CANAL COMMUNITIES
COMMUNITY-BASED
PUBLIC SAFETY STRATEGY



# MOVING TOWARDS A PUBLIC HEALTH APPROACH TO VIOLENCE

**LYNN RUANE**
COMMISSIONED BY THE CANAL COMMUNITIES
LOCAL DRUG AND ALCOHOL TASKFORCE

**Cover Art** by Jordanne Jones

**Design and Layout:**
Creative Workers' Cooperative
www.creativeworkerscooperative.com

**Canal Communities Local Drug
and Alcohol Task Force**
https://ccldatf.ie/
Address: 74 Tyrconnell Road,
Inchicore, Dublin 8

**Administrator:** Elaine Whelan
Phone: 086 384 5542
Email: admin@ccldatf.ie

**Coordinator:** Ger Doherty
Phone: 086 384 5565
Email: coordinator@ccldatf.ie

**2025**

# Executive Summary

The evolving concept of public safety transcends merely reducing violence and trauma. It emphasises creating opportunities, ensuring access to living-wage jobs, and providing quality after-school programmes and pro-social activities. A holistic approach to violence prevention is crucial, integrating public health and community-driven strategies.

It must be noted, however, that the wide reaching and all-encompassing efforts of public safety differ from the targeted violence interventions, and therefore, the sections of this strategy that look at Group Violence Intervention (GVI) and Focused Deterrence (FD) should be taken in isolation from the others in regard to actions. Ultimately, over time, they would all complement each other to create a safer society for all, but GVI and FD are targeted strategies to reduce and interrupt violence in the now and continue over time.

*Building trust and transparency between services and the community is essential for effective collaboration. Reconnecting with the community is key to intervention and prevention, as this engagement will provide services with deeper insights into the community's needs and enhance community relations and relationships.*

The Canal Communities *Community Based Public Safety strategy* seeks to reduce violence through targeted interventions initiatives, focusing on vulnerable communities. Key strategies include relationship-based violence prevention, engaging community members as credible safety professionals, and fostering community self-determination. The project underscores the importance of collaborative relationships, utilising community infrastructure to support violence prevention, victim support, and community healing.

Central to the plan is investment in cultural, gender, and age-appropriate development supports for individuals at the centre of violence cycles, addressing core drivers like economic needs and mental health. By understanding the stressors in violent environments, a non-judgemental approach can help perpetrators transform their behaviours.

Key metrics for success include reducing community violence incidents, increasing trained safety practitioners, and improving community mental health indicators.

**MOVING TOWARDS A PUBLIC HEALTH APPROACH TO VIOLENCE**

The project emphasises public health strategies to understand violence's root causes, advocating for policy changes to address social determinants like poverty and inequality in parallel to the violence disruptions by the community violence intervention workforce.

To enhance community engagement, services should actively participate in local events, foster peer support networks, and provide comprehensive training for service providers. Building trust and transparency between services and the community is essential for effective collaboration. Reconnecting with the community is key to intervention and prevention, as this engagement will provide services with deeper insights into the community's needs and enhance community relations and relationships.

This strategy aims to redefine public safety through community-led solutions and targeted interventions focusing on healing, prevention, and empowerment to create safer, thriving communities. This strategy is underpinned by the recognition and evidence that violence is preventable.

# Methods and Origins

## A. Why the Task Force Wanted a Plan Like This.

Violence has been prevalent across the communities we live and work in for many decades. While it has manifested in many ways, depending on the context and environments, we are yet to create and implement a response that is multifaceted and dynamic enough to really tackle violence and its core drivers: poverty, substance use, the illicit drug trade and other complex adverse childhood experiences, trauma and often intersections with mental health.

Notwithstanding the committed efforts of community members and statutory, voluntary, and community organisations, there is a widespread local belief that levels of violence are increasing.

The Canal Communities Local Drug and Alcohol Task Force and its sub-groups have repeatedly heard of incidents and patterns of serious violence, intimidation, fear and a general feeling of the absence of safety.

This has been accompanied by a sense that current responses are insufficient, and that new approaches must be tried. Recognising that violence has become the most pressing issue for local communities, the Task Force determined the need for a long-term plan aimed at significantly reducing violence in the Canal Communities area.

The Task Force decided to lead the development of this plan because of the recurring nature of violence and its impact in communities and services within the CCLDATF, and the Task Force's comprehensive representation of organisations likely to play a role in any concerted local response. The Canal Communities Community-Based Public Safety Strategy is the outcome.

## B. Methods

Following a tendering process, independent researcher Lynn Ruane was engaged to assist the Task Force in drafting this plan. The research process involved the following steps, conducted in consultation with a Steering Group established by the Task Force to guide the research:

- Extensive study of relevant international and Irish literature to identify and analyse initiatives in urban areas with issues similar to those of the Canal Communities area that have succeeded in significantly decreasing local violence in the medium to long term. This phase focused on successful examples from the USA, Scotland, and Sweden.

- Telephone calls and online meetings with individuals who have played leading roles in some of the identified initiatives. (See Appendices).

- Telephone, online, and in-person meetings with individuals involved in innovative responses to violence in Ireland.

- A series of in-person meetings with representatives of community-based public safety initiatives in the USA, held over nine days in New Jersey and New York.

- One evening session with approximately fifteen women who live, work or use services across the communities.

- Two three-hour workshops with young people in the Canal Communities area, focusing on their experiences, opinions, and feelings about violence. A creative approach was adopted, with group and one-on-one discussions, interspersed with artistic and sporting activities. Approximately twenty-eight young people, aged twelve to sixteen, participated.

- Two half-day workshops with representatives of a wide range of local and national organisations from the community, voluntary, and statutory

sectors. Participants considered first hand descriptions of violent incidents, identified ideal measures to respond to and prevent these incidents, and discussed current and potential responses. Approximately forty individuals participated, representing several organisations and state bodies. (See Appendices).

- One half-day session with nine men in Wheatfield prison sentenced for violent crimes aged between 19 to over 60 years old.

- A series of informal one-to-one and

group conversations between the researcher and people involved in violence, either as victims, or perpetrators, or both.

## C. Definitions

**Civic Organisation:** a non-profit group primarily established for educational, charitable, or community welfare purposes.

**Criminal Injuries Compensation Scheme:** As a victim of crime, you may be entitled to compensation under the Scheme of Compensation for Personal Injuries Criminally Inflicted (also known as "the Criminal Injuries Compensation Scheme")

**Community-Based Public Safety (CBPS) Model:** a relationship-based violence prevention and intervention model in which residents are employed and trained as credible, trusted public safety professionals who create safety in their own neighbourhoods.

**Community Engagement:** Engaging the wider community to communicate that they want violence to stop and those involved to be safe, provide support, and encourage reintegration in the community. Projects will often arrange engagement between the people who are the focus of the intervention and victims' family members and reformed former group members.

**Community Intervention to Reduce Violence (CIRV):** a focused deterrence strategy modelled on the Boston Ceasefire project and the Cincinnati Initiative to Reduce Violence.

**Community Violence:** Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home.

**Community Violence Intervention (CVI):** focus on individuals most at risk of being a victim of or committing an act of gun violence. CVI provides a public health approach to gun violence prevention, addressing the unique needs of the community where systemic racism, disinvestments, and trauma occur.

**Deterrence:** Clear communication of the consequences of violence and swift and certain enforcement if violence occurs.

**Focused Deterrence:** a 'pulling levers' policing model which focuses on high-level offenders.

**Group Violence Intervention (GVI):** a strategy that works specifically with a small number of people within a community that is considered to be active in group dynamics of violence which is focused on the behaviour of violence rather than other aspects or activities of the group. The aim of GVI is reducing violence, but as a result of GVI, it is also designed to reduce arrest, imprisonment, and interaction with the criminal justice system.

**'Group':** refers to any social network whose members commit violent crimes together.

**Health Alliance for Violence Intervention (HAVI):** a hospital-based intervention. In the United States it is a collaboration between hospitals and communities intending to heal communities impacted by violence in a trauma-informed way, developing violence intervention programmes using a public health framework.

