

Community Violence Prevention Framework

Goal of This Framework: To establish a comprehensive public health approach to community violence prevention.

Background

Violence is a preventable public health crisis. Like other health outcomes, violence is influenced by social determinants of health, which are the conditions in which people live, work, play and learn.¹ Interventions used to address violence should be multipronged and address all levels of causes, ranging from individual to societal.² Some interventions can focus on promoting supportive relationships, education on life skills and conflict resolution at an early age since these three areas have been found to decrease violent behaviors and disrupt cycles of violence.³ However, some of the most effective interventions focus on socioeconomic factors or root causes of violence, such as racial disparities, poverty, homelessness and other social determinants of health.⁴

The New York City's Crisis Management System (CMS) anchor program, called Cure Violence, is an evidence-based public health approach to violence prevention. This model seeks to stop the spread of violence by detecting and interrupting conflicts, identifying and treating people at high risk of committing or experiencing violence, and changing social norms in NYC. Hospital-based violence intervention programs (HVIPs) are multidisciplinary programs that combine the work of medical staff and trusted community-based partners to provide safety planning, services and trauma-informed care to people who have been injured due to violence (many of whom are young men and men of color). Both the Cure Violence program and HVIPs seek to address the root causes of violence and break the cycle of retaliation.

¹ Centers for Disease Control and Prevention. About community violence. April 24, 2024. Accessed June 27, 2024. <https://www.cdc.gov/community-violence/about/index.html>

² David-Ferdon C, Vivolo-Kantor AM, Dahlberg LL, Marshall KJ, Rainford N, Hall JE. Youth violence prevention: resource for action: a compilation of the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Published 2016. Updated 2023. Accessed June 28, 2024. https://www.cdc.gov/youth-violence/prevention/YV-Prevention-Resource_508.pdf

³ Freire-Vargas L. Violence as a public health crisis. *AMA J Ethics*. 2018;20(1):25-28. doi:[10.1001/journalofethics.2018.20.1.fred1-1801](https://doi.org/10.1001/journalofethics.2018.20.1.fred1-1801)

⁴ The Educational Fund To Stop Gun Violence. Public health approach to gun violence. Updated February 2021. Accessed June 28, 2024. <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention>

Defining Violence

Based on the World Health Organization’s definition, we define “violence” as the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.⁵ While the full meaning of violence as a public health construct includes harm to oneself and others, the focus of violence in this framework is on community violence, particularly that involving guns.

According to the Centers for Disease Control and Prevention (CDC), community violence is violence that happens between unrelated people who may or may not know each other, generally outside the home.⁶

Gun violence is a public health epidemic affecting the well-being and safety of all Americans, causing deaths, nonfatal injuries and widespread trauma. It imposes a significant societal burden, with impacts surpassing those of many other health issues in terms of potential years of life lost.⁷

Impact of Community Violence in NYC

Most community violence is highly concentrated in underserved neighborhoods and neighborhoods predominantly made up of Black and Latino residents. Guns contribute to much of this violence. These neighborhoods face many systemic inequalities, including hypersegregation, discrimination, and lack of economic opportunities and public services.⁸⁻⁹ Recent local public health data reinforce these points. NYC mortality data highlight homicide as the leading cause of death among people ages 15 to 24, with firearms accounting for more than

⁵ Quigg Z, Butler N, Passmore J, Yon Y, Nihlén Å. World Health Organization. 2020. Accessed June 27, 2024. <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2020-06-who-factsheet-interpersonal-violence-across-the-life-course-2020.pdf>

⁶ Centers for Disease Control and Prevention. About community violence. April 24, 2024. Accessed June 27, 2024. <https://www.cdc.gov/community-violence/about/index.html>

⁷ Center for Gun Violence Solutions, Johns Hopkins Bloomberg School of Public Health. Accessed June 27, 2024. <https://publichealth.jhu.edu/center-for-gun-violence-solutions/research-reports/the-public-health-approach-to-prevent-gun-violence>

