

Research Guide: What Does the Research Evidence Show About Community-Based Violence Intervention (CVI) Programs?

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Key Takeaways

- Systematic reviews and meta-analyses provide the strongest current evidence on community-based CVI. Taken together, they suggest that programs focused on people at highest risk of violence (perpetration and victimization) can reduce fatal and nonfatal shootings.
 - Results from individual impact evaluations vary across cities and sites because CVI models, implementation quality, targeting, local context, and research designs differ.
 - The evidence does not show that every model works everywhere. It does support community-based CVI as a credible violence reduction strategy that merits sustained investment, strong implementation, and careful evaluation.
 - Community-based CVI programs should not be judged as less effective than law enforcement-led strategies simply because there are fewer rigorous experimental and quasi-experimental studies supporting the evidence on CVIs; the two areas differ in research history, funding, and feasibility to be evaluated using strong causal modeling.
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In this guide, “community-based” CVI means programs delivered through non-policing strategies that work with those at highest risk of involvement in violence either as perpetrators or victims. These include program models with some or many of the following components: street outreach, credible messenger engagement, conflict mediation and violence interruption, case management, cognitive behavioral therapies, subsidized jobs, and victim support. These programs are often led by community-based organizations, but they may also be administered by government agencies, provided that the core work remains community-centered and is carried out primarily through non-law enforcement partners and practices. (We define community violence as violence that generally occurs outside the home in public spaces between individuals or groups of people who are generally not related to each other.)

How Strong is the Evidence for CVI?

The evidence behind CVI is often described as “promising,” but that label can feel vague to practitioners, funders, and policymakers. A more useful question is whether recent research shows that CVI can reduce community violence. The best current answer is yes: the evidence base is stronger than it was a decade ago, and recent rigorous syntheses show favorable effects for several forms of CVI (Maguire et al., 2025; Ransford et al., 2025). By “rigorous synthesis” we are referring to systematic and meta-analytic reviews. A systematic review uses a structured,

transparent process to locate and evaluate all available studies on a given question, while a meta-analysis goes a step further by statistically combining results across those studies to produce a single, more precise estimate of a program's overall effect (Pratt, 2010).

In 2026, the research evidence is getting stronger because there are two published systematic reviews with at least preliminary findings; those studies, discussed in more detail below, show positive for street outreach and case management-based CVI models. The evidence does not show that every CVI model works in every setting to reduce community violence. Programs differ across a variety of factors, including in whom they serve, the services they provide, the strength of implementation, and the local conditions in which they operate. The most accurate conclusion is therefore that community-based CVI can produce meaningful benefits under the right conditions and should be treated as a credible violence reduction strategy that warrants continued investment and evaluation.

How to Interpret the Evidence Fairly

It is not appropriate to compare the number of studies supporting community-led CVI with the much larger evidence base for law enforcement strategies and conclude that law enforcement strategies to reduce violence work better. Law enforcement-led interventions targeted at community violence, such as the Group Violence Intervention (GVI), have been studied for much longer, have received more evaluation funding, and often lend themselves more readily to conventional quasi-experimental designs (Roman, 2021). Community-led CVI is typically delivered by community-based organizations that may not have the resources to secure a research partner (compared to government agencies). It has also received less sustained federal support than many police-led interventions for replication, expansion, and rigorous multisite testing, which has slowed the development of a larger evidence base.

A smaller number of rigorous studies on CVI (versus law enforcement-led strategies) therefore reflects differences in research history, resources, and feasibility—not necessarily weaker real-world effects. The result is a self-reinforcing cycle in which the absence of evaluation evidence keeps community-based CVI programs off "evidence-based" registries, which in turn limits their ability to secure the funding to generate that evidence. The evidence should instead be judged by the quality and relevance of the available studies, whether findings align with the program's theory of change, and whether implementation was strong enough for the intervention to have a reasonable chance of affecting violence (Rossi et al., 2019).

