Connecticut Violence Intervention Program currently serves youth that are engaged in the riskiest activity in the greater New Haven community. By risky, we allude to youth engaged or at risk of engaging in community violence such as gang involvement, shooting, truancy, or disengagement. We are contracted to work with youth ages 13-24; those in the public school system, those returning from detention/correction and victims of community violence. We currently accept referrals from New Haven Juvenile Probation, New Haven Adult Probation, New Haven Parole Division, Yale New Haven Hospital, Clifford Beers, Hill Health Center, New Haven and Hamden Police as well as local schools. We interrupt violence of the highest risk youth through prevention of retaliation, mediating conflicts and keeping conflicts "cool." We address the needs of the highest-risk youth through assessment of their riskiest thoughts and behaviors, changing of their behaviors and values, and referral to treatment based on the riskiest thoughts or needs. We change community norms by responding immediately to shootings, organizing community partners to provide support and services, and spreading positive social norms, which promote and model prosocial behaviors.

The VPPs understand that addressing conflicts and issues immediately is paramount to thwarting retaliation and adding to the climate of violence. They utilize their community ties and review of social media to identify activity that could result in community violence. They are trained in mediation techniques and have conducted successful mediations which have led to no resulting violence or arrests.

CTVIP has established strong community ties and positive reputation through relationship building capacities and the use of Cognitive behavioral therapy with the riskiest youth. From 2007-2022, Violence Prevention Professionals identified several groups and gangs operating in violence silos in New Haven. Our Violence Prevention Professionals received referrals from local, state, and Federal authorities to engage the highest risk youth.

To address this risky population, it is paramount that we build and sustain relationships with our participants. This group has experienced untreated trauma sling with neglect and abandonment from trusted adults, which increases their anger and unwillingness to engage in establishment. At minimum it takes youth six months to build a relationship with their VPPs and begin the trust process of completing an effective assessment, with subsequent referrals to address their individual needs and reduce their risk to participate in violent behavior. Our continued consistency with participants has created a safe therapeutic environment for participants to maximize our program benefits. In conclusion, extended funding of our VPP programming is needed to ensure a nurturing collaboration between the staff and participants is required if we seek to produce successful results. None of this work occurs overnight; it takes years of engagement to change the thinking of our participants from law breaking to law abiding. As such consistent funding must exist concurrently for similarly situated programs in our state.

Regards,

Leonard Jahad

Leonard Jahad
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