1 Community Based Public Safety Collective 8

**Restorative Justice:** A process wherein those who have experienced harm and those who have caused that harm are enabled actively to participate in dialogue directly or indirectly with each other or in another

7

process that aims to repair the harm done, depending on the situation and the needs of the parties.

**Stakeholders:** in this case individuals or groups who have stakes in the CCLDATF and responses to violence in the state.

**Support:** Help for people involved in violence to access positive support and social services.

**Call-in:** The call-in is a face-to-face meeting between the GVI partnership and group members representing all groups in the GVI area. Police identify members of violent groups who can be compelled to attend the call-in via the terms of their probation or parole. The GVI partners present their message and ask the attendees to take what they have heard back to their groups.

## Definitions from CBPSC[1]:

**Violence Interrupter:** A professionally trained individual who responds to or intervenes in a social group/gang crisis and aftermath. Possesses the capability to mediate conflicts, prevent retaliatory shootings and handle rumour control. (AKA Community Interventionist).

**High-Risk Interventionist:** A specially trained and certified person who provides high-level crisis response to various situations causing trauma in a community. Responds when immediate response is necessary.

**Outreach Worker:** Connects to hard-to-reach members of the community and provides services outside the normal reach to individuals.

**Community Navigator:** Practitioner trained in multiple disciplines who coordinates with human services, public health and public safety providers. (AKA Social Worker).

**Community Health Worker:** Specially trained interventionist who responds to violence-prone individuals in a hospital setting. Connects individuals with services and mentoring needed to prevent additional violence.

**License to Operate:** Community leaders with connection and access needed for violence prevention and intervention, often referred to as LTOs. This person may be a freelancer, not formally connected to any organisation, but available to assist. CBPS organisations typically have relationships with numerous LTOs.

## D. Sources

See Bibliography and Appendices for all related references.

## E. Document Structure

The Strategy has five sections: project management, building partnerships, victims assistance, building bridges and restorative communities. While each section relates and intersect they do not rely on each other and can be implemented separately across varying timelines and with their own outcomes metrics. Each section discusses key elements, potential stakeholders and provides general insight into the frameworks but should be taken as live working

document that can grow and evolve as context, knowledge and skills do. There is a vast reading associated with various sections of strategy which can be found in the bibliography for your information and learning.

## F. Actions

*1.* Secure the necessary funding and employ a project manager to drive

the  implementation of this Strategy[1].

2. Source funding to engage representatives of successful US and Scottish community based public safety models in advisory capacities, to support the project manager and the community in developing local initiatives based on  those models.

3. Secure the necessary funding and employ community based public safety and violence intervention practitioners to  develop and implement a relationship based violence prevention and intervention model in which residents are employed and trained as credible, trusted  public safety professionals who create  safety in their own communities.

4. Foster and embed restorative practice in all relevant organisations serving the local  community, and in the community itself,  by:

   ▪ Initiating and supporting a Restorative Practice Working Group consisting of local  service providers and practitioners with  interest and experience in Restorative  Practice.

   ▪ Providing ongoing training and 'train the trainer' courses in Restorative Practice for service providers and the community.

   ▪ Organising a conference on Restorative Practice for residents and service providers.

   ▪ Promote the on-going use of Restorative Practice by schools, community, voluntary  and statutory services, by leading collaboration, mutual support and training amongst relevant organisations  and individuals.

5. Develop and run local campaigns and training focusing on violence intervention,  restorative practice, and healing for the  community, bringing greater connection  between all stakeholders.

6. Work towards a narrative change in how the community and service providers  talk about and understand violence, and how they should respond to it; central  to this narrative change must be the commitment to work in a targeted way with those who are closest to the cycles of  violence.

7. Call for Ireland and its State institutions to shift the focus to violence as a public  health issue.

8. Build collaborative approaches to community healing and justice, agreeing shared goals and principles, and involving  as many community members as possible, along with community, voluntary  and State organisations.

9. Lobby as a collective for State resources to support the collective's goals.

10. Work with partners to audit the physical spaces in the community that could be better utilised, so that premises become  multi-use and people's perceptions of  public spaces change.

11. Perform a local audit of the needs of victims, including, but not limited to, emotional, psychological, financial and  educational needs.

12. Encourage the State to create a more accessible, survivor-centred compensation system.

13. Work towards the long-term goal of establishing a centre of excellence for trauma, victims' assistance and healing  that is survivor-led, state-funded and  community based.

14. Implement a co-ordinated programme to revitalise and improve connections and relationships between community based organisations and the community as a whole, in which organisations will, for  example:

   ▪ organise and participate in, more activities away from their premises; ▪ seek and act on feedback from community members including those who have previously used services  and those who have not engaged with them.

- provide training for staff on how they can individually and collectively address any biases they may have, and how to identify unconscious bias. *15.* Organise a programme of workshops on harm and reconciliation within the

10

community and between community members and State bodies.

*16.* Work with partners to identify other key roles in the HSE to develop a parallel strategy for a 'Health Alliance for Violence Intervention'.

*17.* Collaborate with the Health Service Executive and relevant bodies to develop a hospital-based intervention. This collaboration between hospitals and communities intending to heal communities impacted by violence in a trauma-informed way, developing violence intervention programmes using a public health framework.

- Coordinate dialogue with health services with the aim of developing hospital-based interventions for victims of violence.
- Co-operate with Health Sector to work towards a public health approach to violence.
- Encourage and lobby the Department of Health to lead out on a bespoke health-based intervention that complements community-based public safety models.

*18.* With the participation of all stakeholders, and especially of community members, jointly develop quantitative and qualitative indicators to assess the effectiveness of all the actions set out here, and agree appropriate targets and monitoring methods.

**MOVING TOWARDS A PUBLIC HEALTH APPROACH TO VIOLENCE**

# Table of Contents

# 1. Introduction

*"If we really are going to define what public safety looks like, it's not merely the absence of violence, blood, and trauma. It's the presence of opportunity, the presence of promise, the presence and access of living wage jobs and quality after-school programs. And so we've never tried to pit a public health approach to violence prevention against policing. What we've tried to get people to understand is there needs to be an equitable investment in violence prevention, period".*

**(Reggie Moore, Director, Office of Violence Prevention, City of Milwaukee Health Department)**

## 1.1 Project Overview

The Canal Communities Community-Based Public Safety Strategy aims to redefine public safety by creating violence-free communities through a public health approach, targeted violence intervention strategies such as GVI, restorative practices frameworks and victim assistance and support. This involves investing in the education and training of community-based safety practitioners. The project aims to reduce community violence with targeted interventions and healing, supporting vulnerable communities and families. This initiative will employ a relationship-based violence prevention model, engaging residents as credible safety professionals to mediate conflicts and guide those at risk toward healthier choices.

## 1.2 Principles/ Mission Statement/Objectives

■ **Mission statement:** Strengthen

community leadership and healing by investing in the education and training of community-based public safety practitioners and organisations.

- **Vision:** Redefine public safety and create communities free from violence and trauma with an added focus on

restorative practices.

- **Objective:** End community violence with targeted interventions and healing underpinned by the public health framework.
  - **Outcomes:** Violence is preventable, not inevitable, and lives are saved.

## 1.3 How should we view perpetrators of violence?

Firstly, we must work from the assumption that many perpetrators of community violence were in many cases the victims of violence: political, economic, physical or sexual. Violence breeds violence. Secondly, we should be non-judgemental and ensure that the few displaying violent behaviours or committing violent crimes can end that cycle with the proper support and through recognition of the core drivers: shame, fear of humiliation, being a victim of violence, and the inability to meet one's economic needs. Lastly, it is crucial that people are safe and that there is a deep understanding of the relationship between poor mental health and violence, where there are any dual diagnoses or comorbidities. The more stressed a community/individual is, the more difficult it is to engage in learning and interventions. Therefore, it is essential when looking at perpetrators of violence that we also get a rounded view and insight into the stressors in their environment. Identifying and intervening successfully with the very small number of people at high risk for violence, both as victims and as perpetrators.

## 1.4 International Examples

Certain types of violence are concentrated in specific locations, by a small number of individuals and groups with particular sets of experience and understanding this is important for effective thinking on how to affect strategies that work.

