

Supporting the Frontline Through Community Healing:

ADVANCING SCIENCE ON VIOLENCE INTERVENTION OUTREACH
AND TRAUMA EXPOSURE

A Case Study of Kansas City, Missouri

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The report reflects a collaboration between the University of California, Davis, the University of Illinois Chicago, and Giffords Center for Violence Intervention.

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“When you see something, you can't unsee it.

You do it because you see the need and you can't look away from it.”

“

Quit treating people like robots. They're human beings. We got a certain level of work we need out of them but we also have to give them a certain level of compassion. I think we don't have the proper mix. A lot of times when we're trying to do this work, we don't think we need to give compassion to the people that's doing the job for us to do to reduce violence.

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***For many of our respondents,
safety is generated
through collective action
and cooperative decision
making, rather than the
creation of more and more
rules, regulations, and laws
in response to fear.***

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Introduction

Over the past two years, gun violence has skyrocketed across the United States, with more gun homicides in 2020 than in any other single year since 1994—and these trends continued in 2021. Data from individual cities showed that these increases were nearly universal for both homicides and nonfatal shootings. In 2020, only five of the nation's 50 largest cities saw decreases in homicides compared to 2019 and nonfatal shooting were up by roughly 60% in those cities for that same time period.¹

Community Violence Intervention (CVI) is an extremely promising, nationally recognized strategy to reduce gun violence. CVI relies on concerned individuals, native to the community, who are willing to accept the role of peacemaker and work tirelessly to reduce violence by engaging those at highest risk of being injured and/or producing violence.² A 2017 study done by the University of California, Los Angeles, and the University of Southern California found that over a two-year period, frontline violence intervention workers in South Los Angeles reduced retaliatory group violence by more than 43%. When only police responded to a gang-related homicide, there was a 24% chance of a retaliatory killing. But when both police and CVI workers responded separately, the likelihood of a retaliatory homicide was less than 1%.³ An 18% reduction in gun violence citywide and up to 29% reduction in certain neighborhoods from 2018 to 2019 was attributed to a CVI effort in Sacramento, CA, using street outreach workers as violence interrupters and mentors.⁴ Evaluation of a hospital-based CVI program in Oakland, CA, found that young people who received support from trained intervention specialists while recovering from violent injury were 70% less likely to be arrested and 60% less likely to have any criminal involvement, compared to those that did not go through the program.²

Community Violence Intervention has generated increased attention in recent years and only more so after President Biden publicly announced it as part of his comprehensive plan to respond to firearm crime across the country.⁵ This plan permits local jurisdictions to devote a portion of the \$350 billion in federal American Rescue Plan Act funding to support CVI programming and CVI capacity building. While not all of these funds have been allocated or spent, at least \$10 billion of this funding has already been dedicated by dozens of states, counties, and cities to public safety and violence prevention, which includes supporting existing programs and expanding CVI efforts. In many cities, the investment of public funds into CVI efforts was preceded by expanding private investments in CVI efforts, such as the Partnership for Safe and Peaceful Communities (a funding coalition in Chicago).

With the increased attention and support of CVI strategies in violence reduction efforts comes increased scrutiny of their evidence base and capacity to expand programming and deepen impact. Numerous efforts are underway with existing CVI leaders and myriad community violence intervention stakeholders to gain wisdom and learn from their successes, challenges, and suggestions for how to improve and build the CVI field and the community safety infrastructure in which CVI can optimally operate. Local Initiatives Support Corporation (LISC) is one such leader in these efforts, working with the U.S. Department of Justice's Bureau of Justice Assistance to

gather insight from CVI experts, technical assistance providers, and trainers to develop a CVI toolkit for implementing these programs in cities around the nation. The National LISC office has also funded a study, to be published soon, of the implementation and operational challenges of CVI programs that utilize outreach workers and violence interruption tactics to quell potentially lethal conflicts. That research has illuminated numerous successes and opportunities for CVI programs to be strengthened through increases in funding, community partnerships, and sustained political commitment.

This study specifically focuses on strategies to support the infrastructure of the field so that CVI workers are protected from the same harms they work to prevent. The necessity of examining the trauma experienced in CVI work and the overall wellness of frontline workers has been highlighted recently in a report by Giffords, which gathered information from CVI workers in Chicago, Los Angeles, Baltimore, Maryland, and Oakland.⁶ The survey findings revealed that 53% of CVI workers agreed that the trauma of people they helped at work had some effect on them, with 56% reporting that they had been less productive at work in the last month due to sleep loss. The report also finds that 93% of workers directly witnessed gun violence and 56% had been a victim of gun violence themselves before working as a paid CVI worker. These staggering rates of direct and secondhand trauma exposure experienced by CVI workers were mirrored in a recent web-based survey, finding that approximately one-third had been wounded by a firearm and half had lost a client due to violence.⁷

In a separate Chicago-based study³⁵ CVI workers and supervisors participated in in-depth interviews describing sources of traumatic stress that occur through their work.⁸ Participants describe traumatic stress beyond exposure to violent incidents, encompassing working with survivors of violence, interfacing with criminal-legal authorities, and experiencing "organizational trauma." The findings from this study indicated that nonprofits and governmental organizations employing CVI workers have tremendous leverage in how staff experience traumatic stress. When organizations institute proper supports, the relentless exposure to violence and forms of systemic harm can be mitigated, resulting in a healthier, more engaged workforce. Alternatively, employers of CVI workers can compound the traumatic stress experienced in the field through the mistreatment of employees, misaligned supports, and underdeveloped policies and practices that can benefit workers.

Collectively, emerging studies urge further consideration of how trauma recovery and violence reduction efforts intersect, primarily for the well-being of the community workforce deployed to reduce gun violence levels. These studies also recommend examining trauma recovery and violence reduction efforts through an ecological lens; how is CVI worker wellness conditioned by their organizational experience and the communities in which they work?

This study examines the intersection of trauma recovery and community violence intervention work by:

- identifying sources and manifestations of traumatic stress experienced by violence intervention outreach workers,
- examining organizational practices that address trauma in violence intervention practice, and
- exploring community-based healing practices that address community-wide experiences of trauma associated with gun violence.

These research aims were investigated within the context of Kansas City, MO. In 2021 Kansas City, MO, was one of the few cities that demonstrated a reduction in homicide rates; the national trend reflected an overall increase. This is notable when considering that even in a year when violent crime rates were reduced in Kansas City, it still ranked in the top ten cities with the highest violent crime rates nationally, a ranking that has occurred in past years as well.¹

The vast majority of research on CVI strategies and their effectiveness has been generated from large metropolitan areas that have historically high levels of violent crime—Los Angeles, Chicago, New York, etc. In these cities there may exist up to a century of history of community-based violence reduction efforts, whereas CVI work is emerging more recently as a promising public safety strategy in mid- to small-size urban centers in other areas of the country. While Kansas City has a rich history of community-based efforts to advance neighborhood vitality and resident wellness, over the last 50 years the city has had two primary social service initiatives to address gun violence and victimization. Aim4Peace is the city's main CVI strategy and was founded approximately 15 years ago. Ad Hoc Group Against Crime has been deeply involved in victim services and trauma recovery for the last 40 years. The work of these two organizations is discussed later in this report and is briefly mentioned here to further substantiate the rationale for the focus on Kansas City. CVI practice at a national scale most likely mirrors the Kansas City context more than the Chicago, Los Angeles, or New York context. The Kansas City case study has national relevance and it is the research team's hope that the recommendations provided at the end of the report contribute to national efforts to reduce gun violence.

Disclaimer:

The data collection period of the study was February to September 2022. In the interim between September 2022 and the report release date, there have been advances in funding and expansion of community violence intervention practice in Kansas City. The research team stands behind the recommendations at the conclusion of the report, celebrates the advancements in support of community-centered solutions, and has maintained its collaboration and communication with Aim4Peace in support of their work.



This study specifically focuses on strategies to support the infrastructure of the field so that CVI workers are protected from the same harms they work to prevent.

Background and Context

This report is a case study of CVI practice and trauma recovery in Kansas City, MO. It should be acknowledged here that Kansas City is one of several distinctive cities in the United States that straddle a state line, in this case the boundary between Kansas and Missouri. However, for the purposes and scope of this research, focus is on Kansas City of the state of Missouri.

Brief demographics of the city are as follows. According to 2021 data from the U.S. Census Bureau, approximately 508,394 people reside in Kansas City, MO, which is comprised of Jackson County, Clay County, and Platte County.⁹ It is the largest city in the state of Missouri and the thirty-fifth largest in the United States.¹⁰ In terms of age distribution, 63.9% fall in the age range of 18 to 64, 6.6% are under 5, 22.8% are under 18, and 13.3% are 65 and over. As for racial and ethnic diversity, 55.1% identify as white non-Hispanic, 27.7% Black or African American, 10.6% Latinx or Hispanic, 3.1% Asian or Pacific Islander, 0.3% Native American, and 4.8% multiracial (Figure 1).

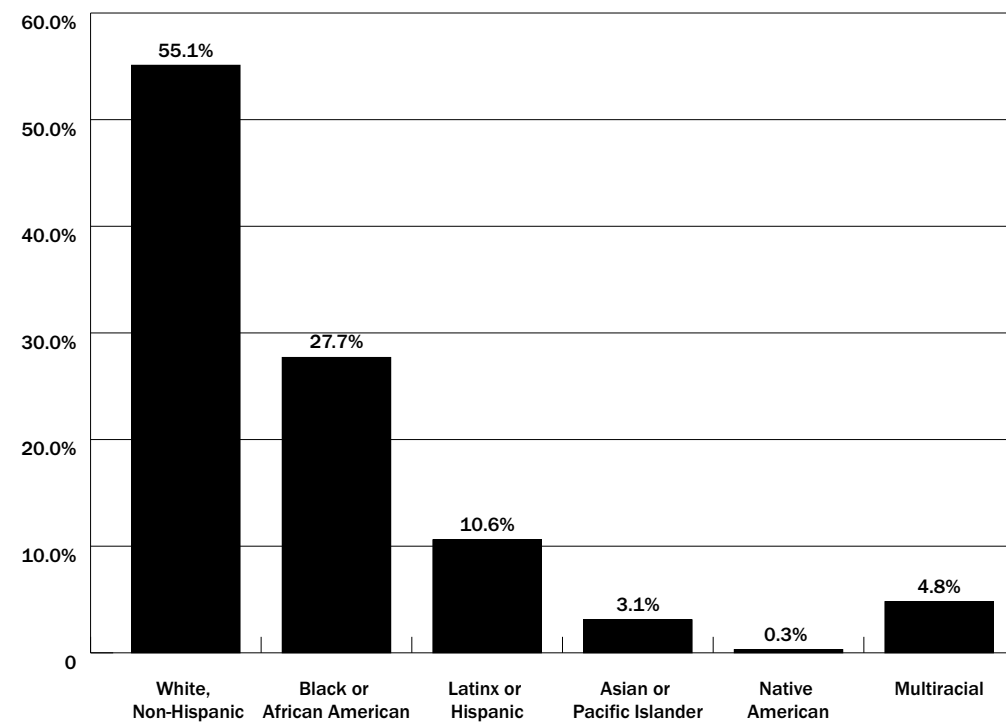


Figure 1: Racial and ethnic distribution of Kansas City in 2021⁹

There are significant racial disparities in economic, health, and educational indicators in Kansas City.¹¹ The Black median household income (\$46,638) is far lower than that of white households (\$74,109). In health, the age-adjusted death rate per 100,000 is higher for Blacks (896) than whites (681) and correspondingly Blacks have lower life expectancy (74.3 years) than whites (78.4 years). In terms of educational attainment, only 19% of Black adults ages 25 and above have a bachelor's degree, compared to 42% for their white counterparts. Although Black residents are approximately 27% of the city's population, 72.2% of the homicide victims in 2021 were identified as Black.

In 2019 15.3% of the city's residents had an income below the poverty level, which is greater than the statewide poverty rate (12.9%). In Jackson County the neighborhoods of Blue Valley/Centropolis, Downtown East, and Leeds/Eastwood have 50% to 60% of their residents living below the poverty line, with median income in these areas ranging from \$10,990 to \$27,778. Native American, Black, and Latinx residents are more likely to have income below the poverty line in Kansas City, while white residents are least likely to have income below the poverty line (Figure 2).

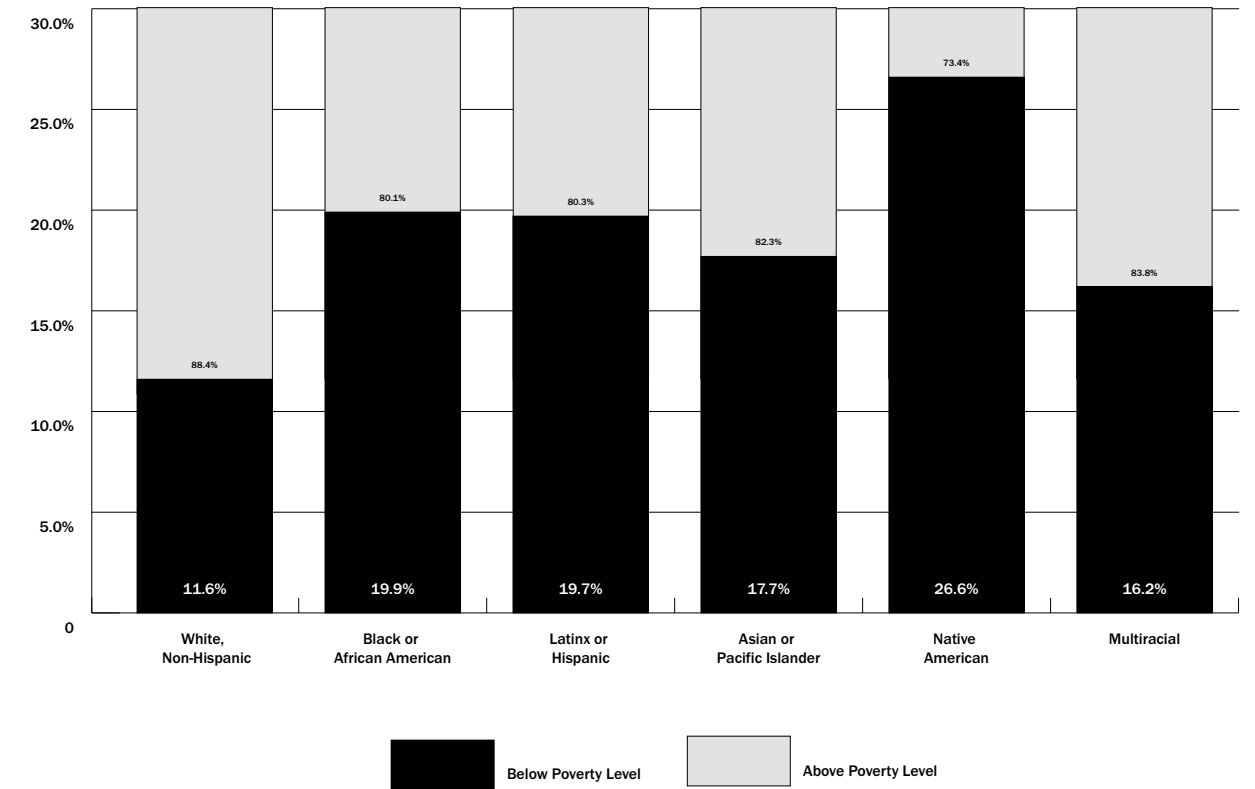


Figure 2: Kansas City residents whose income falls below the poverty line in 2021, by race and ethnicity⁹

The subsequent figures describe violent crime trends in Kansas City, MO. Shooting and homicide rates have fluctuated considerably over the last 12 years, with 2020 marking record highs. The shooting and homicide rates have consistently placed Kansas City, MO, in the FBI's top 10 cities with highest crime rates.

