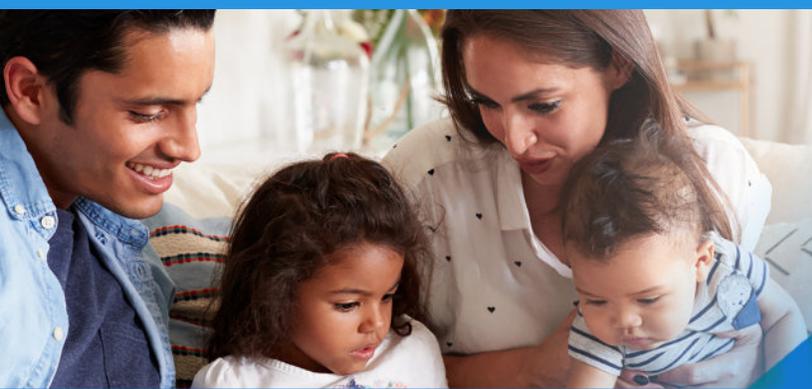




**LITERATURE
REVIEW
and
MODELS
SUMMARY**



Help is Here

What do we know about firearm violence prevention?



A review of research and practice

There is no single solution and/or best practice to prevent and reduce firearm violence. However, there is a body of research and evidence-based programs and practices that can provide guidance. This research review provides highlights from a number of articles, reports, evaluations, and program descriptions.

Factors that can increase the risk of firearm violence (*all ages*)

Community and systemic factors

Characteristics of the community in which a person resides can be contributing factors to increased risk of firearm violence. High levels of firearm violence in a community can be an important contributor to risk, both direct physical harm and a source of mental and emotional trauma from that exposure. Research points to other factors at the community level including concentrated poverty, high crime levels, high unemployment, and lack of positive relationships among residents. In addition, the extent to which drug use, violence, and other harmful behaviors become acceptable in a community can also be factors.

Recent research of Chicago and other cities has explored the extent to which contact with, or involvement with gangs or peers who have been victims of, or perpetrators of a shooting is a risk factor. This research identifies firearm violence as contagious as a virus in those at highest risk are those who have had immediate exposure, such as members of peer group within which a member has been shot. While the landscape is not the entire community social networks in general are strongly associated with the spread of gun violence, and that focus of interventions could be on the high-risk behaviors of individuals within that network.

Additionally, for communities of color, the compounding effect of years of systemic and structural racism, disinvestment, adverse effects of public policies including housing segregation, and inadequate access to needed services and supports has created and reinforced conditions that perpetuate violence in general and gun violence in particular. This context of structural violence contributes to community and individual risk factors and makes addressing them all the more difficult.

Individual health and behavioral factors

Much research, increasingly from the public health and health sciences, has focused on understanding factors that contribute to or increase a person's risk of being a victim of or perpetrating gun violence. Regarding risks from the individual and interpersonal perspective, research points to mental health as a clear contributing factor, particularly young people with at least one psychiatric disorder or mental illness. There is a particularly strong association with having experienced childhood trauma as a strong risk factor, including trauma from exposure to community or domestic violence, or being a victim of or witness to abuse (e.g. domestic, sexual, mental). Other aspects of mental health, including substance abuse, depression, anxiety, and chronic stress are seen as playing a role as well. Violence prevention programs integrating mental health services need to address trauma as a specific contributing factor.

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For youth, contact with the criminal justice system at a young age, particularly before age 13 heightens the risk for violence victimization and increases the likelihood of other related contributing factors such as school dropout and substance abuse. Other behaviors such as impulsiveness, antisocial or aggressive beliefs and attitudes, low levels of school achievement, and having no or weak connection to school are also identified by researchers as contributing factors to increased risk.



The inter-relatedness of mental with these factors is also evident in the research, as one study found the majority of youth involved with the criminal justice system in Chicago experience at least one psychiatric disorder, especially among young African Americans. Many programs have worked with local law enforcement to develop diversion strategies to reduce frequent early contact with police.



At any age, access to a firearm is an increased risk to an individual, and more specifically carrying a weapon are significant contributing factors to increased risk. This factor can be enhanced and complicated by risk factors at the community level such as the amount of overall violence in the community, and the level of overall danger an individual perceives themselves to be in, resulting in weapon carrying being viewed as a necessary protection, or carried due to peer or group pressure.

Household/parental factors

Households for people of any age and parents/caring adult for youth can play a healthy mediating role between an individual and their community when they are part of a safe and reliable support system. There are a wide range of household or parental factors that research indicates may contribute to increased risk of firearm violence, which include presence of an unemployed adult male in the household, transient or unstable housing, parental substance abuse, and parental or caregiver lack of supervision or use of harsh or inconsistent discipline. Collectively or individually these kinds of factors contribute to household or family instability that increase the risk of someone perpetrating or being a victim of firearm violence.

Indicators of high risk of injury or death

A recent study examined a wide range of information provided by victims to understand what factors predicted future victimization. The study was a randomized control trial of 600 emergency-room victims of firearms violence injury. The strongest predictors were whether the person had been shot or shot at themselves, whether they had recently seen someone they know or someone in their community being shot, whether they had a friend who carried a weapon, and whether the individual had been in a physical fight.

Common interventions of successful programs

We reviewed the program models and interventions of 13 successful programs. Successful programs, as measured by their self-defined measures were programs that were large in scope and scale. Some programs were run by social service agencies with a broad mission to provide human services, others are more singularly focused on violence prevention. However, even with high capacity to provide supports to their clients, all programs utilized strong partnerships to help fill out their services in some way. This suggests that smaller, more community-based programs can also have their models enhanced through partnerships. The following are the common features of the successful programs we reviewed.



Strong programs offer a comprehensive, or “wrap-around” set of services.

Some programs included at least three interventions directly as a required part of their program. The range of services include an initial assessment, cognitive/behavioral interventions, mentoring, coaching, job training, educational services, family services, mental health services, career planning, literacy, and youth services.

Street outreach is a core intervention.

Programs see value in establishing contact or developing relationships “where they are at.” This outreach can be the start of relationship with a client but is also ongoing. Where the CureViolence model has been replicated, outreach is also done at time of crisis or danger for the client, such as after a shooting involving a peer, for example, where the intervention can literally be the safety line.

Skill building.

Programs recognize the importance of having their clients develop goals and work toward them by building valuable skills that help them grow. For adults, this means job training and career coaching. Programs also offer programming to help build social and interpersonal skills critical for the workplace or for personal growth and development.

Cohort and individualized supports.

Just as strong programs offer a range of services, they also offer services structured both in individual and cohort settings. For example, there is value in going to a workplace with peers who are also working on the same skills. Other services, however, like mental health services for example are better suited for an individual intervention that can be more tailored to the individual and are more appropriate in that setting.

Partnerships.

Programs have extensive lists of partners. Partner organizations vary from providing space for meetings and programming, to sources of referrals for clients coming into a program, and partners to whom the program refers clients who have a particular need. The last partner type is likely to be the most valuable to a small program that does not have the capacity to provide a wide range of services itself.

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