Gun homicides, nonfatal shootings, and exposure to gun violence reflect and intensify this country's long-standing racial inequities. Individuals in some neighborhoods are impacted by gun violence at higher rates than other Americans in part because of deliberate policy decisions that have resulted in segregated neighborhoods and underinvestments in Black and Hispanic communities. These communities are disproportionately burdened by gun violence.

- There are nearly 13,000 gun homicides in the U.S. every year. In 2015, over a quarter of these gun homicides occurred in neighborhoods containing less than two percent of the country's population.

- Gun violence is further concentrated in small social networks. In Chicago, for example, 70 percent of all nonfatal gunshots and 46 percent of gun homicides occurred in social networks containing less than six percent of the city's population. Similarly, in New Orleans, less than one percent of the city's population, just 600-700 people, were involved in over 50 percent of all homicides.

- Within these social networks, violence spreads like a disease – when an individual is victimized by or exposed to violence, it increases the likelihood that they will be victimized again or become a perpetrator.

Everytown supports violence intervention programs that provide comprehensive support to the individuals who are at greatest risk of gunshot victimization.

Community-based violence intervention programs apply a localized approach to gun violence prevention that are well-suited to address gun violence in the hardest hit neighborhoods. These programs identify individuals who are at the highest risk of shooting or being shot, and work to reduce violence through targeted interventions. There are several program models. Three of the most common include the below:

- **Cure Violence** starts with a premise that violence is contagious and employs a public health approach to fight the disease of violence. The hallmark of the program are street outreach workers, who actively work to mediate conflicts and prevent retaliatory violence between those who are at-risk to commit or become the victims of gun violence. Street outreach workers are often former members of street groups, allowing them to speak with credibility and understanding.

- **Group Violence Intervention** (GVI) programs utilize the call-in, a meeting where members of violent groups hear from law enforcement, social service organizations and community members that the violence must stop. Law enforcement brings a strong message that if violence continues, the perpetrators will be caught and face harsh consequences. Individuals seeking help are connected to social services, including education programs, tattoo removal and employment counseling. Following a shooting, impacted individuals are recruited to attend a call-in through customized street and hospital outreach.

- **Hospital-Based Violence Intervention programs** (HVIPs) are located in trauma centers and emergency departments. These programs engage patients while they are still in the hospital, often just hours after a violent injury, to reduce the chance of retaliation and violent injury recurrence. They are based in the premise that there is a unique window of opportunity to engage victims of violence in the immediate aftermath of a traumatic injury. Participants are connected to a case manager, who helps the victim access mental health counseling, education, employment counseling and other services. HVIPs often collaborate with the Cure Violence program in their city.
Evidence-based gun violence intervention programs reduce gunshot victimizations in the neighborhoods most impacted by gun violence.

• The Cure Violence program reduces shootings and homicides. In Philadelphia, the program resulted in 2.4 fewer shootings per month for every 10,000 residents in the areas served by the program.\cite{8} Similarly, an evaluation of the Cure Violence program in the South Bronx found that it was associated with a 37 percent decline in gun injuries and a 63 percent decline in shooting victimizations while a similar neighborhood without the program did not experience the same rate of reduction.\cite{9}

• Group Violence Intervention reduces gun violence. In Chicago, the program reduced gun violence among group members who attended a call-in. These individuals were 32 percent less likely to be the victim of a fatal or nonfatal shooting than individuals who did not receive the intervention; homicides decreased by 37 percent in targeted neighborhoods.\cite{10}

• Hospital-based violence intervention programs (HPIV) are an effective means of reducing the risk that an individual will suffer an additional violent injury after leaving the hospital. These programs also reduce the likelihood that an individual will participate in retaliatory violence. In Baltimore, individuals who did not receive the HPIV program were six times more likely to be hospitalized again for a violent injury and four times more likely to be convicted of a violent crime than individuals who received the intervention. Individuals who received the intervention also saw their employment increase from 39 percent to 82 percent, while employment fell for those not in the program.\cite{11} In San Francisco, an HPIV program reduced the percent of patients who were readmitted with a violent injury from 8.4 percent to 4.9, a two-fold reduction in violent reinjury.\cite{12}

**Group Violence vs. Gang Violence**

Gun violence occurs within social groups; most individuals who are shot know the person who shot them.\cite{13} Although some of this violence is tied to gangs, most occurs within informal social groups.\cite{14} Gangs are established, formal organized crime organizations that make money for a larger entity and control a large amount of territory for multiple generations.\cite{15} Most gun violence occurs within informal social networks where individuals are tied together by living on the same block or having the same friend group. Violence within groups, which represents the majority of city gun violence, occurs spontaneously and often over minor disagreements or perceived disrespect.\cite{16} This violence becomes deadly because of the presence of a gun, and is not used for strategic reasons or to maintain control of an area.

2 Centers for Disease Control and Prevention. WISQARS Fatal Injury Reports. Data reflects a 5-year average (2012-2016). In this document, homicide intent includes gun deaths by homicide and legal intervention.


