arXiv preprint arXiv:2406.02459.
- Ball, E. (2025). Profiling by proxy: Law enforcement's use of gang databases. *Boston College Law Review, 66*(2), 621-668.
- Baskin-Sommers, A. R., Chang S-A, Estrada S., & Chan, L. (2022). Toward targeted interventions: Examining the science behind interventions for youth who offend. *Annual Review of Criminology, 5*, 345-369.
- Beck, U. (1992). *Risk society: Towards a new modernity*. Sage.
- Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. Free Press
- Becker, H. S. (1996). The epistemology of qualitative research. In R. Jessor, A. Colby, & R. A. Shweder (Eds.), *Ethnography and human development: Context and meaning in social inquiry* (pp. 53-71). University of Chicago Press.
- Beckett, K., & Sasson, T. (2004). *The politics of injustice: Crime and punishment in America*. Sage.
- Berg, M. T., & Schreck, C. J. (2022). The meaning of the victim-offender overlap for criminological theory and crime prevention policy. *Annual Review of Criminology, 5*, 277-297.
- Berman, G. (2022, March 2). *No program is a panacea: The fate of focused deterrence*. Vital City. <https://www.vitalcitynyc.org/articles/no-program-is-a-panacea-the-fate-of-focused-deterrence>

- Besemer, S., Farrington, D. P., & Bijleveld, C. C. (2017). Labeling and intergenerational transmission of crime: The interaction between criminal justice intervention and a convicted parent. *PLoS One*, *12*(3), e0172419.
- Binder, A. (2007). For love and money: Organizations' creative responses to multiple environmental logics. *Theory and Society*, *36*(6), 547-571.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, *13*(1), 68-75.
- Blumstein, A. (2002). Youth, guns, and violent crime. *Future Child*, *12*(2): 38-53.
- Boeck, M. A., Strong, B., & Campbell, A. (2020). Disparities in firearm injury: Consequences of structural violence. *Current Trauma Reports*, *6*(1), 10–22.
- Bonnie, R. J., Stroud, C., Breiner, H., & National Research Council. (2015). Young adults in the 21st century. In *Investing in the health and well-being of young adults*. National Academies Press (US).
- Braga, A. (2017). Focused deterrence strategies. In *Oxford Research Encyclopedia of Criminology and Criminal Justice*.
- Braga, A. A. (2021). Gun violence is a public health crisis that needs more applied criminologists. *Criminology & Public Policy*, *22*(4), 797-944.
- Braga, A. A., Kennedy, D. M., Waring, E. J., & Piehl, A. M. (2001). Problem-oriented policing, deterrence, and youth violence: An evaluation of Boston's Operation Ceasefire. *Journal of Research in Crime and Delinquency* *38*, 195–225.
- Braga, A. A., Weisburd, D. L., & Turchan, B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology and Public Policy*, *17*(1), 205-250.
- Brennan Center for Justice. (2025, February 20). *Crime prevention efforts face setbacks after federal cuts*. <https://www.brennancenter.org/our-work/research-reports/crime-prevention-efforts-face-setbacks-after-federal-cuts>
- Brunson, R. K., Wade, B. A., & Hitchens, B. K. (2022). Examining risky firearm behaviors among high-risk gun carriers in New York City. *Preventive medicine*, *165*, 107179.
- Buggs, S. A. (2022). *Community-based violence interruption and public safety*. Arnold Ventures. AVCJIReport_Community-BasedViolenceInterruptionPublicSafety_Buggs_v2.pdf

- Buggs, S. A., Dawson, M., & Ivey, A. (2022). Implementing outreach-based community violence intervention programs: Operational needs and policy recommendations. *Local Initiatives Support Corporation*.
- Bulger, E. M., Kuhls, D. A., Campbell, B. T., Bonne, S., Cunningham, R. M., Betz, M., Dicker, R., Ranney, M. L., Barsotti, C., Hargarten, S., Sakran, J. V., Rivara, F. P., James, T., Lamis, D., Timmerman, G., Rogers, S. O., Choucair, B., & Stewart, R. M. (2019). Proceedings from the medical summit on firearm injury prevention: A public health approach to reduce death and disability in the US. *Journal of the American College of Surgeons*, 229(4), 415-430e12.
- Burchell, G., Gordon, C., & Miller, P. (1991). *The Foucault Effect*. University of Chicago Press.
- Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health*, 36, 39–53.
- Canter, D. and Youngs, D., 2015. The LAAF procedure for exploring offenders' narratives. *The Howard Journal of Criminal Justice*, 54(3), pp. 219-236.
- Carrion, G., & Schiraldi, V. (2022, March 10). *We've tried juveniles as adults before: The results were catastrophic*. New York Times.
<https://www.nytimes.com/2022/03/10/opinion/crime-teenagers-jail.html>
- Chablani, A., & Spinney, E. R. (2011). Engaging high-risk young mothers into effective programming: The importance of relationships and relentlessness. *Journal of Family Social Work*, 14(4), 369-383.
- Cheng, T. (2017). Violence prevention and targeting the elusive gang member. *Law & Society*, 51(1), 42-69.
- Cofie, N., Braund, H., & Dalgarno, N. (2022). Eight ways to get a grip on intercoder reliability using qualitative-based measures. *Canadian Medical Education Journal*, 12(2), 73-76.
- Comfort M. (2007). Punishment beyond the legal offender. *Annual Review of Law and Social Science*, 3, 271-96.
- Connecticut General Assembly. (2023). An act addressing gun violence, serious repeat offenders, and gun-related crimes [Public Act No. 23-53].
https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2023&bill_num=6667
- Cooley, C. H. (1902). *Human nature and the social order*. Scribner's.

