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A Ground-Up Model for Gun Violence Reduction:
A Community-Based Public Health Approach

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The suggested strategy for the reduction of violence is to collaboratively address the problem, based on an intervention system focused on prevention, rehabilitation, and development. This strategy is capable of engaging community residents in positive ways, and it empowers them to take ownership and sustain much-needed resident commitments to achieve long-term public safety. The community residents largely insist that over-reliance on law enforcement to control violence invites further affliction among Black youth and adults.

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Gun violence is a serious unsolved public health problem in the United States. Among young African Americans between 10–24 years old, homicide is the leading cause of death. According to 2010 FBI data, the homicide rate among Black victims in the United States was 16.3 per 100,000. For that same year, the overall national homicide rate was 4.4 per 100,000. Among Whites, the national homicide rate was 2.6 per 100,000 (Violence Policy Center, 2013).

In the city of Pittsburgh, over 8,000 violent crimes (homicide, rape, aggravated and simple assault, and robbery) occur annually, victimizing city residents—predominantly youth and young adults. The city's murder rate of 17.6 per 100,000 people in 2010 is significantly higher than the national average. Among murdered victims, 88.3% were African American, and a majority of them were young adults and youth as young as 12 years of age (City of Pittsburgh Bureau of Police, 2011). Pennsylvania's African American homicide rate is nearly seven times the national overall homicide rate, and more Americans were murdered in the United States in one year than American soldiers killed in Iraq and Afghanistan combined (Violence Policy Center, 2011).

According to Prevention Institute's Urban Networks to Increase Thriving Youth (2013), a growing body of science is consistently linking gun violence (experience with and/or fear of) with risk and incidence of a range of serious physical health problems. While it has been long understood that gun violence has implications for emotional and physical injury, it is only relatively recently that experts are beginning to recognize the longer-term effects that reap an extensive toll on the broader health status of individuals, families, and communities. Adults reporting exposure to gun violence as children showed an increased likelihood for chronic health conditions compared with those that did not experience such exposures: 2.2 times more for heart disease; 1.9 times more for cancer; 2.4 times more for strokes; 3.9 times more for chronic obstructive lung disease; 1.6 times

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more for diabetes, and 2.4 times more for hepatitis. Exposure to violence is also associated with a significantly higher likelihood of engagement in behaviors known to contribute to chronic illnesses (smoking, eating disorders, substance abuse, decreased physical activity), especially for those who have been exposed to one or more types of interpersonal violence during their childhood and youth.

Over the past 20 years, Community Empowerment Association (CEA) has observed how gun violence erodes communities in many ways: by reducing public safety, tumbling economic and business activities, devaluing properties, and ruining the quality of life of people of all ages. It has also seriously disrupted youth education, lowered neighborhood attachment, and strained family relationships. In addition, most survivors of violence bear permanent physical and emotional scars. CEA has been working with resource-poor neighborhoods throughout Allegheny County; one serious problem the organization has encountered is the difficulties of African American communities assuming leadership roles to help solve these issues. Through a series of emergency town hall meetings about ending violence (over a dozen sessions during recent years), more than 800 attendees offered community-based solutions to break the cycle of violence. Under the leadership of CEA, the town hall sessions (which included community residents, youth groups, various human service providers, academic researchers, and public officials) have lead to the development of an interdisciplinary strategic plan based on a public health paradigm for the reduction of gun violence.

The suggested strategy for the reduction of gun violence is to collaboratively address the problem, based on an intervention system focused on prevention, rehabilitation, and development. This strategy is capable of engaging community residents in positive ways, and it empowers them to take ownership and sustain much-needed resident commitments to achieve long-term public safety. The community residents largely insist that over-reliance on law enforcement to control violence invites further affliction among Black youth and adults. Community residents are also intensely concerned that such suppressive intervention alone is doomed to fail and will lead to endless homicides of Black brothers and sisters. The "after-the-fact" retributive justice policies currently used as a response to the problem of youth violence and delinquency only serves to worsen the health, development, and wellbeing of the youth both inside and outside of the correctional system. As reported by Clark (1989), such community residents' concerns are well-attested by over 30 years of criminal justice research, which has shown that policing targeted communities and tougher sentencing do not reduce crime, nor maintain public safety. Violence is a likely behavior in a perilous community environment; it is ingrained in intricate underlying issues. Thus, forces of police vigilance and tougher sentencing will not control crime and sustain public safety, as brutal violence is a symptom of overwrought conditions of afflicted communities, and not inherent, targeted, interpersonal viciousness.