Kansas City, MO: Homicide Rate (per 100,000 residents)

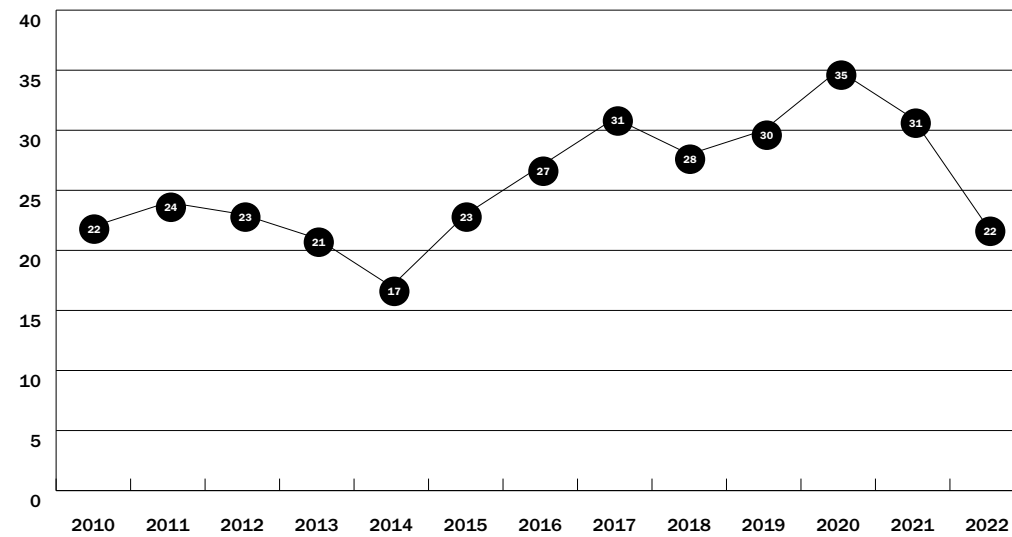


Figure 3: Number of homicides in Kansas City

Kansas City, MO: Number of Homicides

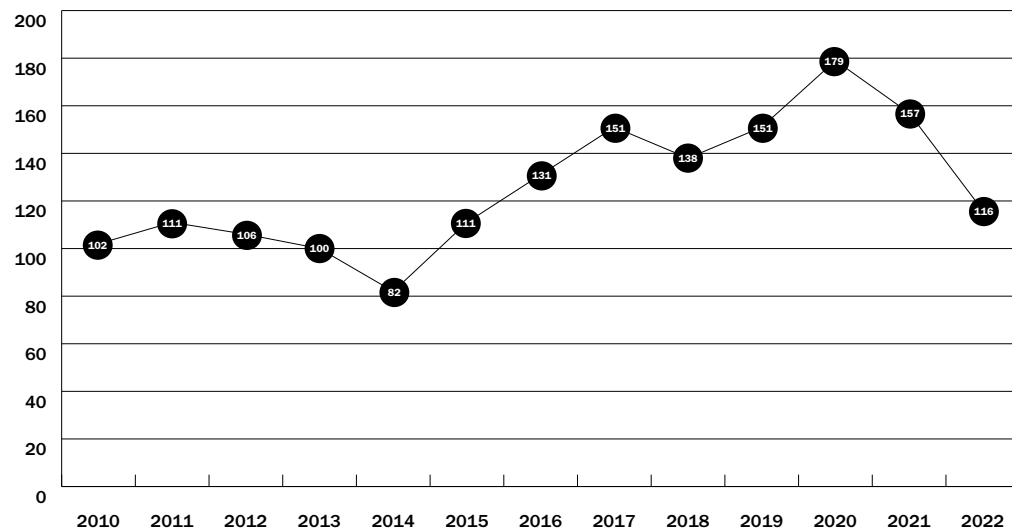


Figure 4: Kansas City Homicide Rate (per 100,00 residents)

Racial History of Kansas City

“This nation of ours was never intended to go full citizenship and equal opportunity and inclusion to the descendants of slaves. The beneficiaries of the structure, the racist system, are not Black folks, Hispanic folks, Native Americans, it’s white folks.”

Residential racial segregation and the long-term effects of systemic racism have been highlighted, by both participants in the current research project and in various prior works, as persistent obstacles to community growth and prosperity in Kansas City, MO. Troost Avenue was referenced in almost every interview or focus group, a street that once served as a dividing line between white and Black residents of Kansas City. Although some degree of racial integration has occurred across Troost Avenue over the last 75 years, the street serves as a symbolic reminder of the legacy of neighborhood disinvestment driven by racialized policies in Kansas City.

Neighborhoods located east of Troost Avenue became increasingly isolated and home to predominantly Black residents over a century ago due to racial covenants that prohibited Black residents from moving into certain areas of Kansas City, coupled with real estate “blockbusters” who profited from white flight to the suburbs by purchasing homes below market value from white residents fleeing to the suburbs and selling them for a profit to Black residents. By 1920, 75% of the population east of Troost was Black.¹²

Following the Brown v. Board of Education Supreme Court decision in 1954, the Kansas City School Board drafted school attendance boundaries based on neighborhoods of residence to ensure that Black students and white students remained in separate schools. The school attendance zones were continually redrafted well into the 1970s to ensure racial divides were maintained in Kansas City public schools. It was around this time that the first crime prevention efforts were formalized into a program through the collective actions of Black residents who were concerned about a string of 10 homicides targeting Black women involved in sex trafficking work. These residents made demands on law enforcement to identify the individuals involved in the homicides, however were unsatisfied with the responses and began community canvassing to solicit information about the women and who was responsible for their deaths. They also engaged Black-led radio stations and helped resolve some of the homicide cases of the 10 women. Their actions led to the eventual foundation by Alvin Brooks of Ad Hoc Group Against Crime, an organization that continues the important work of violence reduction and trauma recovery in Kansas City today.

This historical context may seem distant or irrelevant for the ensuing discussion around violence reduction and trauma recovery in Kansas City. Overwhelmingly, however, the experts interviewed in the study referenced how racism continues to impact communities in Kansas City and is a root cause of the cyclical nature of violence:

“If you’re really interested in freedom and justice and equality for Black folks who are as much citizens as you are, then you learn as much as you can about what our ancestors endured as slaves and the role that your ancestors play. Then learn about our struggle. Our ups and downs. Our situation that caused us to be like we are today”.

In fact, the 2018 report *KC Blueprint for Violence Prevention and a Safe and Healthy Community* discusses the root causes of violence in Kansas City. This report (referenced later) discusses

risk factors associated with exposure to violence, and systemic racism and over-policing are explicitly mentioned. The interviews and focus groups provided greater detail on “systems” in place with the potential to enhance public safety, and where these systems fall short in reducing violence. What is important to note in this brief historical overview is that the genesis of community-based violence reduction work in Kansas City occurred in an attempt to best serve individuals directly impacted by violence. This historical note supports the study’s framework of examining community violence reduction efforts in tandem with trauma recovery strategies.

Previous Violence Reduction Efforts

Kansas City has organized several notable violence reduction collaborative initiatives over the last 12 years. These collaborative efforts are briefly summarized here to reflect general trends in public safety efforts in the city. The recent history of collaborative violence reduction efforts in Kansas City has been led primarily by law enforcement. Community contribution and perspective on these collaborative efforts have been either nonexistent or predefined. The lack of equitable and robust community contribution to violence reduction collaborative efforts may contribute to residents’ skepticism around plans and efforts that were created without their perspective included. This could also contribute to an adverse relationship between impacted communities, public safety institutions, and government-led efforts to reduce violence.^{13,14} Indeed, these sentiments were noted by the experts engaged in the current study.

KC NOVA

The Kansas City No Violence Alliance (KC NOVA) is a collaboration between the Jackson County Prosecutor’s Office, the U.S. Attorney’s Office, the City of Kansas City, Kansas City Police Department, the Federal Bureau of Investigation, and the federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). KC NOVA began formally convening in 2014 in response to the high murder rates in Kansas City sustained between 2010 and 2013. Central to this collaboration was the adoption and implementation of the focused deterrence model of crime prevention. The focused deterrence model is primarily a law-enforcement-led strategic violence reduction effort that engages those at high risk of committing an act of violence and conveys incentives for avoiding violence. The penalties for committing an act of violence are also clearly communicated, with the aim of encouraging behavioral change among those targeted and overall reductions in shootings and homicides within a targeted area or social group. The evaluations of such efforts have been critiqued, as the outcomes tracked rely heavily on police data and violence reduction measures are examined in the aggregate rather than using individual- or community-level measures.¹⁵

Focused deterrence has been discussed as a community-based collaborative model that engages a variety of stakeholders, most typically local prosecutor’s offices, ATF, and the U.S. Attorney’s Office. Local police departments have implemented the focused deterrence model in violence reduction efforts with varying levels of success drawing from different evaluation metrics (violent crime recidivism, reductions in shootings, etc.). The law enforcement agency leading the initiative has the discretion to identify collaborators and define their roles; community involvement may range from nonexistent to active involvement in the various activities involved in this initiative (call-ins, custom notifications, referrals to social services). This model was introduced to the Kansas City Police Department nearly a decade ago, with initial implementation in 2013–2014. The implementation of the focused deterrence model was titled the “Kansas City No Violence Alliance.”

In 2014 the Kansas City homicide tally was 82 (initial counts were 67, later adjusted to 82), a substantial reduction from trends in the previous years. The remarkable success of the initial year of implementation was further evaluated and noted.¹⁶ Community representation in the KC NOVA governing board was absent during the first phase of implementation. In 2015 the homicide tally remained under 100, however some of the core partnerships central to the success of the initial focused deterrence experiment in Kansas City were compromised due to shifts in leadership and staffing. Most notably there was a change in leadership at the Kansas City Police Department. Under new leadership there was less support for focused deterrence and a shifting of resources (staffing and assignments) away from the collaboration.¹⁷

To enhance community involvement in focused deterrence efforts the Kansas City LISC office applied (and was awarded) the Department of Justice Byrne Criminal Justice Innovation grant. The funding was utilized to build community involvement in KC NOVA, which eventually led to the nomination of community leaders (primarily nonprofit leaders) to the governing board of KC NOVA as well as the development of community resource teams (CRTs). CRTs function in a manner similar to block clubs; local residents could identify their primary safety concerns and would be supported by LISC Greater Kansas City (LISC KC) to develop initiatives addressing these concerns. Some CRTs applied for local grants to work on local issues (such as illegal trash dumping) and the work of some CRTs continues today.

National Public Safety Partnership

In June 2018 the National Public Safety Partnership was formed in response to President Trump’s executive order establishing the Task Force on Crime Reduction and Public Safety. The U.S. Department of Justice (DOJ) was charged with supporting state, tribal, and local jurisdictions to restore public safety. The DOJ developed a collaborative partnership with the Kansas City Police Department, all major local and federal law enforcement entities, as well as KC Common Good, the Kansas City Health Department, the Center for Conflict Resolution, Ad Hoc Group Against Crime, Mothers in Charge, and LISC KC. They developed a strategic plan to reduce violence in Kansas City, MO, and the coalition that had originally formed as the KC No Violence Alliance now became the KC Public Safety Partnership (PSP).¹⁸ Centrally recognized in the plan and subsequent efforts was the distrust between community residents, law enforcement, and government systems intended to facilitate the safety and well-being of Kansas City residents. The nomination of several community leaders to the governing board was a measure to reflect more community participation. A community outreach director and client advocates were hired through this initiative to strengthen community ties and facilitate referrals for individuals impacted by violence.

At the initial phases of the PSP the Kansas City Health Department also released its own report, *The Kansas City Blueprint for Violence Prevention and a Safe and Healthy Community*. This plan was commissioned by the mayor and City Council and is comprehensive in both identifying drivers of violence in the city and outlining a multi-pronged effort needed to sustain reductions in violent crime in Kansas City. The recommendations are described within an ecological framework, identifying individual-level, family-level, and community-level supports necessary to see healthy, safe, and thriving communities in Kansas City. The plan also states, “No matter who you are, there is something that you can do to prevent violence in Kansas City,” and enumerates ways in which local businesses, faith-based institutions, funders, and media outlets can contribute to safety of residents.

The Public Safety Partnership is typically a three-year engagement between the Department of Justice and local partners; however, the Kansas City site was granted a one-year extension terminating in 2022. During this time period the director of community engagement for the coalition was tasked with designing a referral system for individuals impacted by violence. Part of the impetus behind developing this referral system came from the coalition, however there was interest as well from the Missouri Department of Social Services. An unpublished referral framework was completed outlining existing resources for individuals impacted by violence in Kansas City and how to connect people to these resources.

As the PSP wrapped up its fourth year of work, the mayor of Kansas City launched a new iteration of KC NOVA and PSP: Partners for Peace.^{19,20} This initiative involves strategic outreach and engagement of individuals impacted by violence in Kansas City, as well as outreach and engagement of individuals at greatest risk of perpetrating violence or returning to Kansas City from a jail or prison. While in its preliminary stages of launching, it appears that the referral network developed by leaders involved in the PSP is a core component of the new collaborative efforts.

The City's Public Safety Ecology

Public Offices

As indicated in the history of collaborative efforts, there are several key leaders and institutions that have contributed to violence reduction efforts in Kansas City. Key institutional leaders include the mayor, the chief of the Kansas City Police Department, the Jackson County Prosecutor's Office, and the Kansas City Health Department.

The chief elected official of Kansas City is the **mayor**, who also serves as president of the City Council. Quinton Lucas has been serving as mayor of Kansas City, MO, since 2019. In his first campaign he highlighted his concern over public safety issues and made promises to reduce violence in Kansas City through strategies such as youth programming, gun buybacks, restorative justice programs, and witness protection programs. He promised during his campaign to drop homicides to fewer than 100 per year. He won reelection in June 2023, continuing to advocate for violence reduction strategies through coordinating city investments and collaboration with the Kansas City Police Department and Jackson County Prosecutor's Office.²¹

Kansas City, MO, is divided into six council districts. The Kansas City **City Council** consists of 13 members: the mayor and 12 councilmembers. The mayor and six councilmember positions are elected at large, while the other six councilmember positions are elected from within the districts they serve. The City Council must vote on and approve the city budget, and has considerable power over what public safety initiatives are funded and how much. Notably, in the approved city budget for FY2022-23 the increase in funding for public safety efforts went solely to law enforcement efforts.²² Just months before the approval of this budget, both the mayor and the director of the city Health Department uplifted the importance of civilian-led, community-based violence reduction efforts like Aim4Peace and emphasized that they had not been properly funded or supported.²³ Other community groups, like Ad Hoc Group Against Crime, have similarly noted that the city has led several planning initiatives for violence reduction but failed to fund the recommendations from these reports.²⁴

The **Kansas City Police Department** (KCPD) is the largest police department in the state of Missouri and is state-controlled. The five-member Board of Police Commissioners oversees the department and is made up of the mayor of Kansas City plus four people who are appointed by the Missouri governor. This makes KCPD unique, in that residents of Kansas City do not have the power to appoint members of the police board. In recent years due to incidents of police violence in Kansas City protestors have renewed their efforts to demand local political control of the police department. Notably, similar advocacy efforts occurred in St. Louis in 2012 and a statewide vote gave St. Louis local political control over its police board. At the time of this research report an interim chief was leading KCPD while the search for the permanent chief ensued.

The **Jackson County Prosecutor's Office** has also played a key role in violence reduction efforts in the city. Four different county areas cover Kansas City (Jackson, Clay, Platte, and Cass) however Jackson County covers most of the urban core. Jackson County Prosecutor Jean Peters Baker has served in the position since 2011, and according to her website she founded the Kansas City No Violence Alliance in 2012 due to her focus on reducing violent crime.

Finally, the **Kansas City Health Department** has been an instrumental public institution in community violence reduction efforts. Leading the department is Dr. Marvia Jones, who has been a central advocate for violence reduction efforts through a public health lens. Prior to this leadership role she served as the city's violence prevention and policy manager. One of the programs situated within the Health Department is Aim4Peace, Kansas City's primary community violence intervention program (discussed in further detail later).

Public Funding

There are two primary public funding sources through which taxpayer dollars are invested in crime prevention and trauma recovery services in Kansas City. First, there is the "Community-Backed Anti-Drug Tax," locally known as COMBAT. The COMBAT initiative started in 1989 by instituting a countywide sales tax at the rate of 0.25% that must be renewed by a countywide vote every seven years. The COMBAT tax was initially established for the arrest, prosecution, and incarceration of individuals charged with drug-related offenses. Over the years the funds have been used to support community-based prevention and intervention programs for individuals who have been charged with drug crimes as well as violent crimes.²⁵

Agencies that receive COMBAT allocations include the Kansas City Police Department, the Jackson County Prosecutor's Office, the Jackson County Drug Task Force, and the Jackson County Circuit Court, as well as some not-for-profit organizations. Currently, the Jackson County Prosecutor's Office is responsible for administration of the COMBAT tax and COMBAT Commission, which is made up of members of the public appointed by the county executive. The COMBAT Commission makes recommendations to the County Legislature on uses of the fund, which averages approximately \$19 million in revenue on an annual basis. Based on an assessment of public data, two-thirds of COMBAT revenue is automatically allocated to law enforcement, courts, and corrections. The remaining third of the funds are distributed through a competitive grants program that funds prevention and intervention services in the following categories: school-based programs, substance abuse prevention programs, violence prevention programs, and treatment programs. The violence prevention programs that are currently funded through COMBAT revenue are primarily school-based youth recreational and mentoring programs.

In addition to the COMBAT initiative, Jackson County has a mental health tax to fund the operation of community mental health centers, mental health clinics, and other mental health services. The Community Mental Health Levy was approved by voters in 1991 and the rates are calculated each year by the Jackson County Finance & Purchasing Department and approved by the Jackson County Legislature. The levy rates for 2020 were 0.1008 cents per \$100 assessed value, and 0.1056 cents per \$100 assessed in 2021.

The administration and oversight of the funds collected through the mental health levy are managed by the county executive and the County Legislature. The funds collected through the tax in 2020 totaled \$12,720,144 and in 2021 totaled \$13,422,394. Of the allocations approved in these years, 7% of the funds are distributed to nonprofit organizations working with survivors of domestic violence and sexual assault. It is unclear from the annual audit if other dollars are allocated specifically to mental health services for individuals and families affected by violence, however it is noted that 1% of the funds are allocated to forensic mental health services and 1%–2% of the funds are allocated towards innovative projects.

In addition to these two public funding sources, the research team examined how American Rescue Plan Act (ARPA) dollars were invested in the State of Missouri, Jackson County, and Kansas City, MO. In June 2021 the Biden-Harris Administration outlined the comprehensive gun crime reduction agenda in June 2021.⁵ With it, President Biden called on cities and states to dedicate ARPA's state and local funding to proven strategies that will make American communities safer, one of which being evidence-based community violence intervention (CVI) programs. Despite the encouragement from the president to invest these dollars towards CVI efforts, analysis of public records indicates that none of the funds were invested in this manner at the state, county, or city level. Jackson County, however, did allocate a total of \$60,000 towards two community-based mental health providers in Kansas City to support operational or administrative needs.

