
CONNECTICUT
Public Health
2026 CVI SUMMIT
Summary Report
PREPARED BY
Connecticut Children's

2026 Community Violence Intervention Summit

Introduction

On March 25, 2026, over 160 members of the Community Violence Intervention (CVI) ecosystem in Connecticut gathered at the Connecticut Convention Center for the second annual CVI Summit. This year's event was held with the support of the Connecticut Department of Public Health and organized by Connecticut Children's. Attendees included frontline workers, hospital staff, law enforcement, researchers, community-based organization staff, and government officials, and came from Hartford, New Haven, Bridgeport, Waterbury, New London, and Stamford. Many of the organizations and localities represented have received funding from the Connecticut Department of Public Health to do community violence prevention work, or will be receiving funding under their current grant cycle. The work these organizations do includes street outreach, intervention and de-escalation, social emotional learning programming in schools, support and resource navigation for people returning home from incarceration, parenting education for young dads connected to the criminal legal system, and more.

The 2026 CVI Summit featured two keynote speeches. Dr. Kendell Coker, Associate Professor of Psychology at Connecticut College, provided a morning keynote entitled "Community Gun Violence: A Preventable Trauma", and Dr. Manisha Juthani, Commissioner of the Connecticut Department of Public Health, gave an afternoon keynote address on Connecticut's efforts to address community gun violence as a public health problem. Attendees also saw two general sessions, one with a panel of Connecticut youth and one with a panel of survivors of gun violence. The three breakout sessions for the day centered on the experiences of frontline CVI workers, the cycle of research, program implementation, and evaluation in the CVI field, and how to best advocate for sustained funding for CVI work on a local, state, and national level.

We would like to thank the Connecticut Department of Public Health, Ledge Light Health District, Yale School of Public Health, Hartford Communities That Care, the City of Hartford, Connecticut Against Gun Violence, Hartford HealthCare, Catalyst CT, COMPASS Youth Collaborative, and Mothers United Against Violence for their support in planning and executing this event.

SUMMIT AGENDA

CONNECTICUT Public Health

8AM-9AM Registration & Breakfast — BALLROOM C

9AM-10:15AM Morning Keynote — BALLROOM C

Welcome: Kevin Borrup, DrPH, JD, MPA, Exec. Dir. Injury Prevention Center, Connecticut Children's
Introduction: Brendan Campbell, MD, MPH, FACS, Dir. of Trauma & Injury Prevention Center Medical Director, Connecticut Children's
Keynote: Kendell Coker, PhD, JD, Assistant Professor of Psychology, Connecticut College
"Community Gun Violence: A Preventable Trauma"

10:30AM-11:45AM Breakout Session 1

"Interventions from the Front Line" — ROOM 21
"Bridging Science and Practice" — ROOM 22
"Fight for It, Claim It, Put it to Work: Advocating for Resources and Making the Most Impact in Communities" — ROOM 23

12PM-1:30PM Lunch Keynote & Youth Panel — BALLROOM C

Welcome: Mayor of Hartford Arunan Arulampalam, JD
Keynote: Commissioner Manisha Juthani, MD, Connecticut Department of Public Health
Youth Panel: "Safe Streets and Stronger Communities: A Youth Perspective"

1:45PM-3PM Breakout Session 2

"Interventions from the Front Line" — ROOM 21
"Bridging Science and Practice" — ROOM 22
"Fight for It, Claim It, Put it to Work: Advocating for Resources and Making the Most Impact in Communities" — ROOM 23

3:15PM-4:30PM Closing Session — BALLROOM C

Survivor Panel: "Listening to Men's Voices"