NEIGHBORHOOD VIOLENCE SURVEY: OVERVIEW OF FINDINGS

During the recent CEA-initiated Town Hall Meeting on Violence Reduction, with over 200 eastern neighborhood residents of Pittsburgh, community service providers, academic representatives, youth groups, and public office holders in attendance, a survey was conducted for a preliminary assessment on gun violence and victimization. Major findings based on this survey follow.

Type of Violent Incidents

Figure 1 delineates an extremely high intensity of violence; 82.6% of participants at the CEA town hall meeting experienced a shooting incident within their own neighborhoods during the previous year. The chart also shows that participants experienced noticeably high rates of other types of violence, such as homicide, robbery, stabbing, rape, arson, and assault.
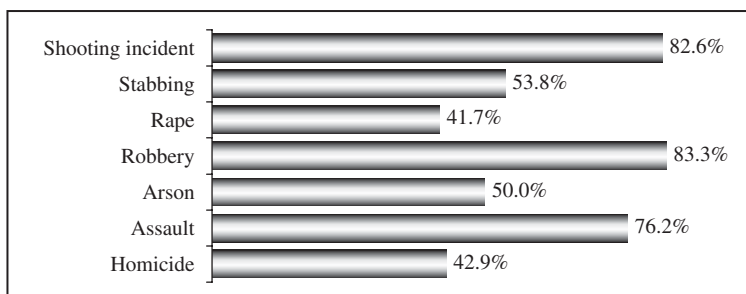
FIGURE 1   Distribution of town hall meeting participants' experiences with violence in their own neighborhoods during the past year.

Family Victims of Violence

A noticeably high number of participants (70.4%) indicated that members of their families were victims of at least one type of violence. For example, four out of ten participants' family members were victims of a shooting incident. Consequently, as Figure 2 shows, the homicide rate of family victims is also very high—over one-third (37%).

Incidences of Violence and Associated Mental Health Problems

Based on the town hall meeting participants' assessment, elderly members were greatly affected by the incidences of violence—64.7% of participants observed elderly men and women showing definitive signs of a mental health problem (e.g., anger, anxiety, depression, etc.). Next in line were participants themselves, followed by their children (see Figure 3).

Overtaken by Violence

Participants were asked, "To what extent do you feel that your neighborhood streets are being taken over by violence?" As Figure 4 indicates, nearly seven out of ten respondents (68.2%) feel that their neighborhood streets are being overtaken by violence.

Participants of the town hall meeting well represent those individuals directly exposed to and afflicted by interpersonal violence (in contrast to policymakers and academicians who tend to live far from neighborhoods immersed in violence). Thus, their suggestions on violence reduction are uniquely invaluable and need to be reviewed by violence reduction experts, researchers,
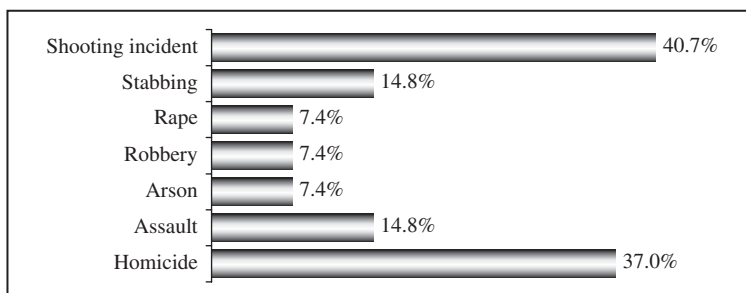