⁸ Wong B, Bernstein S, Jay J, Siegel M. Differences in racial disparities in firearm homicide across cities: the role of racial residential segregation and gaps in structural disadvantage. *J Natl Med Assoc.* 2020;112(5):518-530. doi:[10.1016/j.jnma.2020.05.014](https://doi.org/10.1016/j.jnma.2020.05.014)

⁹ Buggs SAL, Kravitz-Wirtz ND, Lund JJ. Social and structural determinants of community firearm violence and community trauma. *Ann Am Acad Pol Soc Sci.* 2022;704(1):224-241. doi:[10.1177/00027162231173324](https://doi.org/10.1177/00027162231173324)

70% of these deaths.¹⁰ Black New Yorkers make up 24% of the NYC population but account for 71% of all NYC shooting deaths.¹¹ Fifty percent of shooting deaths occur in ZIP codes with a median household income below \$50,000, yet only 24% of NYC's entire population resides in these ZIP codes.¹² For decades, violence has been a high-ranking contributor to mortality among young people in NYC. Moreover, the impacts and root causes of violence have also been inequitably distributed for decades.

Violence disproportionately impacts people of color and other oppressed groups, such as LGBTQIA+ people and people with low income. Communities living without adequate resources or facing unfair treatment are more susceptible to all health issues, including violence. The factors that improve or worsen health also impact violence, while violence in turn affects determinants, such as housing, education, transportation and economic conditions.¹³

Violence can also be seen as a social determinant of health, as exposure to violence is a predictor of poor health outcomes, especially among children.¹⁴ It is important to address root causes of violence, including structural inequities and disparities in accessing positive social determinants of health such as economic support and quality stable housing.

Levels of Prevention in Responding to Violence as a Public Health Problem

The following definitions and concepts can be usefully applied to help identify points for public health intervention to prevent the social and health impacts of violence¹⁵:

- **Primary prevention:** Primary prevention holds the most potential for sustained reductions in violence but is also the most difficult to achieve. Policy initiatives that address poverty and inequity or control the availability of firearms could be classified as primary prevention activities in relation to violence. The NYC Administration for Children's Services Family Enrichment Centers (FECs) are a key example of primary

¹⁰ NYC Department of Health and Mental Hygiene. HealthyNYC: New York City's campaign for healthier, longer lives. Accessed June 27, 2024. <https://www.nyc.gov/site/doh/about/about-doh/healthynyc.page#homicide>

¹¹ Braganza G, Brandes A, Guzik J. The ripple effect of firearms: how families, communities, and society in the U.S. are affected by firearms. United Hospital Fund. March 2023.

https://media.uhfnyc.org/filer_public/e3/67/e3675f6c-2f6a-4530-a1f4-5bc54e90f57e/ripple_effect_of_firearms_chartbook_report.pdf

¹² Braganza G, Brandes A, Guzik J. The ripple effect of firearms: how families, communities, and society in the U.S. are affected by firearms. United Hospital Fund. March 2023. Accessed June 27, 2024.

https://media.uhfnyc.org/filer_public/e3/67/e3675f6c-2f6a-4530-a1f4-5bc54e90f57e/ripple_effect_of_firearms_chartbook_report.pdf

¹³ Buggs SAL, Kravitz-Wirtz ND, Lund JJ. Social and structural determinants of community firearm violence and community trauma. *Ann Am Acad Pol Soc Sci*. 2022;704(1):224-241. doi:[10.1177/00027162231173324](https://doi.org/10.1177/00027162231173324)

¹⁴ Graham-Bermann SA, Seng J. Violence exposure and traumatic stress symptoms as additional predictors of health problems in high-risk children. *J Pediatr*. 2005;146(3):349-354. doi:[10.1016/j.jpeds.2004.10.065](https://doi.org/10.1016/j.jpeds.2004.10.065)

¹⁵ Rutherford A, Zwi AB, Grove NJ, Butchart A. Violence: a glossary. *J Epidemiol Community Health*. 2007;61(8):676-680. doi:[10.1136/jech.2005.043711](https://doi.org/10.1136/jech.2005.043711)

prevention. FECs are a family-centered primary prevention model that provide community-designed supports in a warm, inviting, homelike space where neighbors can connect, contribute to their community, find resources, support one another and build strategies to help families thrive.