Violence Intervention work is aimed at community violence with a group dynamic and although this can intersect with illicit drug markets it is not designed specifically for that reason. Thus, targeted Group Violence Intervention has proved effective in decreasing violence in the widest sense in communities in the US, where drug trafficking plays a much smaller part in "street gang" issues than it did decades ago (and often no part at all).

Drawing on the following international examples, the CCLDATF sets out the following frameworks as part of its community-based public safety strategy. Community-based

public safety and violence intervention practitioners assert that "You can't have public safety without the public", but who is public, and who decides who receives support and intervention and who does not? To meaningfully reduce violence and enhance absolute safety, this strategy acknowledges the community as everyone, regardless of the harm they have done or suffered.

Focused Deterrence models, such as GVI are internationally evidenced and will form the basis of the violence intervention aspects of the community safety strategy. Information

on these can be found here under Group Violence Intervention. Public safety professionals are used as an umbrella term to capture several roles in the violence intervention ecosystem: violence intervention workers, credible messengers, violence interrupters, mediators, and more.

## 1.5 System of Interventions

**Community-Based Public Safety (CBPS) Model:** a relationship-based violence prevention and intervention model in which residents are trained and employed as credible, trusted public safety professionals who create safety in their own communities. Within that system are several intersecting frameworks and practices that work side by-side but with different approaches and language. **Community Intervention to Reduce Violence (CIRV)** is a focused deterrence strategy modelled on the Boston Ceasefire project and the Cincinnati Initiative to Reduce Violence. **Group Violence**

14

**Intervention (GVI)** is a strategy that works specifically with a small number of people within a community that is active in group dynamics of violence which is focused on the behaviour of violence rather than other aspects or activities of the group. GVI is a strategy in the broader framework of focused deterrence, and is a particular intervention within focused deterrence.

The aim of GVI is reducing violence. It is also designed to reduce arrest, imprisonment, and interaction with the criminal justice system. For the purpose of the violence intervention work this section of the document should be read with that in mind i.e. that each intervention and framework is part of the ecosystem of violence intervention. The rest of the strategy, while aiming for the same goal of safe communities, should be viewed as a broader effort to enhance public safety and reinforce what services are already set up to do. The strategy acknowledges that investing in communities is essential for public safety.

## 1.6 Overarching Key Elements

1. **Relationship-Based Violence Prevention:** Train and employ community members to act as trusted public safety professionals, focusing on employing and training individuals with lived and living experience of violence to mediate disputes and prevent retaliation.
2. **Targeted Support and Outreach:** These include high-risk interventions and assertive outreach, which targets community members unaware of or far from the services.
3. **Community Engagement:** Foster a shared safety model rooted in care, and community self-determination.
4. **Community Infrastructure:** Establish Public Safety Centres focusing on violence prevention, victim support, and community healing.

This project is a dynamic and evolving initiative that will adapt to changing circumstances, and to insights gained throughout its development and implementation phases.

## 1.7 Group Violence Intervention

Group Violence Intervention (GVI), also known as "Operation Ceasefire," is a proven strategy for reducing serious violence in the United States, particularly within historically disadvantaged communities of colour. This approach targets the small number of identifiable street groups responsible for the majority of violence, rather than broadly focusing on communities at large. Key elements of GVI include direct communication with group members to express community disapproval of violence, offer support and assistance, and clearly outline legal consequences for continued violent behaviour. By doing so, GVI aims to protect individuals within these groups, keeping them safe and out of prison, while also fostering community trust and enhancing the legitimacy of the police. Over

two decades, this targeted intervention has consistently led to a reduction in serious violence across multiple cities.

In our context, we are looking to a particular experience of class rather than colour alone. We stress that most residents are not involved in violence and that a small number of identifiable groups are responsible for most of the violence in this area. While traditional policing methods can exacerbate community distrust and violence dynamics, GVI emphasises the importance of legitimacy within the criminal justice system, which fosters public trust and compliance. It seeks to enhance community capacity for violence prevention, to use enforcement strategically, and to improve police legitimacy.

## How does the GVI partnership aim to build legitimacy and promote voluntary compliance with the law?

The GVI partnership aims to build legitimacy and promote voluntary compliance with the law by fostering a relationship between the police and the community. This is achieved through several key strategies:

1. **Demonstrating Intentions:** Police engage with community members,

particularly those involved in groups, to show that they are moving away from harmful practices and are committed to supporting individuals, even those with criminal backgrounds.
2. **Open Communication:** The GVI strategy emphasises open and honest dialogue about police practices, which helps to build trust and legitimacy in the eyes of the community.
3. **Focus on Public Safety:** The partnership communicates its focus on violence and expresses a desire for groups and individuals to be safe and successful in their communities. This approach helps to align police goals with community aspirations.

4. **Clear Consequences:** GVI informs group members about the specific consequences of continued violence and how they will be held accountable, which promotes understanding and compliance with the law.
5. **Support and Outreach:** The partnership provides tailored support and outreach to group members, connecting them with opportunities for job training, housing, education, and other services. This demonstrates a commitment to their wellbeing and helps divert them from risky behaviours.
6. **Swift Action on Commitments:** By delivering on promises made to the community, GVI reinforces its legitimacy and builds trust, encouraging voluntary compliance with the law.

Through these strategies, GVI seeks to enhance the legitimacy of policing and promote a cooperative relationship with the community ultimately leading to reduced violence and improved public safety. This relies heavily on the criminal justice system recognising the necessary shift required in policing practices.

## What is the role of community moral voices in the GVI approach?

The role of community moral voices in the GVI (Group Violence Intervention) approach is to provide credible and respected perspectives

15

that emphasise the importance of violence prevention and community safety. During call-ins, custom notifications, and other gatherings, these community figures—such as ex-offenders, faith leaders, survivors of violence, and street outreach workers—communicate directly with group members about the focus on gun and violence with weapons, the desire for their safety and success, and the specific consequences for continuing violent behaviour. They articulate the community's love and hope for group members while highlighting the need for

accountability and the establishment of strong community norms against violence. This moral authority aims to foster voluntary compliance and deter violence by reinforcing the community's commitment to a safer environment.

## How does GVI prioritise voluntary compliance and deterrence over actual enforcement in high violence communities?

GVI prioritises voluntary compliance and deterrence over actual enforcement by communicating directly with group members before violence occurs. The approach focuses on informing these members about the partnership's emphasis on violence prevention, the desire for their safety and success in their communities, and the specific consequences for continuing violent behaviour. By establishing strong community norms against violence and emphasising the moral disapproval of violence during gatherings, GVI aims to foster a sense of accountability within the groups. Enforcement measures are reserved for instances when a group commits violence, allowing GVI to maintain a focus on prevention and support rather than punitive actions. This strategy is designed to build trust and cooperation within the community while addressing the root causes of violence.

16

### 1.7.1 Key Components of GVI

- **Direct Communication:** With group members, avoiding the term "gang" to emphasise community and group violence.
- **Relationship Building:** With the small percentage of people causing the most harm.
- **A Strong Community Message:**

disapproving of violence while promoting positive community relations and aspirations for desisting from violence. ▪

**Access to Supports:** Provision of concrete opportunities for short-term and long term support.

- ▪ **Clear Communication:** Clear communication of the legal risks associated with continued violence. Clear communication is key to all elements of GVI, including what is going to happen if a member of the group engages in violence.
- ▪ **Community Presence:** Where illicit drug trade intersects with violence clear communication emphasising that increased violence leads to heightened police presence, which may result in more arrests and negatively impact local illicit market profit, i.e. violence is bad for business campaign/message.