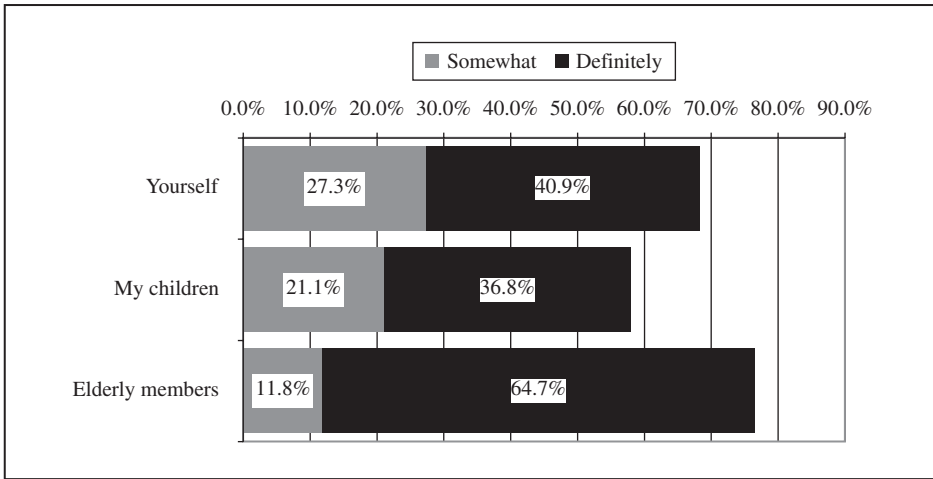FIGURE 2   Distribution of family victims to violence.

FIGURE 3   Incidences of violence and associated mental health problems.

policymakers, and academicians. Despite the informality of focus group-based data collection, using such data as a starting point reflects a contemporary public health approach in support of a ground-up (instead of top-down) strategy for policy and research development.

PUBLIC HEALTH PARADIGM ON GUN VIOLENCE REDUCTION

Information gathered by CEA confirms Center for Disease Control (CDC) findings that depressed economic conditions within a given community can foster significantly higher levels of violence (Centers for Disease Control and Prevention, 2013). Perceived oppression, and the resulting feelings of inequality and powerlessness, are also underlying components of many types of violence. An unsupportive and unsafe home life, including physical or psychological abuse, can contribute to subsequent violent behavior. A sense of isolation and fear for personal safety can also adversely affect one's ability to resolve conflict without violence. Thus, it is quite clear that overdependence on law enforcement alone for reducing youth violence is loaded with liabilities and invites further hardship among youth residing in afflicted communities.
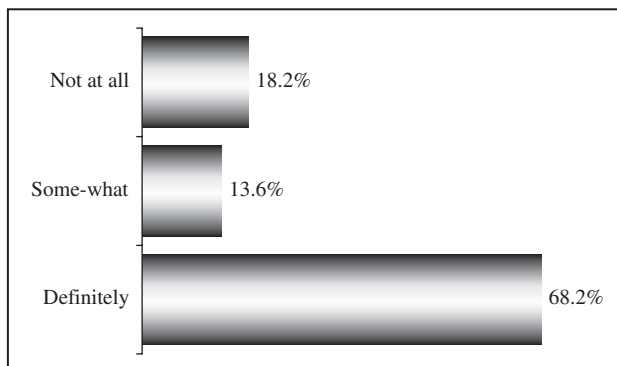

FIGURE 4   Rate of reported perception of being overtaken by violence.

The CEA-enhanced paradigm, which includes three major components (i.e., prevention, rehabilitation, and development) for gun violence reduction is a modified version of the CDC suggested public health strategy, which suggests only prevention and rehabilitation efforts. Through a number of town hall meetings and consultations with other key constituents as noted previously, CEA added the "development" component to address the contextual and maintenance effort associated with public safety. A brief description of the CEA-enhanced strategy and examples of intervention actions follow.