- **Secondary prevention:** Secondary prevention aims to minimize harm once a violent incident has occurred, focusing on immediate responses, such as emergency services. Secondary prevention could also include intervening in situations of high risk, which is a key program feature of HVIPs. HVIP aims to reduce the risk of readmissions for violent injuries among patients who are admitted to the hospital following a nonfatal assault. This is accomplished through bedside conflict mediations conducted by credible messengers called Hospital Responders who are called in by participating hospital to establish a relationship with patients. These specialists work with patients who have been violently injured to reduce violent retaliations, reinjuries and criminal justice involvement by providing culturally sensitive, comprehensive and multifaceted interventions. HVIPs operate from the premise that there is a unique opportunity to contact and effectively engage people who have experienced violent injuries while they are recovering in a hospital. These programs recognize the critical importance of supporting the health and broader social needs of violence survivors. They combine the efforts of medical staff with trusted community partners to provide safety planning, social services and trauma-informed care. HVIPs are currently operating in nine NYC hospitals.
- **Tertiary prevention:** Tertiary prevention aims to treat and rehabilitate people who have committed or experienced violence. Approaches focus on long-term care, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce long-term disabilities associated with violence. Examples include parenting and family-focused prevention; mentoring and peer programs; and psychological therapies, screening and support services for people who have experienced violence.

Gun Violence Prevention Task Force and Blueprint for Community Safety

Public safety has been a focus and core pillar of NYC's strategic planning. NYC's Gun Violence Prevention Task Force (GVPTF), formed in June 2022, is a multiagency, multisector effort that aims to address the root causes of violence and develop recommendations to promote long-term safety across communities, with key focus on gun violence. As part of this effort, more than 50 members of the GVPTF, representing 20 City agencies, engaged roughly 1,500 community residents in Spring 2023 through community convenings and youth town halls. The GVPTF is responsible for coordination and collaboration among government agencies and between government agencies and communities to identify, develop and advance strategies that impact community safety in the short, medium and long terms.

During the first phase of their work, the GVPTF identified through NYPD data that 92% of total gun violence in NYC is concentrated in the 30 communities with the highest number of shooting incidents. The GVTF found that six of these 30 communities made up 25% of all shooting incidents and 39% of all confirmed by NYPD shots fired data citywide in 2022. As recommended by the GVPTF, these communities have been selected to receive new and expanded investments. The NYC Health Department contributes data to the GVPTF, including routine epidemiological data regarding gunshot wounds and other assaults. The NYC Health Department also serves as a subject matter expert regarding public health approaches to violence. Within the first six months of the GVPTF's creation, government agencies outlined the following strategies to decrease shootings and save lives across the six communities experiencing the highest rates of gun violence:

- **Early intervention:** Increase early education, housing, health, recreational, and job support and opportunities for youth with the highest need in communities.
- **Housing:** Improve the quality of existing housing and increase the availability of transitional, supportive and permanent housing to residents.
- **Community vitality:** Improve community centers, parks, playgrounds, and other physical infrastructure and programs for vibrant, healthy communities.
- **Trauma-informed care:** Make sure appropriate mental health crisis response is available and increase mental health support for people with a diagnosed mental illness.
- **Employment and entrepreneurship:** Increase access to quality jobs and economic security for youth and people who are justice-involved in the community.
- **Navigation and benefits:** Increase access to government benefits for people in communities and provide more effective support for justice-involved families in navigating government programs.
- **Community and police relations:** Cultivate strong relationships of mutual trust between police agencies and people in communities to maintain public safety and ensure effective policing.