- Cooper, A., & Smith, E. (2011). *Homicide trends in the United States, 1980-2008* (Report No. NCJ 236018). Bureau of Justice Statistics, U.S. Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/htus8008.pdf>
- Cooper, C, Eslinger, D. M., & Stolley, P. D. (2006). Hospital-based violence intervention programs work. *Journal of Trauma and Acute Care Surgery*, 61(3), 534-540.
- Costa, J., Adrianzén McGrath, S., & Carrillo, P. (2025). Defining CVI: A critical review of current conceptualizations and their implications for policy, research and practice. *INQUIRY: The Journal of Medical Care, Organization, Provision and Financing*, 62, 00469580251366146.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In *Feminist legal theories* (pp. 23-51). Routledge.
- Cullen, F. T. (2012). Taking rehabilitation seriously: Creativity, science, and the challenge of offender change. *Punishment & Society*, 14(1), 94-114.
- Cullen, F. T., & Gendreau, P. (1989). The effectiveness of correctional rehabilitation: Reconsidering the "nothing works" debate. In L. Goodstein & D. L. MacKenzie (Eds.), *The American prison: Issues in research and policy* (pp. 23-44). Springer.
- Cunningham, R. M., Rosenberg, M., Corbin, T., Branas, C., Buggs, S. A., Haring, S., Jackson, R., Jain, A., Parsonnet, J., & Weston, B. (2023). Using science to reduce firearm injuries and deaths. *NAM Perspectives*. <https://nam.edu/perspectives/using-science-to-reduce-firearm-injuries-and-deaths/>
- Davis, A., Kim, R., & Crifasi, C. K. (2023). A year in review: 2021 gun deaths in the U.S. Johns Hopkins Center for Gun Violence Solutions, Johns Hopkins Bloomberg School of Public Health.
- Decker H. C., Hubner, G., Nwabuo, A., Johnson, L., Texada, M., Marquez, R., Orellana, J., Henderson, T., Dicker, R., Plevin, R. E., & Juillard, C. (2020). "You don't want anyone who hasn't been through anything telling you what to do, because how do they know?": Qualitative analysis of case managers in a hospital-based violence intervention program. *PLoS ONE* 15(6), e0234608.
- Denzin, N. K. (1978). Triangulation: A case for methodological evaluation and combination. *Sociological Methods*, 56, 339-357.
- Desmarais, S. L., Johnson, K. L., & Singh, J. P. (2016). Performance of recidivism risk assessment instruments in U.S. correctional settings. *Psychological Services*, 13(3), 206-222.
- Dilulio, J. J., Jr. (1995, November 27). The coming of the super-predators. *Weekly Standard*.

- Donzelot, J. (1979) The poverty of political culture. *Ideology and Consciousness* 5, 71-86.
- Douglas, M., & Wildavsky, A. (1982). How can we know the risks we face? Why risk selection is a social process. *Risk Analysis*, 2(2), 49-58.
- Drakeford, M. (2009). Children first, offenders second: Youth justice in a devolved Wales. *Criminal Justice Matters*, 78(1), 8-9.
- Dubois, V. (2016). *The bureaucrat and the poor. Encounters in French welfare offices.* Routledge.
- Dumornay, N. M., Finegold, K. E., Chablani, A., Elkins, L., Ressler, K. J., & Moreland-Capua, A. (2022). Improved emotion regulation following a trauma-informed CBT-based intervention associates with reduced risk for recidivism in justice-involved emerging adults. *Front Psychology*, 5(13), 951429.
- Engel, R. S., Tillyer, M. S., & Corsaro, N. (2010). Reducing gang violence using focused deterrence: Evaluating the Cincinnati Initiative to Reduce Violence (CIRV). *Justice Quarterly*, 30(3), 403–439.
- Evans, J. (2020). We [mostly] carry guns for the internet’: Visibility labour, social hacking and chasing digital clout by Black male youth in Chicago’s drill rap scene. *Global Hip Hop Studies*, 1(2), 222-247.
- Evans, T. (2011) Professionals, managers and discretion: Critiquing street-level bureaucracy. *British Journal of Social Work*, 41(2): 368–386.
- Everytown for Gun Safety. (2022, June 21). What is the Bipartisan Safer Communities Act? <https://www.everytown.org/what-is-the-bipartisan-safer-communities-act/>
- Fader, J. (2021). “I don’t have time for drama”: Managing risk and uncertainty through network avoidance. *Criminology*, 59(2), 291-317.
- Feeley, M. M., & Simon, J. (1992). The new penology: Notes on the emerging strategy of corrections and its implications. *Criminology*, 30(4): 449–474.
- Foucault, M. (1972). *The archaeology of knowledge* (A. M. Sheridan Smith, Trans.). Pantheon Books. (Original work published in 1969).
- Foucault, M. (1977). *Discipline and punish: The birth of the prison.* Vintage.
- Foucault, M. (1991) Governmentality. In G. Burchell, C. Gordon, & P. Miller (eds.), *The Foucault effect: Studies in governmentality* (pp. 87-104). University of Chicago Press.