The authors note that Kansas City's adopted budget for FY2022-23 outlines a plan for using the second tranche of ARPA funds. Within this plan there are several opportunities to support community-based violence reduction efforts. First, the city government intends to allocate \$10 million in ARPA funds towards "RebuildKC," a neighborhood grants program. Community-based organizations can apply to use these funds for violence prevention and crime reduction initiatives. The adopted budget notes that \$350,000 will be allocated for a Violence Prevention Office, and the Kansas City Health Department submitted a budget totaling \$35.5 million. The Aim4Peace program is embedded within the Health Department, and the adopted budget indicates it would receive approximately \$1 million for FY2022-23. This is roughly consistent with Aim4Peace funding levels for the previous two years.²⁶

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Overwhelmingly, the experts interviewed in this study referenced how racism continues to impact communities in Kansas City and is a root cause of the cyclical nature of violence.
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PHOTOGRAPH BY DALE NIBBE

Study Sample

To examine the research aims the research team conducted individual interviews and focus groups in Kansas City with key leaders and organizations involved in community violence intervention work and trauma recovery efforts. To identify these leaders and organizations the research team first conducted archival web-based research of existing public safety plans and evaluations of violence reduction efforts in Kansas City. Subsequently the research team contacted LISC KC, a faith-based coalition leader, a retired captain from the Kansas City Police Department, and the Aim4Peace director to explain the scope of the study and request their recommendations as to whom the research team should involve in interviews and focus groups. The research team began proactively reaching out to leaders and organizations in March and April 2022 to confirm individual interviews and focus groups for the May site visit. At the end of interviews and focus groups during the May site visit the research team asked for further recommendations from these experts as to whom they should engage in the study.

Prior to conducting field research, Institutional Review Board approval was granted by the University of Illinois Chicago. Collectively, the research team engaged 53 experts on CVI and trauma recovery in Kansas City. A descriptive summary is provided here:

Experts	# involved
Nonprofit staff members	22
CVI staff members	5
Directly impacted individuals	11
Behavioral health staff	9
Faith-based leaders	4
Government leaders	4
Law enforcement	2
Health care providers	3
Neighborhood leaders	5

“Directly impacted individuals” refers to experts with lived experiences of surviving violent victimization and/or systems involvement as a result of causing harm to another. Not all of the categories mentioned here are mutually exclusive; someone could be a neighborhood leader and a directly impacted individual, for example. As reflected in the summary, the research team was intentional about including a variety of perspectives on this issue in Kansas City, with the emphasis on engaging experts with experiential wisdom.

Data Collection and Analysis

All interviews and focus groups were conducted in person observing COVID-19 prevention protocols with the exception of three interviews. The interviews and focus groups lasted an average of 60 minutes and were audio-recorded. At the conclusion study participants were provided a \$100 Visa gift card for their contribution to the study. The interviews were transcribed verbatim and analyzed using Dedoose 8.0. The research team used thematic analysis and constant comparative methods to analyze transcript content and produce the findings reflected in this report.

The interview and focus group protocols were designed to elicit information from various experts on the following topics:

- different sources and manifestations of traumatic stress experienced by CVI workers;
- ways in which traumatic stress is experienced by CVI workers;
- how, if at all, trauma is acknowledged, discussed, or addressed by violence intervention professionals in Kansas City;
- what trauma recovery efforts currently exist in Kansas City to assist individuals directly impacted by violence;
- how community partners view their role in community-based healing;
- the ways in which community-based healing may be currently implemented in Kansas City, particularly in areas most burdened by gun violence; and
- barriers and resistance to addressing trauma in community-based organizations.



The research team was intentional about including a variety of perspectives, with an emphasis on engaging experts with experiential wisdom.

2021 Violence Reductions

Cities and towns of all sizes across the United States, in urban and rural areas, experienced an unprecedented rise in fatal and nonfatal firearm violence in 2020 that coincided with the onset of the COVID-19 pandemic. Most of those same places continued to see elevated rates of violence in 2021 as the pandemic and its aftermath raged on. However, Kansas City, MO, was one of the few cities in the country that actually reported a reduction in shootings and homicides in 2021 compared to 2020. While there is a history of violence prevention efforts in the region, the decrease in shootings and homicides occurred at a time when violence reduction work was receiving a bare-bones investment from the city and state, consequently raising questions about which practices generated the drop. In the focus groups and interviews, the research team asked community stakeholders and experts what they thought accounted for the reduction in violence observed in 2021.

The most common response was **surprise and shock**, as the vast majority of experts contributing to the study felt that 2021 was a “bad year” and that Kansas City residents perceived a continual increase in violence. Many referenced the pandemic, and hypothesized that the lockdowns associated with the COVID-19 pandemic may have caused a reduction in shootings and homicides. However, they also noted that just because violence may have decreased in the community, residents didn’t feel safer because violence in the home didn’t go away; this would also be consistent with the surges seen in domestic violence nationwide during this timeframe.

“I do not think they thought it was a safer year, no. I honestly think that because we didn’t necessarily have the ability to be mobile and to be outside as much because of the pandemic, I think that slowed down people’s ability to connect. However, I did see a rise in domestic violence versus violent crimes through gun, or knife, or anything like that. I did see a rise on the other end as far as domestic violence because people were shut into the houses together. I don’t think that residents felt more comfortable or safer.”

Some felt like the reported reductions were a product of **miscalculations or inaccurate reporting** before they could believe that anything transformative was happening in Kansas City as it relates to violence reduction efforts. While giving credit to the programs and organizations that exist in the region and are doing the work, stakeholders felt like they generally lack the meaningful investment that would produce these record lows. This skepticism was especially pronounced as it relates to how deaths are counted within the homeless population in Kansas City. Many experts relayed observations that police responses to conflict and reports within the homeless community are delayed, and that partially decomposing bodies are frequently found, making it difficult to determine the cause of death.

“The difference was the rate was 176, and then I guess it has dropped down back to 150. I’m just wondering if it was in some regards coincidental. I know there’s a lot of work that is happening, so I don’t want to disregard any of the work that any of the agencies are doing to try to prevent and decrease violence within the communities, but I’m not sure.”

Regardless of the reason for the reduction in 2021, community members agree that the number of homicides in Kansas City remains too high and that **the trend is cause for more concern than celebration**. Those who have lived in the area for much of their lives reflected on the homicide rate over the past few decades, remembering the days when 100 homicides caused unease. This is markedly lower than the average of 150 homicides that characterizes the last few years.

“Yes, I think when it comes to year-to-year numbers, I don’t know. I don’t put a lot of credibility in year-to-year rates. I think looking at more of the longer-term, five-year trend lines. I know when I was growing up in Kansas City, hitting 100 homicides a year was a big deal. One hundred homicides was just such a big number for Kansas City. There’s something about that 100. I remember as a kid with the reporting or the news, that that was just a lot. Whereas fast forward 30 years and 150 is that new 100 number. I think it’s gradually been trending up, which is a troubling sign because our city’s population hasn’t been rapidly exploding.”

In many ways 2021 was an anomaly and it is worth exploring the role that key stakeholders play in the public safety ecosystem of Kansas City to understand how to reverse the upward trend and sustain low numbers in shootings and homicides. For this reason, the research team began its examination of violent crime trends in Kansas City with Aim4Peace, the city’s primary public health response to shootings and homicides.

Aim4Peace

Aim4Peace is Kansas City’s primary community violence intervention program. The program is based on the Cure Violence model, which was developed in the 1990s in Chicago as a public health approach to preventing violence. The model relies on three primary components of intervention: interrupting conflicts, identifying individuals at high risk of violence involvement and facilitating behavior change, and changing norms and attitudes involving violence. The Cure Violence model has been replicated and evaluated in cities around the world and has shown some success in reducing community violence. In the mid-2000s, after the City Council’s Commission on Violent Crime brought multiple community sectors together to address rising violence rates, the Cure Violence model was selected by various community stakeholders as an appropriate evidence-based approach to use to address violence. The model was adapted for implementation in Kansas City, and in 2008, Aim4Peace was launched “to increase the community’s capacity to handle disputes and empower citizens through community mobilization to resolve conflicts peacefully.”²⁷

Since 2010, the Aim4Peace program has operated out of the Kansas City Health Department. The program engaged residents through street outreach, mediating conflicts, and leading or co-sponsoring community activities that encouraged nonviolence. Evaluations of the program published in 2014 and 2022 found that it has been successful at reaching individuals at high risk of violence involvement; disrupting potentially lethal individual and group-involved disputes;

and providing mentorship, guidance, and support for shifting decision-making and lifestyle choices in ways that reduced violence.²⁷⁻²⁹ Aim4Peace has collaborated with various community associations and partners, including neighborhood action teams and city agencies, to host community events and help connect individuals and families to much-needed services. Per interviewees and focus group participants, as well as the 2014 and 2022 evaluation reports, the program has also contributed to reductions in homicides and nonfatal shootings in the communities where the personnel have been deployed. As one Aim4Peace employee described, violence was abated not only by interrupting conflicts before they became violent, but also by responding after an incident of violence occurred, offering support to community members:

“Wherever the homicide occurred, we would meet up, canvas the neighborhood, tell them about resources, ‘Is there anything we can do to help?’ Prayer vigils. We cooked food also.”

When asked about Aim4Peace, numerous representatives of community organizations who collaborate with Aim4Peace cited their approach of establishing **“emotional contact” and building trust** with their intended clientele as being instrumental to the program’s ability to reduce violence. The program was noted by several study participants for having a positive reputation in the community for being a supportive resource, whether there were concerns about potential escalating conflicts or simply the need to offer guidance or care to individuals in need.

“I’ve seen Aim4Peace a lot of times avert subsequent retaliation, just by being present, by way of checking in, say, giving a phone call.”

“I know Aim4Peace offers family support. That’s a huge thing because there’s families out there, literally two, three children shot and killed.”

“I know [violence reductions] can be credited to Aim4Peace because they’re so active in the community. They’re very proactive too. That makes a difference.”

“Aim4Peace has made this similar connection so that if they get back out in the community, and all of a sudden there’s a problem, a fear, an anger, they have somebody they can call, and they have somebody that can be supportive, but also, they don’t feel like they’re alone. Which is a huge thing.”

Interviewees talked about Aim4Peace personnel’s **persistence and willingness to collaborate** with various community partners to provide assistance in whatever ways were needed for individuals and families at increased risk of violence. Several representatives from community organizations that specialize in providing mental health support, financial or housing assistance, and other types of resources praised Aim4Peace for its collaboration.

“We had one patient who was shot at their house and they were afraid for their family. Aim4Peace was coming in and working with some of the local organizations to help them relocate to another city.”

“They’re really good. In fact, they have gotten grants and shared the grants with some of the organizations to be a part of that. Seriously, you get grants and included this organization, that organization. They have a lot of partners. That’s one good thing about this organization. They reach out and work with other partners in that.”

Challenges Experienced by Aim4Peace

Interviewees and focus group participants who have collaborated with Aim4Peace over the years since its inception described ebbs and flows in support and collaboration from city officials and government agencies for the program. The study participants attributed much of the inconsistency in funding and support for Aim4Peace to **a lack of understanding of and/or appreciation for the Cure Violence model**—to some, it is viewed as a “soft on crime” approach, or one that is coddling individuals who may intend to commit violence, rather than a harm-reduction and person-centered approach to mitigating the drivers of violence. These fluctuations in funding and support for Aim4Peace have over the years sometimes led to tensions within government that have real implications for the success of violence reduction in the city.

The primary example of tension between Aim4Peace’s public health approach and the “tough on crime” pressures facing city officials is the **relationship between the organization and the Kansas City Police Department**. Multiple and varied stakeholders who shared insights for this project specifically mentioned how this relationship impacts the city’s support for Aim4Peace, and they attributed support fluctuations largely to the disposition of the chief of the KCPD. They also commented that notable shifts in this support have occurred over the years as leadership has changed. Chief Darryl Forté served from 2011 to 2017, and both Aim4Peace personnel and community stakeholders reported that Chief Forte was collaborative in his approach and supported the work of Aim4Peace. It was under his leadership the miraculous reduction of homicides in 2014 occurred. The subsequent Chief Richard Smith was described as not supporting collaborative infrastructure set up in 2014 (KC NOVA) or Aim4Peace’s work. He left his position in April 2022 and Interim Chief Joseph Mabin led the department for some eight months while the search for the next permanent chief took place. The research team conducted two site visits in Kansas City just months after Chief Mabin assumed his position and noted that violence reduction experts felt more positive and hopeful about community-based violence reduction efforts under Chief Mabin than under the previous leadership.

Aim4Peace members provided several key examples of what successful collaboration with KCPD has entailed over the last 14 years. When Aim4Peace and KCPD have worked in partnership, and **leaders of both organizations communicate in a way that ensures Aim4Peace workers are notified of potential violence hot spots that police are concerned about**, Aim4Peace has been able to use that information to actively engage individuals at the center of conflict and work to resolve those situations. However, when relationships between the organizations are strained, and information is not shared in a trusting manner, it can be challenging to intervene before violence erupts. Furthermore, Aim4Peace’s effectiveness in gaining access to individuals who are at high risk of violence involvement is predicated on the organization’s **credibility in the community as a trustworthy entity that will not provide incriminating information to police or law enforcement**. A few interviewees noted that the necessity for one-way information flow between KCPD and Aim4Peace has at times caused tensions between the organizations or with city leaders, although Aim4Peace’s community credibility is critical to the physical safety of the workers, who may be in harm’s way as they strive to resolve potentially deadly disputes. Aim4Peace further described positive collaboration experiences with KCPD when staff are canvassing neighborhoods or have organized community outreach events.

In 2020, funding for the Aim4Peace program was substantially cut, and the program scaled back to only engaging with violently injured patients at two hospitals. While the program continued to be complimented for its wraparound support for the hospital population, study participants expressed **a need for the community outreach component of Aim4Peace to be restored**.

The community outreach/street intervention programming of Aim4Peace helps quell potential retaliatory violence by conducting conflict mediations in the hospital or out in the community immediately following instances of violence. Several interviewees commented on the **void felt in the community by not having an organized community-led and proactive response** to help ward off brewing conflicts. Without sufficient financial resources and political backing to implement and operate Aim4Peace with the manpower and community collaboration that was envisioned with its launch, the program's impact on violence reduction and response to crises before feuds boil over into violence are significantly hobbled. In an important development, in 2022 Aim4Peace received a \$2 million grant from the Department of Justice under its Community Based Violence Intervention and Prevention Initiative, helping the Kansas City program enhance and expand its CVI efforts.

Community-Based Safety Efforts in Kansas City

In an effort to better understand perceptions of safety and what the community deems a successful and appropriate violence reduction initiative for Kansas City, the research team spoke with community partners of Aim4Peace and other stakeholders engaged in work that has been funded as "violence prevention" through COMBAT or other relevant funding sources. These conversations illuminated some discrepancies in how safety and community violence are defined across organizations and residents. These are worth disentangling to better contextualize responses related to violence reduction efforts discussed by participants.

Defining Safety

When asked how they defined "safety," focus group participants and interviewees provided a range of responses that spoke to **not only the absence of violence, but also the presence of elements needed for a cohesive, collaborative relationship** across all stakeholder groups. To these respondents, safety is generated through collective action and cooperative decision making, rather than the creation of more and more rules, regulations, and laws in response to fear. They also expressly communicated that people do not want to be forced from their homes because of the persistence of violence in their community, but the regularity with which violence occurs can lead people to feel hopeless and numb.

"I do not believe that safety is seeing more police officers in my neighborhood ... For me, safety is not seeing the police, or being friends with police that are showing up to community events. We build relationships with the police, but it's not because we want to have them patrolling. Safety for me is being able to walk in my neighborhood. Safety is knowing each other, creating opportunities for people to hear each other and understand. Paying attention to who's missing from conversations. Making sure that as many people that need to be at the conversations are present."

Many of the respondents said that **safety is built through relationships and trust**, and they think of safety as synonymous with a strong sense of community. In that regard, the respondents talked about building safety through community events and public gatherings such as community clean-ups, relationship- and team-building activities, parties for positive causes, and youth and young adult recreational activities.

"When we have been—and I say we, because I'm a part of the community—[when] we have been exposed to seeing a violent crime happen, or maybe our neighbor has lost a loved one or something and we are impacted by that, I think it's important that we have some type of community feeling that we're going to be safe, and we're going to be okay, or that the problem will be rectified or that we can let our kids play outside past five or six before the sun goes down and not worry that there's going to be a drive-by shooting, or something's going to happen."

Numerous participants lamented that, despite the numerous violence reduction plans that have been introduced in Kansas City over the last 15 years, the city's leaders have continued to leave the voices of those most affected by violence—and by the city's response to it—out of the development and oversight of those plans. To them, **safety can be achieved only with explicit leadership by individuals and organizations with direct ties to those most impacted** by violence and trauma.

"I would like to see more, not just with children, but maybe with people in general to come together and have neighborhood community meetings to ask them, 'What is it that you need to feel safer, and what can we do?' I don't think there's enough of that."