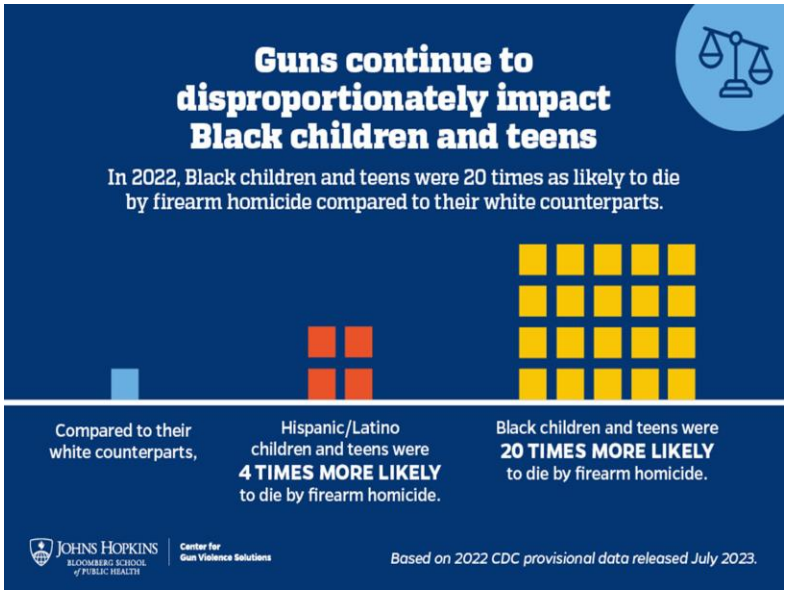
ORGANIZED BY Connecticut Children's

Connecticut Children's

Morning Keynote: Dr. Kendell Coker: Community Gun Violence: A Preventable Trauma

Dr. Kendell Coker grew up in Brooklyn, New York. He is a clinical psychologist with a specialization in forensic psychology and an attorney. He is currently an Associate Professor in the Department of Psychology at Connecticut College. His work focuses on the study of trauma, substance use, community violence, interpersonal violence, and the dynamics of group conflict. Kendell also talks about racial and health-related disparities in Black and Brown communities and the criminal justice system, as well as the impact of systemic bias and discrimination. He co-authored the gun violence prevention blueprint for the cities of New Haven and Bridgeport.

Dr. Kendell Coker started the day with a powerful keynote address about the trauma gun violence inflicts upon Black and Brown communities, and where typical mental health resources can fall short of supporting people in coping with persistent traumatic stress. The Bronfenbrenner Ecological Systems Model reminds us that people exist within systems, and can experience violence and trauma at multiple levels: interpersonally, within the systems they interact with regularly (like schools, workplaces, health systems, neighborhoods), and on a societal level (inequity created by policy, systemic racism). There are historic and persistent racial disparities in community gun violence: Hispanic/Latino children and teens are 4 times more likely to die by firearm homicide than white children and teens; Black children and teens are 20 times more likely. Dr. Coker suggested that typical mental health resources focus on helping people heal from past traumatic events, but may not be equipped to support people living in environments where they can encounter triggers and additional violence at any time. The media often represents Black and Brown victims of violence with less sympathy and more blame than white victims, which can exacerbate trauma for communities.



Community violence, the lack of investment in Black and Brown neighborhoods, and the stress of systemic racism contribute to mental health challenges. Suicide death rates for Black adults aged 18-27 surpassed rates of white adults aged 18-27 in 2024. Dr. Coker suspects that suicide deaths in the Black community are likely undercounted and that some Black people who die by homicide are also struggling with thoughts of suicide, which may lead to increased risk-taking. Suicide and mental health challenges are taboo in the Black community; dying by homicide may be viewed as more acceptable. Dr. Coker encouraged the audience to remember that kids who witness violence or experience violence carry that trauma as adults, and that data about violence often only captures the number of people who were shot, but many, many more people are affected by a shooting in their community or family. Dr. Coker shared that many people, including youth, self-medicate to cope with trauma. A young person he worked with said, "Nobody asks why I (self-medicate), they just punish me for doing it." In response to an audience question about stigma in the Black community around mental health and therapy, Dr. Coker said, "You don't have to be in formal therapy to have a therapeutic experience. Find what heals you. What brings you peace? Do that."

Dr. Coker highlighted the high costs of gun violence, including healthcare and legal costs for individuals, as well as the costs passed on to taxpayers (namely, the high cost of incarceration). In April 2025, the federal government rescinded over $140 million previously allocated to community violence prevention work. Dr. Coker's comments resonated sharply with the audience of community violence organizations: "It is a lifetime job to protect money for CVI

(community violence intervention). A new administration can undo everything. They may take all of our money, but that doesn't mean we stop doing the work. We've been doing the work since long before we got paid for it."

Calls to action:

- Gun violence prevention blueprints and strategic plans for Offices of Violence Prevention need to be actionable, and need to think beyond the first line of barriers. People do not just need jobs; they need jobs that pay a livable wage.
- For the young people in our lives: help them figure out what they are living for.
- When planning to use an evidence-based program, consider both the evidence and the implementation. Not all evidence-based programs replicate well in all communities. Do not let a commitment to fidelity of implementation get in the way of cultural competence.