Street Outreach and Violence Interruption

An important recent synthesis of the evidence on outreach-based CVI is the Campbell Collaboration's systematic review and meta-analysis of street outreach programs that use conflict mediation to prevent firearm violence. At the time this ARCVi research guide was prepared, the Campbell full review report had not yet appeared in *Campbell Systematic Reviews*, but the authors had presented and summarized preliminary findings in the news magazine: [Translational Criminology](#). Their review (Maguire et al., 2025) includes eligible studies from three countries and ten cities and examines program effects on three sets of outcomes: area-level violent crime, homicide, and nonfatal shootings.

For fatal and nonfatal shooting victimization outcomes—the outcome most directly aligned with the theory of change for street outreach and violence interruption—the resulting estimates were favorable. Maguire and colleagues reported that nine studies contributed 23 estimates of effects on shootings and produced a statistically significant mean effect size of approximately -0.24. Because effect sizes are signed so that negative values indicate fewer shootings, this represents the “average” reduction in shootings across the studies reviewed. This is a meaningful finding for a behavioral intervention operating in complex community settings, although effects still

varied across studies/sites (Maguire et al., 2024; Maguire et al., 2025). (Note that the article indicates that findings may change as they continue to incorporate new estimates into the model.)

Additional Evidence from a Cure Violence-Focused Review

Ransford, Williams, and Slutkin (2025) reviewed 13 evaluation publications covering 27 Cure Violence sites across five countries. [Cure Violence](#) is a community-based violence intervention model that originated in Chicago, Illinois, that treats violence as a contagious process and uses trained outreach workers and violence interrupters to identify people at highest risk, mediate conflicts, and connect participants to ongoing supports and case management. Most of the reported findings across studies reviewed were in the direction of reduced shootings (or other forms of violence), although a smaller share reached conventional levels of statistical significance. In other words, the results generally pointed toward the effectiveness of Cure Violence programs in terms of reducing violence, but in many individual studies the evidence was not strong enough to rule out the possibility that the observed differences were due to chance. Taken together, the results suggest that favorable outcomes have been documented across a substantial number of sites, but they do not show that Cure Violence will produce the same effects in every community.

The review is useful because it brings together evaluations of a single, widely implemented CVI model and allows readers to see how findings vary across places. At the same time, differences in implementation quality, local context, outcome measures, and evaluation design make it difficult to draw one simple conclusion about effectiveness. The review should also be interpreted with an explicit conflict-of-interest caveat because the authors are directly connected to the development and implementation of the Cure Violence model. The article was peer reviewed and the authors disclosed these relationships, but readers should consider its conclusions alongside independent systematic reviews, meta-analyses, and individual site evaluations. This does not mean the findings should be dismissed; rather, they should be weighed as one important part of the broader evidence base.

Why Evaluation Findings Vary across Studies and Sites

When researchers describe the CVI evidence as “mixed,” they usually mean that results differ across places, time periods, outcomes, and levels of statistical certainty. For instance, a jurisdiction that has implemented a CVI program in more than one neighborhood may show a decline in shootings in some neighborhoods but not others. In general, program benefits may emerge only after a program reaches full implementation or individual outcomes may improve without an immediately detectable change in neighborhood-level shootings. Favorable estimates may also fail to reach statistical significance (which can occur when shootings are rare events in the jurisdiction studied, samples are small, or follow-up periods are short). Importantly, depending on a program’s theory of change, evaluations may appropriately focus on individual-level outcomes, community-level outcomes, or both. Individual-level outcomes capture changes among participants (e.g., reductions in re-arrest), while community-level outcomes assess changes in violence across a defined geographic area, such as a block, neighborhood, police district, ZIP code, or city.

Below, we review a few reasons why findings may vary widely, placed into two buckets of factors: (1) program and contextual and (2) research design and measurement.

1. Program and contextual factors

- Model variation and adaptation. CVI is an umbrella term. Staffing, outreach practices, conflict mediation, case management, referral pathways, and service intensity vary across programs and sometimes within the same model.