Through these strategies, GVI aims to create a safer community environment by addressing the root behaviour of violence and offering paths towards positive change. The Canal Communities Local Drug and Alcohol Task Force (CCLDATF) recognises the need for a model focused on extreme violence intervention. Despite existing support networks, community feedback in the research for this plan indicates a decline in service connection due to underfunding, the COVID-19 pandemic, and inadequate outreach efforts. Women, in particular, noted a lack of openness in services. Empowering the community through a new intervention model is vital in order to address these issues. This approach acknowledges the complex dynamics of breaking away from addiction and violence, emphasising group-focused support rather than targeting

individuals alone. The initiative aims to facilitate positive change and disrupt harmful cycles by fostering assertive street work and community engagement. Credible voices within the community play an essential role in

this work. Credible voices have respect, credibility and trust in the community. These voices can come from the residents themselves or from services. For example, in the US, some faith leaders have become credible within a community, and others are ex-gang members. For our own communities, a 'credible voice' may be, for instance, a popular teacher or a person who has lived and living experience of prison or addiction, etc.

Other jurisdictions, such as Scotland, have looked to the US models. The Scottish Violence Reduction Unit (SVRU) employs a public health approach to address violence, treating it as a preventable issue. This model has been pivotal in transforming Glasgow from its former status as the EU's "murder capital". SVRU's strategy prioritises understanding violence's root causes, fostering supportive community relationships, and mobilising broad community involvement.

## 1.8 Example of Scottish Initiatives

There are many initiatives in Scotland that would work well in Ireland and overlap specifically with youthwork in Ireland.

- **Community Initiative to Reduce Violence (CIRV):** This multi-agency effort reduces gang-related violence by targeting those at risk through community engagement and supportive interventions. It underscores the importance of addressing the social drivers of violence and offering credible support to individuals.
- **Youth Navigator Pilot:** Aimed at integrating community-based support within hospital systems to address the complex needs of young individuals, this initiative aligns with public health models, emphasising prevention and intervention. Since 2008, Scotland has seen a decrease in non-sexual violence,

attributed to these comprehensive

violence prevention strategies. The SVRU model has inspired similar frameworks elsewhere, suggesting potential benefits for Ireland if adapted appropriately.

Much like other international examples, similar actions are arrived at based on the experiences of Scotland, i.e.

- Develop training, toolkits, and a network of stakeholders to support community led violence prevention strategies such as Focused Deterrence.
- Encourage government and local agencies to adopt a public health perspective on violence, focusing on prevention rather than punitive measures.

## 1.9 Stakeholders

1. **Justice Agencies:**
   - An Garda Síochána
   - Probation
   - DRIVE
2. **Social Services:**
   - Department of Social Protection
   - Dublin City Council (Local Housing Authority)
   - HSE
   - Tusla
   - Educational Providers
   - Community Development Projects 3.
**Community Representatives:**
   - Local Community Leaders
   - Traveller Mediation Service
   - CCLDATF area: Community, Voluntary and Statutory Bodies
   - Individuals directly affected by violence
   - Credible Voices within the Community 4.
**Domestic and International Bodies:** ■ World Health Organisation
   - Relevant Universities and training bodies
   - Government Department responsible for health, community, justice and children
5. **Support Services:**
   - Healthcare and Addiction Services ■ Advocacy Groups

To address fears and concerns about working
with individuals displaying violent behaviours,

the following steps can be taken:

- **Training and Support:** Provide comprehensive training for service providers that focuses on understanding violent behaviours, de-escalation techniques, and strategies for engaging with individuals safely and constructively. This training should also address unconscious bias and how it may affect interactions.
- **Trauma Informed Practices:** Embed Trauma Informed Practices into all services, roles and interventions.
- **Community Engagement:** Encourage services to actively engage with the community, which can help build trust and understanding. This includes being present in the community and participating in local events, fostering relationships and reducing fears.
- **Peer Support Networks:** Establish peer support networks where service providers can share experiences, challenges, and strategies for dealing with violent behaviours. This can create a sense of solidarity and reduce feelings of isolation.
- **Clear Communication:** Ensure clear communication about policies and practices regarding violence and how they are addressed. This can include public meetings and discussions that involve community members and police.
- **Access to Resources:** Provide access to resources and

expert consultations  for services that may feel overwhelmed  or uncertain about handling specific  situations involving violent individuals.

### 1.9.1 Conclusion

In order to end cyclical, retaliatory community violence there must be investment in the cultural, gender and age appropriate development, health, and healing of individuals at the centre of the cycles of violence. This means investing resources and time in whole-community approaches that target, reach, and support the small percentage of people engaged in violence.

# 2. Project Manager

One young man in Dolphin House said to me, "Emotional regulation, not humiliation" That very same young man also said, "But how do ya even move from needing protection to allowing connection?" Firstly, that is the making of some great spoken word poetry, but it also points to some core issues for a project manager and the partners to address. The speaker's words captured the journey we all must take: a shift in understanding and narrative. This section underlines principles that will guide us towards safer communities, underpinned by those phrases that the young man used. We ask the reader to return to these two phrases as they move through each section.

The success of the implementation of any strategy is reliant not only on clear goals, partnerships, and objectives but also committed and energetic individuals who lead meaningful collaboration and project development. Ireland has yet to experience a community violence strategy that is not security- and/or enforcement-driven but underpinned by community development. Such a strategy would recognise that those closest to the issue are the ones with many of the solutions and that, without real investment, the capacity to implement the solutions is undermined. In working together towards community healing, this strategy recognises that people who cause the most harm to their communities and themselves are central to an effective and long-term improvement in community safety. Other organisations are doing this work in many different ways at a local and national level, and what is evident from the many contributions to this strategy is that there are people outside of traditional structures working in an informal way to reduce violence in their communities. This strategy aims to connect those dots and create safe communities that save lives. A Project Manager is needed to thread all the relevant actors together to build a transformative violence intervention initiative for everyone

20

in the communities of the Task Force area. The project manager's role is to develop all areas of the strategy with a specific focus on violence intervention. The restorative practice element of the plan does not require a project manager, but it would benefit greatly from the support a project manager could provide. This Community-Based Public Safety Strategy proposes a transformative approach to building safer communities by emphasising community-driven solutions rather than solely relying on short-term policing and enforcement measures. Central to this strategy is appointing a Project Manager to lead a collaborative effort among state actors, community projects, health services, and residents. This role is crucial in weaving

together these diverse components to develop and implement effective violence intervention initiatives.

## 2.1 Key Elements

**Key elements of the project management role include:**

1. **Community-Centric Approach:** Focus on public safety and address the small percentage of individuals contributing to community violence through GVI strategies. This involves partnerships with community projects, health and social services, residents and people with living and lived experience.

2. **Collaborative Relationships with Gardaí, Probation and other Justice Systems:** Establish strong, informal ties with the justice system to enhance de-escalation efforts and reduce the need for police intervention.

3. **Support and Outreach:** A team of Community Violence Intervention workers to engage with residents, build trust, and assess community needs. Support will also be provided to individuals returning from prison, leveraging their experiences to act as credible community voices to train and employ them in the violence intervention teams.

4. **Holistic Interventions:** Work with partners to develop a hospital-based Violence Intervention team to coordinate care for victims and break cycles of violence. This team will work closely with healthcare

providers to ensure comprehensive, trauma-informed support.

5. **Narrative Change and Education:** Organise campaigns and education to change  how violence is perceived and addressed amongst community members, workers and organisations.

6. **Collaboration And Training:** Foster restorative practices and community based public safety through training and collaboration involving community members and all relevant organisations.

This strategy underscores the need for sustained investment and partnership with international, national and local experts to create an effective framework for violence intervention. By fostering community development and restorative practices, the strategy aims to transform how violence  is understood and addressed, ultimately reducing the reliance on traditional criminal justice responses.

## 2.2 Stakeholders

**Stakeholders:**

1. **Project Manager:** Responsible for strategic planning and implementing the violence intervention initiative.

2. **Canal Communities Local Drug and**

**Alcohol Task Force (CCLDATF):** Host and support for the project manager.

3. **Community Projects:** Including local non profits and health services.

4. **Criminal Justice System:** Collaboration with justice system for a public health approach to violence.

5. **Community Residents and Credible Voices:** Engaged in spreading the message and supporting initiatives.

6. **Health Service Partners:** Collaborating on health-related aspects of the intervention.

## 2.3 Key Principles

The key principles that should guide the project manager in developing a violence intervention initiative based on the CCLDATF Strategy include:

- **Establishing Trust:** The project manager must build trust with criminal justice

22

system, social services, and community operational partners.