Prevention

Prevention consists of interventions that help avoid factors that directly foster or consistently associate with gun violence, including:

- Guidance and counseling support of abused and neglected children and their parents,
- Truancy and school dropout prevention, expanded school curricula to aid needy students, and supervision after school,
- Installation of curfew centers, offering at-risk young adult mentoring activities,
- Manhood and womanhood development programs,
- Provision of job training initiatives, enhanced educational opportunities,
- Spiritual awakening activities and youth exposure to social activities involving faith-based organizations,
- Enhanced opportunities for focused and direct youth engagement with exemplary adults, and
- Initiation of youth leadership training and youth think-tank institutes.

Rehabilitation

Rehabilitation is a violence diffusion process with a focus on the enabling of victims, former offenders, and communities to heal and recover, including:

- Activation of community street-reach, conflict mediation, and rapid response to shooting incidents for intensive case management,
- Development of a trauma center, which can address seriously injured victims and their physical and psycho-emotional recovery,
- Open violence reduction centers and provision of gang hostility diffusion intervention,
- Rehabilitation of offenders from drug abuse and dependency,
- Exposure for violent offenders to social and human service interventions during their jail time,
- Supportive services for reintegration into community life (reentry support, housing, employment, financial management, and social support networks), and
- Institution of mental health services for victimized families, as well as perpetrators.

Development

Development is a process of community enhancement to revitalize neighborhoods and maintain progress (contextual enrichment and momentum maintenance efforts), including:

- Continual conduction of town hall meetings focused on quality of life,
- Institution of community cleanup, management of vacant buildings, and enhanced landlord responsibilities,
- Patronization and facilitation of community-driven business investments and economic development initiatives,

- Activation of community-wide social and recreational activities and adequate and engaging playgrounds,
- Distributive health services and medical care (not limited only to those who can afford payments),
- Institution of a community volunteer management system,
- Encouragement of a media focus on positive youth behaviors and fostering of the decriminalization of African American youth and young adults,
- Elaboration and expansion of sports, music, and art programs for youth and talent refinement.

In addition to the above, the violence reduction strategy calls for the following intervention process (Center for Disease Control and Prevention, 2013):

(1) **Community Leadership and Partnership Development**—Gun violence victimizes community residents, and, therefore, active leadership must arise from communities, and not just from public offices, universities, and other powerful institutions. The leadership role includes a focus on translating community-based wisdom to a practical application of effective programs and policy development;
(2) **Capacity Building**—Investing in resources to improve and strengthen what already exists. The result is an increase of service capacity (intervention specialists, resident volunteers, youth engagement) and an improvement of service management and effectiveness and community support;
(3) **Surveillance**—Facilitating ongoing community involvement efforts to improve detection, reporting, and follow-up of cases for victimized individuals and families;
(4) **Assessment**—Conducting scientific assessments of community assets and liabilities, service needs, and the best-practice intervention models to advance the science of gun violence reduction; and
(5) **Communication**—Ensuring all major stakeholders (community residents and service providers, public and political, local foundations, universities, etc.) are on same page about selected intervention strategies, community needs, service capacity and effectiveness, and progress indicators.

MULTIDISCIPLINARY COLLABORATION APPROACH TO GUN VIOLENCE REDUCTION

Moving toward a more integrative approach to the reduction of violence calls for a multidisciplinary collaboration to: (a) share and capitalize on insights, knowledge, and qualitative perspectives on the issues that fuel the cycle of crime, (b) promote public-at-large investments in selected intervention strategies, and (c) advance public safety by increasing crime-free behavior, instead of sentencing more people into jails and prisons. A successful public intervention also depends on the collaboration of neighborhood residents with community-based, civic, religious, educational, and public organizations. Thus, ending violence will necessitate a focused empowerment of people in each neighborhood. This can best be achieved through neighborhood coalitions and their effective community leadership and organization skills. Therefore, based on the CEA town hall meetings, the following 12 sets of stakeholders with contributable roles and responsibilities were recommended for violence reduction: (1) Peace Alliance Network, (2) Commission for Violence Reduction, (3) public officials (e.g., mayor, county executive, and elected public representatives), (4) community-based organizations, (5) faith-based organizations, (6) community residents, (7) local colleges and universities, (8) local businesses, (9) public schools, (10) health service institutions, (11) parents and guardians, and (12) youth and young adult

residents. An overview summary of each of the 12 stakeholder groups' roles, functions, and responsibilities follow.