When talking specifically about actions or instances when they felt unsafe, several participants pointed to the **media and evening news focus on crime and violence in the city**, which helps to create and sustain fear of and disengagement from other residents. Some respondents noted that regularly hearing about violence in the community, whether it be in the form of armed robberies, burglaries, or shootings, contributes to that fear and can cause community members to not take action or intervene when people are harmed. That **fear and inaction are exacerbated by the gun culture** and what numerous residents see as elected leaders' "blind support" for the Second Amendment, which drives firearm ownership and, to many respondents, helps to further isolate neighbors and make people even more wary of each other.

Several participants pointed directly to the **lack of action and accountability related to police misconduct** and violence as a driver of anxiety and hopelessness that elected officials will take seriously community concerns about harm and trauma. Others spoke more broadly about concerns related to **insufficient and inadequate government response to unaddressed trauma, financial insecurity, mental health needs, and other root causes** of violence as significant contributors to perceived and actual feelings of unsafety.

Promoting Safety

A key to promoting safety that was touched on in several interviews is **reframing narratives** about why and among whom violence occurs. Sometimes this idea came up in connection with discussion of restorative justice approaches to community safety, which involve responding to conflict in a more human-centered way than traditional punitive approaches.

Reframing traditional narratives around violence encourages a more holistic, strengths-based understanding of safety that considers the nuance of individual circumstances and the structural drivers of violence.

“It’s always about us creating our authentic selves. I believe women need to know, [women] that have been traumatized, that they don’t have to stay in that process. They can heal, they can reset themselves, rewrite their narratives, and as they do it, their children do it because these things happen generationally. I see women coming out of a very negative state of mind and to now feeling like they can be entrepreneurs, they own homes. They’re getting back with their children. Their children are proud of them. Their children are there to support them now.”

Proactive approaches to safety were mentioned in some interviews as an effective means to ensuring community safety. These participants discussed supportive efforts to intervene in known or observed patterns of violence by proactively reducing individual- or community- level risk for involvement, to prevent violence before it occurs.

“ ... [T]hey were able to put together a community resource team. Originally it was a response team. Then the thought was, ‘We don’t want to be reactive; we would like to be proactive,’ and so it changed the name to the resource team so that we could start looking at ways to provide resources for whatever the ills were of the community.”

The importance of the physical environment, namely the idea of “**safe spaces**,” was raised in multiple interviews, underscoring how the venue or location where an intervention takes place holds weight. Participants discussed the positive impact of an environment where community members can gather to feel safe and seen and/or avoid potentially unsafe situations outside of the space. Some expressed the benefit of these spaces as also providing an opportunity to integrate service/resource delivery.

“I think a place like this is a great place. The reason why, it’s like a gathering place space for the young men, and they really feel safe with the 30,000 square feet of space that we have. When they come, they don’t have to worry about anything happening to them because we have standards in place that keep them safe, and other kids are not able to just come and do things that would be done in other programs.”

Together, the responses reflect a desire for city leaders and government officials to show, **through their words and actions**, that the well-being and safety of those residents and communities that have been neglected, dismissed, or excluded will be prioritized and taken seriously. However, in order to do so effectively, it is important to get a better sense of what community stakeholders themselves identify as needs.

Gaps Identified by Community Stakeholders

Commonly referenced in interviews was the need for violence intervention and prevention efforts to take **non-punitive approaches**. In other words, understanding and supporting people who have been involved in violence is seen as the priority, rather than punishing, which is often unproductive or counterproductive at promoting community safety. Specifically, interviewees mentioned several examples of **restorative justice** practices implemented in schools, prisons, and community settings that have yielded success by focusing on communication, rehabilitation, and community building to respond to harm/conflict.

“ ... [M]ost of our staff are in schools doing restorative processes ... Besides training teachers, we also have conflict resolution workshops for students that we have our staff go in and do six weeks of classes with the kids. Our model is whole school so that there’s the understanding of how to treat each other, different ways of discipline than punitive. Not pretending it didn’t happen, not just saying, ‘Okay, go to therapy or go apologize, and that’s it.’ Let’s actually deal with it. I think that’s a different model [from traditional approaches] ... That accountability piece doesn’t have to go away just because you’re not going to suspend the kid. There are other ways to address and be accountable than just straight-up punishment that makes no actual sense in my opinion.”

To ensure delivery of the most effective support, participants also indicated the importance of offering **individualized support** and tailored resources within violence reduction programming. Much like the concept of wraparound services, this suggestion highlights the need for a person-centered approach to care that considers and is responsive to the uniqueness of each individual’s situation.

“There have been times where I was doing individual services and then the mother was like, ‘I really want you to do a family session.’ It’s not like, ‘Oh, we didn’t sign up for that.’ Whatever is needed. It requires a lot of versatility.”

A specific need that came up in numerous interviews was for an **investment in behavioral health**, including therapy and drug/alcohol rehabilitation, as a critical component of violence reduction and prevention. A number of participants mentioned the utility of having behavioral health specialists accessible within their community care networks and the benefits of being able to assist a client with reframing their approach to interacting with the world through treatments such as cognitive behavioral therapy (CBT).

“Our therapist, I think [what] also sets him apart is being able to be very pragmatic and also use different models. Whether it’s trauma-informed models or whether it is CBT, just being able to shift and use whatever they need to serve the client best. Then the trickle-down effect I believe is obviously as it relates to violence and reducing violence, naturally, if people are able to work out mental-health-related issues surrounding grief and loss, they’re less likely to retaliate. That’s one connection point.”

In a similar vein, stakeholders called out the need for a stronger community care network and better **coordinated wraparound services**. Participants highlighted the importance of assessing needs in a holistic, family-centered way and subsequently **offering multiple resources at once**. This strategy is useful for efficiently integrating service providers and creating a supportive network of care and assistance for individuals.

“We’re like a spider web. If the school has a kid who’s missing a lot and then the teacher says, ‘Hey, something’s going on at home,’ then that child gets assessed and then gets connected to our clinical social workers so that all this stuff happens and then the can of worms just opens, ‘Oh, well, they’re at the verge of eviction, let’s send them to our social service programming, and by the way, they didn’t eat yesterday, so let’s get them some food pantry, and dad’s been drinking because he’s stressed out, so send them to the service.’”

Across the board, **consistency** was identified as a crucial component for any violence reduction strategy to yield success. In order to be most effective, programs and efforts should be offered often or all the time and should provide a consistent structure and routine for individuals being served.

“It impacts them in a great way. I mean, by them coming here weekly being consistent, it impacts them less, because they come generally to a support group of people who think positive and when you’re doing that on a consistent basis, it basically helps you transform and reestablish your thought pattern.”

Despite the effort that has been put forth to address the safety concerns and reduce violence in Kansas City, a number of challenges have proven to be salient barriers to successful coordination and implementation of strategies. Stakeholders, particularly those representing community organizations that depend on support from local government, reflected on a number of struggles they face in carrying out the work to which they have selflessly committed.

Challenges Faced

Fundamentally, it became apparent in multiple interviews that some **discrepancies exist in the language used to describe violence reduction work** among relevant stakeholders. More specifically, there were conflicting interpretations of “community violence,” which consequently seem to impact the way and by which entities the issue is addressed.

“I think that there are a lot of activities that take place, but depending on the language you use and how you define violence. That’s where the way to address it is differential, depending on who you talk to or what organization. For example, ‘increasing police support.’ Some might actually believe that helps violent situations, some think that it will actually escalate the situation.”

Participants stated that although community-led violence reduction initiatives do exist, they **often operate in silos**. This puts a strain on functional and collaborative cross-organizational relationships. Participants mentioned the need for collaboration between service providers; among community members; and between the community, violence intervention programs, and/or police.

“We’re sitting in a building today, and I would say this to you. We see all this lovely building, the problem we have, we silo. This should be filled. You understand what I’m saying to you? I don’t care, bring them. Put them on a bus. I’m not saying they don’t do that. I’m just saying that’s part of our issue in our communities. See, we got to learn how to work together. You learn something I’m going to help teach you, so we can grow this thing. Does that make sense?”

In some cases, participants may not be able to meaningfully utilize services that they are eligible for because they are not circumstantially in a place to receive the help being offered.

Interviewees highlighted situations in which the resources and services they can provide to community members through their organization do not always align with the needs of those individuals. This **misalignment between community needs and allocated resources** can

complicate outreach and service provision. A stronger community network can offer more touchpoints where an individual is able to get the resources they need in a trauma-informed way.

“[I]n our experience, somebody is not going to be able to utilize some of those resources that are healing and can be restorative. Actually, it’s also irresponsible to even dive into trauma as a clinician if this person isn’t actually able to follow through and steward that well. You can’t do that if you don’t know where you’re going to sleep at night or the environment that you’re sleeping in is unsafe or subject to change in a moment’s notice or whatever, or if your primary objective is just like, ‘Where am I going to eat today? What am I going to get? Where am I going to shower?’”

Relatedly, participants identified a **lack of accessibility of critical resources for eligible individuals** as a barrier to service provision. Challenges with providing transportation, using technology, obtaining referrals, and choosing preferred burial services were among the most salient examples shared. Participants also noted that accessibility became a larger issue after the onset of the COVID-19 pandemic because of its impact on program attendance.

“I do believe in Housing First, but not housing only and I do believe that Housing First is possible to be successful, but there are a lot of these other supportive services that really have to be able to be accessed by these people because if we just say that they’re out there, but people can’t access them, that’s a problem. Sometimes the access is lack of funding, lack of staffing to actually greenlight some of these resources or make them usable for people.”

Some also noted **difficulties with engaging target groups in short- and long-term services** and making meaningful contact with those at highest risk of involvement in violence. Some organizations shared that they modified their programs to cast a broader net for individuals who may want to use services, whereas others observed some hesitation among potential clients to utilize services or losing contact with them once they have exited a program.

“We try to stay engaged with that person once we’ve exited them. Even then it’s this realization like man, this is just normal, for this population, and this is a way that they resolve conflict and we have to figure out some way of not just saying like, ‘You can’t do that.’ We’ve got to provide some alternative to handling conflict too.”

An operational barrier that surfaced from the interviews that may not be immediately apparent but is undoubtedly disruptive is the **lack of necessary data for programs** that subsequently hinders access to resources. Some organizational representatives expressed challenges with securing resources because they did not have the data to support the narrative around *how and why* their model produces desired outcomes. Participants shared that being bound to what is considered “good data” negatively impacts “innovation,” “creativity,” and “a holistic way of helping.”

“First, I would say all of the time that I’ve worked in this field, we’ve never had good data to present in order to get the resources we need. Doing that one-day point in time count, our numbers were just mind-blowingly low, and we really couldn’t figure out why, because we know that, we know there’s more people than what we’re seeing and working with. I think that in the last couple of years we’ve gotten people on board that understand the need to figure out how to track this data and really get it down on paper, just so that we’re not just saying, ‘There’s a whole bunch of people experiencing homelessness.’ We need to have concrete numbers so that we can actually get the beds and get the funding and get the units or how many people are we trying to get into units that can’t find any and really trying to capture that information.”

Capacity for data collection and analysis varies among organizations; some of these programs have generated meaningful reductions in violence, yet there are noteworthy challenges that are associated with doing well, including the **challenges associated with a growing client base and/or scaling up programs**. These participants discussed difficulty in keeping up with demand due to lack of resources, lack of staff, and/or staff burnout due to large caseloads. Some mentioned the ways in which a given program is put in a position to offer less individualized attention with increased workload and how operations suffer when internal capacity and community need conflict.

“The agency is so dynamic with different services, programs, events that we used to be more involved with because the program was a baby back then and the caseload was not as big. So, we were able to do food pantry and go sit at a health fair and talk about our agency and our program. We got to get out of the office more where now past maybe 10 years, the demand has tripled probably and we’re down to two counselors now, half a counselor, one counselor because I’m the clinical supervisor. We don’t get to get out of here and so I think that contributes to part of the burnout.”

A **shortage of political will to address violence** in the region, particularly on the part of elected officials in Kansas City, was a shared complaint among many participants. Some expressed feeling like leadership’s concern with reducing violence is underwhelming in comparison to the amount of suffering it causes within the city. Numerous responses reflected a desire for elected officials to demonstrate accountability and rapid response when violence occurs in the community, and to help offer residents hope that change can and will occur. Additionally, participants noted that the narrative surrounding violence intervention and prevention is a very politically charged one that is subject to change depending on who is in leadership, which has disrupted efforts to push for community-led violence reduction work.

“I pray for the mayors. I pray for the chief of police. I pray for the police department. I pray for the president of the United States, because y’all need some help, and it’s bigger than you. It’s way bigger than you. You talking about gun violence, if they could have got rid of it, they would’ve, but I see too many people trying to support it until it’s one of yours. That’s what I had to come to.”

A few respondents said that they are hopeful when their elected leaders, like the current mayor, Quinton Lucas, are “from the community” and understand the needs and challenges of the vulnerable and disinvested communities in Kansas City. The hope is that through the native connection, those in leadership are more likely to respond to incidents of trauma and violence with a trauma-responsive, multi-layered approach that centers the needs of those harmed.

Funding-Specific Challenges to Violence Reduction and Trauma Recovery in Kansas City

Across all focus groups and interviews conducted throughout this project, there was near-universal agreement that violence reduction and trauma recovery efforts, along with efforts to address the root causes of violence and trauma, are **persistently and severely underfunded**.

This section provides additional context and insight into the many funding-specific challenges experienced by the various stakeholders who were engaged for this research.

Many study participants, particularly those who work in violence reduction or trauma recovery, reported that Kansas City **lacks sufficient funding to meet community need**. Moreover, some interviewees noted that many of these localized initiatives are championed by good-faith volunteers who carry a heavy responsibility to do outreach and help keep violence down but lack support and resources from the city to meet the demand. One interviewee in particular spoke of concern that, while there are myriad community-based organizations that launch with the intention of addressing at least one of the complex needs of vulnerable individuals and families, the **financial resources available through the city, county, and state are inadequate, creating inefficiency and ineffective care**.

“I feel like a lot of agencies are popping up with help, but if they don’t have the money or the dollars to support the need, then it’s just referral after referral, and we’re just shuffling people around. I’m sure that there are a lot of victim services or homicide services out there, but, again, with lack of funding in our community, it’s always a struggle.”

Per numerous respondents, the lack of sufficient resources to meet complex needs associated with violence and trauma is in part created by **vague requirements for the kinds of programs and interventions that can be funded using “violence prevention” monies**.

According to these interviewees and focus group participants, the limited funds available for violence prevention in Kansas City are frequently given to efforts that are geared more towards general prevention or improved well-being (i.e. “at-risk populations”), rather than intended and delivered to the population at highest risk of violence involvement or trauma exposure. For example, while after-school and youth development programs in communities that experience high rates of violence are essential to overall community success and are also in need of increased funding, unless they are specifically engaging those at highest risk of violence, they are limiting the money available for those programs that are intentional about reaching the population at greatest risk of violent victimization or perpetration.



“It happens from really small organizations sometimes that are doing an after-school program that are going after Jackson County COMBAT funding. That’s a violence funder. I would say sometimes there are organizations that would pivot or frame some of their work around violence if they’re going after a particular funding source with COMBAT through the county. For the most part, I’ve not seen a lot of like organizations or particularly nonprofits that are really saying, ‘What we’re doing is really violence prevention.’”

These feelings about underinvestment were exacerbated by challenges with an **“inflexible” grant disbursement process**. Participants identified a number of regulatory constraints for community-led organizations seeking funding that only allow narrow uses of the dollars and disrupt program operation. Some interviews also mentioned concerns with mandatory allocations for law enforcement efforts, but no equal mandate for community-led efforts.

Interviewees frequently pointed to **competition over funding dollars** as a significant impediment to doing the work of violence reduction and trauma recovery. Creating competition among community-based organizations and city agencies for the limited resources made available for violence prevention not only undermines Kansas City’s ability to reduce violence, but also breeds distrust across community partners. The **lack of transparency** in how much the city, county, and state allocate to violence intervention and trauma recovery programs, and the opaqueness in how funding determinations are made, make it difficult for those partners to share information, align skills and services, identify areas of opportunity, and collaborate on the common goal of making communities safer.

“Everyone is hustling for the same dollar, and if you get it now, I’m turning the blind eye or shunning you, and now I’m willing to work with this organization, but not that organization, because [the latter org] got the funding that I applied for.”

“We just get the table scraps of that [Jackson County COMBAT] funding, and most of it is still going to DARE programs and other more law-enforcement-driven initiatives that I think are less effective. That has unintended consequences ... it drives this competitive nature over here. We’re just fighting for table scraps at that point in different organizations, and it doesn’t increase collaboration at all. Then it even breaks trust within the community members themselves. If one group gets some funding and another doesn’t, why is that? Why not? It’s hard. Funding is a significant barrier and challenge to overcome.”

There was deep concern expressed by several interviewees and focus group participants that the **vast majority of funding for violence intervention and trauma recovery in Kansas City seems to flow to law enforcement** and criminal legal system agencies or partners, rather than to grassroots organizations. Some respondents also pointed out that COMBAT funding for police and law enforcement agencies is automatically given to those partners without question, while community-based organizations must undergo a lengthy and competitive request-for-proposal (RFP) process that requires significant time and energy to complete. Only larger-sized organizations that have the manpower and bandwidth to compete for RFP funds are even eligible for the funding. There is also **perceived increased scrutiny into the spending and actions conducted by the community organizations** that is not equally applied to police and law enforcement.