- Fox, J. A. (1996). *Trends in juvenile violence: A report to the United States Attorney General on current and future rates of juvenile offending*. U.S. Department of Justice, Bureau of Justice Statistics.
- Garland, D. (2001). *The culture of control: Crime and social order in contemporary society*. University of Chicago Press.
- Garland, D. (2003). The rise of risk. In R.V. Ericson and A. Doyle (Eds.), *Risk and morality* (pp. 48-86). University of Toronto Press.
- Giffords Law Center. (2021). *State support for CVIP: Trends and best practices*. https://web.archive.org/web/20211214142109/https://counciloncj.org/wp-content/uploads/2021/12/McLively-Presentation_12.1.21.pdf
- Giffords Law Center. (2025). *Opportunities for innovation in community violence intervention*. <https://giffords.org/lawcenter/report/opportunities-for-innovation-in-community-violence-intervention/>
- Goddard, T. (2012). Post-welfarist risk managers? Risk, crime prevention and the responsabilization of community-based organizations. *Theoretical Criminology*, 16(3), 347-363.
- Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 386(20), 1955-1956.
- Grimm, P. (2010). Social desirability bias. In J. N. Sheth & N. K. Malhotra (Eds.), *Wiley international encyclopedia of marketing*. Wiley.
- Hallett, T. (2010). The myth incarnate: Recoupling processes, turmoil, and inhabited institutions in an urban elementary school. *American Sociological Review*, 75(1), 52-74.
- Hallett, T., & Ventresca, M. J. (2006). How institutions form: Loose coupling as mechanism in Gouldner's *patterns of industrial bureaucracy*. *American Behavioral Scientist*, 49(7), 908-924.
- Hannah-Moffat, K. (2015). The uncertainties of risk assessment: Partiality, transparency, and just decisions. *Federal Sentencing Reporter*, 27(4), 244-247.
- Hannah-Moffat, K. (2016). A conceptual kaleidoscope: Contemplating “dynamic structural risk” and an uncoupling of risk from need. *Psychology, Crime & Law*, 22(1-2), 33-46.
- Harcourt, B. E. (2007). *Against prediction: Profiling, policing, and punishing in an actuarial age*. The University of Chicago Press.

- Hawkins, D. F., Laub, J. H., Lauritsen, J. L., & Cothorn, L. (2000). *Race, ethnicity, and serious and violent juvenile offending*. Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
- Health Alliance for Violence Intervention (HAVI). (n.d.). *About the Health Alliance for Violence Intervention (HAVI)*. <https://www.thehavi.org/>
- Hureau, D. M., Braga, A. A., Lloyd, T., & Winship, C. (2023). Streetwork at the crossroads: An evaluation of a street gang outreach intervention and holistic appraisal of the research evidence. *Criminology*, 61(4), 758–794.
- Hureau, D. M., & Papachristos, A. V. (2025). Re-centering the community in violence intervention: Reclaiming legacies of street outreach in the provision of public safety. *Annual Review of Criminology*, 8, 431-458.
- Juillard, C., Cooperman, L., Allen, I., Pirracchio, R., Henderson, T., Marquez, R., Orellana, J., Texada, M., & Dicker, R. A. (2016). A decade of hospital-based violence intervention: Benefits and shortcomings. *The journal of trauma and acute care surgery*, 81(6), 1156–1161.
- Kelly, P. (2011). Breath and the truths of youth at-risk: Allegory and the social scientific imagination. *Journal of Youth Studies*, 14(4), 431-458.
- Kim, R., Wagner, E. D., Nestadt, P. S., Somayaji, J., Horowitz, J. & Crifasi, C. K. (2025). *Gun violence in the United States 2023: Examining the gun suicide epidemic*. Johns Hopkins Center for Gun Violence Solutions, Johns Hopkins Center for Suicide Prevention. Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/sites/default/files/2025-06/2023-cgvs-gun-violence-in-the-united-states.pdf>
- Kohler-Hausmann, I. (2018). *Misdemeanorland: Criminal courts and social control in an age of broken windows policing*. Princeton University Press.
- Lemert, E. (1967). *Human deviance, social problems, and social control*. Prentice-Hall.
- Lewis, C. (2022). Risk-based sentencing and the principles of punishment. *Journal of Criminal Law and Criminology*, 112(2), 213-264.
- Lipsey, M. W., Chapman, G. L., & Landenberger, N. A. (2001). Cognitive-behavioral programs for offenders. *Annals of the American Academy of Political and Social Science*, 578, 144–157.
- Lipsey, M. W., and Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297–320.

- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. Russel Sage Foundation.
- Loseke, D. R. (2007). The study of identify as cultural, institutional, organizational, and personal narratives: Theoretical and empirical integrations. *Sociological Quarterly*, 48, 4, 661-669.
- Luhmann, N. (2002). *Risk: A sociological theory* (1st ed.). Routledge.
- Lupton, D. (1993). Risk as a moral danger: The social and political functions of risk discourse in public health. *International Journal of Health Services*, 23(3), 425-435.
- Lynch, M. (1998). Waste managers? The new penology, crime fighting and the parole agent identity. *Law and Society Review* 32(4): 839–869.
- Martinson, R. (1974). What works? – questions and answers about prison reform. *The Public Interest*, 35, 22-54.
- Maurutto, P., & Hannah-Moffat, K. (2006). Assembling risk and the restructuring of penal control. *British Journal of Criminology* 46(3): 438–454.
- Maynard-Moody, S., & Musheno, M. (2000). State agent or citizen agent: Two narratives of discretion. *Journal of Public Administration Research and Theory*, 10(2), 329-358.
- Maynard-Moody, S., and Musheno, M. (2003). *Cops, teachers, counselors: Narratives of street-level judgment*. University of Michigan Press.
- McKim, C. (2023). Meaningful member-checking: A structured approach to member-checking. *American Journal of Qualitative Research*, 7(2), 41-52.
- Merton, R. K. (1948). The self-fulfilling prophecy. *Antioch Review*, 8(2), 193–210.
- Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counseling Psychology*, 42(1), 24–33.
- Nardini, M. L., & Antes, R. L. (1991). What strategies are effective with at-risk students? *NASSP Bulletin*, 75(538), 67-72.
- New Haven Board of Alders. (2023). Order authorizing the City of New Haven (mayor or controller) to enter into a three-year agreement with Connecticut Violence Intervention Program to implement peer life coaching through the PRESS initiative (File No. LM-2023-0353) [Legislative order]. City of New Haven, CT. <https://newhaven->

ct.legistar.com/LegislationDetail.aspx?ID=6261493&GUID=9727F2B8-ABDF-43A8-8C27-450B2B533599&Options=&Search=