Breakout Session: Interventions from the Front Line

Moderated by Ebony Epps, Catalyst CT, and Liz Giannetta, COMPASS Youth Collaborative

Featuring Diego Lopez and Diamond Jenkins, COMPASS Youth Collaborative, Anthony Marshall, Peace in the Streets, Da'ee McKnight, Family ReEntry, and Tyrone "Tiger" Whitaker, Connecticut Violence Intervention & Prevention

Liz Giannetta, Director of Programs for COMPASS Youth Collaborative, framed the conversation this way:

"Community violence intervention (CVI) is not a program. It is not a single strategy. And it's definitely not something that only happens after violence occurs. CVI is a public health and safety strategy rooted in prevention, trust, and healing. CVI is also about the people. The people who are closest to the pain, closest to the risk, and often closest to the solution. (CVI) requires relationships. It requires trust. It requires people who are willing to step into spaces where systems often cannot. On the front lines, violence is interrupted without weapons. It's de-escalated through relationships, credibility, and presence. It's addressed by connecting people to resources, support, and real opportunities. Not just reacting to the crisis but changing trajectories." Liz encouraged the audience to connect with the humanity of each of the panelists.

The panelists spoke about wanting to heal their communities because they had formerly destroyed their communities. For some, the work began while they were incarcerated. Not everyone is built for this kind of work. You have to learn how to love yourself, and you have to want your community to be better. The panelists expressed that representation is important: they lived through struggles, and they made it out. That might help someone in the community. When asked what the hardest thing about doing CVI work was, the speakers said many of their clients have untreated trauma, which they might deal with by using drugs or alcohol. It is also difficult to accept that you cannot change anyone; they have to do it themselves. CVI workers lose people, and it's hard not to take those losses personally. It is really painful to build a

relationship with a young person, to make plans for their future with them, and then not get to see those things happen.

The panelists highlighted patience, relentlessness, authenticity, and consistency as skills that are important to doing CVI work well. One panelist said, “You need to have a standard that makes you different from the other adults in their lives.” When meeting a young person for the first time, panelists said they let the youth be in control as much as possible, and they remain patient. It could take awhile to get to the real stuff going on with someone. You can’t start with the hard questions right away. It’s necessary to remove your own ego and agenda from the interaction; how you like to do things is not always what the young person will want or what’s best for them. Youth interact with so many different systems and so many case workers; they have a right to be skeptical. To build trust with a young person, listen and validate their experience. Be approachable; play basketball with them. Be welcoming. If they’re having a bad day, that shouldn’t affect how you receive them. Get good at dealing with rejection.

The group spoke about how to balance being real with young people alongside necessary boundaries. One person said, “Being real isn’t an on/off switch. If you do this work out of love, a young person will know. If you give information to the police, people will find out and that will damage your relationships. It’s not your job to do that.” Others mentioned being transparent and reminding the young people that you’re the adult in the room. Young people respect safety and consistency; they need to know that nothing bad will happen to them when they’re with a CVI worker. Young people feel safer around people who are acting like adults.

Moderators asked the panel how they cope with doing an emotional, stressful job. Their answers included:

- “I go to therapy every week.”
- “I go for long rides by myself.”
- “You have to be deliberate about recharging, because if you aren’t doing well, you can’t do the work well.”
- “COMPASS Youth Collaborative has a practice of doing morning and evening check-ins with staff; anyone who isn’t doing well doesn’t go out into the community that day. These check-ins use a color instead of a feeling word, which can make it more accessible for people.”

In closing, the group talked about misperceptions of the work and what the wins look like. Panelists shared that some people think that CVI workers make a lot of money, and that the work doesn't actually change anything. A lot of people don't believe in the slow, intentional process that CVI workers use to build relationships. One panelist said, "When something goes wrong, people think we should have been able to prevent it. It's hard to demonstrate the hundreds of interventions we're doing every day, the people who are not getting shot. We don't brag about the mediations we do that prevent violence." On the subject of successes and wins, panelists mentioned a new dad sending a picture of their kid, or someone getting their GED or their license. One panelist said, "I run into people out in the world, years later, and I can see that they're doing alright."