The inequity in both funding access and allocation was highlighted as a multi-pronged problem. Government agencies are routinely challenged with connecting with residents and families who are most disconnected from services and supports but are in greatest need, so **the dollars are not reaching the intended population**. Conversely, certain community-based organizations have the relationships in the community to engage those at greatest need, but **without adequate resources and services available when residents are ready to receive them, they can quickly lose credibility** and the ability to connect. Interviewees noted that giving priority to activities led by law enforcement versus those that center healing, recovery, and well-being fails to address the root causes of violence. Additionally, the heightened scrutiny toward community organizations supporting individuals recovering from violence or trauma limits those organizations’ ability to innovate and think creatively about how best to meet their program participants’ needs.

“Violence prevention efforts are just not effective right now because the vast majority of funding is still going into government agencies. A very small sliver goes into prevention or intervention features particularly among grassroots community organizations doing the work.”

“I think dollars can be so much better leveraged in some of these small faith-based grassroots organizations that are able to really effectively do the work because they’re in the community that’s embedded there. I think so often, the dollars go to the large secular organizations because of just bureaucracy or government restrictions or whatnot. I think there’s some great organizations just flying under the radar doing some really amazing work and having some great impact that just don’t have access to certain funding streams. I feel like the kind of versatility that the Black community needs is restricted by [the constant focus on grant specifics] being in your brain a lot. I think it stifles innovation. I think it stifles creativity. It stifles a holistic way of helping.”

In addition to a substantial overall increase in funding for community violence intervention and trauma recovery programs, several interviewees highlighted **specific community challenges that are in dire need of funding**. Those included: needs related to the aftermath of violence, such as burial costs and counseling; transitional or recovery housing, particularly if an individual or family requires relocation following violence or is unhoused and unsafe; substance use disorder treatment; and activities for young people at highest risk of violence involvement. Affordable and stable long-term housing was repeatedly voiced as a community need as well. More than one respondent commented that Kansas City seems to **lack a viable plan to ensure that new housing developments contribute to the local tax base** in ways that support existing residents without leading to displacement and gentrification.



“I think there are big gaps in the homeless services. The resources that are available don’t ever seem to really penetrate that demographic so thought that you could have some good insight. Literally, Kansas City’s entire development philosophy has been using Low-Income Housing Tax Credit dollars or other tax abatement initiatives to attract people, to do things to create developments, and potentially earmark low-income units for 10 years. At that point, after that 10-year mark is up, which is where we are about now, you’ve essentially just gentrified an area off of a low-income initiative. At this point, nobody has to even use [tax abatement initiatives in that area] now. Developers are just building really cheap four-over-one complexes at market rate, which is just out of control. Then you’ve also got the larger phenomenon of out-of-state or sometimes even out-of-country corporations buying rental properties left and right, which makes it even harder.”

Frontline Trauma

The content of this section reflects the experiences of CVI frontline workers, supervisors, and other community stakeholders who have direct contact with individuals and communities impacted by violence. This content is in response to the question, “What is the most stressful aspect of your work?” Although the question focused on “stress,” the vast majority of responses referenced trauma and traumatic stress. This is an important differentiation, as the experience of stress is an adaptive response to a change in one’s environment. The human body’s autonomic nervous system is naturally equipped to respond to new situations and to keep us safe from potential threats. The most common reaction to environmental stress is resilience—a healthy, successful adaptation. When natural adaptive responses have been exhausted, a pathological response may occur, which is often discussed within the framework of “trauma.”

All of the experts involved in the study identified a strong baseline understanding of trauma. They had received trauma-related trainings through their workplace, read articles or listened to podcasts on trauma, and some had even received professional counseling services to cope with a variety of emotional concerns. It is reasonably safe to assume that their use of the word “trauma” in relationship to how they discussed work-related stress was not accidental or uninformed. The following discussion is a summary of major sources of traumatic stress in working with individuals directly impacted by gun violence and working to prevent gun violence. Analysis of participant responses identified several layers of traumatic stress involved in gun violence reduction work. Each layer is described and discussed in detail below.

“I came to a place I was like bawling. I’m like, ‘I can’t anymore. I’m getting ready to quit.’ I mean, at the time though, I’m like, ‘I have to push through, I can do it.’ Then I was like, ‘I’m I going to get fired because I’m not keeping up?’ That’s crazy. Looking back at it, it’s like, ‘That’s crazy.’”

Layer 1: Direct exposure to gun violence

Although this may be naturally assumed it cannot be emphasized enough: CVI workers and collaborators in the field **experience regular, daily exposure to gun violence**. This daily exposure occurs when conducting work-related tasks in the community (visiting clients in their home, doing community outreach or door-knocking, organizing community events), visiting clients in

the hospital, and even during non-work hours as many experts live in the same communities in which they work.

“Seeing the carnage of what’s happening to our community, seeing the mothers cry, the daddies cry ... I remember when my cousin got killed, his dad came to the scene and I basically had to fight him to not try to rush up onto the crime scene. I thought he was going to get arrested. I didn’t want to see him go to jail, but that pain that I heard come from his body, and he’s a short man but the pain that comes from that little man that knows that his son’s no longer on this earth and that was a reality he was grappling with, that bothered me.”

“I’ve had over 100 people in this space working at over 14 years. I’ve seen them go, and a lot of times they go because they see too much stuff. They’re at a crime scene, they put a sheet over the body, and the body is so small, you can see the little-bitty body under that big old sheet. It bothers people, it has impact... you’re going out here to all these crime scenes, and experience it. It doesn’t bother you? It bothers people.”

In addition to the direct, physical exposure and witnessing of violence, the experts interviewed explained that they **receive a steady flow of calls and text messages related to gun violence incidents both during work hours and off work** as well. Aim4Peace staff rotate carrying an emergency cellphone that can be called when a shooting or homicide occurs in the community. When it is their turn to carry this cellphone, **they must be available 24/7**, even if it requires responding to an incident in the middle of the night. CVI workers and collaborators also have group texts among coworkers communicating about critical incidents occurring in the community. They are also **frequently contacted by neighborhood residents**, other social service providers, and/or directly impacted individuals about critical incidents involving firearm violence.

“You turn on the news and you hear about somebody getting shot, and then 10 minutes later, we have a group chat about who’s going to come to the hospital and the phone is constantly ringing. That part is just like, it is what it is. You constantly are going to be fed all the homicide information, all the nonfatal shooting information. That part is hard. Then another part that people don’t know, if your family members or friends know you work here and somebody gets shot, they’re calling you for information. I’m like, ‘I can’t give you any information?’ That part is stressful too.”

“I don’t like that every time there’s a homicide or there’s a shooting, my phone goes off, I could be having a really good moment and somebody, 24-year-old, killed someone at 33rd. You just get used to it though because the phone always is going off.”

In addition to the phone-related contact, experts described **regular exposure to violence via social media outlets**. They explained that most incidents related to gun violence are captured on social media; people will post videos of mutilated or dead bodies, record videos of shootings on Facebook Live, and post content to Facebook, Twitter, or other outlets. As they are responsible for responding to critical incidents, CVI workers are **forced to view this content to gather information** on what occurred, who was impacted, and what interventions are required.

“We had a kid that was stabbed and killed in eighth grade. This was like less than a month ago. Just seeing how kids respond to other kids getting killed, that messes with me because it’s not natural your friend get killed and you’re on Facebook. Now that I work in this environment, every time something violent happens and it’s caught on camera, it’s almost first nature to like, ‘Hey, let me go see the video.’ That’s not normal either. We shouldn’t be watching real people die on Twitter, on YouTube, on Instagram. That’s not normal.”

The traumatic stress experienced through these venues of exposure is compounded by the staff’s historical experiences of trauma. The experts involved in the study repeatedly described how **present and recurring forms of trauma retrigger memories** of past experiences of trauma.

“One day I asked one of the outreach workers, ‘How are you doing?’ He looked at me, he was like, ‘Not good.’ That’s when I back up and pause. He tells me he’s lost the older members of his family to COVID. He’s also buried three of his male relatives in the past month for violence. He was on his way out to go to a household that someone had just been shot, and their method is to go and try to cool things down with the family. I was like, ‘You can’t do that. You can’t go do that,’ and he just kind of let it all out at that moment. I’m so grateful that he did that, but I know that took a lot.”

The parallel experiences of past and present traumatic stress occur in part because many professionals involved in CVI work are drawn to promote community safety and healing by their previous life experiences. Previous research has established that most CVI workers were previously impacted by gang violence, criminal legal contact, systems involvement, and other forms of violence and oppression.³⁰ Some even caused harm to others through their actions and seek this professional path as a form of atonement and redemption to repair the harm of the past. **Their past experience is a double-edged sword**; it can assist them in effectively engaging high-risk populations as “credible messengers.” However, **it also enhances their risk of reexperiencing the same traumatic events associated with their past experiences.**

“We had a young man who worked here, he found his mother dead when he was young. He went to a crime scene before with a young dead woman and it triggered something.”

The risk of being retriggered by past traumatic experiences and developing complex trauma responses is most elevated when a client is harmed or murdered as a result of gun violence. The experts described the **profound relational bonds between staff and their clients**; staff can see themselves in their own clients and experience high levels of empathy in their engagement with them. When a client is harmed, it is deeply internalized by staff. Some even interpret these **incidents as a professional failure.**

“Recently we had a guy that was a patient that died, that we had been working with and he died, four weeks ago he died. One of the workers, he had to go home. Actually, hasn’t been back since he was gone a month. That wasn’t the only thing, but that was one of the things that was a catalyst of causing him to have that type of stress, is losing somebody he had been working with. We’ve also lost other people that was paralyzed, ended up dying in the hospital, but we had to work with them trying to give them encouragement. A lot of these were paralyzed people. Give them encouragement and things like that and they just didn’t make it.”

The experts also explained there is **little time to process these experiences and grieve losses.** Multiple critical incidents can occur in a single night, and staff often transition from one shooting/homicide event immediately into the next. Although the Aim4Peace team is allowed one mental health day per month, they explained it is difficult to utilize because **the needs of the community do not pause.** There was even a feeling of guilt expressed by some staff when they thought about taking a mental health day or using vacation time. In these moments of guilt, they were reminded of the suffering of their clients and the incidents still occurring in the neighborhood.

“I’ve gotten into a family room with a lady who’s losing her son. She says, ‘You were here when my other son was shot.’ It’s like, how do you—I’m going to hurt with you for this time ... When you walk out of that room, your whole soul is hurting. There have been times where I’ve told God, ‘Don’t see how that one’s fair,’ really, I’m mad at God. I can’t imagine how families who are going through that.”

“Knowing the need to be effective here and to make changes in our community, it’s not something you can walk away from when you see a problem that you care about to solve. It’s definitely not a position where you just say, ‘I’m going to college to do this because I want to make this amount of money.’ You do it because you see the need and you can’t look away from it.”

Layer 2: Working conditions

CVI workers, colleagues, and their supervisors discussed the **difficult working conditions** they must navigate in addition to their gun violence reduction work. One of the leaders involved in CVI work admitted that the **compensation rates are too low** for CVI workers and the **lack of employment stability and comprehensive benefits** leaves workers in a precarious situation.

“The way that the program was set up, you had—because the outreach worker role, the violence interrupter role is so touchy, you got to recruit the right people. They got to have the right connections, they got to be able to talk to people, willing to step into dangerous situations, high-risk situations, but you got to be completely reformed. You got to have all the street cred, but none of the actual things that often go about to get that street cred. You put some of these folks in a very interesting position. ‘Oh, by the way, we’re not going to pay you very well.’ These people were making \$12 an hour.”

“You have people who are living in the same neighborhoods as the people who are doing the shooting. They’re not being paid very much, so they’re often suffering from the same issues that the people around them are suffering, but then they have to have the fortitude to be the person to intervene and put themselves at risk. It’s very stressful. They’re still worrying about how am I going to pay the bills. They’re paying child support. You’re making \$12 an hour and 80% of it is going to child support. How do you live?”

The experts involved in the study explained that the employment circumstances (pay, benefits, stability) of CVI workers is largely determined by the funding sources, and the funds available for CVI work have fluctuated considerably over the last 15 years (see funding section). These working conditions can make it **difficult to retain highly successful staff** and can accelerate

staff turnover rates. Overall, leaders involved in gun violence reduction work reflected frustration over the constraints of funding sources and a desire to promote healthy, more equitable employment arrangements for CVI staff. Even with these intentions, some frontline staff felt a disconnect between those who were doing direct service work and leaders involved in administrative tasks.

“The support here is not where I wished it would be ... I’m hoping and praying and trusting that God is going to start making some major moves, because it’s not just even just us, just the whole team. We take on some heavy, heavy stuff every day ... Our team is a family, we support one another, but you need the leadership buy-in to understand all the stuff that we take in.”

“I honestly think that leadership just doesn’t know what that looks like, honestly, and it’s hard for us to say what that looks like at times as well. It’s like, ‘Okay, let’s find someone who’s doing it well and maybe see if we can take bits and pieces from that and incorporate than just to have nothing at all, that can’t happen.’”

Layer 3: The political context of CVI work

The third layer of traumatic stress discussed by CVI workers and collaborators was related to the **political context of community violence reduction efforts** in Kansas City. One leader explained how CVI programming, and social services in general, were severely underfunded and under-resourced. According to interviewees, the COMBAT funds and mental health levy monies are not the primary funding sources for most social service organizations in contact with individuals impacted by violence and trauma.

With the minimal funding allocated from public resources to violence reduction work, experts felt they were expected to “*move mountains*” and **demonstrate dramatic reductions in gun violence**. One expert drew a pointed comparison between social service funding and police funding in Kansas City: “*What evidence exists that policing works to reduce violence? However, their funding levels are never compromised.*” At the time of the data collection several experts mentioned that the mayor of Kansas City was suing the State of Missouri over state legislation that would mandate a larger portion of the Kansas City budget be allocated towards policing efforts.

“I’ve had police detectives get mad at me because I didn’t want to cooperate with them ... I didn’t have nothing to say. I wasn’t there. I know what it was, they were trying to get me in that moment of crisis, to say something. “Well, I think it’s such-and-such,” so you can discredit me in the community. I think they’re trying to create a lot of situations where they want to get us on a record saying things, so they can show us that we’re with them and not with the community.”

This question highlights a separate but related dimension of political tension around CVI work in Kansas City: **the need to demonstrate impact in comparison to law enforcement efforts**. The comparison, experts shared, is unfair due to dramatic disparities in funding levels, but also because they feel a constant pressure to demonstrate the value of their work to external stakeholders who seemingly have already formed their opinion about CVI efforts.

“The political pieces, community pieces, just human pieces that play that create a level of stress, whether it’s people on the job, having a breakdown and that impacts everybody, or it is somebody in the community feel like we’re not doing a good enough job and so then we are trying to prove our worth to those people. It creates a lot of stress and anxiety with people here who know that they’ve been working with people that’s been hurting the community, people who have suffered losses, they’ve been doing all this work and then they say their work is not good enough.”

It remains to be explored whether the position of Aim4Peace as a program within the Kansas City Health Department exposes CVI work to heightened political tensions. As the program’s staff are city employees their budgets may be held to higher levels of public scrutiny and be subject to debate. Indeed, over the last few years certain Kansas City councilmembers have advocated to “defund” Aim4Peace and to redistribute its programmatic dollars to smaller organizations.³¹ Aim4Peace members provided data and testified at City Council public hearings in defense of their efforts.

Impact of Staff Trauma

CVI experts and allies involved in the study described the effects of traumatic stress in a variety of ways. First, most experts experienced **constant anxiety over their personal safety and the safety of their clients**. An ever-present, looming sense of disaster accompanies them in their daily work and private lives:

“When I would sleep before I took this job, I pretty much just sleep and not really remember any dreams. There was nothing going on in my mind that I could remember, for the most part. I’ve only been in this job for a month and I’ve already been having a lot of dreams ... one where my house was burning down. Without even realizing it, I got some stuff going on in my mind that I didn’t even realize was there, that my mind is trying to process through.”

One way some experts described coping with this heightened sensitivity and fear of violence was **to numb their naturally empathic qualities**. Fully feeling all of the natural emotional responses that exposure to violence would elicit can come at a high cost for CVI workers. This increases their vulnerability to burnout, secondary trauma, and compassion fatigue.

“I had three client advocates ... I don’t know how many times they’d come into the office, drop their bag and just lose it. It wasn’t always the direct impact of violence because they didn’t see it. They didn’t experience it themselves. Only through what their client shared with them. Secondary trauma. Come in, just dropped their bag. It was like all they could do was to just breathe.”

However, approaching client-level work and community engagement in a detached way may not only undermine CVI workers’ effectiveness in the field, but also create **internal dissonance and discord among workers**. As reflected in the perspective of an Aim4Peace community liaison, most individuals drawn to CVI work are highly empathic and approach the work as a personal mission of healing others and healing the communities they care about. However, they must adopt emotional coping mechanisms that run counter to their natural emotional tendencies.

“It weighs us down. It makes us not want to do the work often, because we see so much and we experience so much through other people, it's just sad.”

“Every situation, every case that I encounter, I have some empathy for, and I take a little bit home with me. I think about them when I leave. I pray for them often. It weighs on you a lot. It takes a lot on you emotionally when you're dealing with high trauma like this, a trauma that people have experienced through just horrendous acts of violence.”