- New Haven Police Department. (2023). *2022 crime summary*. City of New Haven.
<https://www.newhavenct.gov/home/showpublisheddocument/17122/638084452770070000>
- New Haven Police Department. (2024). *Jan 1—Dec 31 data (2011—2024) & 2025 year-to-date (Aug 10)* [Data report]. City of New Haven.
<https://www.newhavenct.gov/home/showpublisheddocument/26017/638912941527130000>
- O'Malley, P. (2010). *Crime and risk*. SAGE.
- Ospina, L. (2023, August 25). Yale police union distributes flyers alleging a crime-ridden New Haven during contract negotiations. *Yale Daily News*.
<https://yaledailynews.com/blog/2023/08/25/yale-police-union-distributes-flyers-alleging-a-crime-ridden-new-haven-during-contract-negotiations/>
- Patton, D. U., McGregor, K., & Slutkin, G. (2018). Youth gun violence prevention in digital age. *Pediatrics*, E20172438.
- Patton, D. U., Pyrooz, D., Decker, S., Frey, W. R., & Leonard, P. (2019). When Twitter fingers turn to trigger fingers: A qualitative study of social media-related gang violence. *International Journal of Bullying Prevention*, 1(3), 205-217.
- Perker, S.S., & Chester, L. (2017). *Emerging adults: A distinct population that calls for an age appropriate approach by the justice system*. Emerging Adult Justice in Massachusetts.
- Presser, L., & Sandberg, S. (2019). Narrative criminology as critical criminology. *Critical Criminology*, 27, 131-143.
- Protzko, J., & Schooler, J. (2019). Kids these days: Why the youth today seem lacking. *Science Advances*, 5(10), eaav5916.
- Purtle, J., Dicker, R., Cooper, C., Corbin, T., Greene, M. B., Marks, A., Creaser, D., Topp, D., & Moreland, D. (2013). Hospital-based violence intervention programs save lives and money. *The Journal of Trauma and Acute Care Surgery*, 75(2), 331–333.
- Quirouette, M. (2018). Community practitioners in criminal courts: Risk logics and multiply-disadvantaged individuals. *Theoretical Criminology*, 22(4), 582-602.
- Rios, V. M. (2011). *Punished: Policing the lives of Black and Latino boys*. New York University Press.

- Rios, V.M., & Mireles-Rios, R. (2019). *My teacher believes in me! The educator's guide to at-promise students*. FiveRivers Press.
- Rios, V. M., Mireles-Rios, R., & Lee, A. (2021). *From risk to promise: A school leader's guide to professional learning in prosperity-based education [Toolkit]*. Scholar System. <https://www.scholarsystem.org/wp-content/uploads/2021/12/From-At-Risk-to-At-Promise--SAMPLE.pdf>
- Roca, Inc. (2007). *Staff development guidebook*. Roca, Inc.
- Roman, C. G., Decker, S. H., & Pyrooz, D. C. (2017). Leveraging the pushes and pull of gang disengagement to improve gang intervention: Findings from three multi-site studies and a review of relevant gang programs. *Journal of Crime & Justice*, 40(3), 316-336.
- Rosenfeld, R., & Lopez, E. (2020). Pandemic, social unrest, and crime in U.S. cities. *Federal Sentencing Reporter*, 33(1/2), 72-82.
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage.
- Ryan, L. (2012). *Key facts: Youth in the adult criminal justice system*. Campaign for Youth Justice. <https://jjie.org/wp-content/uploads/2018/04/KeyYouthCrimeFactsJune72016final.pdf>
- Saldaña, J. (2021). *The coding manual for qualitative researchers*. Sage Publication.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334-340.
- Santilli A, O'Connor Duffany K, Carroll-Scott A, Thomas, J., Greene, A., Arora, A., Agnoli, A., Gan, & G., Ickovics, J. (2017). Bridging the response to mass shootings and urban violence: Exposure to violence in New Haven, Connecticut. *American Journal of Public Health*, 107(3), 374-379
- Schildkraut, J., Elsass, H. J., & Meredith, K. (2018). Mass shootings and the media: Why all events are not created equal. *Crime and Justice*, 41(3), 223-243.
- Schleimer, J. P., Buggs, S. A., McCort, C. D., Pear, V. A., De Biasi, A., Tomsich, E., Shev, A. B., Laquer, H. S., & Wintemute, G. J. (2022). Neighborhood racial economic segregation and disparities in violence during the COVID-19 pandemic. *American Journal of Public Health*, 112(1), 144-153.
- Schur, E. M. (1965). *Crimes without victims: Deviant behavior and public policy: Abortion, homosexuality, drug addiction*. Prentice-Hall.

- Seaberry, C., Davila, K., & Abraham, M. (2021). New Haven equity profile (Version 1.0) [Report]. DataHaven.
https://www.ctdatahaven.org/sites/ctdatahaven/files/new_haven_profile_v1.pdf
- Sierra-Arevalo, M., Charette, Y., & Papachristos, A. V. (2016). Evaluating the effect of Project Longevity on group-involved shootings and homicides in New Haven, Connecticut. *Crime & Delinquency*, 63(4), 446-467.
- Skiba, R. J., Arredondo, M. I., & Williams, N. T. (2014). More than a metaphor: The contribution of exclusionary discipline to a school-to-prison pipeline. *Equity & Excellence in Education*, 47(4), 546-564.
- Slutkin, G. (2013). Violence is a contagious disease. In D. M. Patel, M. A. Simon, & R. A. Taylor (Eds.), *Contagion of violence: Workshop summary* (pp. 94-111). National Academies Press.
- Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Northeastern University Press.
- Smith, E. L., & Cooper, A. D. (2013). *Homicide in the US known to law enforcement, 2011*. Bureau of Justice Statistics, U.S. Department of Justice.
<https://bjs.ojp.gov/content/pub/pdf/hs11.pdf>
- Soyer, M. (2016). *A dream denied: Incarceration, recidivism, and young minority men in America*. University of California Press.
- Ssentongo, P., Fronterre, C., Ssentongo, A. E., Advani, S., Heilbrunn, E. S., Hazelton, J. P., Oh, J. S., McCall-Hosenfeld, J. S., & Chinchilli, V. M. (2021). Gun violence incidence during the COVID-19 pandemic is higher than before the pandemic in the United States. *Scientific Reports*, 11(1), 10654.
- Tannenbaum, F. (1938). *Crime and the community*. Columbia University Press.
- Tomczak, P., & Thompson, D. (2017). Inclusionary control? Theorizing the effects of penal voluntary organizations' work. *Theoretical Criminology*, 23(1), 4-24.
- Tong, G., Spell, V., Horton, N., Thornhill, T., Keene, D., Montgomery, C., Spiegelman, D., Wang, E. A., & Roy, B. (2023). Trusted residents and housing assistance decrease violence exposure in New Haven (TRUE HAVEN): a strengths-based and community-driven stepped-wedge intervention to reduce gun violence. *BMC Public Health*, 23(1), 1545.
- Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- Tulloch, J., & Lupton, D. (2003). *Risk and Everyday Life*. Sage.