Breakout Session: Bridging Science and Practice

Moderated by Jennifer Leaño, Yale School of Public Health

Featuring Christopher Brechlin, COMPASS Youth Collaborative, Dr. Kendell Coker, Connecticut College, Dr. Susie DiVietro, Connecticut Children's, Sgt. Christopher Mastroianni, Hartford Police Department, and Dr. Christopher Morrison, Yale School of Public Health

Panelists in the Bridging Science and Practice breakout session stressed the importance of embracing a multidisciplinary definition of safety that includes physical, emotional, social, economic, structural, and identity-based dimensions. For all people to be and feel safe, we must address the root causes of violence: poverty, racism, and intergenerational trauma. We cannot expect to create full safety by only addressing individuals' behavior; we must change the systems people interact with.

Panelists discussed the importance of data for CVI organizations to do their work effectively. Street outreach workers and peacebuilders have a wealth of knowledge about what is happening in the community daily, and their lived experiences can add important context. Information from outreach workers about where violence is occurring or likely to occur, complemented with data from police departments, can help organizations map hotspots and

direct resources accordingly. Official sources of data (such as crime data from law enforcement agencies) is often limited in the story it tells; it may capture specific incidents, such as shootings or assaults, but it lacks context, the effects of accumulating trauma in neighborhoods, and events that are not reported.

The panel discussed the need for multiple strategies for safety in communities; law enforcement alone cannot prevent violence. As one panelist said, “There are no simple solutions to complex problems.” Communities often mistrust institutions like law enforcement, hospitals, and universities conducting research because of perceived racism, poor communication, and historical exploitation, which makes the need for community representation in these settings all the more important. Researchers can strengthen trust with community members and improve their work by conducting community-led or participatory research. Community members are engaged from the start, including defining the problem and the people affected by it, and guiding the research process. At the very least, researchers need to establish and maintain feedback loops with community representatives and to share their findings with anyone who participates in the research. Researchers can build trust through transparency, humility, and continuous engagement with communities - not only when they have a project they need help with.

Calls to action:

- Research institutions should train community organizations to collect, analyze, and own their data so they do not need to rely on institutions for this work.
- Integrate qualitative stories with quantitative data to capture lived experiences and important context.
- Consider who has the right to tell a community’s stories, and prioritize minimizing harm when collecting and using data from a community.
- Funders should prioritize prevention and community-based programs, which have a higher return-on-investment than punitive approaches.
- Create community review or oversight boards for studies to ensure accountability and that the results make it back to the community.

Breakout Session: Fight for It, Claim It, Put it to Work: Advocating for Resources and Making the Most Impact in Communities

Moderated by Chavon Campbell, City of Hartford, and Johanna Schubert, Hartford Communities That Care

Featuring Kalice Allen, Health Alliance for Violence Intervention, and Stacey Mayer, Connecticut Against Gun Violence

This breakout session centered on advocating for continued funding for CVI work at the local, state, and national levels. To advocate successfully in any of these arenas, stakeholders (which includes anyone who cares about making their community safer: CVI organizations and staff, community members, healthcare professionals, etc) need to identify overlapping values between violence prevention work and legislators' or other funders' priorities. One of the most effective ways to do this is with storytelling, especially when many legislators and funders are not from communities most impacted by gun violence. Kalice Allen, bringing a national perspective to the conversation from her role at the Health Alliance for Violence Intervention (the HAVI) spoke about the need to get creative in building coalitions and identifying untapped streams of funding for gun violence prevention. The avenue might be in partnership with people concerned about mental health or responsible social media use.

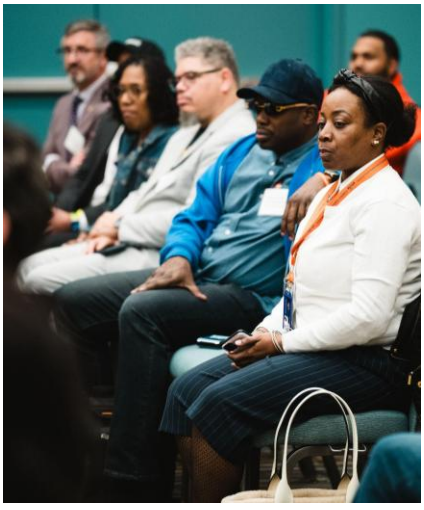
Chavon Campbell, Director of the Office of Violence Prevention for the City of Hartford, spoke about the importance of referencing accurate, timely data in our advocacy efforts. He cited

Hartford's data dashboard, which shows trends in public safety. There are limits to what data can accomplish, however, both in advocacy and in communicating with community members. Chavon remarked, "You can tell people that there's been a 50% decrease in homicide deaths in Hartford, but if their neighbor's kid was killed, it doesn't matter." There is sometimes a large gap between what the numbers show and how safe people actually feel. Many people do not know what CVI is or what people working in this field do; when we can make those stories visible, we can build support for the work and better connect community members to resources.