Peace Alliance Network

Peace Alliance Network should be convened to take leadership on gun violence reduction by: (a) implementing a public health approach to violence and obtaining a buy-in from the communities most affected, (b) gathering community data on problems and solutions, (c) generating recommendations for policies to the Commission for further development and submission for legislative changes both locally and nationally, and (d) creating a groundswell of community support of the public health approach and the commission for legislative changes.

Commission for Violence Reduction

The Commission should be a multi-sectarian and inclusive coalition designed to broker opportunities with mainstream systems for communities, families, and at-risk youth. Major tasks of the Commission, with its interdisciplinary members, include: (a) review recommendations of policy and legislative changes provided from the community, (b) develop policy and legislative changes to address root causes disseminated through the public health approach based upon scientifically proven outcomes, and (c) take legislative and policy recommendations to the government to adopt into law for systemic changes of institutions that historically support the devastation of our community. This interdisciplinary team should focus on accurately framing the issue of homicides (mainly due to gun violence) as a public health issue rather than a gun control or law enforcement issue, while also addressing the root cause of violence. Additionally, this Commission should identify communities (hotspots) where gun violence occurs most and help develop a collaborative partnership with community-based organizations that have established relationships with the targeted group, community stakeholders, residents, and youth in order to assess community needs.

Public Officials

The mayor's office, county executive office, and other elected officials have a primary responsibility for seeing that the policies of the communities are implemented by working closely with the network and Commission and other stakeholders in order to ensure that desirable outcomes are achieved. This public leadership group has the ultimate authority for directing resources and spending priorities in accordance with local needs and preferences, and must communicate recommendations that improve the health, security, and comfort of community residents. For example, the mayor's office, county executive office, and public officials can provide resources and seed money to the Commission for the development of a comprehensive violence reduction and prevention plan, make the case for a public health approach to violence reduction that provides a comprehensive and multidisciplinary response to ensure effective and sustainable efforts, and support the paradigm shift in violence reduction from a reactionary focus to a commitment to prevention.

Community-Based Organizations

Community-based organizations (CBOs) provide services to low-income children and families, particularly in the areas of child welfare and adoption, family preservation, special needs childcare, transportation, and addressing the needs of low-income families. Communities now need CBOs to

further engage in gun violence reduction assistance by holding public forums (i.e., town hall meetings, speak-outs, educational forums) to hear from parents and residents on specific needs related to public safety, education, community and economic development, job creation, training, and opportunities. Other examples of CBO functions include: (a) working collaboratively and in partnership with the Commission and maintaining close relationships with community residents and other groups to make sure that the information from the Commission gets back to the community, (b) targeting hard-to-reach adjudicated youth for reentry services and community-wide activities, and (c) collaborating with local, state, and social welfare organizations, health education and recreation programs, youth employment, street gang worker programs, victim assistance organizations, hospitals, schools, and disability and other advocacy organizations in order to coordinate and provide integrated services.

Faith-Based Organizations

Faith-based organizations have long been essential components of African American communities and often function as neighborhood safety nets. Congregations (including churches, synagogues, mosques, and temples) and social service organizations with religious roots (such as Catholic Charities and Lutheran Social Services) have provided emergency food and shelter, childcare, and other forms of assistance, particularly for low-income residents. Communities now need their focused assistance on gun violence reduction. Examples of needed services include: (a) providing focused spiritual consultation to families who have lost children to violence, (b) collaborating with other denominations to address youth violence and organize ongoing community prayer vigils, (c) facilitating congregations to become agents for change in their communities, (d) encouraging previous residents who "made it" to give back to their "hood," and (e) opening places of worship in the evenings for youth activities.