- United States Census Bureau. (2020). *QuickFacts: New Haven city, Connecticut*.
<https://www.census.gov/quickfacts/fact/table/newhavencityconnecticut>
- United States Centers for Disease Control and Prevention, National Center for Health Statistics. (2024). *National Vital Statistics System, mortality 2018—2023 on CDC WONDER online database* [Data set]. U.S. Department of Health and Human Services. <http://wonder.cdc.gov/ucd-icd10-expanded.html>
- United States Department of Justice. (2023, November 2). *Justice Department announces new nationwide public safety commitments* [Press release].
<https://www.justice.gov/opa/pr/justice-department-announces-new-nationwide-public-safety-commitments>
- United States Federal Bureau of Investigation. (2018). *Crime in the United States, 2017: Table 1 – Violent crime and property crime overview*. U.S. Department of Justice.
<https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/tables/table-1>
- Varano, S. & Wolff, R. (2012). Street outreach as an intervention modality for at-risk and gang-involved youth. In E. Gebo and B. Bond (Eds.), *Looking beyond suppression: Community strategies to reduce gang violence* (pp. 83-104). Lexington Books.
- Webster, D. W. (2022). Public health approaches to reducing community gun violence. *Daedalus*, 151(1), 38-48.
- Webster, D. W., Whitehill, J. M., Vernick, J. S., & Parker, E. M. (2013). Evaluation of Baltimore’s Safe Streets program: Effects on attitudes, participants’ experiences, and gun violence. *Prevention Science*, 14(3), 306-315.
- Wendel, M. L., Jones, G., Jr., Nation, M., Howard, T., Jackson, T., Brown, A. A., Kerr, J., Williams, M., Ford, N., & Combs, R. (2022). “Their help is not helping”: Policing as a tool of structural violence against Black communities. *Psychology of Violence*, 12(4), 231-240.
- White House. (2024, September). The White House Office of Gun Violence Prevention: Year one report. <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/09/Year-One-Report-Final.pdf>
- Wilson, J. Q. (1995). Crime and public policy. In J. Q. Wilson & J. Petersilia (Eds.), *Crime* (pp. 489-507). Institute for Contemporary Studies Press.
- Wooten, T. (2022). “If it don’t kill you, it’ll take away your life”: Survival strategies and isolation in a long-running gun conflict. *Criminology*, 60(4), 581-605.
- Zacka, B. (2017). *When the state meets the street: Public service and moral agency*. The Belknap Press of Harvard University Press.

- Zaller, N., Brown, J., Fischer, K., Abaya, R., Ferreira Cardoso, L., & Dreier, F. L. (2025, June 20). *The critical role of federal funding in combatting firearm violence: A public health perspective*. Health Affairs Forefront.
<https://www.healthaffairs.org/content/forefront/critical-role-federal-funding-combating-firearm-violence-public-health-perspective>
- Zaretsky, M. (2021, August 2). *New Haven eyes new 'Community Resilience' department to combat street violence*. New Haven Register.
<https://www.nhregister.com/news/article/New-Haven-eyes-new-Community-Resilience-16358666.php>
- Zimring, F.E. (2013). American youth violence: A cautionary tale. *Crime and Justice*, 42, 265-295.

APPENDIX A

IRB APPROVAL LETTER



Research Integrity & Compliance
Student Faculty Center
3340 N. Broad Street, Suite 304
Philadelphia PA 19140

Institutional Review Board
Phone: (215) 707-3390
Fax: (215) 204-4609
e-mail: irb@temple.edu



Approval for a Project Involving Human Subjects Research that is Approved as Exempt

Date: 21-Aug-2024

Protocol Number: 31405
PI: JAMIE FADER
Review Type: EXEMPT
Approved On: 21-Aug-2024
Risk: Minimal risk
Committee: A1
Sponsor: NO EXTERNAL SPONSOR
Project Title: Responding to risk: Examining risk discourses across community-based violence prevention and intervention programs and experiences of clients labeled at-risk for involvement in gun violence

The IRB approved the protocol 31405.

The study was approved under Exempt review. The IRB determined that the research **does not require a continuing review**, consequently there is not an IRB approval period.

As this research was approved as Exempt, the IRB will not stamp the consent or assent form(s).

Note that all applicable Institutional approvals must also be secured before study implementation. These approvals include, but are not limited to, Medical Radiation Committee ("MRC"); Radiation Safety Committee ("RSC"); Institutional Biosafety Committee ("IBC"); and Temple University Survey Coordinating Committee ("TUSCC"). Please visit these Committees' websites for further information.