To advance the strategies of GVPTF, the Blueprint for Community Safety (available at on.nyc.gov/community-safety-blueprint), launched in July 2023, outlines upstream solutions to address gun violence throughout the five boroughs. Preventing gun violence will take investments and aligned action in upstream policies, programs and services across a range of needs for residents, such as housing, education, jobs and improving community centers.

Priority Actions for the NYC Health Department

To address the urgency of the actions highlighted in the Blueprint for Community Safety, the collective actions and capabilities of the NYC Health Department will focus on:

- Addressing the growing racial and ethnic gaps in firearm-related injuries and deaths, which were [exacerbated by the COVID-19 pandemic](#)¹⁶
- Increasing awareness of the structural determinants, such as social and economic stressors, that increase the risk for firearm-related injuries and deaths, particularly among communities of color
- Using comprehensive preventive actions, including programs, policies and practices, to ensure immediate and lasting benefits to address the factors that cause gun violence
- Contributing to the HealthyNYC goal of reducing homicides by 30% by 2030

Violence Prevention Work

To achieve some of the goals in the Blueprint for Community Safety, the NYC Health Department is engaging in several different work streams and using several direct strategies to advance its public health framing of violence prevention and work collaboratively with NYC partners, including:

- **Violence Prevention Initiative (VPI):** The VPI seeks to strengthen neighborhoods that disproportionately experience community violence. Rooted in principles of health equity, in which everyone has the opportunity to realize their full health potential, the VPI values a multi-strategy, trauma-informed approach to reduce risk factors for violence. The VPI highlights the social context that leads to violence in disinvested communities, prioritizes solutions that help address behavioral and structural barriers, and works across systems and communities to reinvest in neighborhoods most affected by violence. The VPI's responsibilities include:
 - Helping local hospitals respond to the physical, social and emotional needs of people injured by violence
 - Working with other City agencies and the CMS to support community-led efforts to de-escalate violence in neighborhoods
 - Developing a violence prevention approach to address factors that lead to violence in communities
 - Analyzing data that can be used to develop new interventions
 - Conducting research on the most effective policies to reduce violence
- **Strong Messenger Project (SMP):** The goal of the SMP is to strengthen the gun violence prevention workforce by building team cohesion; coaching on how trauma and violence are intertwined; and promoting coping skills, resiliency and emotional balance among staff. The SMP provides clinical supervision and group therapeutic supports, individual counseling sessions by request, a support group for women in the workforce, and professional development trainings to nonclinical, direct-care workforce of staff with

¹⁶ Sun S, Cao W, Ge Y, Siegel M, Wellenius GA. Analysis of firearm violence during the COVID-19 pandemic in the U.S. *JAMA Netw Open*. 2022;5(4):e229393. doi:[10.1001/jamanetworkopen.2022.9393](https://doi.org/10.1001/jamanetworkopen.2022.9393)

lived experience related to gun violence. The SMP deploys engaged, experienced, qualified and culturally attuned mental health professionals throughout the city.

Community Violence Prevention Framework

The following recommendations build upon several strategies and activities listed earlier in this framework as well as those listed in the 2011 “Preventing Violence: Roles for Public Health Agencies” report (available at bit.ly/preventing-violence-report) and the 2018 American Public Health Association’s “Violence Is a Public Health Issue” statement (available at bit.ly/apha-violence-statement). These recommendations also align with the goals of the GVPTF:

Recommendations	Current NYC Health Department Activities
Conducting needs assessments and strategic planning	<ul style="list-style-type: none"> • Participating in the GVPTF, guiding strategy identification and implementation for supportive housing for people who have been violently injured • Convening an internal violence prevention work group to make sure NYC Health Department staff recognize the overwhelming influence of social determinants of health on the occurrence of violence and co-develop strategies to address root causes
Conducting surveillance and producing data summaries	<ul style="list-style-type: none"> • Using the NYC Health Department’s Syndromic Surveillance System to monitor temporal and geospatial patterns in gun-related injury visits to NYC emergency departments • Overseeing NYC’s contribution of the CDC’s National Violent Death Reporting System • Using Statewide Planning and Research Cooperative System data to conduct analyses of violence and gun-related violence visits to NYC hospitals and emergency rooms • Developing a report on NYC firearm-related injuries
Supporting effective policy approaches to violence prevention	<ul style="list-style-type: none"> • Advocating for laws that reduce the risk of firearm-related injuries • Developing proposals to reduce the potential for injury and death from legally owned firearms, including NYC Board of Health actions
Enhancing public awareness	<ul style="list-style-type: none"> • Creating an interactive data story on root causes of violence (available at a816-doh.besp.nyc.gov/IndicatorPublic/data-stories/violence) • Conducting trainings on violence as a public health issue for Cure Violence program staff

	<ul style="list-style-type: none"> • Developing and implementing a curriculum for youth on violence prevention, offered in partnership with New Yorkers Against Gun Violence in NYCHA facilities • Creating media campaigns on collective responsibility for violence prevention
Seeking sustainable financial resources for community-based violence prevention	<ul style="list-style-type: none"> • Advocating for a New York State Medicaid Plan Amendment to cover HVIP services
Building coalitions and partnerships with established and nontraditional partners	<ul style="list-style-type: none"> • Coordinating resources and services among City agencies, including the NYC Administration for Children’s Services, the NYC Police Department, the NYC Department of Youth and Community Development, community and faith-based organizations, and public and private health care systems for HVIP implementation
Implementing evidence-based policies, programs and practices to prevent violence	<ul style="list-style-type: none"> • Expanding HVIPs to all priority precincts • Providing therapeutic supports to direct-care violence interruption staff to mitigate job-related trauma • Providing positive engagement through the Sports for Family Health program for youth ages 7 to 17 and the Making Waves program for youth ages 5 to 19 • Providing youth violence prevention workshops in partnership with community-based organizations • Increasing community support and connectedness and access to mental health services • Providing early intervention to strengthen parenting skills, reduce the risk of adverse childhood experiences, and support families in learning skills to support children from newborn to age 3 who have developmental delays and disabilities • Providing trauma response to communities and families impacted by gun violence • Offering mental health prevention and crisis and trauma response to students through school-based mental health centers • Increasing the number of and presence of social workers in schools • Providing evidence-based health education on sexual consent, specifically the Ask Before You Act awareness campaign through NYC Teens Connection • Visiting homes to identify and address intimate partner violence and support parenting skills to reduce risk of adverse childhood experiences

	<ul style="list-style-type: none"> • Participating in tabling events that focus on providing gun violence awareness and support (Health Engagement and Assessment Teams also respond to neighborhood trauma to support communities after violent events, such as murder, suicide and shootings)
Building public health practitioner capacity and skills to prevent violence	<ul style="list-style-type: none"> • Serving as technical advisor and conducting trainings to increase the capacity and knowledge base of more than 200 nonclinical, direct-care workforce staff members with lived experience related to gun violence • Providing Hospital Responder Trainings in partnership with the Health Alliance for Violence Intervention to promote nonviolent problem-solving skills • Providing trauma-informed community engagement trainings • Providing intimate partner violence prevention, identification and intervention trainings for health care providers
Supporting the medical community to assess and respond to violence ¹⁷	<ul style="list-style-type: none"> • Providing technical assistance to HVIP sites, including assessing hospital readiness and capacity for HVIPs, convening steering committees of hospital and CBO partners, advising on protocol development for HVIP service provision, and informing discharge planning for people who have experienced violence

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¹⁷ Safe States. Preventing violence: roles for public health agencies. April 2011. Accessed June 27, 2024. https://cdn.ymaws.com/www.safestates.org/resource/resmgr/imported/Public_Health_Roles_in_Viole.pdf