- Implementation quality and dosage. Start-up delays, staff turnover, supervision, caseloads, coverage gaps, and limited evening or weekend capacity can determine whether the right participants receive enough support.
- Targeting and saturation. Program effects will be muted when programs do not reach the people and networks most central to shootings or when program coverage is too thin relative to the scale of violence.
- Local context. Factors such as street-group dynamics, levels of and reasons for violence, drug markets, neighborhood conditions, service availability, and institutional relationships differ across cities and can shape both implementation and outcomes.

Implementation research helps explain these differences. For instance, Ross and colleagues (2025) found that CVI organizations adjusted the amount and type of services according to participant risk and need, while also documenting how difficult it is to measure mentoring, pre-enrollment outreach, and individualized service dosage. Solomon and colleagues' review of Cure Violence implementation identified strategies related to hiring, training, violence interruption, high-risk targeting, community mobilization, and sustainability, along with barriers and facilitators that affect whether the model operates as intended (Solomon et al., 2025).

2. Research design and measurement factors

- Broader trends and competing influences. Researchers are not always accurately capturing or measuring broader social and economic trends and co-occurring initiatives. Violence may rise or fall because of policing, prosecutions, economic conditions, the pandemic, or other programs operating at the same time.
- Rare outcomes and statistical power. Shootings and homicides are low-frequency events, so even real effects can be difficult to detect in small areas or short study periods.
- Comparison quality and spillovers. Comparison neighborhoods may not be truly comparable, and violence reduction may spread across boundaries—or violence may be displaced—making effects harder to estimate.
- Analytic choices by the research team. Results can depend on whether researchers use matched comparison groups, difference-in-differences, interrupted time series, or other designs and how they account for clustering and trends.
- Outcome definitions and data quality. Jurisdictions do not always define or record shootings, gun assaults, violent reinjury, arrest, and recidivism in the same way.

What the Broader Violence Reduction Reviews of Studies Reveal about CVI

Broader research reviews (i.e., not systematic reviews or meta-analyses) place CVI within a larger portfolio of community-centered violence reduction strategies. The John Jay College 2020 report, [Reducing Violence Without Police](#), emphasized that outreach should be combined with environmental improvements, youth engagement, reduction of financial stress, substance use reduction strategies, and efforts to address firearm access. The [2025 JAMA Summit report](#) (Rivara et al.) likewise treated CVI as one of several evidence-informed approaches and called for measuring community well-being, civic participation, and social and health conditions in addition to shootings and deaths.

The Urban Institute's [Reducing Youth Gun, Gang, and Group Violence](#) initiative reviewed the research literature and conducted a scan of 14 interventions. The project concluded that adopting an evidence-based program model is important, but that community-level violence reduction also depends on the broader infrastructure, partnerships, and complementary strategies surrounding it. In 2023, researchers from Florida State University (FSU) (Blomberg et al., 2023) authored a review report to guide the development of Leon County's (Florida) Community-Based Violence Intervention and Prevention Initiative. FSU combined a detailed local analysis of homicides and nonfatal shootings with a comprehensive review of violence reduction strategies, examining each intervention's activities, target

population, effects on gun violence and violent offending, and common implementation barriers. Although the report ultimately recommended a broader portfolio that included law enforcement and community-oriented strategies for Leon County, it identified community-based interventions as promising parts of a comprehensive violence reduction approach.

The FSU report highlighted [Cure Violence](#), [the Safe and Successful Youth Initiative](#) (SSYI), and [Los Angeles's Gang Reduction and Youth Development program](#) (GRYD) as promising street-outreach models. SSYI combines outreach with comprehensive case management and services such as employment, education, behavioral health treatment, housing assistance, and family support. The city-level evaluation by Petrosino, Turner, Hanson, Fronius, Campie, and Goold (2017) found lower rates of violent-crime victimization, aggravated assault, and homicide in Massachusetts cities implementing SSYI. A separate participant-level evaluation by Campie and colleagues (2014) used propensity-score matching and found that youth who received SSYI services were 63% less likely to be incarcerated than comparable youth who did not receive services; among SSYI participants, active engagement in services was associated with a 58% reduction in the odds of incarceration.