Finally, in conducting this research, you are obligated to submit the following:

- **Amendments** - Any changes to the research that may change the Exempt status of this study must be reviewed and approved by the IRB prior to implementation. Examples of such changes are: including new, sensitive questions to a survey or interview, changing data collection such that de-identified data will now be identifiable, including an intervention in the methods, changing variables to be collected from medical charts, decreasing confidentiality measures, including minors or adults lacking capacity to consent as subjects when previously only adults with capacity to consent were to be enrolled, no longer collecting signed HIPAA Authorization, etc. Please reach out to the IRB Staff with any questions about if a change to the study warrants an Amendment.
- **Reportable New Information** - Using the Reportable New Information e-form, report new information items such as those described in HRP-071 Policy - Prompt Reporting Requirements to the IRB **within 5 days**.
- **Closure report** - Using a closure e-form, submit when the study is permanently closed to enrollment; all subjects have completed all protocol related interventions and interactions; collection of private identifiable information is complete; and analysis of private identifiable information is complete.

For the complete list of investigator responsibilities, please see the HRP-070 Policy – Investigator Obligations, the Investigator Manual (HRP-910), and other Policies and Procedures found on the Temple University IRB website: <https://research.temple.edu/irb-forms-standard-operating-procedures>.

Please contact the IRB at (215) 707-3390 if you have any questions.

APPENDIX B

CERTIFICATE OF CONFIDENTIALITY



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
www.nih.gov

07/03/2024

Jamie Fader, PhD
Temple University
1801 N Broad St
Philadelphia, PA, 19122

Dear Jamie Fader, PhD

Enclosed is the Confidentiality Certificate, protecting the identity of research participants in your project entitled, "Responding to risk: Examining risk discourses across community-based violence prevention and intervention programs and experiences of clients labeled at-risk for involvement in gun violence".

You and your institution's responsibilities related to this Certificate are outlined on the [NIH Certificate of Confidentiality website](#) and in the [Institutional Assurance Statement](#). You and your institution's responsibilities include that you cannot release a participant's identifiable, sensitive information to any other person not connected with the research OR in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding.

Protections against disclosure under the Certificate of Confidentiality are limited in certain circumstances. Disclosure of information, physical documents, or biospecimens is not protected by the Certificate when this information or material is associated with mandatory reporting by Federal, State, or local laws, including reporting of child and elder abuse and specific infectious diseases.

Research participants must be informed about the Certificate protections under the applicable regulations at [Title 42 CFR Part 2a.4](#). In addition, participants must be informed about any exceptions to those protections, such as the mandatory reporting described above. Sample informed consent language can be found at <https://grants.nih.gov/policy/humansubjects/coc/helpful-resources/suggested-consent.htm> that may be used or adapted as appropriate.

If you make a significant change to the research project for this study (e.g., change of principal investigator or institution, change in the scope or direction of the research), you will need to obtain a new Certificate of Confidentiality to continue protections for new data collection. You may make a request through the [NIH online CoC system](#).

If legal action is brought to release personally identifying information protected by a Certificate of Confidentiality you should immediately seek legal counsel from your institution.

As a reminder, your institution has attested that the research activities will be conducted in accordance with all applicable Federal, State, and local laws and regulations.

Please contact the NIH Certificate of Confidentiality Coordinator if you have any questions about your Certificate of Confidentiality at NIH-CoC-Coordinator@mail.nih.gov.

Approval Date: 07/03/2024

Sincerely,
ANGELA Chambers
NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health

APPENDIX C

CVI STAFF INTERVIEW GUIDE

Introduction

Introduce purpose of interview and remind participant that their involvement is voluntary and confidential. Inform them that the session is being audio recorded and to avoid using names as much as possible, though any identifying information mentioned will be redacted.

[Researcher]: As you know, I'm interested in how violence prevention workers understand risk in gun violence.

- How did you get into this work? How long have you worked at [program]?
Where did you work before? [This gets them loosened up and will let you know something about their professional background]
- Speaking of [program], how would you describe what it does in your own words? Are there things that you would change if you could? If so, what?
- What other kinds of violence prevention programs are you aware of? [Have them list. For each one ask:] Are there activities that your program does better? (if so, how?) Are there activities that you wish your program did? (if so, which and why?)
- What kind of workers do you think are best suited for this program? Why? What might make someone not well suited for this kind of work?
- What's your personal theory about why gun violence occurs? Why is it at crisis levels in so many places now? How have you come to this theory? (What experiences led you to think this way?)
- Who do you think are the young people who are most at-risk of being involved in violence? (Note to yourself: Did they distinguish between perpetration and victimization? If not, probe further: At risk of perpetrating? At risk of being victimized?)

- How does your assessment of who is risky line up or not line up with that used by [program]?
- And how do you think professionals like you can promote changes in behavior that reduce young peoples' risk of violence? What needs to be present in the young person or the program in order for that change to occur?
- What kind of messages do you typically convey to young people about risk and how to reduce it? [Clarifying: what lessons do you typically share with the young people you work with about this?]
- How do you talk to young people about their risk?
- How do young people typically feel about being [mandated to be?] in the program? How do you build trust?
- Can you tell me about a time when you felt like your work was really successful in helping or reducing risk for a young person? How about a time when you felt like your efforts failed?
- How would you describe the biggest challenges to doing this work? What about the biggest rewards?

[Researcher]: Is there anything else you'd like to share that we haven't discussed here today?

Closing

We'll stop there. This concludes the interview. Thank you for your thoughts. This has been very helpful!

APPENDIX D

CVI CLIENT INTERVIEW GUIDE

[Researcher]: I know you know that I'm talking to you today because you've been involved with [the program] for reasons that we'll talk about at some point. But first, I want to know who you are.