- **Understanding Communities:** A deep understanding of the communities involved and a commitment to violence intervention work is essential.

- **Collaboration:** The project manager should work collaboratively with community stakeholders, state bodies, and various partners to create a framework for implementation.

- **Public Health Approach:** Emphasising a public health approach to violence that seeks to reduce violence in the community rather than solely relying on arrest and imprisonment.

- **Qualitative and Quantitative Data Driven Strategies:** Developing and enhancing data collection and analysis to inform violence intervention efforts and community responses.

- **Community Engagement:** Fostering local campaigns and training focusing on restorative practice, violence intervention, and healing within the community.

- **Narrative Change:** Working towards changing the narrative around violence and reframing the public's understanding of criminal justice concerning violence intervention.

- **Sustainable Funding:** Securing adequate funding to support the initiative and alleviate pressures on local and national service providers, ensuring the credibility and effectiveness of the violence intervention work.

These principles are critical for the successful implementation of the violence intervention initiative.

## 2.4 Conclusion

This section outlines a comprehensive approach to community violence intervention, focusing on collaboration, public health perspectives, and community engagement to create a safer environment for all. It will be led by a project manager, supported by a Community Violence Intervention Workers team and a range of

partners.

# 3. Building Partnerships

Community violence remains a critical public health and societal challenge, often manifesting through interpersonal conflicts, incidences of violence, and cycles of violent incidents within communities. One response

to violence has been the Health Alliance for Violence Intervention in the USA, which relies heavily on its partners in the community.  The public health approach to violence  prevention, as set out by the World Health  Organisation, aims to improve health and  safety by addressing the underlying risk  factors of violence. It involves four key steps:

1. **Defining the Problem:** Systematically collect data to understand the magnitude and consequences of violence.
2. **Understanding Causes:** Research the causes and correlates of violence to identify modifiable risk factors.
3. **Evaluating Interventions:** Design and assess interventions to determine what effectively prevents violence.
4. **Implementing  Solutions:** Deploy  effective strategies across various settings, monitor their impact, and evaluate cost-effectiveness.

This approach seeks to benefit the most significant number of people by reducing and preventing violence at a population level through primary prevention programmes and policy interventions. Viewing violence primarily through a justice lens has limited effectiveness in ending violence. This strategy advocates for a shift towards a public health approach, recognising violence, including violent victimisation, as central to community health. This perspective encourages collaboration between health systems and justice models, focusing on prevention and comprehensive care for victims.
The partnerships between the project manager, state bodies, agencies, and the community can be strengthened to support a violence intervention team and strategy

26
  using a public health framework by focusing

on several key partnerships and areas:

1. **Identifying Shared Goals:** Collaboratively identifying shared goals and developing  a common mission and principles can  create a unified direction for all partners  involved. This alignment is crucial for driving the work of the violence intervention team.
2. **Collective Strength:** Working collectively with partners can enhance the strength and power of all sections of the strategy. This collaborative approach ensures that all voices are heard and resources are effectively pooled.
3. **Lobbying for Resources:** By lobbying  as a collective for state resources, the partnerships can secure the necessary funding and support to achieve their goals. This unified front can be more persuasive in advocating for the community's needs.
4. **Public Health Focus:** Shifting the focus to view violence as a public health issue can help in reframing the narrative around violence. This perspective encourages collaboration between justice and health systems, fostering trust and cooperation.
5. **Community Engagement:** Engaging the community in the process is essential. This can involve creating preventive rather than reactive initiatives.
6. **Auditing and Optimising Space:** Working with partners to audit the physical spaces available can lead to better utilisation of local premises, ensuring they become multi-use areas that serve various community needs. Making these spaces more conducive to community engagement and support.

By focusing on these areas, the partnerships can create a more integrated and effective violence intervention strategy that addresses the root causes of violence and promotes community well-being, connectedness and solidarity. This can be achieved in a number of ways:

- **Shared Use of Facilities:** Schools often have underutilised facilities during evenings, weekends, and summers. By opening these spaces for community activities such as arts initiatives, physical exercise programmes, youth cafes, and recovery events, schools can serve as community hubs, fostering stronger ties between the school and residents.

- **Partnership Development:** The project manager can work with existing services, state bodies, agencies, and community members to identify strategic partners.

This collaboration can lead to the development of shared goals and a common mission that aligns the school's and the community's interests.

- **Community Engagement Initiatives:** In collaboration with schools, Youth Projects and other local services, the project manager can host events that invite community members to participate in discussions, workshops, and activities that address local issues, including violence prevention. This engagement can help build trust and understanding

between the services and the community.

- **Creating a Safe Environment:** Schools can create a sense of safety and belonging by transforming school spaces into community support and activity venues. This can help shift perceptions of the school as a place solely for education to one integral to community well-being.

This can change how the local education, health and community services and the community perceive each other and encourage more community involvement. By implementing these strategies, schools and other statutory/state services can enhance their role within the community, promote positive relationships, and contribute to a collective effort to address issues violence.

Public health strategies can be used to address and prevent community violence by employing evidence-based interventions

28

that focus on understanding the root causes of violence and promoting community well being. In line with the four key steps outlined by WHO, the following actions will support implementing the strategy goals related to partnerships.

- **Data Collection and Analysis:** Gathering data on violence incidents to identify patterns and risk factors within communities. This information can help tailor interventions to specific needs.

- **Community Engagement:** Involving community members in developing and implementing violence prevention programmes. This ensures that strategies are culturally relevant and supported by those most affected.

- **Education and Awareness:** Raising awareness about the impacts of violence and promoting healthy relationships

through educational programmes in schools and community centres.

- **Access to Resources:** Providing access to mental health services, conflict resolution programmes, and support for victims of violence. Empowering health systems to support those affected by violence is crucial.

- **Collaboration with Stakeholders:** Working with the criminal justice system, social services, and community organisations to create a comprehensive approach to violence prevention that includes both public health and justice perspectives.

- **Policy Advocacy:** Advocating for policies that address the social determinants of health, such as poverty and inequality, which contribute to violence in communities.

By recognising violence as a public health issue, these strategies can help shift the narrative and create effective interventions that not only respond to violence but also work to prevent it from occurring in the first

place. The context provided emphasises the importance of placing violence, including gender-based violence, within a public health framework. To effectively address gender based violence within this framework, several strategies can be considered:

- **Understanding the Impact of Place and Poverty:** Recognising that escaping gender-based violence is influenced by factors such as place, poverty, and agency is crucial. Interventions should consider the specific community dynamics and resources available to individuals.

- **Empowering Health Systems:** Strengthening health systems to support

those affected by gender-based violence is essential. This includes ensuring that healthcare providers are trained to recognise and respond to signs of violence and provide appropriate care and support.

- **Collaboration with Key Stakeholders:** Engaging with various stakeholders under a public health banner can help develop comprehensive strategies. This includes collaboration between health services, social services, criminal justice system, and community organisations.

- **Creating New Pathways for Policymakers:** The strategy should aim to shift policymakers' narratives and understanding of gender-based violence, emphasising its public health implications. This can lead to more effective funding and intervention implementation.

- **Focus on Victimisation:** Understanding violent victimisation as a public health problem is vital. Interventions should address the needs of victims and provide them with the necessary support to recover and regain agency.

By integrating these approaches, gender based violence can be more effectively addressed within a public health framework, leading to better outcomes for individuals and communities through strong partnerships across communities, services and state bodies.

## 3.1 Stakeholders/Partners

1. **Healthcare Sector:** Hospitals, local healthcare providers, and public health officials.

2. **Community Organisations:** Youth Projects, outreach programmes, community leaders, and local NGOs.

3. **Education System:** Schools and educational authorities.

4. **Justice System:** Police and legal representatives.

5. **Policy Makers:** Government agencies, Dublin City Council and policy advocates.

## 3.2 Conclusion

By implementing these strategies, the project aims to create a sustainable and effective approach to reducing community violence through strong partnerships and a comprehensive public health framework.