LA GRYD is much broader than violence interruption and case management. Its comprehensive strategy combines community engagement, gang prevention, intensive family-based intervention services for gang-involved youth and young adults, and violence interruption. These components are designed to operate over different time horizons: incident response can address immediate retaliation, intervention services seek to reduce gang embeddedness and support desistance, and prevention and community engagement are intended to produce longer-term changes. Coordination with the Los Angeles Police Department is carefully built into and across many of the components.

Brantingham, Tita, and Herz (2021) evaluated the combined effect of the GRYD Comprehensive Strategy using a place-based difference-in-differences design that compared GRYD Zones with nearby areas. They estimated that violent crime was about 18 percent lower in areas receiving GRYD services, driven largely by reductions in aggravated assaults and robberies (they did not find comparable reductions in property crime). Importantly, the study could not isolate which GRYD component produced the observed decline. The authors argue that the timing of the effects—becoming detectable only after about six quarters—suggests that the findings likely reflect the combined and accumulating effects of intervention, prevention, community engagement, and violence interruption rather than incident response alone. Separate evaluations provide more specific evidence for GRYD's violence-interruption component. Studies of the Incident Response Program (Brantingham et al., 2020; Park et al., 2021) found substantial reductions in gang retaliation following violent incidents, including an estimated reduction of roughly 41 percent in one evaluation.

With regard to GRYD and SSYI, the FSU review also underscores why favorable findings should be interpreted alongside implementation details. SSYI sites differed in how consistently they identified and updated lists of young people at highest risk, while GRYD's concentration on high-profile gang incidents may have excluded other people at serious risk of firearm violence. The SSYI evaluation also found that young people identified for the initiative but not connected to services were more likely to be incarcerated than otherwise similar youth who had not been selected, illustrating the risks of targeting people without ensuring that meaningful supports actually follow. Moreover, much of the SSYI and GRYD evidence examined community-level crime rather than the full range of participant-level outcomes.

A Promising New CVI Model Emerges in Philadelphia

YEAH Philly's [Violent Crime Initiative](#) (VCI) is a voluntary, community-based program serving young people ages 15–24 in West and Southwest Philadelphia who have been arrested for violent offenses or firearm-related crimes. Unlike many CVI models, VCI does not use street outreach or violence interruption as its primary strategy. Instead, it relies on intensive, relationship-based case management combined with legal advocacy, trusted mentorship, weekly stipends and emergency assistance, education and employment support, vocational training, and access to safe community spaces. The model is designed to address both immediate needs and longer-term goals while helping young people navigate the juvenile and adult legal systems. The theory of change predominantly hypothesizes measurable individual-level behavior change but also expects benefits to eventually accrue to the neighborhood and city level.

Temple University's preliminary evaluation (not yet published) followed 93 VCI participants with complete program data and compared arrest patterns before and after program entry. The analysis found that the rate of any arrest was 41% lower after participants entered VCI, while the rate of violent arrest was approximately 39% lower. By comparison, a matched group experienced only a 13% decline in any arrests and a 10% increase in violent arrests over the same pre-post period. The evaluation also documented meaningful court, education, and employment outcomes, including de-certifications from adult to juvenile court, shorter supervision periods, school reengagement, job preparation, and employment placements.

These findings provide preliminary promising evidence that voluntary, intensive, community-rooted case management can improve outcomes for young people at high risk of continued justice-system involvement even without a formal street-outreach component. VCI does not rely on credible messenger recruitment to encourage young people to join the program—the program is voluntary and many young people self-refer. Note that VCI's preliminary evaluation was conducted by one of the authors of this ARCVi guide; and that the evaluation study has not yet undergone peer review. The participatory process evaluation of VCI can be found [here](#). (In late 2026, VCI expanded to include young people from North Philadelphia.)