- Can you tell me about a typical day in your life, from the time you wake up until the time you go to sleep?
 - [Use responses to understand family structure, living situation, supports/stressors in daily life, hobbies, etc.]
- You've told me about a typical day. Can you tell me about your best day? What is it about that day that made it memorable?
 - [Will give you some opportunities to probe about impactful people/situations]

LAAF Questions

- Let's imagine your life as a movie. What genre of movie would it be?
- What would you call that movie about your life?
- Now imagine yourself as the main character in the movie.
 - What kind of character is he? Is he funny? Is he serious?
- What does he love to do? What does he dream of?
- Who are the other characters in his story? How do those characters view the main character? [Make note of the characters mentioned as well as the characters not mentioned]
- [For this question, pay particularly close attention to any characters mentioned who the participant describes as viewing him poorly or as dangerous] Why do you think [that character] sees the main character that way?
- So we have our characters. When in your life does the movie start? What's happening in the opening scene?
- You know how every movie has a conflict or a climax, a point where everything changes for the main character. When/where would that be in your movie?

- What are the biggest mistakes that your character makes in the movie?
 - What is happening?
 - Who is there?
 - How do you feel?
- What are the best choices and achievements that your character makes?
- How do you think it might end? [If it ends well, what characters are a part of a good ending? If it ends badly, which characters are a part of the bad ending?]
 - [May have to probe if they're evasive]
- Is there anything that we have not talked about regarding your experience with violence prevention programs that you would like to share?

Closing

We'll stop there. This concludes the interview. Thank you for your thoughts. This has been very helpful!

APPENDIX E

SAMPLE RECRUITMENT EMAIL

Greetings,

I hope this email finds you well. My name is Dijonée Talley and I am an 8th year doctoral candidate in the Criminal Justice department at Temple University. I am reaching out to ask for assistance in recruiting participants to complete interviews for my dissertation.

The study explores how community-based violence prevention and intervention programs think about, approach, and communicated risk in their service to their clients. A secondary objective is to understand the experiences of clients on the receiving end of that service, including how clients receive and internalize how their risk is communicated to them. To do this, I am looking to interview both program staff and clients about their experiences. The interview is expected to last between 60 and 90 minutes and will take place at a location which the participant is most comfortable. This could include private dedicated space at one of the service provider's locations in the city (e.g., Connecticut Violence Intervention Program or Project MORE). As a "thank you" for taking part in this research, participants will be given a \$50 Visa gift card upon completion of the interview.

Participation in this study is voluntary and steps will be taken to protect all study participants identity including incorporating the use of pseudonyms in place of real names. All data will be kept on an encrypted drive on a password protected computer. Any quotes used in my dissertation and future publications will have new pseudonyms attributed to them to provide an additional layer of anonymity.

Attached are two fliers, one that can be disseminated to program staff and the other to program clients, that has more information about the study including inclusion criteria and my contact information.. This study has been approved by the Temple University Institutional Review Board, Protocol # 29437-0001. If have any questions, please feel free to contact me at dijonee@temple.edu or my dissertation chair, Dr. Jamie Fader at jfader@temple.edu.

Thank you for your time and consideration!

APPENDIX F

CVI STAFF RECRUITMENT FLYER

RESEARCH STUDY

EXAMINING RISK DISCOURSES ACROSS COMMUNITY-BASED VIOLENCE PREVENTION AND INTERVENTION PROGRAMS AND EXPERIENCES OF CLIENTS LABELED AT-RISK FOR INVOLVEMENT IN GUN VIOLENCE



- Are you age 18 or over?
- Do you work with one of the following community-based violence prevention or intervention programs in New Haven?
 - Yale New Haven's Hospital-Based Violence Intervention Program
 - Connecticut Violence Intervention & Prevention
 - Program for Reintegration, Engagement, Safety, and Support (PRESS) (including Project Longevity and Project MORE)

WE WANT TO HEAR FROM YOU!

A researcher at Temple University is conducting a study about the experiences of and would like to talk to you! Data will be gathered via one-on-one interviews at a secure location of your choice.

You will be compensated for your time (\$50 Visa gift card at the end of the interview)

Your decision to participate (or not to participate) is confidential.

FOR MORE INFORMATION CONTACT:

› Dijonée Talley at dijonee@temple.edu or 203-397-6341



APPENDIX G

CVI CLIENT RECRUITMENT FLYER

RESEARCH STUDY

EXAMINING RISK DISCOURSES ACROSS
COMMUNITY-BASED VIOLENCE PREVENTION AND
INTERVENTION PROGRAMS AND EXPERIENCES OF
CLIENTS LABELED AT-RISK FOR INVOLVEMENT IN
GUN VIOLENCE



- Are you between the ages of 18 and 24?
- Have you been served by one of the following community-based violence prevention or intervention programs?
 - Yale New Haven's Hospital-Based Violence Intervention Program
 - Connecticut Violence Intervention & Prevention Program for Reintegration, Engagement, Safety, and Support (PRESS) (including Project Longevity and Project MORE)

WE WANT TO HEAR FROM YOU!

A researcher at Temple University is conducting a study about the experiences of and would like to talk to you! Data will be gathered via one-on-one interviews at a secure location of your choice.

You will be compensated for your time (\$50 Visa gift card at the end of the interview)

Your decision to participate (or not to participate) is confidential.