# 4. Victim Assistance

The concept of victim assistance in public safety is evolving to prioritise survivor-led trauma recovery. This approach emphasises healing, recovery, and assistance for survivors  of violent crimes, moving away from outdated  narratives that create hierarchies of harm and  perfect victim narratives.

The Alliance for Safety and Justice[1] highlights that survivors often face numerous barriers to recovery, including unaddressed

psychological and physical trauma, which can lead to significant life challenges such as emotional distress, relationship issues, and substance abuse. Adopting a survivor-centred model shifts the focus to providing timely and effective support services, ensuring survivors have the necessary resources to rebuild their lives and maintain their well-being.

Victim support in Ireland is chronically underfunded and, in some ways, almost ignored outside the realms of criminal justice. Victims' rights appear to have focused on court proceedings, parole processes, and placing victims' rights at the centre of harsher laws and penalties. However, the trauma associated with being victimised has been largely ignored. These are questions that CCLDATF intends to explore locally through further research. Many of the contributions that fed into this strategy touched an array of unmet needs as victims of varying crime levels. Some touched on not being seen as victims due to convictions they had in the past, or indeed, their family had. The lack of response to victimisation was multilayered across different types of services.

## 4.1 Key Elements

1. **Survivor-Centred Research:** Victimisation is multilayered and requires a cohesive, informed approach to victim assistance.
2. **Targeted Supports and Expertise:** Long term interventions that are specialised and available for all impacted by the harm.

1 https://asj.allianceforsafetyandjustice.org/ 30

3. **Victim Assistance Fund:** There is a need to lobby and advocate for the creation of and access to a fund for support for all stages of a person's victimisation, for example, funeral costs, loss of income, counselling, and home adaptations. A review of the existing Compensation for Victims of Crime Fund is required.

4. **Specialised Advocacy:** As part of a comprehensive plan, every victim should have the option of an advocate to support them through all stages of the criminal justice process, regardless of the type of crime, including coroners' courts, etc

5. **Media Tool Kit and Training:** Stakeholders require the skills to change the narrative that categorises types of victims based on a) how they died and b) the circumstances and context of their lived lives.

6. **Victims' Rights in Media Reporting:** Insensitivity to victims in media coverage, for example, the level of detail described about people who have died violently, needs to be addressed. There are currently no ethics underpinning such reporting. If you are left a victim through the homicide of a loved one, then your dignity and wishes around reporting should be taken into consideration.

## 4.2 Stakeholders

1. **CCLDATF (Canal Communities Local Drug and Alcohol Task Force):** Lead organisation implementing the project.
2. **Alliance for Safety and Justice:** international Partner providing expertise on survivor-centred models.
3. **Local Community Organisations:** Engage in outreach and support services.
4. **Government Agencies:** Collaboration for policy changes and funding.
5. **Survivors and Advocacy Groups:** Direct input to ensure survivor needs are central.
6. **Mental Health Professionals:** Provide specialised trauma recovery services.

## 4.3 Conclusion

This section proposes the transformation of victim support by prioritising survivor-led recovery, ensuring comprehensive assistance, and reshaping public narratives around victimisation in Ireland.

community work that covers decades of life in these communities. Life moves and changes in many ways as generations grow and change and faces become unfamiliar to each other. People come and go, but for a core cohort of people, life on the estates, in the schools, and in the home has gone unchanged across many iterations of their family structures. This was evident in the scores of people who fed into this process with the same realities that preceded them in their families whose fears were of death, debt, poor housing conditions, lack of access to adequate housing, poor connection to services, and low visibility of services in the community. This section recognises this history of work and advocacy. Still, it seeks to re-evaluate its relationships with ever-changing communities and trends amid cost-of-living crises, the aftermath of COVID-19 and austerity's lingering and lasting impacts.

In many ways, the hours of conversations that were had in the development of this strategy do not point to all new solutions; many point back to how things were done in the past when people knew each other better—"when you got to shout at local young people to stop what they were doing if there was a fight breaking out, where you could call to your neighbour's door if your children were fighting, and where you could walk into your local community centre like you were part of it[1]."

# 5. Building Bridges: Community Reconnection

The Canal Communities Local Drug and Alcohol Task Force spans several communities, including Bluebell, Inchicore and Rialto. This strategy builds on a history of

**1 Local woman**

36

To ensure that local people are involved in the reconnection and enhancement of relationships between services and the community, several steps can be taken

based on the context provided:

- **Community Engagement:** Services should actively come out of their projects and engage with the community. This could involve participating in local events, clean-ups, or activities that foster interaction between service providers and community members.

- **Training and Support:** Training and support for service workers with fears or concerns about engaging with individuals displaying violent behaviours can help build confidence and facilitate better interactions.

- **Increase Activities:** Organising more activities on the streets and within the communities can create opportunities for residents to interact with service providers in a non-structured, informal setting, fostering trust and familiarity.

- **Incentivising Participation:** Encouraging local schools and young people to participate in community initiatives, such as planning and preparation for events like summer festivals or street parties, can enhance community spirit and involvement.

- **Building Trust:** It is essential to re establish trust between services and the parts of the community that are not being engaged. This can be achieved through transparency in operations and by recognising and addressing the personal circumstances and intergenerational harm that may affect community members and responding to that in a non-judgemental and active way.

- **Listening to Feedback:** Actively seeking and incorporating feedback from the community, including those who have previously used services or have not engaged with them, can help tailor approaches that resonate with the community's needs and desires.

# 6. Restorative Communities

Restorative Practices (RP) offer significant
opportunities at the community level,

particularly in youth, community, and drug work practices, as well as in schools. Good practice emphasises preventing re victimisation and building social capital through community development methods like participatory problem-solving, agency, and decision-making.

RP, grounded in evidence, develops skills and strategies that empower organisations to create enduring relationships. These practices creatively address conflict, violence, relationship breakdowns, and challenging behaviours, focusing on solutions that strengthen relationships.

To enhance understanding and awareness of restorative practice (RP) in the community, several steps can be taken:

## 6.1 Key Elements

1. **Training:** Develop a series of training sessions and/or a restorative community conference that includes residents, schools, youth workers, and other relevant service providers.

2. **Leverage Existing Structures:** Utilise existing structures and individuals already working in restorative practices to enhance understanding and implementation within the community.

3. **Relationships and Networks:** Strengthen relationships and networks among those already engaged in restorative practices. This could create a loose coalition of RP practitioners and projects, fostering collaboration and shared learning.

4. **Community of Practice:** Reignite peer initiatives like the community of practice for RP that was previously established in the Canal Communities Local Drug and Alcohol Task Force area, involving various

stakeholders such as schools, youth development programmes, and local partnerships.

The Restorative Practice worker and project manager will collaborate to develop a restorative community in the CCLDATF area by following a structured approach. They can:

- **Fund Training and Education:** Secure funding for training and education in restorative justice practices for local services. This will help build the skills of professionals who interact with citizens and can utilise restorative principles in their work.

- **Create a Local Working Group:** Establish a local working group on restorative practices (RP) that includes input from national experts and practitioners. This group can facilitate discussions and planning for restorative initiatives.

- **Develop a Restorative Practice Programme:** Work together to design and implement a restorative practice programme tailored to the needs of the CCLDATF area, ensuring it addresses the specific challenges and opportunities within the community.

- **Embed RP into All Services:** Focus on integrating restorative practices into all services, including schools and policing, particularly during interactions with young people at the JLO stage.

- **Leverage Existing Resources:** Utilise the knowledge and experiences of individuals who have previously participated in restorative practice training.

By working together in these areas, the BRIC/RP worker and project manager can strengthen relationships, enhance understanding of restorative practices, and create a supportive environment for developing a restorative community. By implementing these steps, the community can enhance its understanding of restorative practices, which can support the

# Acknowledgements

Firstly, Ireland has yet to develop a strategy like this, which introduces a new yet necessary and evidence-based shift in addressing violence. With this in mind, the first acknowledgement must go to the Canal Communities Local Drug and Alcohol Task Force to continue pushing for change and better, including all the residents, young people and projects who gave their time to this strategy. This strategy carves out a new path for the community and requires support and resources to bring into being for all who live and work in our communities.

