

COMMUNITY VIOLENCE INTERVENTION

Roughly 13,500 lives are lost to gun homicides in the United States every year. Tens of thousands are shot and survive, suffering life-altering injuries and trauma. While the national conversation around gun violence often revolves around horrific incidents of mass shootings, the epicenter of our country’s gun homicide crisis is under-resourced communities of color. Black and Hispanic Americans make up less than a third of the population but account for nearly three-quarters of all gun homicide victims in the US.

Breaking the Cycle

Cities and states across the country have achieved rapid, sustained reductions in shootings by focusing resources on the small fraction of the population at highest risk for engaging in deadly violence. The strategies explored here—group violence intervention, relationship-based street outreach, and hospital-based violence intervention programs—are each rooted in this approach and have contributed to significantly cutting gun homicide rates in cities in as little as two years.



Promising Reductions

In implementing these strategies, the following cities have seen tremendous reductions in community violence in recent years:

NEW HAVEN, CT	70% REDUCTION IN HOMICIDES OVER 8 YEARS
RICHMOND, CA	70% REDUCTION IN HOMICIDES & SHOOTINGS OVER 10 YEARS
NEW YORK CITY	45% REDUCTION IN HOMICIDES OVER 9 YEARS
LOS ANGELES	34% REDUCTION IN HOMICIDES OVER 12 YEARS



FAST FACT ABOUT MURDER IN AMERICA

Murder is highly concentrated geographically. 1% of the US population lives in urban census tracts that experienced at least two fatal shootings in 2015. People living in these areas are 400 times more likely to be shot to death than the average person in other high-income countries.

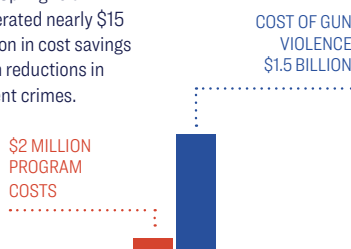
A Lifesaving Investment

On top of the human and emotional toll violence takes on our communities, gun violence costs the American economy about \$229 billion in healthcare and criminal justice costs every year. Many of these costs come at taxpayer expense, further exacerbating the devastating impact of gun violence on communities across the country.

While only a small handful of states have responded to the crisis in their cities by investing in evidence-based violence prevention and intervention efforts, the cost of even the most generous state-wide grant programs pale in comparison to the cost associated with gun violence. We must scale up investment in these proven strategies to reduce violence and save lives.

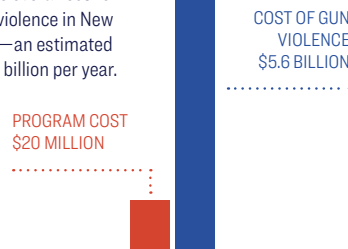
MASSACHUSETTS

With a program budget of just \$2 million, Massachusetts's Safe & Successful Youth Initiative in Boston and Springfield generated nearly \$15 million in cost savings from reductions in violent crimes.



NEW YORK

The state's \$20 million investment in evidence-based violence reduction pales in comparison to the overall cost of gun violence in New York—an estimated \$5.6 billion per year.



STRATEGY #1

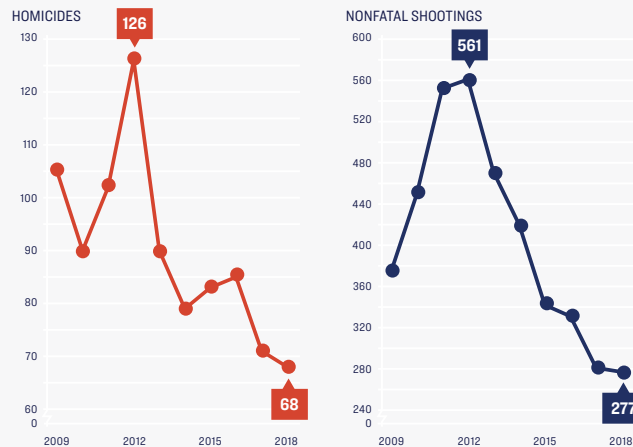
Group Violence Intervention

The group violence intervention, or “focused deterrence,” strategy is a form of partnership-based problem solving pioneered under the name Operation Ceasefire in Boston in the mid-1990s.