“**Numbing**” was a frequent response of CVI experts when asked how they cope with the stress of the job. They explained they force themselves to not feel or to approach the work in a mechanical way. This coping mechanism allows them to not absorb the full emotional impact of regular exposure to homicide scenes, working with families of homicide victims, visiting survivors in the hospital trauma centers, and chronic exposure to gun violence in the communities they work in. It remains to be examined if emotional numbing is a viable long-term coping strategy for professionals in the field versus a short-term coping mechanism. It is worthwhile to further explore emotional coping mechanisms for CVI workers, as the strategies they adapt to work effectively in the field may be transferred to their personal relationships outside of the workplace. For example, emotional numbing may be effective in CVI work but cause distress within a family system.

Collectively, the effects of traumatic stress may be undermining the longevity of staff involved in CVI work. There is a **high rate of staff turnover, and burnout** was indicated as a contributing factor to the short tenure of CVI staff in the field. Staff may even relapse into previous habits that undermined their own wellness and caused harm to others:

“You have people who are very stressed out, and you're trying to get them to follow a model. Then it came out of a research model, so you got them filling out all this paperwork, documenting all of this stuff, you know how we do. They were very stressed; you often didn't get the quality of reporting that you wanted to see. That was an issue we continue to see. Then you find them sometimes also going back into some of the things they were doing before, using whether it's the alcohol or some type of substance. They're dealing with domestic violence issues in their own households, so very stressful, and then COVID happened.”

“You share those stories and support one another. I think that's the only way you can make it through because otherwise, you'll feel alone in trying to solve these issues ... I think that there are certain maybe outreach professional people in my position that feel like they're the only one. They're the only one doing this. That's a very dangerous mindset to be in. Because that mindset is going to overwork themselves to the point of not even being effective. This isn't a problem that we can solve as an individual. It's a problem we have to solve together and with as many minds as we can get on board who have that same focus.”

Staff Trauma Resources

“We have to honor these people, what they've been through, their trauma. While we're asleep in bed and all of us with our families at 2 a.m., they're out on somebody's worst day.”

The content in this section reflects responses to the question, “What helps you, or what would have helped you navigate the stress you experience as a result of your work?” Some of the responses point to current practices, however the majority of the suggestions are aspirational (i.e., not currently implemented).

Celebrate the Successes

Experts involved in CVI and trauma recovery **admitted that they focus primarily on their “failures”** in their work, most typically lives lost or permanently altered due to an encounter with violence. However, one expert reflected that the majority of the clients engaged in their services survive their violent victimization, meaningfully engage in their recovery process, and even go on to live safe, stable lives.

“There's not all failures. You just remember the failures, but there's good things that really happen and people evolve and come back and thank you, stuff like that.”

Experts committed to this area of work need to be provided a space to **reflect on their impact on people's lives and celebrate the successes**. These opportunities are rare, however, partially due to the nature of their work. As first responders they often do not have the luxury of reflecting on the positive impact of their efforts because a steady stream of new clients and new crises continually flows in their direction.

Equitable Pay

In the field interviews with CVI experts the question was asked, “What resources or supports would be most helpful for managing the stress of your work?” One of the most common responses was related to **employee salaries and a comprehensive benefits package**. CVI leaders expressed deep concern over CVI staff earning a livable wage and having access to health insurance as a minimum standard. CVI staff willingly risk their own lives and compromise their well-being and safety in order to prevent community violence, without equitable pay and access to health care.

“I think it starts with that. It starts with giving them all the securities that we in leadership get, the benefits, the health and vision and dental, and all of that.”

One CVI leader stated that trauma supports begin with “*honoring their service through their compensation.*” **Equitable pay with access to comprehensive employee benefits can reduce external stressors that may further undermine worker wellness**. For example, CVI staff expressed a desire to have medical insurance so they can receive mental health care and also assure that their family members can access medical care.

“You have to make sure they have that because they’re already doing something super stressful, and you don’t want finances to have to be the other stressor looming in the background. Then you have people making bad decisions and then their mind can’t be in the game, because they’ve got a partner at home saying, ‘Yes, we’re going to have a baby and you still doing this, but it’s not paying the bills,’ and it’s your passion. That’s a hardship and they’re looking for side gigs and temptations.”

The temptations indicated in the quote reference generating income through illegal means. If CVI workers had previously been involved in drug trafficking or other illegal forms of generating income, then the financial stressors of insufficient pay in CVI work may increase their vulnerability to seeking out this form of income generation. One CVI leader opined that **CVI workers’ compensation should be commensurate with that of law enforcement and other first responders.**

Time Off

CVI experts emphasized the **necessity of receiving paid vacation time and mental health days** in order to balance the stress of work. Some CVI staff are hired contractually without paid time off. Due to the nature of the work CVI staff work over 60 hours a week, responding to calls in the middle of the night and during their personal time. Their overtime hours are acknowledged and staff are encouraged to take time off if they have worked overtime, however this is different from having automatically allocated paid vacation time associated with one’s employment position. The staff cannot proactively plan for time off unless they accumulate overtime hours, and using time off accumulated from overtime hours usually requires taking the time within the same pay period (or close to it).

“I’m in a contract position so I don’t have any paid time off. I get one day off per month, which is considered a trauma day that I can take whenever I want ... The way that I earn time off that’s paid, is basically by working overtime. If I’m on call, if I’m meeting with clients for an hour, then I get an hour and a half of time off. I was just grateful to find out I got anything paid, because at first when I came in, I didn’t think I got anything at all.”

CVI experts emphasized the **importance of physically leaving Kansas City and having time away** from their work environment. One leader explained she feels more inspired to do the work and has new ideas on how to better serve clients when she comes back from vacation.

There are obvious financial challenges associated with vacation time; if basic needs at home cannot be met by one’s income, then taking a vacation is a luxury and privileged recommendation. A further challenge to taking vacation time is that *“the work doesn’t stop.”* Staff continue to receive phone calls and text messages about gun violence incidents occurring, and they feel conflicted if they don’t pick up the phone or respond to a text. This dynamic suggests there are no clear boundaries in CVI work between personal and professional dimensions of one’s life, thus increasing workers’ vulnerability to burnout.

“I’m not trying to rant or anything, but well what supports are in place to help me? This right here is what brought on what I’m experiencing. I think for directors across all agencies, really having an understanding and getting educated on secondary trauma, and how it impacts your staff. Then actually having a plan. Like there’s, unfortunately, nothing in place here. It’s like, ‘Okay, do we get time off?’ I was literally bawling. Like, ‘I need to take a sabbatical,’ and it was like, ‘Well not right now, we’ll postpone it until next year.’”

Leisure

Within the same thread of conversation around vacation time, CVI experts described how **engaging in leisurely, recreational activities assisted them in managing work-related stress.** Aim4Peace team members will schedule on a quarterly basis a team outing where they share a meal, go bowling or play mini-golf, or participate in some form of recreational leisure. Staff members enjoy the opportunity to build rapport with their colleagues in a non-work context as well. Staff retreats were also mentioned as a helpful mechanism to balance work stress, especially when the work retreats occur in locations outside of Kansas City and involve team-building activities. Proactively planning team recreational activities may provide two benefits; it helps relieve work-related stress, and it contributes to more resilient team dynamics.

Systematic, Structured Support

CVI experts shared that having **regularly structured individualized supervision and group check-ins** was very helpful in managing work-related stress. During the group check-ins staff are able to talk about difficult experiences that occurred during the week and provide peer-level support. They emphasized regularity and predictability related to these support structures, and the benefits of being able to proactively plan for times when they know they can receive help and feedback from their coworkers.

“The how I guess I take care of myself through it is having the supports of those individuals with the experience and expertise to run through those things to say, again, ‘I just had this happen and what—.’ Then you share those stories and support one another. I think that’s the only way you can make it through because otherwise, you’ll feel alone in trying to solve these issues.”

The suggestions of experts also highlight forms of supervision and check-ins that are most helpful. Staff appreciated when their supervisors asked about their overall wellness without being prying or intrusive. The simple fact of being asked the question “How are you doing?” can be enough for staff to know that their wellness matters, and to share important insights with their supervisor related to personal situations that may be stressful outside of work. Team check-ins should provide an intentional space for a group wellness check-in as well as guided conversations if a critical incident occurred that week (such as client loss, a crisis situation, etc.).

Beyond supervision and check-ins, experts expressed **a need for organizational policies and procedures that promote employee wellness.** Several experts mentioned employee assistance programs (EAPs) as beneficial, however few were aware of the different supports offered by EAPs. Do they provide access to counseling? Legal aid? Professional development resources? Furthermore, not all organizations have EAPs, and they are less likely to be available at smaller organizations with limited budgets.

Aim4Peace staff mentioned how they appreciated having mental health days available.

Other experts shared that if they are struggling and feel overwhelmed by personal or professional circumstances, they **appreciate knowing that there is a way to navigate challenging circumstances while staying employed**. Some supervisors described integrating wellness activities into their daily work routines as a helpful mechanism to manage stress. One supervisor shared that they will do yoga or meditation sessions during lunch hour, whereas some staff exercise together after work. The important note on these expert recommendations is that wellness programs should be regularly scheduled and maintained, even when work becomes chaotic or overwhelming.

“It’s easy to start wellness activities, it’s hard to keep them going, because everyone gets busy and stressed. However, that’s when we need it the most—when it’s hardest to keep it up.”

Access to Behavioral Health Care

Finally, experts involved in the study overwhelmingly expressed a desire for **employer-facilitated access to behavioral health services**. The vast majority of experts confirmed they had received training on trauma as part of the job but found the training insufficient for their professional and personal needs.

“I feel like it’s an ongoing process and I think people treat it as one and done. You’ve received this training that deals with secondary trauma, but I think it needs to be more—it has [to be] a more therapeutic approach, almost like regular therapy. When you’re doing the work, you have to maintain that level of care for the workers who are trying to serve your community.”

As indicated in their responses, CVI and trauma recovery professionals advocated for **ongoing, continuous training and access to both individual and group counseling**. They explained that staff’s knowledge of trauma recovery and their ability to facilitate it in others must start with working on their own trauma responses and healing from them. Experts expressed some disbelief around finding therapists who “get it” and who wouldn’t pathologize their work or responses to it. It remains to be examined the extent to which existing trauma-responsive providers in Kansas City provide culturally responsive, trauma-informed care that reflects a deep understanding of the communities most impacted by violence and trauma. Experts’ request for this support is notable and should be attended to; stigma and resistance to seeking treatment were not reflected in their responses. The primary reason they were not receiving therapeutic supports was related to their accessibility and availability.

Trauma Recovery Efforts in Kansas City

Previous Collaborative Efforts

The research team conducted web-based archival research to identify any previous collaborative efforts in Kansas City to support trauma recovery efforts resulting from exposure to violence. In 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded

Kansas City (both Missouri and Kansas sides) a grant to convene a collaborative titled “Trauma Matters KC.”³² It appears that this collaborative convened for the course of five to six years and focused on many noteworthy initiatives to generate public awareness around trauma and promote trauma-responsive practice in major public systems, such as education and health care. In a bulletin circulated in 2017 the group highlighted the importance of recognizing trauma in first responders and also noted a partnership with Aim4Peace to help program participants understand the impact of trauma. The website for this collaborative has not been updated for five years and it was not mentioned in any of the expert interviews for this research report.

In 2016 the Department of Justice’s Office for Victims of Crime awarded the Kansas City Health Department a grant for “supporting male survivors of violence.”³³ The Health Department was one of 12 demonstration sites awarded nationally and Aim4Peace, situated within the department, was a critical leader in implementing this grant through convening the “Kansas City Violence and Trauma Response Network.” The partners on the grant were over 20 nonprofit organizations that worked collaboratively to respond to the violent victimization of young men living in a specific geographic area of the city. This initiative was funded for three years and it was not mentioned in any of the expert interviews conducted for this project. However, it is possible that the collaborative arrangements that currently exist are rooted in the efforts manifest in this project.

Current Collaborations

The experts contributing to the study indicated there **does not exist a citywide collaborative framework for addressing trauma recovery**, nor does such a collaboration exist at a more local level (within a particular neighborhood or community). Currently trauma recovery collaborative efforts occur in two ways: by integrating different programs within a single agency and by making referrals between organizations. Larger organizations described the importance of integrating behavioral health care across the various program offerings they provide:

“Yes, fragmentation of services. You know they’re getting everything they need, or they may not, but are all of those touchpoints in a coordinated effort? How do we continue to break down walls internally in the silos, to make better connections within to fully realize a more holistic approach? If we’re seeing some child in our youth development program, how do we create a good stream into our mental health or this program or this program over here?”

The experts interviewed consistently named a handful of organizations to whom they refer clients when they disclose violent victimization; Mothers in Charge, Ad Hoc Group Against Crime, the Truman Medical Center, and Aim4Peace were the most consistently mentioned by behavioral health providers. The awareness among behavioral health providers of these resources and their functional referral networks is important to underline. Survivors of violence are less likely to “fall through the cracks” if providers are coordinated in their efforts.

The most functional bridge between CVI programming and trauma recovery is Aim4Peace’s collaboration with the University Health hospital (formerly Truman Medical Center) and the Research Medical Center. Aim4Peace staff collaborate with trauma department staff to provide comprehensive care to all patients with traumatic injuries as a result of a violent act. They have a stable collaborative arrangement with the hospital and their presence is appreciated and welcomed by trauma staff.

“The most important thing, the moment they see the patient, they contact Aim4Peace. Whatever time, the middle of the night, they have phones and stuff, but that is very helpful, tremendous.”

The research team learned about other coalitions and collaborative efforts that included trauma recovery in their scope of work, but there were none specifically coordinated around trauma recovery. Faith-based coalitions were mentioned several times, for example the organizing of faith-based leaders around violence in the community or officer-involved shootings. Several experts also mentioned the STRIVIN initiative as an example of locally based service coordination around social services. STRIVIN (Striving Together to Reduce Violence in Neighborhoods) is based in the COMBAT office (located in the Jackson County Prosecutor’s Office) with the goal of bringing together law enforcement, schools, social services, faith-based institutions, and concerned citizens to reduce violence in different areas of Jackson County. There are currently six STRIVIN hubs in the county, and the focus of each hub is to create a comprehensive referral network with data-sharing capacity across organizations to track referrals and ensure that individuals impacted by violence receive holistic care and support.

STRIVIN hubs are not solely focused on trauma recovery services, however some hubs have made trauma recovery the focus of their collaborative efforts. For example, the Center for Conflict Resolution has identified its STRIVIN hub focus as “reducing compound trauma in hot spots.” STRIVIN funding (through COMBAT dollars) incentivizes collaboration through the application process, and ongoing funding is contingent upon substantiating collective efforts.

Trauma Recovery Successes

The research team also asked experts about promising practices or “successes” in trauma recovery efforts noted in their respective fields of work. Analysis of their responses identified several themes:

Expanded Trauma Literacy

More and more groups are aware of trauma and its impact on survivors of violence. One success continually highlighted by the experts in the study was the **trauma literacy** that exists among medical professionals, social service providers, educators, and even law enforcement.

One expert reflected that whereas 10 years ago there were very few professionals talking about trauma and its effects, now there is a general consensus among staff in helping professions that trauma-responsive practice is an important part of their work. The experts simultaneously acknowledged that there is more discussion around assisting professionals to navigate trauma as well, noting that organizational leaders are trying to develop strategies to support staff who are helping traumatized populations.

Surviving and Leading

Experts repeatedly emphasized the **transformative power of survivors of violence leading trauma recovery efforts**. Individuals who had previously experienced violence and/or systems involvement and gone through a process of healing, transformation, and personal development were repeatedly mentioned as the most effective leaders in reaching those who had been

impacted by violence themselves. Their experiential wisdom equips them with insights to reach those who are at highest risk and to effectively engage these individuals in services. One expert explained how she started her own organization through sharing her own story of surviving violence; she was repeatedly sought out for help and decided to formalize her efforts. Experts explained that survivors of violence may be resistant to seeking help, especially therapy, however if the invitation is extended by someone they can relate to they are more likely to engage in their programming.

Getting Out of the Office

Analyses further indicated that successful trauma recovery efforts have been provided in **non-office-based settings** and in locations that are most accessible for community members. Behavioral health providers described providing services in parks, homes, public libraries, or even doing walking therapy visits (i.e., walking with their client around their neighborhood). For hard-to-reach populations, such as the homeless population, new positions have been funded for outreach-based therapeutic services. While these positions are limited, the intent is to have professionals with behavioral health training working nontraditional hours in nontraditional settings to increase accessibility of therapeutic supports among heavily traumatized groups.

Furthermore, digital tools are being developed to track client engagement and connections across different service organizations. For example, COMBAT has developed a shared data platform to track service access and a cellphone-based app was recently published to track engagement of homeless individuals in Kansas City.

Multiple Pathways of Healing

Perhaps as a result of the aforementioned efforts, the experts contributing to the study discussed trauma recovery successes resulting from **non-clinical interventions**. One faith-based leader located in a neighborhood with high rates of shootings and homicides explained how they nurture natural beauty through their community efforts in order to heal those in their proximity:

“In our temple, we have a garden as well, a farm, and providing beauty because so much of what keeps people depressed, stuck in that cycle that is really initiated by a traumatic event, it’s facilitated and it’s made worse by seeing blight and things that just really speak to hopelessness. The first thing is having beauty and having beauty is a living and direct link to hope and having people see like, oh, there can be hope even in the midst of the darkness that I see, in the midst of the destruction that I see. This is why we put a lot of love and attention into the temple and things like that.”