I want to thank all who participated in developing this strategy, especially Robert Cullen, who so openly shared some of the darkest parts of himself and his experiences with us so that we could address and understand the drivers of violence. A special thank you to the research assistants and group facilitators, Dean Howe, Robert Somerville, Robbie Kitt, Tara Dempsey, Georgia Grogan and Caiden Ruane who worked alongside me to ensure that the workshops ran smoothly but in an open-minded and forward-thinking way. Many men who have experienced both being victimised and being the harm-doer so openly shared their time and experiences with me and other young people developing this strategy; I am incredibly grateful for their time and honesty.

There are several people, especially mothers, who opened their hearts and lives to us about the devastating losses of their sons to violence in the hope of seeing a society free from violence. Your contributions were influential and set a real challenge to us as a state to do better in preventing violent crime. Finally, thank you to the steering group, Carol Gouldsbury, Anita Koppenhofer, Nuala Nic Giobúin, Amanda Ellis, John Bissett, Ger Doherty and Pat Culhane for their direction throughout the last six months.

On behalf of the Canal Communities Local Drug and Alcohol Task Force, I would like to thank Senator Lynn Ruane for all her work in producing this strategy. Lynn's work rate, commitment and generosity have made this document possible, while her passion, knowledge and creativity have inspired us all. I would also like to thank the members of the Task Force and  its various sub-structures, especially the steering group for the research, for their on-going commitment to this process. Finally, I wish to express the gratitude of the Task Force to all the individuals who took part in the research, particularly all the community members, young, old and in-between, who contributed.

**Aoife Bairéad,**
Chairperson,
Canal Communities Local Drug & Alcohol Task Force

# Bibliography

Alliance for Safety and Justice and Crime Survivors for Safety and Justice. *Crime Survivors Speak 2024*: *A National Survey of Victims' Views on Safety and Justice,* 2024. Anderson, Lenore. *In Their Names*: *The Untold Story of Victims' Rights, Mass Incarceration,  and the Future of Public Safety*. New York ; London: The New Press, 2022.

An Garda Síochána. (2017). Crime Prevention and Reduction Strategy. Dublin: An Garda Síochána.

Basheer, Aquil, Christina Hoag, and Pete Carroll. *Peace In the Hood*: *Working with Gang Members to End the Violence*. Nashville, Tennessee: Hunter House, 2014.

Bleetman, A., Perry, C. H., Crawford, R., & Swann, I. J. (1997). Effect of Strathclyde police initiative  "operation blade" on accident and emergency attendances due to assault. Emergency  Medicine Journal, 14(3), 153–156. **https://doi.org/10.1136/emj.14.3.153**

Braga, Anthony A., David Weisburd, and Brandon Turchan. *Focused Deterrence Strategies and Crime Control.* Criminology & Public Policy 17, no. 1 (2018): 205–50. **https://doi.org/10.1111/1745-9133.12353.**

Braga, Anthony A., and David M. Kennedy. *A Framework for Addressing Violence and Serious Crime*: *Focused Deterrence, Legitimacy, and Prevention.* Elements in Criminology, February 2021. **https://doi.org/10.1017/9781108938143.**

Browne, K. D., K. Green, S. Jareno-Ripoll, and E. Paddock. *Knife Crime Offender Characteristics and Interventions – A Systematic Review.* Aggression and Violent Behavior 67 (November 1, 2022): 101774. **https://doi.org/10.1016/j.avb.2022.101774.**

Brunson, Rod K. *Focused Deterrence and Improved Police–Community Relations.* Criminology & Public Policy 14, no. 3 (2015): 507–14. **https://doi.org/10.1111/1745-9133.12141.** Californians for Safety and Justice. *Californians for Safety and Justice.* Californians for Safety  and Justice. Accessed February 3, 2025. **https://safeandjust.org/.**

Citizens Information. *Compensation for Victims of Crime.* Government. Citizens Information. Citizensinformation.ie. Ireland. Accessed February 3, 2025. **https://www.citizensinformation.ie/ en/justice/victims-of-crime/compensation-for-victims-of-crime/.**

City of Newark. *Cards*: *Occupy the Block.* City of Newark. Accessed February 5, 2025. **https://www.newarknj.gov/card/occupy-the-block.**

Community-Based Public Safety Collective. *Our-Team.* Our Team. CBPS Collective. Accessed  January 31, 2025. **https://www.cbpscollective.org/our-team.**

Community Justice, The National Institute for Criminal Justice Reform, The Health Alliance for Violence Intervention (HAVI), The Community-based Public Safety Collective, and  The Urban Peace Institute. *COMMUNITY VIOLENCE INTERVENTION ACTION PLAN*: *MAPPING TRANSFORMATION FOR THE FIELD FALL 2024,* 2024. **https://www.cviactionplan.com/.** Criminal Justice (Victims of Crime) Act 2017, Pub. L. No. 28 (2017).

Deshman, Abby, and Nicole Myers. *No, Longer Prison Sentences Do Not Reduce Crime.* CCLA (blog), September 16, 2022. **https://ccla.org/criminal-justice/no-longer-prison-sentences-do not-reduce-crime/.**

Donoghue, Caitlin, and Kirsten Russell. *Examining the Implementation and Evaluability of the You Decide Team Service.* You Decide Team, April 2024. **https://www.svru.co.uk/wp-content/uploads/2024/09/YDT-Feasiblity-Study.pdf.**

Engel, Robin S., Nicholas Corsaro, and M. Murat Ozer. *The Impact of Police on Criminal Justice Reform.* Criminology & Public Policy 16, no. 2 (2017): 375–402. **https://doi.org/10.1111/1745-9133.12299.**

Frierson, R. L., & Finkenbine, R. D. (2004). *Psychiatric and neurological characteristics of murder defendants referred for pretrial evaluation.* Journal of Forensic Sciences, 49 (3), 604–609. **https://europepmc.org/article/med/15171185.**

Gerard, F.J., Browne, K.D. and Whitfield, K.C., 2017. *Gender comparison of young people charged with murder in England and Wales.* International journal of offender therapy and comparative criminology, 61(4), pp.413-429.

Hamdulay, A. K., & Mash, R. (2011). T*he prevalence of substance use and its associations amongst students attending high school in Mitchells Plain, Cape Town.* South African Family Practice, 53(1), 83–90. **https://hdl.handle.net/10520/EJC80574.**

Hassan, Gerry. *VIOLENCE IS PREVENTABLE, NOT INEVITABLE The Story and Impact of the Scottish Violence Reduction Unit.* The Scottish Violence Reduction Unit, 2020. **https://www.svru.co.uk/wp-content/uploads/2020/02/VRU_Report_Digital_Extra_Lightweight.pdf.**

Houses of the Oireachtas. *An Garda Síochána – Wednesday, 10 Apr 2024 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas.* Government. Houses of the Oireachtas, April 10, 2024. Ireland. **https://www.oireachtas.ie/en/debates/question/2024-04-10/104.** Lally, Conor. *Number Needing Hospital Treatment after Knife Attacks Rises to 13-Year High.* The Irish Times, May 6, 2024. **https://www.irishtimes.com/crime-law/2024/05/06/number needing-hospital-treatment-after-knife-attacks-rises-to-13-year-high/.**

Marder, Ian. *Does the Public Want Harsher Sentences for Criminals?* RTÉ, May 17, 2024. **https://www.rte.ie/brainstorm/2024/0517/1449489-public-attitudes-criminal-justice-issues/.**

McGregor, Alan, and Margaret McConnachie. *Social Exclusion, Urban Regeneration and Economic Reintegration.* Urban Studies 32, no. 10 (1995): 1587–1600. **https://www.jstor.org/ stable/43198090.**

McVie, S. (2010). *Gang membership and knife carrying: Findings from the Edinburgh study of youth transitions and crime.* Scottish Government Social Research. **https://www.sccjr.ac.uk/ publication/gang-membership-and-knife-carrying-findings-from-the-edinburgh-study-of youth-transitions-and-crime/.**

Meares, Tracey. *The Legitimacy of Police Among Young African-American Men.* Marquette Law Review 92, no. 4 (September 2, 2009): 651. **https://scholarship.law.marquette.edu/mulr/vol92/iss4/2.**

National Network for Safety at John Jay College. *SUPPORT AND OUTREACH WHITE PAPER.* National Network for Safe Communities at John Jay College, n.d.