When asked why it is important that community members and CVI workers show up to provide testimony about funding or policy decisions related to gun violence prevention, panelists shared that legislators need to hear directly from their constituents on all important issues. Sometimes an economic message is the strongest for lawmakers: how much is gun violence costing our communities every year? Many of the people needing medical treatment from violent injury are on Medicaid, so the state is paying for these injuries. Meanwhile, the return on investment for preventing gun violence is $5 for every $1 spent. Community members and CVI workers are also the best people to change the narrative around CVI work; to speak to its effectiveness, to share on-the-ground stories about lives changed by these credible messengers. Kalice Allen shared that New Jersey has had success in changing the narrative around CVI work in the state by hiring a communications manager, whose role is to talk to community members about what they're seeing in their neighborhoods, and to share back with them what's happening at the state level. This position helps the community own the narrative and prevents organizations and government offices from tokenizing survivors. All panelists stressed that while speaking out about an issue can be healing for some people, it is not the responsibility of survivors or people harmed by gun violence to do this work.

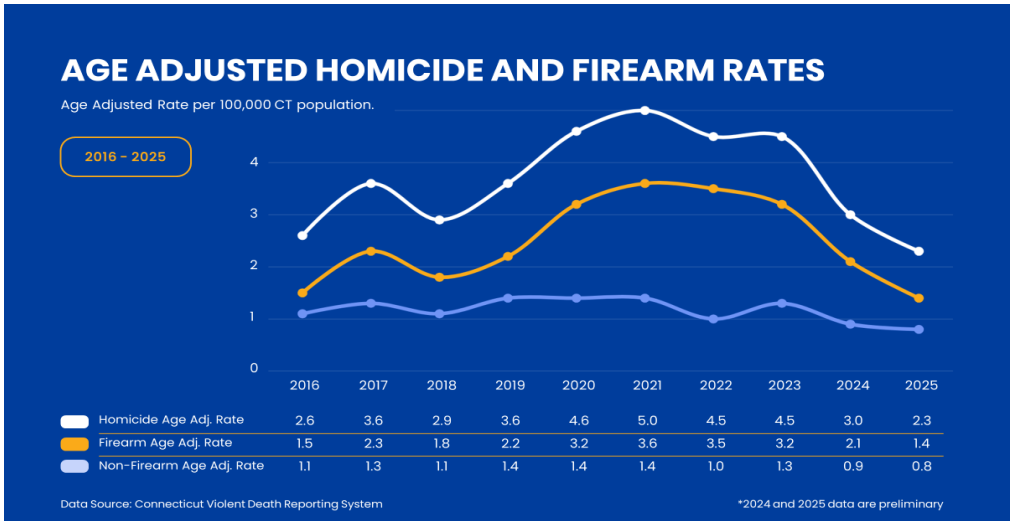
Calls to action:

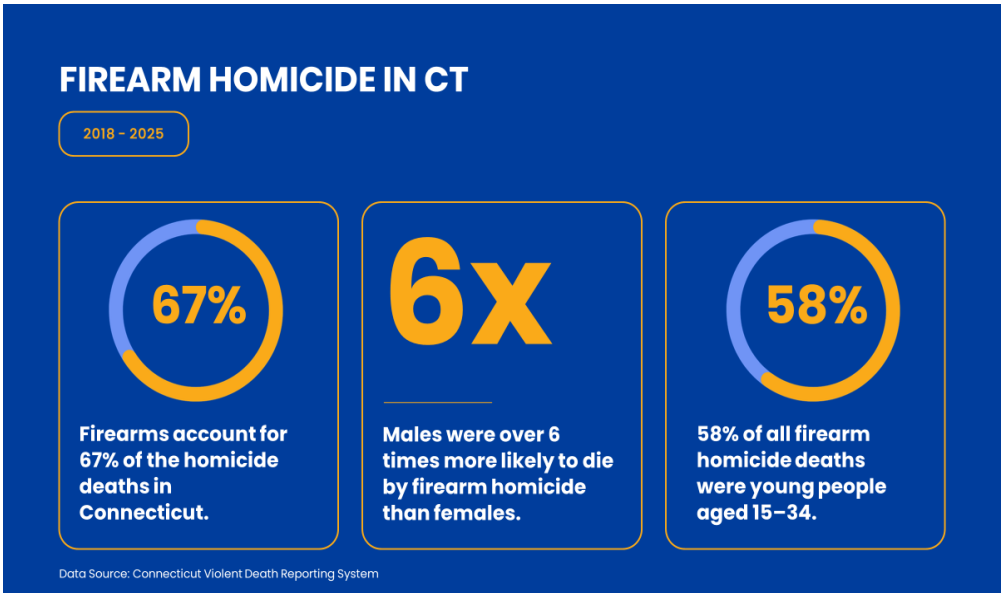
- Build coalitions, including across geography and across issues (mental health, suicide prevention) that are beyond community gun violence prevention.
- For organizations looking for funding for CVI work: talk to your local Offices of Violence Prevention. Talk to your mayors and city council members. Tell the story of CVI: the trends in violence, the struggles, and the wins.