This faith-based leader described street-involved individuals walking into their temple and starting to sob from the beauty they observed in the facility but also the tranquility. This same parish organized a community garden that occupies a full city block and a prayer garden with beautiful landscaping and gardens, both fully available to community members. Faith-based transitional housing facilities for individuals with prior histories of gang involvement, sex trafficking, drug use, or incarceration were also repeatedly mentioned as impactful trauma recovery efforts. These homes provide stable housing to individuals at greatest risk of violent victimization and a supportive community around them to facilitate their recovery.

“I’ve only been here two months, but it’s already saved my life ... I’ve got a boatload of work ethic already, just a sense of responsibility, and I feel happy that I’m happy. I feel like I deserve to live ... I’ve been taking every negative thing in a much more different light. Instead of letting it cripple me, I would just let it mold part of me in a healthier way.”

Experts described the importance of **arts-based and place-based initiatives** in facilitating the healing trajectories of individuals impacted by violence. While they may not be considered clinical interventions, experts explained that the external healing of places can lead to transformative internal processes among residents. For example, in a separate neighborhood also situated on the East Side of Kansas City a group of residents organized to address the illegal dumping of trash on their block. They identified the sources of illegal dumping, developed a local response, and sought out support from the city government to beautify their neighborhood. The residents in this area explained that previously there were daily occurrences of gun violence in their proximity, and they believed that their efforts contributed to the reduction in violence that occurred over the last decade.

Trauma Recovery Challenges

Overwhelming Need

One of the primary challenges related to trauma recovery in Kansas City is the **overwhelming community need and limited resource availability**. The need for mental health and substance use treatment was only exacerbated by the COVID-19 global pandemic. While most providers described successfully transitioning to remote and telehealth modalities of providing care to clients during lockdown phases of the pandemic, they also explained that not all populations were able to successfully engage in services remotely. Black, Latinx, precariously housed, and poor families were disproportionately disadvantaged in behavioral health access during the pandemic. Lack of access to technology and digital literacy; the inability to receive services remotely from a safe, private space; and navigating multiple crises all lead to a general decline in engagement in therapeutic care.

“Things are imploding. The need is this and the number of professionals we have to meet the need is this. We have got to figure that one out because for us, the waiting list is huge. We’ve got to find a way to figure that out ... the need is going through the roof.”

Lack of Coordinated, Collaborative Efforts

As indicated previously, there **does not exist a broader trauma recovery network** in Kansas City that coordinates care and resources across existing service providers and government agencies. Families’ needs may be completely unmet or partially attended to through an arrangement of fractured, siloed social service efforts.

“We would like to see all of these people coming to the table weekly so we can know like, ‘Oh, okay, this family, their apartment lost everything in an apartment fire last night, who’s working with them?’ You know what I mean? ‘Okay. We can do this part, but has anyone gotten them into counseling? What district are their kids in? Is the school working with them on the counseling? What are the gaps?’ The same thing with the shooting responses. ‘Hey, we saw this on the news. Anybody know that family, do you know if they have kids?’ That’s where that’s trying to go. That would be really helpful.”

Several experts mentioned hope in an emerging model of practice in Kansas City, namely the Kansas City 360 model, which has been adapted from the Omaha 360 model.³⁴ KC360 is a coordinated, collaborative model of addressing the root causes of violence in Kansas City and is under the direction and leadership of KC Common Good, a nonprofit organization. The kind of coordination experts desired to see in Kansas City was client-centered, focusing on making sure that the various needs of the client were being met by existing resources. The STRIVIN hubs funded by COMBAT dollars appear to incentivize this kind of collaboration as well, and these hubs have developed a data-sharing platform for service providers to track which organizations are engaging a particular client.

Faith-based institutions were repeatedly mentioned as critical community partners in developing functional collaborative efforts towards violence reduction and trauma recovery.

“Historically, the Black church has been the be-all-end-all to every problem, every situation in the community. That for the better or worse of things still seems to be the norm. These are problems beyond what a pastor I think can be effectively offering to congregants. They need professionals.”

Black churches were recognized as the cornerstone of the communities most deeply impacted by violence and trauma, and experts described a handful of coordinated efforts occurring among clergy to respond to violence. There exists a need, however, for increased collaboration between social service providers and Black churches specifically related to behavioral health. Faith-based institutions are a first resort for residents in crisis, yet the clergy, pastors, and ministers within these institutions may not be adequately prepared or resourced to attend to behavioral health needs associated with trauma. The experts suggested it’s best to work with, not around, the faith-based community to expand access to trauma recovery in Kansas City.

Workforce Issues

In close association with the overwhelming need in Kansas City for trauma recovery services and the **lack of coordinated care** exists a behavioral health workforce issue. Experts explained there are few college- and graduate-educated professionals who want to go into community-based behavioral health professions. One leader in the field reflected:

“We’ve got all these bright, beautiful college students’ faces expecting that they’re going to make 100Gs coming out and that ain’t happening. It’s not a lucrative field, sorry. They really do. A lot of them expect that they’re working from home, that they can, which may be, the counseling, therapy that’s getting more and more popular.”

Experts critiqued the current training and educational models provided for emerging behavioral health professionals as well, indicating that **more than “book smarts”** is needed to be effective in trauma-responsive care. One organizational leader reflected on the importance of community connections and lived experience when it comes to connecting with individuals impacted by trauma in Kansas City. Having a workforce that is representative of the racial and ethnic diversity of the population being served is an important first step.

A second critical workforce issue is the **need for more peer educators** involved in trauma recovery services. Peer educators are individuals with lived experiences parallel to the issues presented by clients who have received support towards their own recovery process. Peer educators may be crime survivors, individuals formerly involved in gangs, and/or individuals with histories of criminal-legal involvement. Typically, peer educators are embedded within the communities most impacted by trauma and violence and have deep relational networks that make them not only effective messengers around resources available but also very effective leaders. One peer educator who contributed to the study described the transformative effects of sharing their own life experiences with individuals impacted by violence in the community:

“All I can do is maybe plant a seed here and there and try to water it but it’s just really important for people to understand because I think so many people, they just think that this is just how their life is supposed to be. Trying to explain to someone it’s hard to be something that you can’t see ... I’m trying to be an icon myself ... I’ve been locked up, I’m Black, I’ve had actual traumatic experiences. Helping them to see no, it doesn’t have to be this way. That’s huge.”

The need for more peer educators in behavioral health was communicated by organizational leaders, therapists, and directly impacted experts involved in the study. Creating professional pathways for individuals with experiential wisdom to enter into behavioral health care is a worthy consideration for subsequent research and advocacy on this topic. These professionals also may be uniquely equipped to encounter some of the difficulties that occur in providing behavioral health supports for marginalized groups in Kansas City.

Burnout

“I’m like, ‘We are in the most intimate details of a person’s life, surely you can help me out in some way, please. Don’t just tell me, you’ll give me a salary.’ That’s what’s been told us, to our face. It’s just this lack of knowledge, I guess, and maybe to a certain degree, and maybe it’s willful. Maybe you wanted to have it like that, but we have to be careful in how much we push our staff, our behavioral health staff members, and provide support. It’s okay to push. Okay, because there are things that have to be done, but what supports are in place?”

Similar to professionals involved in CVI work, the behavioral health experts contributing to this study described experiencing **widespread staff burnout**. The overwhelming need for services, compounded trauma resulting from the COVID-19 pandemic, and workforce challenges have made it increasingly difficult for staff to maintain their own wellness while caring for others. In some instances, the leadership of organizations was blamed for not having a staff wellness plan in place. Others admitted that sometimes even when wellness resources are made available, staff don’t take advantage of them.

Even when burnout wasn’t experienced by the experts involved in the study, they explained how they could **recognize the burnout in their colleagues and collaborators** at work. One indicator of burnout they referenced was a lack of patience, compassion, or sympathy for clients or patients seeking services, especially if the clients were uncooperative or acting aggressively. After observing a coworker respond briskly to a traumatized client, one expert stated they understood their frustration.

“It’s like, ‘I’ve got to get my job done. I’ve got five other people who are also very sick. I need you to either help me or leave, one or the other.’ But that doesn’t solve the problem.”

Need for New Models of Care

Many experts agreed that if existing services are inadequately meeting the needs of community members and burning out staff in the process, then it’s time to **reconsider how behavioral health care is funded and provided**. Behavioral health experts working with survivors of trauma and violence repeatedly mentioned how Medicaid- and Medicare-funded services are inadequate to meet the needs of individuals suffering from complex trauma. First, there were several reports of Medicaid-funded programs “creaming” or “weeding out” clients with complex trauma.

“Your numbers are going to be better if you have higher-functioning people that are able to receive the therapeutic services, whereas you have different roles but yes. It’s going to look better on the hospital piece and the funding sources for them.”

Community-based providers gave examples of clients who were turned away from hospitals, and these same providers confirmed that they tried referring clients to hospital-based psychiatric care to have them rejected because of **multiple and co-occurring needs**. They believed that the refusal to serve populations with complex trauma may be due to insurance restrictions; for example, these populations usually require long-term care, which requires “medical proof” that the client qualifies for ongoing psychiatric support. Presenting this proof places an additional administrative burden on the providers and can lengthen their already long waitlists, which may create an impetus to redirect these clients elsewhere. “Elsewhere,” however, typically means receiving no behavioral health care.

“We live in a society where there are so many things are disposable, cups, plates, forks, razors whatever, but people are not. We treat people like they’re disposable. Like okay, you’re used up. You fell through the cracks. The emphasis is dollars. Whatever. It’s like the dollar, the USD is the panacea for everything. Let’s throw a billion dollars at this or whatever and all that, but the emphasis is on people and you. Once again, I emphasize, connect. You’ve got to connect with people.”

The research team was able to identify only two community-based behavioral health providers that served the **uninsured and underinsured** in Kansas City. Their staff were overwhelmed, burned out, and managing multiple crises with clients in a single day. However, these same organizations were located in areas most accessible to populations who need trauma-responsive care, with diverse staff who reflect the communities they serve.

“Where does our wisdom and counsel come from typically? It often does not come from outside of my community.”

Not only did providers express an urgent need to change how behavioral health care is funded, they even challenged the models of care that are called “trauma-informed.” One provider described **implementation challenges** observed when their agency received a federal grant to provide trauma-informed services to men of color impacted by violence:

“The goal was to go get young men who were in communities of color who had survived violence, and get them into therapy. That was probably the gist of it. They would start talking to these guys about, ‘Hey, you’re a victim of such and such.’ And they’d be like, ‘Victim? I’m not a victim of anything.’ They started saying survivor. ‘I’ve survived what? I’ve just been living.’ What we realized through that process was people, the way we talk, the researchers and the providers, and social services, the way we talk about people and trauma and all of that, that’s not how they identify. We have to figure out what is the language? How do they describe themselves?”

Experts contributing to the study simultaneously requested **more trauma-responsive care** and a change in the way trauma-informed care is provided. As reflected in the quote above, the populations most impacted by violence and trauma desire to be seen as more than a sum total of their traumatic experiences. Several experts critiqued this approach, as they saw it as not only culturally tone-deaf and paternalistic but disempowering of impacted individuals. They explained that trauma-responsive care can simultaneously acknowledge the horror of what has happened to someone and provide the survivor with tools to define their new normal. Therapeutic interventions that try to return someone to their “baseline” of normality pre-trauma are harmful and destructive for the individual.

“I don’t know why people would say this to someone. ‘You can have a normal life.’ That’s the worst thing to tell someone because they’ll never have a normal life. What does that mean to be normal? Once you say that that’s a standard that exists outside of their context, that it’s a torturous thing because it keeps them in this state of like, I can never be this.”

Collectively, the feedback from survivors, behavioral health providers, and community experts pointed to **a need to develop new models of care** for individuals impacted by trauma. They recommended listening to survivors and community members on their experiences of seeking services, and the extent to which these services met their needs as survivors. Finally, the new models of care must be equipped to address the multiple and complex needs of the populations impacted by violence. One expert explained that almost nobody is willing to engage people with the “triple threat” of mental illness, substance abuse, and criminal-legal involvement. Mental health providers may be willing to treat the mental health issues, but unwilling to work with “forensic” populations (i.e. those with criminal-legal contact) because they present a “risk” to the organization. Organizations must build the capacity to support clients with all three needs, and to hire staff who represent the communities they work in as well.

“I think that really helps because it brings down certain walls for several races, not just Black people, but just honestly feel like our clients feel comfortable kind of just coming in and being their selves with us because we can be on their level and like, ‘Look, chill out, I say it with love but we ain’t doing that today, we ain’t about that life right now, so take a few breaths and then we going to reconvene. Have you been sipping? We’ll meet again next week.’”

Removing Access Barriers

The last set of trauma recovery challenges described by the experts was related to the **financial costs and stigma** associated with seeking behavioral health services. Experts explained that while there has been a shift in people’s thinking about mental health, they still encounter a significant amount of resistance within the Black and Latinx community around seeking therapeutic care. Several emphasized the importance of continuing public education on the topics of trauma, mental illness, and substance use. Experts working with youth noted a tremendous increase in Fentanyl-related overdoses and deaths and a need for more public education, community outreach, and family engagement on this topic.

“I really think that, we have to examine this idea that therapy and counseling the way it’s traditionally done may not be a construct that can be applied to all populations. We have, I think in the past talked about where certain cultures and this and that, who don’t really get down with therapy and counseling and stigma.”

Their recommendation to remove barriers to access, however, was always discussed in tandem with **changing the way services are provided** and better equipping providers to meet community needs. In other words, public education efforts to destigmatize mental health will not result in an increased uptake in mental health services unless the community feels that their needs are being met through those services.



Collectively, the feedback from survivors, behavioral health providers, and community experts pointed to a need to develop new models of care for individuals impacted by trauma.

Recommendations

For more than two decades, elected officials and community leaders in Kansas City, MO, have expressed a concerted commitment to reducing violence in their city. Through iterations of collaborative violence reduction plans and coalitions over the years, the city has outlined a promising blueprint for implementing, expanding, and sustaining comprehensive and community-centered violence reduction efforts. The research revealed that there are dedicated and caring stakeholders, both inside and outside of city government, who recognize the need to further develop the infrastructure needed to create lasting safety and well-being for the communities that have suffered the most by the persistence of violence in their neighborhoods. Acknowledging that there are widespread public health implications to the spread of violence, it is critical to ensure that the public health sector is predominately responsible in shaping and implementing citywide reduction strategies. The following recommendations connect those stakeholders' desires and demands with scholarly knowledge and experiential wisdom to provide Kansas City leadership with tangible actions and meaningful short-term and long-term impact.

1. Commit to a long-term, multi-year funding and political strategy led by public health entities to address violence and trauma.

As stated earlier in this report, Kansas City has been plagued with high rates of violence for years. The different coalitions and plans that have been created by city leaders illustrate that elected officials keenly understand how important violence is to their constituents. However, when asked about the city's long-term commitment to violence reduction, experts in this study lamented that funding and collaboration only seem to be a priority when either the prosecutor's office or police department say that it is of great concern, or during an election year. This inconsistent and imbalanced focus on violence leaves community members who are impacted by violence on a regular basis to feel as if they are held hostage to political will and circumstances. True violence reduction takes time, investment, and champions throughout local government who understand that effective improvements in public safety require both short- and long-term success. Successful violence reduction and trauma recovery strategies in cities such as Oakland, Los Angeles, and New York have been achieved in large part by writing CVI and related supportive services into their city and county budgets, so that they are treated as essential like other city services such as transportation, education, public health, and policing. There must be sustained and consistent financial prioritization of community-based work in order to realize the violence reductions that Kansas City residents deserve. The FY2022-23 Kansas City, MO, approved budget mentions a Public Safety Sales Tax that could potentially serve as the basis for growing a consistent revenue source for CVI and trauma recovery efforts;²⁶ however, if this path is pursued, policymakers must ensure that the funding is funneled to the community-based organizations that are directly engaging the highest-risk population and are in greatest need of these resources.

The current director of the Kansas City Health Department, Dr. Marvia Jones, has been a longtime ally and advocate for the Aim4Peace program, and her efforts deserve recognition and

appreciation. However, if the perennial funding challenges for Aim4Peace and CVI in Kansas City are due, at least in part, to the placement of Aim4Peace within the Health Department, one way to potentially stabilize the funding and commitment to CVI practice would be to set up an Office of Violence Prevention within Kansas City under the Department of Public Safety. This new office should be equitably funded and have its own director whose focus is to build the civilian public safety infrastructure of Kansas City.

2. Establish a common understanding of Community Violence Intervention work across all stakeholders in the public safety ecology of Kansas City and specifically devote resources to having community-based practitioners educate on violence reduction and intervention.

In April 2022 the U.S. Department of Justice's Bureau of Justice Assistance (BJA) published guidelines on the core components of CVI programming.³⁵ While many programs are funded as violence prevention efforts in Kansas City (primarily through COMBAT), few of these qualify as CVI efforts. The authors recommend that key leaders and institutions within the public safety ecology of Kansas City come to a shared agreement of what CVI programming is, either through using the BJA definition or developing their own. This definition of CVI work should be clearly communicated when discussing programming and funding opportunities related to gun violence reduction efforts. Without a clear understanding, the term can be co-opted for purposes other than proactively engaging Kansas City residents at greatest risk of becoming a victim or perpetrator of gun violence in supportive services. The proactive engagement strategies should be defined by community stakeholders and led by community stakeholders, not by law enforcement entities. Educational sessions should be informed by a public health lens and occur quarterly to ensure current understanding of the CVI field.