Communities Residents

Knowledgeable community residents have the great potential to help improve the collaborative efforts of violence reduction practitioners, intermediaries (e.g., public officials, law enforcement, school and university administrators, etc.), and applied researchers. Community residents should also be encouraged to ensure that churches and mosques are open and involved with children and youth during nontraditional church times for outreach and mentoring activities. Examples of what community residents can do include: (a) begin violence prevention work by building a broad-base coalition of neighborhood support and participation, (b) organize community educational forums on gun violence prevention, (c) develop political action committees to guide the decision-making processes of public officials, (d) bring people with similar losses together to begin to address the issue of violence at a broader community level (e.g., candlelight vigils, community forums, and other activities), and (e) develop block watches and street clubs to register a concerted message that the community will no longer tolerate gun violence.

Local Colleges and Universities

Local colleges and universities need to engage in constructive, scholarly, and scientifically based activities designed to further develop and improve public safety over and beyond the capacity of the criminal justice system. A primary social responsibility of the institution is to fulfill its role as a center of scientific experts, with a focus on improving the quality of life for all individuals. Additionally, local higher learning institutions must share the resources they are awarded with the Commission and conduct various violence reduction initiatives. Some examples include: (a) recognizing grassroots organizations as experts in community strengths and needs,

(b) expanding the use of participatory action research methodologies, (c) offering employment opportunities within the university for resource-poor communities and young people, (d) collaborating with CBOs to evaluate the efficacy of existing programs, policies, and strategies, (e) developing neighborhood violence indicators to help monitor levels of violence, and (f) identifying the specific neighborhood socio-cultural, community at-risk, and protective factors associated with youth violence (e.g., family structure, drug abuse and dependence, availability of preexisting CBOs, faith-based community development efforts, youth leadership opportunities, etc.).

Local Businesses

Local business organizations must consider the interests of communities by taking responsibility for the impact of their activities on communities and other stakeholders, as well as the environment—and not just customers, suppliers, employees, and shareholders. This obligation extends beyond the statutory responsibility. They must also voluntarily take further steps to improve the quality of life not only for employees and their families, but also for the local community and society at-large. Examples of what local business organizations can do include: (a) reinvesting resources back into the community (hire community residents, contribute to local CBOs, and diversify business in the community), (b) conducting entrepreneurship training and offering internships and apprenticeship opportunities, (c) investing in youth microbusiness entrepreneurial ventures, (d) participating in community activities and providing resources needed for such events, and (e) supporting the economic development efforts of the entire community—beyond profit-driven missions.

Public Schools

Schools are responsible for serving communities by enabling each young individual to grow into inspired, productive, and fulfilled lifelong learners (Pennsylvania Department of Education, 2008). In collaboration with CBOs, schools should explore the possibility of also becoming multi-service centers for children and families in order to address the needs of children and promote the active participation of families and other community members. Service programs that could be located in schools include: health centers, mental health services, a range of afterschool programs that are organized and supported by parents, organized evening family events (such as dinners, talent shows, or book clubs that include parents), mentorship programs, and school trips with parents as chaperones. Examples of other roles include: (a) offering grief counseling services available for students when needed, (b) strengthening dropout prevention and truancy initiatives, (c) modifying zero tolerance and expulsion policies to serve in the interest of youth, (d) exploring alternative programs for students that are not doing well or are having trouble fitting in as an option in lieu of suspension and expulsion, (e) continually hiring African American male teachers, (f) collaborating with parents and businesses to provide educational and social recreational activities for youth and families, (g) further developing curriculums that are culturally relevant and historically accurate for African American students, (h) offering evening programs that simultaneously address educational and recreational needs, (i) developing student focus groups on violence prevention, and (j) making school relevant to the reality and life experiences of students.