National Network for Safey at John Jay College. *ACKNOWLEDGEMENT OF HARM: RECONCILIATION PRACTICE BRIEF.* Accessed April 2, 2025. **https://nnscommunities.org/guides/acknowledgement-of-harm-reconciliation-practice-brief/.**

National Alliance of Trauma Recovery Centers. *TRAUMA RECOVERY CENTERS: Addressing the Needs of Underserved Crime Survivors.* National Alliance of Trauma Recovery Centers, January 2020.

Nolan, Jack. *Darndale: A Long View of an Enduring Plan.* Dublin City Council, 2020. **https://darndaletogether.ie/nolan-report/.**

No Knives Better Lives. *Supporting Young People to Make More Positive Choices When It*

*Comes to Knife Crime and Youth Violence.* No Knives Better Lives, November 24, 2021. h**ttps://www.noknivesbetterlives.com/.**

Oliphant, S. N., Mouch, C. A., Rowhani-Rahbar, A., Hargarten, S., Jay, J., Hemenway, D., Zimmerman, M., & Carter, P. M. (2019). *A scoping review of patterns, motives, and risk and protective factors for adolescent firearm carriage.* Journal of Behavioral Medicine, 42(4), 763–810. **https://doi.org/10.1007/s10865-019-00048-x.**

*Restorative Justice: Strategies for Change. Service Map.* Restorative Justice. Accessed February 4, 2025. **https://restorativejustice.ie/service-map/.**

Restorative Justice: Strategies for Change. *Briefing for the Criminal Justice Strategic Committee,* May 19, 2021. **https://restorativejustice.ie/wp-content/uploads/2021/06/Briefing-for-CJSC_final.pdf.**

Restorative Practices Ireland. *Strategic Plan 2021 - 2024.* Accessed April 2, 2025. **https://www. restorativepracticesireland.ie/wp-content/uploads/2023/10/RPI_20210316_Strategic-Plan-Final. pdf.**

Russell, Kristen. *What Works to Prevent Youth Violence: A Summary of the Evidence.* Scottish Violence Reduction Unit, 2021. **https://www.svru.co.uk/wp-content/uploads/2021/02/570415_ SCT0121834710-001_p2_YVMainReport.pdf.**

Scottish Government. *Violence Prevention Framework for Scotland: Annual Progress Report 2023/2024.* Scottish Government, 2024.

Scottish Violence Reduction Unit. *A Violence Prevention Toolkit for Scotland. A Review of the Evidence.* Scottish Violence Reduction Unit, 2021. **https://www.svru.co.uk/wp-content/uploads/2023/03/Toolkit-Final-Version.pdf.** Scottish Violence Reduction Unit. *Violence Is Preventable.* Scottish Violence Reduction Unit. Accessed February 4, 2025. **https://www.svru.co.uk/.**

Skott, S., & McVie, S. (2019). *Reduction in homicide and violence in Scotland is largely explained by fewer gangs and less knife crime.* In Applied quantitative methods network research briefing 13. Edinburgh: University of Edinburgh.

Swatt, M.L. and He, N.P., 2006. *Exploring the difference between male and female intimate partner homicides: Revisiting the concept of situated transactions. Homicide Studies*, 10(4), pp.279-292.

The Health Alliance for Violence Intervention. *The Epidemic Of Community Violence.* HAVI: The Health Alliance for Violence Intervention. Accessed January 31, 2025. **https://www.thehavi.org/community-violence.**

The Health Alliance for Violence Intervention. *Standards and Indicators for Hospital-Based Violence Intervention Programs (HVIPs),* 2022.

Violence Reduction Unit. *Glasgow's Community Initiative to Reduce Violence.* Violence Reduction Unit, 2020.

Walsh, J.A. and Krienert, J.L., 2007. *Child–parent violence: An empirical analysis of offender, victim, and event characteristics in a national sample of reported incidents. Journal of family violence,* 22, pp.563-574.

Ward, L., Nicholas, S., & Willoughby, M. (2011). *An assessment of the tackling knives and serious youth violence action programme (TKAP)-phase II.* Research report 53. London: Home Office.

Wachtel, T. (2020). *International Instirute for Restorative Practice.* Retrieved May 25, 2020, from

**https://www.iirp.edu/restorative-practices/defining-restorative/**

Weisburd, David, and Malay K. Majimundar, eds. *Proactive Policing: Effects on Crime and Communities.* Washington, D.C.: National Academies Press, 2018. **https://doi.org/10.17226/24928.**

Williams, D. J., Currie, D., Linden, W., & Donnelly, P. D. (2014). *Addressing gang-related violence in Glasgow: A preliminary pragmatic quasi-experimental evaluation of the community initiative to reduce violence (CIRV).* Aggression and Violent Behavior, 19 (6), 686–691. **https://doi.org/10.1016/j.avb.2014.09.011.**

World Health Organisation. *Violence Prevention Alliance Approach.* World Health Organisation. Accessed February 1, 2025. **https://www.who.int/groups/violence-prevention-alliance/approach.**

Youth Navigator. *Youth Navigator – Medics Against Violence.* Youth Navigator. Accessed February 4, 2025. **https://www.mav.scot/youthnavigator.**

# Appendices

List of agencies, academics, individuals and site visits undertaken and engaged with in the development of this plan.

Aqeela Sherrills, A nationally recognised expert in victim service and community based public safety, Aqeela has created and led multi-million-dollar nonprofit organisations focused on reducing violence and fostering safety in urban communities and advised The International Association of Chiefs of Police.

Aquil Basheer, the founder and executive director of the Brotherhood Unified for Independent Leadership Through Discipline Program (BUILD). He is an expert on violence intermediation, public safety and hardcore gang intervention.

David M Kennedy, An American Criminologist, Kennedy developed the Operation Ceasefire group violence intervention in Boston in the 1990s and the High Point Model drug market intervention in High Point, North Carolina.

Kyung-Ji Kate Rhee, Co-Director of the Centre for NuLeadership on Human Justice and Healing.

Karyn McCluskey, Karyn McCluskey is Chief Executive of Community Justice Scotland, whose aim is to drive progress in the field of community justice.

Penelope Gibbs, Director at Transform Justice. Transform Justice use research and evidence to show how the system works and what needs to change - then they persuade politicians and policy makers to make those changes.

Talib Hudson, National Network for Safe Communities, USA. Talib's work looks at Focused Deterrence - Focused deterrence has emerged as an important theoretical framework for addressing violence prevention and crime reduction; has produced a set

of proven, evidence-based approaches to homicide, gun violence, open-air drug markets, intimate partner violence, and provides a guide to thinking about and acting on new, substantive problems.

Child Development Initiative

**Workshops - Representatives from**

■ An Garda Siochana

■ Irish Prison Service

■ Academics and Criminologists from Maynooth University

■ Probation

■ Department of the Taoiseach

■ TUSLA

■ Rialto Community Drug Team

■ Frontline

■ Bluebell CDP

■ CORE Youth Services

■ Bluebell Youth Project

■ Rialto Youth Project

■ Canal Communities Local Drug and Alcohol Task Force

■ Merchants Quay Ireland

■ Children's Rights Alliance

■ Saol Project

■ UISCE

■ Citywide

■ The Glencree Centre for Peace & Reconciliation

■ Dublin South Central Community Safety Forum Coordinato r ■ Service User Forum

■ Residents from CCLDATF areas

■ Local men close to cycles of violence. ■ Young People from Core Youth Service and Bluebell Youth Project.

■ Men in Wheatfield Prison

■ Men in Mountjoy Prison

■ Men recently released from prison. ■ DRIVE

■ Policing Forum

■ Parole Board

**Field Research**

People who are involved in either drug markets or are close to the cycle of violence across the Canal Communities fed into the strategy through dialogue in an unofficial way, on stairways, in homes, over the phone and in homes.