How it works

- Law enforcement and social service providers analyze violent incidents and trends.
- Individuals identified as high-risk are invited to call-ins, where law enforcement, social service providers, and community members convey the message that the community wants to see them alive, safe, and out of prison, but that the shooting must stop.
- At the end of the call-in, service providers offer case management, access to mental health services, job training, and other long-term support services.
- The call-in process is repeated until the message and connection to services is adequately distributed to the highest-risk population.

OAKLAND'S REMARKABLE TURNAROUND



Case study: Oakland, California

- Oakland cut its annual shootings and homicides nearly in half over six years by incorporating group violence intervention into its city-wide response to crime.
- Through the Oakland Ceasefire partnership, community members, social service providers, and law enforcement officials work together to reduce violence, build police-community trust, and improve outcomes for high-risk individuals.
- After the city adopted a data-driven approach to solving homicides, stakeholders discovered that only around 400 people—just 0.1% of Oakland’s total population—were at highest risk for engaging in serious violence at any given time.
- Service providers pivoted their programming to serve this small, high-risk population.
- Law enforcement developed the Ceasefire Section, composed of four units narrowly focused on addressing and preventing serious violence.
- Oakland’s faith and community leaders partnered with law enforcement to provide officers with procedural justice training and help improve police-community relations.



FAST FACT ABOUT MURDER IN AMERICA

Communities of color face drastically higher rates of murder. Black men are about 10 times more likely than white Americans to be victims of gun homicide.

STRATEGY #2

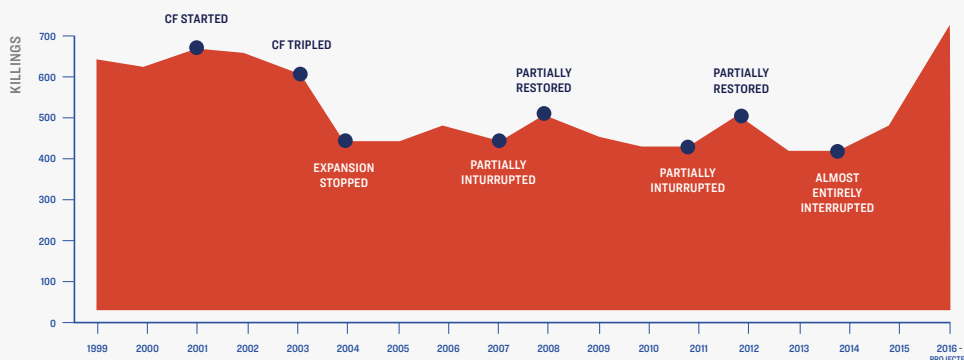
Relationship-based Street Outreach

One of the earliest models of relationship-based street outreach is the Cure Violence program developed in 2000 in Chicago.

How it works

- Evidence-based street outreach strategies treat gun violence as a communicable disease and work to interrupt its transmission.
- These public health-centered initiatives recognize that those most likely to be perpetrators of gun violence are also those most likely to be victims.
- Relationship-based street outreach does not have a law enforcement component, and instead, leverages trained, credible messengers in neighborhoods with high levels of violent crime.
- The approach deploys “violence interrupters” with relevant life experience to directly engage with people most likely to commit acts of serious violence.
- Outreach staff help identify and mediate potentially violent conflicts, respond to shootings, support victims and their families, and provide access to social services.