Health Service Institutions

There are many contributing factors that explain disparities in health status for African American youth—poverty, poor access to care, cultural incompetence (race and teen population) of the service providers, affordability, inadequate or lack of health insurance coverage, and distrust of healthcare providers by African Americans. Thus, examples of what local health care institutions can do include: (a) developing a community index of health neglect based on psychological and

developmental measures, (b) offering an array of health services at schools—school-based health clinics, (c) targeting minority teenagers' healthcare needs, (d) expanding free clinics and increasing commitments by volunteer doctors and nurses to serve the poor, (e) increasing cultural sensitivity training among healthcare practitioners (race and teen population), (f) engaging in community-wide events, workshops, and social events to dispel fear and distrust of healthcare establishments among African Americans, (g) offering transportation services to medical facilities, (h) offering community-wide health fairs—information sharing, and (i) focusing on reducing environmental hazards.

Parents and Guardians

Parental responsibility refers to the rights and responsibilities that most parents and guardians have in guiding their children. Parents understand that children are rarely easy to raise, but must be offered a crucial set of physical and emotional nurturing. Failure of the parents to meet these specific needs can have wide-ranging and long-lasting negative effects. The focus group agrees with the Parent Coach Plan (2011) that with regards to violence prevention, parents must take active roles in providing an environment that is safe (free from physical, emotional, and sexual abuse), continually teaching morals and values, developing mutual respect with children, issuing effective discipline, getting involved in their children's education, and, last but not least, *getting to know their children*. Additionally, parents can focus on becoming positive role models for children and other youth in the community, speaking out against violence and any issues that negatively impact families or communities, eliminating access to guns in the home, knowing where children are spending their time—friends and activities, not accepting money that is unaccounted for from children and investigating its source, strongly encouraging children against violent behavior and ensuring that they know the impacts and consequences of those behaviors, hugging and showing love to the children everyday, and never giving up on the children.

Youth and Young Adults

What the youth can expect in the years to come will depend largely on how well they understand and leverage their rights (e.g., protective, educational, and legal), and how willingly and efficiently they are able to shoulder their personal and social responsibilities (e.g., enhance self-reliance, promote well-being of the community, social justice, and voluntary service). Examples of what youth and young adults can do include staying away from drugs, alcohol, guns, and criminal activity, voicing concerns and needs with parents, guardians, or other adults, participating in community-wide social activities, participating in summits and developing a united voice to address youth concerns, reaching out to organizations that can help when in need, attending community forums, meetings, and focus groups to voice interests; seeking positive role models and learning from them, committing to becoming the best civic citizens possible; volunteering in community organizations to learn new skills, staying in school, excelling at and finishing school, respecting parents, guardians, and self, and focusing on the pursuit of dreams and aspirations.

SUMMARY

As noted previously, the focus group participants of the town hall meetings hold insights that are reflective of those individuals directly suffering from gun violence. Thus, their suggestions on violence reduction tend to be informal, but provide a valid starting point for practicing the public health paradigm. Other communities suffering from violence can develop their own such

"ground-up" plans based on intensive engagement among residents, policymakers, researchers, CBOs, and other major stakeholders, including youth and young adult residents.

A valid question for gun violence reduction efforts is, what sort of information is needed by policymakers and resource holders to effectively prevent violence before it occurs? It is not "how to effectively sweep the streets and lock-up people" in order to reduce crime, as suggested by the public suppression paradigm. Although law enforcement can produce a temporary reduction in rates of violence, CEA experience shows that such intervention simply invites resurgence of violence at the expense of continual imprisonment of our youth and young adults (cycle of incarceration), as well as neighborhood neglect and decay.

In order to effectively prevent violence before it occurs, CEA has found that communities need an intervention system that incorporates a comprehensive public health strategy, which views crime as a preventable social disease, inclusive of various risk and protective factors that impact the likelihood that a person will engage in violence. The criminal justice system alone cannot reduce the epidemic of interpersonal violence. Successful prevention efforts will require a community-based interdisciplinary accord to address those risk factors associated with violence and build on assets and capabilities among youth, families, and other stakeholders.

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