Findings from CVI Scoping Reviews

Scoping reviews contribute to the CVI evidence base in a different way than systematic reviews and meta-analyses focused on program effectiveness. A scoping review maps a broad and developing body of research, identifies the topics, methods, and measures being used, and reveals important gaps. Scoping reviews are especially useful for CVI because the field includes multiple program models, study designs, populations, implementation settings, and outcomes that cannot always be combined into a single estimate of effectiveness.

In Girma and colleagues (2025) scoping review, the authors reviewed 149 peer-reviewed and “gray literature” publications from 1996 through 2023 and documented a wide range of process measures, community-level outcomes, individual outcomes, and both asset-based and deficit-based indicators. (Gray literature means research and reports produced outside traditional academic publishing, such as government reports, evaluations, white papers, and organizational publications.) Their review showed that CVI research now examines much more than whether shootings declined, while also identifying continued weaknesses in study design, measurement consistency, and the accumulation of rigorous causal evidence.

Ramos and colleagues (2025) similarly mapped the topics, methods, and outcomes used across CVI research and evaluation. They found that the field is increasingly studying implementation, participant engagement, workforce experiences, mental health, community cohesion, and quality of life, although relatively few studies directly

measured program activities and findings on violence reduction remained mixed across settings. The review also underscored the need for stronger local data systems, technical assistance, data-sharing practices, and rigorous long-term evaluation.

Solomon and colleagues' (2025) scoping review focused specifically on how Cure Violence programs are implemented. The authors set out to identify the implementation conditions, strategies, and outcomes described in the literature and to use those findings to develop an Implementation Research Logic Model that could guide both practice and future research. Of 123 records initially identified, 29 publications met the criteria for inclusion, covering 19 distinct Cure Violence programs, most located in the United States. The review identified 42 implementation strategies across six areas: staff hiring and retention, training, violence detection and interruption, identifying and supporting people at high risk, changing community norms, and overall implementation and sustainability. Important conditions affecting implementation included stable funding, community trust, staff credibility and support, access to partner services, and the ability to adapt the model to local circumstances.

For practitioners, the Solomon et al. (2025) review offers a structured roadmap for planning, staffing, training, monitoring, adapting, and sustaining CVI programs modeled after Cure Violence. For researchers, it highlights the need to move beyond measuring fidelity alone and to test which specific implementation strategies produce better outcomes, how those strategies work, and how local context shapes their effects.

What this All Means for Programs, Funders, and Researchers

For programs, the foundation of working toward an evaluation of program success and building evidence is having a clear theory of change — an explicit account of how what the program does is supposed to lead to less violence. This means that each component and all outcomes hypothesized should be carefully connected together in a logical way. Then, program models can be defined explicitly: what services are delivered, by whom, at what intensity, over what duration, along with the population the program intends to reach, in terms specific enough to tell whether those enrolled are the people at highest risk. The theory of change should also specify the level at which benefits are expected to occur—whether primarily for individual participants, across a defined community or geographic area, or at both levels. Furthermore, programs that do not carefully match desired eligibility to who is actually enrolled are vulnerable to the long-standing finding that well-designed initiatives fail because they enroll the wrong participants, not because the model is wrong (Lipsey et al., 2010; Melde et al., 2011).

This is preparation for evaluation rather than evaluation itself. A rigorous evaluation study becomes possible once a program keeps records consistently enough to reconstruct enrollment, contacts, and exits, has referral criteria clear enough to support a defensible comparison group, and is operating at the strength the model requires. Getting there means treating data as part of the work: building internal capacity, partnering with researchers (or employing research-focused staff within the program) and supporting evaluation even when findings are uncomfortable. For practical guidance, see the ARCVI quick guide on "[How Can My Program Be Evaluated and Contribute to the Evidence Base?](#)"

For funders and policymakers, the evidence points toward the value of serious and sustained investment in community-based CVI — with “sustained” doing much of the work in that sentence. When grant cycles are shorter than the timeline on which an intervention is designed to operate, null findings can end up reflecting the funding structure as much as the model. Programs generally need time to hire and train credible staff, build standing in a neighborhood, and reach operational strength before their effects on violence can reasonably be assessed.