CURE VIOLENCE FUNDING LINKED TO NUMBER OF KILLINGS IN CHICAGO



Case study: Chicago, Illinois

- While Chicago’s homicide problem is far from solved, the city is an important example of what can be achieved when the state commits to investing in effective community based efforts to reduce violence—and what’s lost when that commitment is broken.
- In 2000, Cure Violence launched its first implementation site in the West Garfield Park neighborhood. Within a year, shootings and killings dropped by 67%.
- By mid-2007, the program was defunded by the state government. That same month, shootings began to climb.
- The Cure Violence program experienced two additional funding interruptions in 2011 and 2015, which a study found “again coincided with an increase in shootings and killings.”
- Funding was restored to \$4.5 million in 2017, and as of fiscal year 2020, the state of Illinois is investing over \$6 million dollars to support Cure Violence Chicago.
- Only time will tell if recent increases in private and public funding for violence reduction work can help bring about lasting change in Chicago, but three consecutive years of fewer and fewer murders since 2016 is a promising start.



FAST FACT ABOUT MURDER IN AMERICA

In under-resourced communities across the country, murder often goes unpunished. Across 52 of the nation’s largest cities over the past decade, 53% of all murders of black Americans never led to an arrest, let alone a conviction.

STRATEGY #3

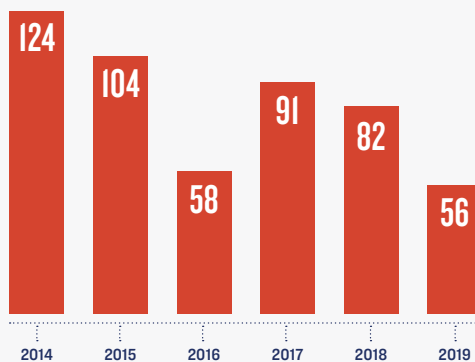
Hospital-based Violence Intervention Programs

Hospital-based violence intervention programs (HVIPs) were developed by Oakland-based nonprofit YouthAlive! in 1994 under the name “Caught in the Crossfire,” built on the premise that the strongest risk factor for violent injury is a history of previous violent injury.

How it works

- Researchers have found that within the first five years of hospitalization for an assault-related injury the chances of recitivating are as high as 45%.
- The HVIP strategy focuses on reaching high-risk individuals who have recently been admitted to a hospital for treatment of a violent injury.
- HVIPs identify patients most at risk for reinjury and connect them with trained case managers who come from a similar background.
- Culturally competent case managers provide clients with intense oversight and assistance both in the hospital and in the crucial months following the patient’s release.
- Case managers help clients access resources that promote their safety and recovery, including trauma counseling, mediation, tattoo removal, and other supportive services.
- Violently injured patients who receive HVIP services are four times less likely to be convicted of a violent crime and four times less likely to be subsequently reinjured.

SHOOTINGS IN THE BRONX (FATAL & NONFATAL)



Case study: The Bronx, New York

- Through a grant program called Operation SNUG, the State of New York provides funding for Stand Up to Violence (SUV), an HVIP located at Jacobi Medical Center in the Bronx.
- When a violently injured patient reaches the hospital, the SUV team—consisting of an SUV program manager, a pediatrician who specializes in seeing trauma patients, and a “credible messenger” from the community—receives an email alert. The three-person team then pays a visit to recovering patients to explain the services they have to offer.
- To address risk factors for future violence, the SUV team provides screenings for PTSD and works directly with clients that have PTSD symptoms, or refers clients to specialized mental health services. For clients with long-term needs, the credible messenger continues to engage with clients over time.
- According to SUV, almost 100% of patients are interested in receiving at least some services. In the three Jacobi SNUG precincts, combined shootings have fallen from 124 in 2014 to 56 in 2019, a nearly 55% reduction.



FAST FACT ABOUT MURDER IN AMERICA

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Murder is often related to cycles of retaliatory shootings among cliques of desperate young men. At least 50% of homicides and 55% of nonfatal shootings involve people associated with gangs or more loosely affiliated “street groups” involved in violence, typically representing less than 0.6% of a city’s population.