Afternoon Keynote: Dr. Manisha Juthani, Commissioner of Connecticut Department of Public Health

Dr. Manisha Juthani, Commissioner of the Connecticut Department of Public Health, delivered a keynote on what it means to approach community gun violence as the public health issue that it is, and what the Department of Public Health is doing to advance CVI work in the state. A public health approach to violence prevention means collaboration across sectors: healthcare, education, community-based organizations, and government. It also means using data to understand what community gun violence looks like in Connecticut, and what prevention strategies will be most effective. CTDPH's Office of Firearm Injury Prevention has three key focus areas: strengthening prevention and intervention efforts, promoting safe firearm practices, and supporting data-driven initiatives. Commissioner Juthani shared data on trends in homicide deaths, firearm homicide deaths, and non-firearm homicide deaths from 2016 to 2025 in Connecticut, as well as gender, age, and race disparities in firearm homicide deaths in the state.





Commissioner Juthani shared the successes and impact of organizations funded by the Department of Public Health to carry out community violence prevention and intervention work over the last three years. A few notable outcomes:

- 100% of participants in the Teen Fathers Program at Greater Bridgeport Area Prevention Program increased the frequency of healthy interactions with their children.
- 200 community members helped prevent and disrupt violence through events like Brothers' Brunch and block parties facilitated by Ledge Light Health District.
- 89% of participants receiving services from Roca have reduced involvement in the criminal justice and child welfare systems.
- 97% of participants receiving cash assistance from 4-CT after a violent injury did not experience re-injury, and 83% were still in contact with the partner organization that distributed the cash.

Commissioner Juthani closed with information about the Department's next cohort of funded entities: six municipalities in the state are contracting with 33 community-based organizations, and the Yale School of Public Health will continue to provide evaluation support. Another Request for Applications for funding beginning July 2027 will be released this summer.

Scan the QR code below to learn more about all of the community-based organizations that have been funded to do community violence prevention work by the Connecticut Department of Public Health:

Youth Panel: Safe Streets and Stronger Communities: A Youth Perspective

Commissioner Manisha Juthani moderated a panel of Connecticut youth, who spoke powerfully about the effects of gun violence in their communities, what adults need to do differently, and what safety would look and feel like for them.

The youth on the panel spoke about their experiences with gun violence, whether through knowing friends or family who were shot, or because gun violence is prevalent in their neighborhoods. The panelists drove home the multitude of negative outcomes gun violence has on their lives, including constant stress about their own safety, avoiding friendships and relationships out of fear of losing people, and doing whatever they can to get out of their hometowns. The panelists said that adults don't always take seriously how harmful violence and the fear of violence can affect a young person's well-being. Youth can see how violence affects adults, including when adults have become numb to persistent violence. Young people want adults to have their backs.

When asked to share about a time someone intervened in their lives in a positive way, the panelists mentioned how beneficial sports were to their safety and for building a community, the youth workers from local CVI organizations who mentor them, and having supportive families. One panelist said, "Having a Peacebuilder changed my life. We don't always want to hear stuff from our parents, but my Peacebuilder got through to me when I was getting into trouble in Hartford. Having that person there was so important."

The youth spoke about mental health and the stigma around asking for help, which shows up for adults as well. They want adults to model asking for help and to share examples of times when they needed help, as a way to reduce the stigma. The panelists connected mental health to social media, both in positive and negative ways. They recognize that social media typically depicts only the best parts of people's lives, which can lead to comparison and low self-esteem. The panelists mentioned that some conflicts do start on social media and then lead to real-world violence. They did appreciate that social media can teach you lots of useful skills, like fixing a

bike, and can connect you to people who will become trusted members of your community. Organizations doing CVI work also use social media to get the word out about resources and events.