There is also a case for looking beyond direct services to the infrastructure that makes those services possible: workforce development and career pathways, supervision, staff safety and wellness, data capacity, implementation support, evaluation, and long-term organizational stability. Outreach and violence interruption work is delivered by people who often carry the same exposure to violence and loss as the participants they serve, and turnover in that workforce is a real threat to a model built on relationships. Data and evaluation capacity may warrant particular attention, since its absence tends to produce a self-reinforcing cycle: programs without evaluation evidence are excluded from evidence-based registries, and that exclusion limits access to the funding that would generate the evidence. Funders are among the few actors positioned to interrupt that cycle.

For researchers, the task is to build a body of evidence that matches the complexity of the work rather than only what is easiest to measure. This means designing evaluations that test the causal mechanisms a program claims to activate, not just whether aggregate violence declined in a target area — for street outreach and violence interruption, that means examining whether norms, conflict mediation, and relationships with participants are changing in the ways the theory of change specifies. It means using qualitative and mixed methods to open the black box of how programs actually operate, and pairing impact evaluation with systematic process and implementation study so the field can distinguish a model that does not work from a model that was not delivered. It means engaging communities and participants in framing research questions and defining meaningful outcomes, since what researchers count as impact often differs from what residents and program participants value. It means asking not only who benefits from an intervention, but who is burdened by it. And it means publishing what does not work alongside what does, because selective reporting of favorable findings distorts the evidence base and forecloses the learning that failure makes possible (Roman, 2021; Rosenthal, 1979; Weisburd et al., 2001).

Conclusion

Community-based CVI can reduce violence and improve related outcomes, but effects are not automatic. Recent systematic reviews and meta-analytic work provide increasingly favorable evidence for street outreach, violence interruption, and more comprehensive case management programs like Cure Violence, while also showing that results depend on targeting, implementation quality, local context, program intensity, and study design.

At the same time, broad review categories can conceal important differences in what programs actually deliver. For example, the Campbell Collaboration review required programs to include street outreach and conflict mediation, but Cure Violence and many related models may also include intensive case management, service coordination, and longer-term participant support. As described in a recent evaluation of Safe Streets Baltimore (Tilchin et al., 2026), however, not every site based on a Cure Violence model implements intensive case management, and the intensity and quality of this component can vary considerably across programs. Baltimore Safe Streets, which was first implemented in 2007, is now typically referred to as a “[violence interrupter program](#)” and not focused on case management. Because case management is typically more intensive than outreach or mediation alone, future systematic and meta-analytic reviews should identify and compare specific program components (if possible) rather than treating all outreach-based models as equivalent.

The field has moved beyond asking whether community-based CVI should be taken seriously. The more useful questions are which combinations of outreach, mediation, case management, and other supports work best for whom, under what conditions, how these components can be implemented with sufficient quality and intensity, and how programs can be evaluated fairly and sustained over time (Buggs, 2022; Huckle, 2024; Ramos et al., 2025; Ross et al., 2025; Solomon et al., 2025).

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- What is the Current Evidence Supporting Hospital-based Violence Intervention Programs (HVIPs)?
- What Does the Research Say about “Best Practices” in Community Violence Intervention (CVI)?

ARCvi.org is an initiative of the [Public Policy Lab](#) in Temple University's College of Liberal Arts. The website was designed to deliver curated resources and tools to community-centered programs focused on reducing community violence. This effort has been supported in part by the Stoneleigh Foundation and the Green Family Foundation.