FOR MORE INFORMATION CONTACT:

› Dijonée Talley at dijonee@temple.edu or 203-397-6341



APPENDIX H

MAIN LEVEL CODEBOOK

ACCESS TO GUNS

Statements related to availability or prevalence of firearms in communities (structural)

APPROACHABILITY

Statements that reflect staff intentionally creating conditions or engaging in relational approaches to make clients feel comfortable and safe to engage

AMBIENT VIOLENCE

References to indirect exposure to violence (e.g., hearing gunfire, losing peers, witnessing shootings)

AVOIDING COERCION

Statements that reflect CVI staff commitment to upholding client autonomy

AVOIDING LABELS

Statements that reflect CVI staff commitment to not using stigmatizing language with clients

COMMUNITY SUPERVISION

Statements related to experiences, challenges, or conditions of probation or parole

CONFLICT RESOLUTION

Mentions of de-escalating active disputes through mediations or other strategies

“CREAMING”

Statements that reflect CVI programs selecting clients more likely to succeed or easier to serve

CREDIBLE PRESENCE

Statements about being in spaces to demonstrate reliability and credibility

“DOING NUMBERS”

Statements that reflect CVI programs putting butts in seats, regardless of whether clients are “high-risk” and meet program criteria

DESIRE FOR ECONOMIC MOBILITY

Statements related to client motivations to earn money and have financial freedom, whether by legal or illegal means

DISLOYALTY

Mentions of betrayal, lack of trust, or breakdown of loyalty in relationships; includes when the speaker is the one being disloyal

DRUG USE

Mentions of substance use, including as a coping mechanism or its impact on risk or behavior

EDUCATION

Mentions of school experiences or lack of educational opportunities shaping outcomes (both individual and macro)

EMPLOYMENT BARRIERS

Statements about criminal records impacting job security or lack of meaningful work

FORWARD OPTIMISM

Client reflections on positive futures, goals, and aspirations

FUNDING PRECARITY

Statements related to the systemic difficulty in maintaining funding for community-based organizations

FUNDING STRINGS

Instances where funding requirements impact goals, priorities, or engagement practices

GUN CARRYING

Mentions of firearm possession, reasons for carrying, or its consequences (individual behavior/decision-making)

HARD TO REACH

Descriptions of clients' inaccessibility, disengagement, or avoidance of services

HOUSING INSTABILITY

Mentions of unstable, inadequate, or unsafe housing

“IN THE MIX”

References to “high-risk” individuals being embedded in risky environments or peer groups

INCARCERATION

Mentions of experiences in prison or the impact of serving time

INSTITUTIONAL LEGITIMACY

Statements reflecting efforts to demonstrate reliability, professionalism, or indispensability to external stakeholders

INVISIBLE WORK

Mentions of preventive actions or nonevents that remain undocumented in metrics

LABELING EFFECT

Clients' perceptions of being stigmatized, stereotyped, or reduced to risk categories

LACK OF CONSEQUENCES

Statements about institutional or criminal legal responses to crime and violence by youth

LIVED EXPERIENCE EXPERTISE

Statements that emphasize value of CVI workers' personal histories with violence or incarceration as sources of credibility

MASCULINITY AND RESPECT

Mentions of toughness, reputation, or "being a man" as tied to things like violence or credibility

METRICS AS MISMATCH

Mentions of difficulty in alignment of actual CVI work and the metrics used to measure performance

NETWIDENING

Statements that reflect expanded reach of surveillance or social control beyond formal systems

NONLINEAR CHANGE

Statements related to client "rollercoaster lives" where progress and setbacks coexist

NORMALIZATION OF VIOLENCE

Mentions of the prevalence of violence and general desensitization to it

"OUT THE WAY"

Statements that reflect clients strategically isolating for the purposes of avoiding people and places that could result in conflict

OVERPROMISING

Statements made that reflect CVI overselling but underdelivering on engagement, services, and resources with clients and families

PARENT DYNAMICS

Statements that reflect parent attitudes, behaviors, or other responses that relate to or impact their "high-risk" children

PATIENCE IN TIMING

Mentions of staff persistence through client resistance or disengagement

PERSISTENCE

References to staff continuing outreach and support despite client disengagement or setbacks (relentless outreach)

POLICE ENCOUNTERS

Mentions of client interactions with police

POSTURING FOR PROTECTION

Statements about projecting toughness or status to avoid victimization

POVERTY

References to economic deprivation, lack of financial resources, or related hardship

PRESSURE IN PARTNERSHIP

Statements about external agencies shaping or constraining CVI practices

PROFESSIONALIZATION

Statements that reflect CVI staff engaging in more formalized training to build skills and promote credibility

PROGRAM EXCLUSION

Instances where clients were denied or blocked from services or opportunities

PROGRAM SURVIVAL STRATEGIES

Mentions of actions taken primarily to ensure program continuity (e.g., grant funding, appeasement of external partners)

READINESS

References related to clients' motivation or timing for engaging in services or overall change

REGRET

Expressions of remorse, self-reflection, or hindsight about past choices

RELATIONAL LEGITIMACY

Statements reflecting trust, credibility, and rapport staff build with clients

RELATIONSHIPS WITH CHILDREN

Staff or client reflections on parenting, responsibility, and desires to build or maintain good relationships with children

RESOURCE SCARCITY

Statements that reflect inadequate resources at the program-level that limit organizational ability to fully serve clients

RISK AS IMMEDIATE THREAT

Statements that frame “high-risk” as the most threatening behaviors such as actively shooting in the community and participating in armed robberies

RISK AS RELATIONAL

Statements that frame risk in terms of relationships and social networks.

RISK AS STRUCTURAL VIOLENCE

Statements related to broader social forces that drive social inequities that lead to violence (divestment, poor school systems, barriers to employment, etc.)

RISK TALK

Statements that reflect the way that CVI staff do or do not talk about risk

ROLE MODELING

References to wanting to be a good role model for others, including siblings

SHOOTING

Direct mentions of shootings, including personal victimization or perpetration

SOCIAL MEDIA

References to social media as escalating conflict

STEREOTYPING

Explicit references to negative assumptions or profiling based on identity or status

SURVIVAL CRIME

Engagement in illegal activities as strategies for survival

SYSTEM FAILURE

Mentions of formal systems failing to meet needs or protect clients

TRANSLATIONAL LABOR

Mentions of staff negotiating between perceived institutional demands and client needs (e.g., reframing outcomes, rule-bending)

TRAUMA

Mentions or accounts of psychological or emotional harm from direct or vicarious exposure to violence

TRUST-BUILDING

Statements that demonstrate actions by CVI staff to create credibility and build rapport with clients