Commissioner Juthani asked the youth what a safe community would look like to them. Their answers included:

- “Mine is Hartford Communities That Cares.”
- “Safe community means being heard, people being helpful and considerate. No judgment.”
- “It looks like the suburbs. No violence. People who don’t have bad intentions.”
- “A safe place to live, where people can be who they are. Where everyone has your back.”

When asked what they wanted the adults in the room to remember from the conversation, the panelists said:

- “Grace. Everyone makes mistakes.”
- “We need support systems. Check in on the people in your life; it’ll make them feel safer and more comfortable around you.”
- “Be there. Be annoying! Keep bothering them and making the effort. Even if it seems like you aren’t getting through to them, keep trying.”

Survivor Panel: Listening to Men’s Voices

Moderated by Warren Hardy, Hartford HealthCare and Fred Phillips, Men Standing Up Against Violence

Featuring Angel Claxton, New Haven, Diego Lopez and Larry Johnson, COMPASS Youth Collaborative, and Charles Nixon, Fathers Helping Fathers, Inc.

The last panel of the day, made up of survivors of gun violence, many of whom are also working to prevent violence in their communities, touched on topics of grief, revenge,

finding strength and support, and masculinity. The panelists shared about their own experiences with violent injuries, but for many, they witnessed violence in their families and neighborhoods well before they themselves were shot. The panelists spoke about how crucial it was to have family members and outreach workers support them after being shot, specifically to prevent them from getting revenge on the person who hurt them. For some, being shot was the tipping point to change their lives. One panelist said that he did retaliate after being shot, and it wasn't until he was shot after having kids that he was able to make different choices. Many shared that they feel a responsibility to work with youth as a way to show gratitude for having another chance.

Panelists spoke of the need for trauma-informed services everywhere, whether someone is interacting with medical providers, law enforcement, or trying to find housing. We never know what someone has been through. One panelist said, about trauma, "It's like not unpacking a suitcase and not even realizing it's still in your room until you trip over it." The panelists agreed that in their communities, experiencing traumatic events is normalized. For the panelists working in the CVI field, the reality is that they confront trauma and grief regularly while on the job, and there is very little time to process it. A CVI worker can't do their job well if they haven't processed their own trauma. Those working in the field also spoke of the importance of having CVI workers be able to support victims of gun violence in the hospital, especially because many people working in hospitals look very different from victims of gun violence. One panelist wanted the audience to know, "We work with the perpetrators with the same empathy that we bring to the person who was shot. I had to learn how to forgive the person who shot me in order to continue in the work."

Afterword

The Community Violence Intervention (CVI) Summits are an opportunity for CVI practitioners in Connecticut to come together and share experiences. The conference in 2025 and this 2026 conference worked to center these voices. Both conferences surfaced themes of hope for the future, the need for collaboration, and the incredible resource of lived experience evident in CVI work. It is our hope that the voices of these practitioners serve to shape the CVI approach in Connecticut.

Over the last few years, with the establishment of the Office of Firearm Injury Prevention at the Department of Public Health, the State of Connecticut is investing significant funding into community gun violence intervention and prevention. The most prominent examples of this investment are the eighteen community-based organizations and local government offices that received funding in the form of Community Gun Violence Intervention and Prevention Grants over the last two years. Connecticut Children's has administered this funding and seen up close what committed funding for community violence intervention work can achieve.

The grantee CVI organizations employ a range of violence prevention strategies, including street outreach and engagement, mentoring, cognitive behavioral therapy, parenting support and education, case management and connection to resources, basic needs support, and social-emotional learning classes. For some organizations, this funding has meant hiring on the first paid staff their organization has ever had; for others, it has expanded their reach and made their life-saving work more accessible to those most in need.

As Connecticut Children's Injury Prevention Center ends its stewardship of the Department of Public Health's CVI grant program, we commit to continuing our partnerships across the state to advance our common purpose of keeping the people of Connecticut safe and injury-free. The cities funded under the latest round of grant funding have created focused collaborations in their geographic areas and we look forward to seeing further progress to end violence in our communities. These Summits highlight that no one organization can bring down rates of violence alone, but together we can make our communities safer.