3. Prioritize strategies that are focused on providing wraparound social services grounded in trauma-informed care to the small percentage of the population at highest risk of violence involvement.

In Kansas City, both the focused deterrence and shooting review models conducted analyses of violence and determined that a fraction of the city's population is at the highest risk of being either a victim or perpetrator of violence—roughly 1,400 people, or less than 0.3% of the population. This is consistent with research in other cities, which has found that, even in communities experiencing high rates of violence, those most likely to be engaged in violence represent a tiny percentage of residents.³⁶ City officials and community organizations should capitalize on this intel by directing CVI activities, social service strategies, and trauma recovery resources to these individuals and their families. As millions of taxpayer dollars are spent each year on policing, courts, and incarceration in Kansas City, this focused investment in person-centered violence reduction efforts has the potential to deliver a sizable return on investment while also expressly responding to the pleas from our study experts to utilize more non-carceral and restorative approaches to reducing violence in their communities. Consistent with the prior recommendations, these strategies should be community-designed and community-led.

4. Authentically democratize community violence reduction planning and implementation efforts in ways that are shaped by the experiences of directly impacted individuals and guided by their leadership.

Nearly all of Kansas City's violence reduction collaborations over the past 20 years have been led or heavily guided by law enforcement. When CVI and community-based organizations have

been included in citywide plans for violence reduction, residents and stakeholders report feeling like they are simply invited to “a table that has already been set,” and that their input and solutions are minimized, tokenized, or more or less ignored. As a result, public safety planning and operations have too often not aligned with how community experts from this research describe safety processes or detail the priority actions necessary for violence reduction. To exclude CVI expertise and community perspectives from equitable participation in violence reduction efforts means that those who are most directly affected by the persistently high rates of violence—those who are closest to the problem and who suffer the greatest physical, emotional, psychological, and financial consequences from its continuance—are excluded from leading the solutions. Those who have the most to gain from sustained decreases in violence must be equitably represented and supported to lead strategies to reduce violence in their own neighborhoods and communities.

5. Fund CVI work in a capacity that is commensurate with the magnitude of the issue relative to Kansas City and establish an Office of Violence Prevention staffed by subject matter experts and public health professionals.

CVI work has been scrutinized for its capacity to reduce gun violence, in Kansas City and across the country, yet it has yet to be equitably and sustainably funded to substantiate this scrutiny. Experts called for equitable pay for CVI staff (some suggested salary parity with law enforcement) that includes a comprehensive benefits package and paid vacation time. Funding CVI work equitably and sustainably will stabilize the workforce and reduce the high staff turnover rates, while stabilizing the workforce also creates more opportunity for professional development investments in staff. The annual fiscal cost of gun violence in Missouri is estimated at \$17 billion, or \$2,900 per Missouri resident per year; with nearly 500,000 residents, the cost of gun violence to Kansas City is over \$1.4 billion annually.³⁷ The social costs, including loss of quality of life, fear, diminished economic opportunity, and decreased trust in officials to create safety, are even higher. Recent evaluations of comprehensive CVI efforts indicate that the cost of engaging high-risk populations in wraparound services is approximately \$25,000 per participant per year.³⁸ A rough calculation of the costs of CVI programming in Kansas City could be generated by using this cost estimate and multiplying it by the estimate of high-risk individuals (1,400). Using this calculation, an investment of \$35 million in comprehensive social service efforts is necessary to engage those who are most at risk. Given CVI’s promise at reducing violence, and specifically Aim4Peace’s prior contributions to violence reduction in the city, elected officials and policymakers should commit to ensuring that CVI organizations are adequately funded for their dangerous yet necessary work. This estimate also indicates that the \$350,000 earmarked for an Office of Violence Prevention’s efforts through the second tranche of ARPA spending in the Kansas City municipal budget is a severe underestimate of the costs associated with engaging this population. The authors note that the Department of Justice announced on September 29, 2022, that the City of Kansas City (Missouri) received a \$2 million grant to support Community Violence Intervention work. This is an exciting announcement and an excellent opportunity to build out CVI infrastructure in Kansas City. Consistent with prior recommendations, CVI work should be community-designed and community-led.

6. Restore and expand street outreach efforts led by homegrown peacemakers in Community Violence Intervention work.

At the core of most CVI strategies is street outreach—the proactive community engagement of individuals at greatest risk of gun violence victimization or perpetration. Without street intervention work, the highest-risk populations are not engaged in services until they pass through an emergency room or after an incident of violence has already occurred. Street

outreach efforts must be restored to the Aim4Peace program and substantially expanded to meet the need. A handful of workers are not capable of generating citywide reductions in gun violence; Aim4Peace expertise must be consulted to help determine the size of the outreach teams and scope of their work.

7. Prioritize and fund CVI and trauma recovery worker wellness.

Burnout and secondary trauma were reported by both CVI workers and trauma recovery specialists. Organizations must integrate worker wellness into all aspects of their operations: time management plans, crisis response protocols, bereavement leave, paid time off, rotating crisis phone responsibilities, etc. Two further opportunities to support worker wellness include providing ongoing training on trauma and funding in-house therapeutic care for workers (both individual and group-based mental health counseling services).

8. Increase funding for community-based behavioral health care.

There is an urgent need for the expansion of community-based behavioral health services in Kansas City, MO. Community-based services should not be equated with providing traditional mental health/substance use treatment in an office-based setting that is located in a high-needs community. The experts contributing to the study described community-based as providing care *in* community, in nontraditional settings (someone’s front porch, a public library, etc.), free of charge, and even with nontraditional messengers. This could involve providing peer-to-peer training to teachers, faith leaders, and other local community residents. Preexisting public funding sources, such as the Community Mental Health Levy or COMBAT, could be used to support the expansion of these services. The first tranche of ARPA/COVID-relief dollars that came to Jackson County and Kansas City, MO, was not allocated towards this purpose.

This was a missed opportunity at a critical time to expand behavioral health care access. The expansion of these services should also address the access barriers listed in this report—namely, the stigma around mental illness and transportation issues.

9. Fund innovation and research to develop community-centric models of trauma recovery.

While there is widespread consensus that trauma-responsive care is necessary, there are simultaneous calls to redefine how trauma-informed practice is defined and implemented.

Experts called for “new models of care” that are culturally responsive and sensitive to the historical context in which these models may be implemented. The Jackson County Community Mental Health Levy permits grantees to apply for “innovation” funds, which could be an opportunity to advance research and pilot new initiatives focused on trauma recovery as a result of exposure to violence. However, the FY2022-23 budget allocates only 1.7% of the budget for this innovation; much more is needed to stimulate creativity and development of new and promising modes of delivering effective trauma recovery strategies. The private sector (foundations that fund mental health work, corporations with charitable organizations) can also contribute to violence reduction work through funding innovation in trauma recovery services.

10. Increase capacity of public health organizations to effectively engage populations with co-occurring mental illness, substance abuse issues, and criminal-legal involvement.

Experts consulted for this project called for non-punitive, community-led solutions for individuals with acute or chronic behavioral health issues. However, few programs are capable of effectively

engaging this population in services and providing comprehensive supports. This frustration was communicated by the law enforcement members who contributed to the study as well; “alternatives” won’t work unless there is actually a viable and available alternative. New organizations are needed, and existing social service providers and health care institutions need resources to build programming that can attend to these multiple needs. However, it may be more expedient for social service organizations that are already working with individuals involved in the criminal-legal system to incorporate behavioral health services into their organization (such as by hiring a clinical therapist or certified substance use counselor into a reentry housing program).

11. Require collaboration across partner organizations and accountability checks for all parties, including law enforcement.

Previous and existing efforts to support collaborative violence reduction and/or trauma recovery work have largely been unfunded mandates that burden nonprofits with limited capacity to take on more work. The funding allocated towards these efforts has been utilized primarily to cover administrative costs associated with convening and organizing members; however, community partner organizations generally do not receive funding to expand their staffing or capacity to participate or contribute to the collective efforts. While there is no shortage of violence reduction analyses and plans in Kansas City, the plans have too often remained in the planning or initial implementation phase rather than being fully operationalized, due to a lack of clear implementation guidelines, funding to resource organizations capable of doing the work, and formalized processes for holding all parties accountable for their commitments.

12. Incentivize the sharing of data across collaborative partner organizations that protects confidentiality, with the recognition that CVI workers should have autonomy over what they deem appropriate to share based on the interest of their client’s safety and dignity and to avoid incrimination.

Numerous experts in this study remarked that there is too little data sharing across organizations that work with the population at highest risk of violence and trauma, which hampers coordination and strategic support for those in greatest need of CVI or trauma recovery services. However, CVI experts also warned of the challenges of data sharing when working to prevent and intervene in incidents of violence involving individuals at high risk. CVI experts described positive exchanges with law enforcement and external partners where the limitations of their data sharing were respected and they were able to facilitate referrals and collaborations that maximized the well-being of their participants. They also described instances where they were criticized by the same parties and ridiculed in public hearings for not releasing confidential data. To address these issues, Kansas City leaders can incentivize organizations to work together to establish data-sharing agreements that both respect client confidentiality and allow for greater transparency and cooperation to improve community care.

13. Expand evaluation of violence reduction initiatives to account for community perspectives on increased safety and security.

As illuminated by the ways in which our study experts discussed how they perceive and conceptualize safety, evaluations of violence reduction efforts should account for how those efforts are impacting not only absolute counts of incidents of violence, but also what community members see as the underlying drivers of violence, including unaddressed trauma, substance use disorders, and housing and financial insecurity. These additional evaluation metrics should be prioritized for those individuals at highest risk of violence involvement; in other words, while

it is necessary to increase overall investment in security and stability for communities that experience high rates of violence, to have the greatest and most immediate impact on violence, the city should first aim to reach and evaluate efforts geared towards those individuals and families that are at greatest risk of being involved in violence.

14. Racial reconciliation work is necessary to reduce distrust and allow for authentic partnerships between city leadership and the communities historically and currently harmed by systemic racism.

The racial dividing line of Troost Avenue was mentioned in virtually every interview and focus group that occurred. Racism and systems of racialized oppression are not historical artifacts in Kansas City, and experts repeatedly expressed a need for the city to heal from the harms of racism through relationship building and police change. Cities across the country have initiated processes to acknowledge the harms of racism and heal places and people from its effects, and there exist models and processes that could be emulated in Kansas City.



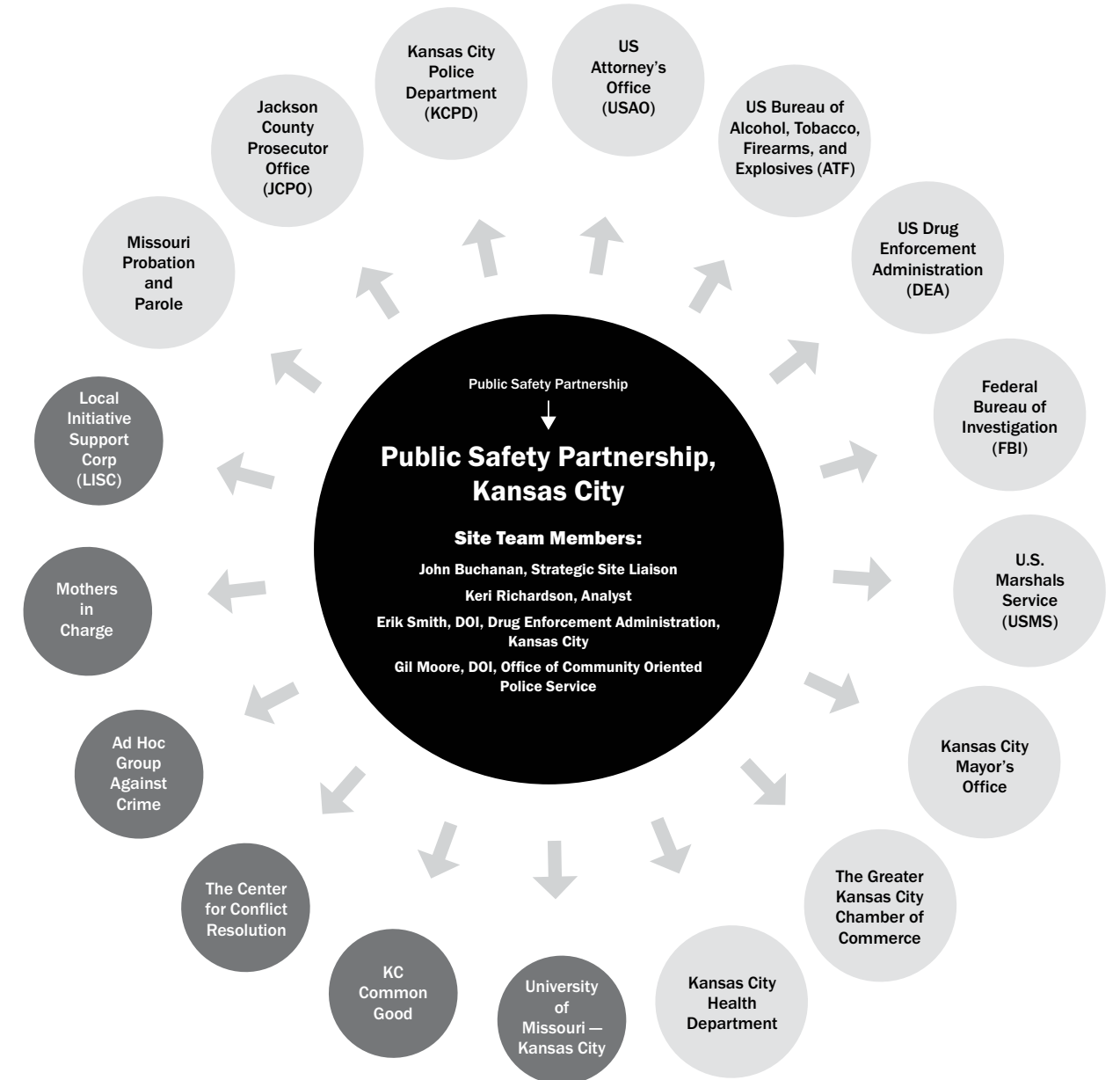
Appendix A:

Kansas City No Violence Alliance (NoVA) Collaborative Mapping (*medium grey are community organizations.)
 The partnerships reflected here are associated with the community collaboration efforts supported by the Kansas City LISC office with the assistance of the BJA Byrne Criminal Justice Innovation Award Grant



Appendix B:

NoVA>National Public Safety Partnership in Kansas City Collaborative Mapping (*medium grey are community organizations.)



Appendix C: A Review of Organizations Receiving COMBAT Funds and Mental Health Levy Funds

Community Mental Health Fund – Mental Health Levy Tax: Grantees	COMBAT Violence Prevention Grant – COMBAT Tax: Grantees	Recipients of Both Grants
<p>Safety Net:</p> <ul style="list-style-type: none"> • Comprehensive Mental Health Services, Inc. • Family Conservancy • Jewish Family Services • KC CARE Health Center • KC CARE Health Center – Ryan White • Mattie Rhodes Center • ReDiscover • Restart • Samuel U. Rodgers Health Center • Swope Health Services • TMC Behavioral Health 	<p>Bullying/Cyber Bullying Prevention:</p> <ul style="list-style-type: none"> • Blue Springs School District • Bridge Leadership Academy • Calvary Community Outreach Network • Centers for Conflict Resolution • De La Salle Education Center Hickman Mills Prevention Coalition • High Aspirations • Kansas City Friends of Alvin Ailey • Mattie Rhodes Center • Operation Breakthrough 	<ul style="list-style-type: none"> • Mattie Rhodes Center • ReDiscover • Restart • Child Abuse Prevention Association (CAPA) • Cornerstones of Care • Foster Adopt Connect • Operation Breakthrough • Truman Medical Center • De La Salle Education Center • Hope House • Metropolitan Organization to Counter Sexual Abuse (MOCSA) • Rose Brooks Center • Reconciliation Services <p>Total: 13</p>
<p>Children and Families:</p> <ul style="list-style-type: none"> • Child Abuse Prevention Association (CAPA) • Child Advocacy Services Center (The Children's Place) • Cornerstones of Care • Crittenton Children's Center • Foster Adopt Connect • Niles Home for Children • Operation Breakthrough • Sheffield Place • Steppingstone • The Salvation Army – Children's Shelter 	<p>Child Abuse:</p> <ul style="list-style-type: none"> • Amethys Place • Child Abuse Prevention Association • Child Protection Center, Inc. • Metropolitan Organization to Counter Sexual Assault (MOCSA) 	
<p>Forensic:</p> <ul style="list-style-type: none"> • Mental Health Court • Comprehensive Mental Health Services – Monitoring • ReDiscover-Monitoring • Swope Health Services – Monitoring • Truman Medical Center Behavioral Health – Monitoring • Re-Entry • Benilde Hall • Corrections • TMC Behavioral Health – JCDC/RCC • CIT Coordination • ReDiscover 	<p>Counseling Services:</p> <ul style="list-style-type: none"> • AdHoc Group Against Crime • Centers for Conflict Resolution • Reconciliation Services • Truman Medical Center 	

“
The research revealed that there are dedicated and caring stakeholders, both inside and outside of city government, who recognize the need to further develop the infrastructure to create lasting safety and well-being for the communities that have suffered the most by the persistence of violence in their neighborhoods.
”

PHOTOGRAPH BY COLTON STURGEON

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