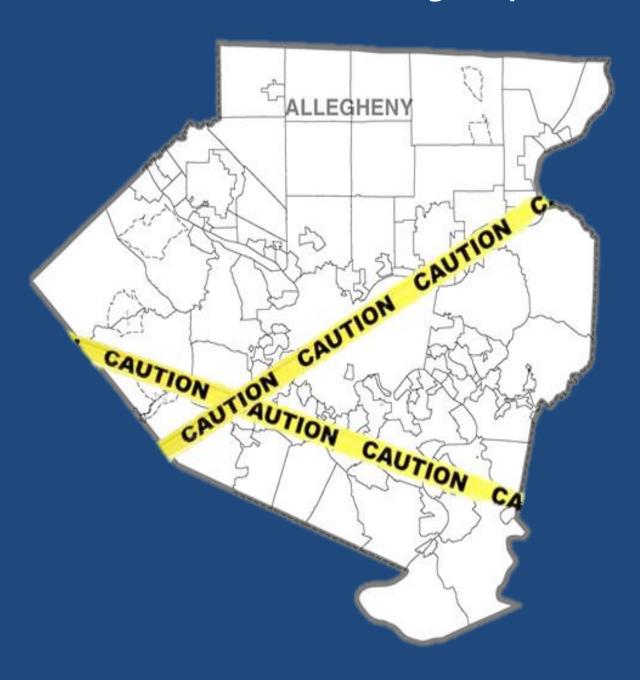
Community Violence Prevention Project

Homicide Review Findings Report (2014)



GRADUATE SCHOOL OF PUBLIC HEALTH
BEHAVIORAL AND COMMUNITY HEALTH SCIENCES
Center for Health Equity



Findings from 2014 Homicide Review Activities

Center for Health Equity

University of Pittsburgh Graduate School of Public Health Behavioral and Community Health Sciences

AUTHORS OF THIS REPORT

Gina Brooks, BA

Behavioral and Community Health Sciences Graduate School of Public Health

Richard Garland, MSW

Behavioral and Community Health Sciences Graduate School of Public Health

Patricia I. Documét, MD, DrPH

Behavioral and Community Health Sciences Graduate School of Public Health

Jessica G. Burke, PhD, MHS

Behavioral and Community Health Sciences Graduate School of Public Health

Brianna L. McDonough, MPH

Behavioral and Community Health Sciences Graduate School of Public Health

Steven M. Albert, PhD

Behavioral and Community Health Sciences Graduate School of Public Health

HOMICIDE REVIEW PARTICIPATION

RaShall Brackney

Pittsburgh Police Department

Lora Ann Bray

University of Pittsburgh Graduate School of Public Health

Barry Bud

Pittsburgh Police Department

Brenda L. Cassidy

University of Pittsburgh School of Nursing

Darlene Craig

Medical Examiner Office

Patricia I. Documét

University of Pittsburgh Graduate School of Public Health

Leigh A. Frederick

UPMC Presbyterian Trauma Services

Richard Garland

University of Pittsburgh Graduate School of Public Health

Deborah Gilkey

Pittsburgh Police Department

Jay Gilmer

City of Pittsburgh/Pittsburgh Initiative to Reduce Crime

Mary E. Hatheway

Allegheny County Juvenile Probation Department

Mona Jordan Hawkins

Kingsley Association

Mark H. Kerr

Allegheny County Juvenile Probation Department

Emily Kulick

Allegheny County Department of Human Services

Raymond Logan

Consultant

Molly Morrill

Pitt Social Work/ Center for Victims

Allan Philp

Allegheny General Hospital Trauma Services

Rhonda Pollard

Center for Victims

Felicia Lane Savage

Health Educator

Roland L. Slade, Sr.

Kingsley Association

Vanessa Mayers-Snyder

Center for Victims

Art Terry

Kingsley Association

Will Thompkins

The Pittsburgh Project

Brittanie Wilczak

University of Pittsburgh Graduate School of Public Health

Chengyuan Zhou

Allegheny County Department of Human Services

SUPPORTIVE CONTRIBUTORS

Steven M. Albert

University of Pittsburgh Graduate School of Public Health

Jessica G. Burke

University of Pittsburgh Graduate School of Public Health

Charlene Christmas

Allegheny County Adult Probation Department

Tamara Collier

United States Attorney's Office for the Western District of Pennsylvania

Erin Dalton

Allegheny County Department of Human Services

Mary Greer

UPMC Presbyterian Trauma Services

Andrew Gordon

Allegheny County Health Department

Tim Harvison

Crafton Borough Police Department

Alan D. Murdock

UPMC Presbyterian Trauma Services

LaToya Warren

Allegheny County Jail

Michael Yonas

Allegheny County Department of Human Services

ADVISORY BOARD

Nicholas Beldecos

DSF Charitable Foundation

Randolph Brockington, Sr.

Allegheny County Department of Human Services

Franco Harris

Super Bakery, Inc.

Lisa Kuzma

Richard King Mellon Foundation

Elizabeth Miller

Children's Hospital of Pittsburgh of UPMC

Bill Strickland

Manchester Bidwell Corporation

FUNDING SUPPORT

Richard King Mellon Foundation

Pittsburgh, PA

Table of Contents

Executive Summary	2
Key Findings	3
Background and Overview	4
Methods	5
Results	7
Geographic and Temporal Trends	10
Homicide and Victim Characteristics	16
Suspects Characteristics	21
Key Contributing Factors	2 3
Recommendations	24
Individuals and Peers at Risk	24
Service Improvement	25
Community Action	26
Community Recommendations	
Community Resources	
Appendices	29

© 2014 Graduate School of Public Health, Center for Health Equity. This work may be cited, reproduced and distributed, in whole or part, without alteration and without prior written permission, provided all copies properly reference attribution.

Suggested Citation: Brooks G, Garland R, Documét PI, Burke JG, McDonough BL, Albert SM. *PITT Public Health Community Violence Prevention Project: Homicide Review Findings Report (2014).* Pittsburgh: University of Pittsburgh Graduate School of Public Health, Center for Health Equity; 2015.

Executive Summary

Our detailed review of Allegheny County's 108 homicides in 2014 further supports that we need to distinguish between types of homicide cases. The 2014 homicide total for the City of Pittsburgh was 71 (increase of 51% from 2013) and for the Suburbs was 37.

Allegheny County Homicide Demographics 2014

City of Pittsburgh

- 61 victims were male (86% in 2014, compared to 83% in 2013).
- 64 victims were black (90% in 2014, compared to 81% in 2013).
- The median age of a homicide victim was 27.
- 80% of homicide victims were African American males between the ages of 18-25.
- The median age of a homicide suspect was 28.
- 62 (87%) victims had an arrest history.

Suburbs

- 29 (78%) victims were male.
- 27 (73%) victims were black.
- The median age of a homicide victim was 30.
- 62% of homicide victims were African American males between the ages of 18-25.
- The median age of a homicide suspect was 18.
- 26 (70%) victims had an arrest history.

A Typical Homicide in Allegheny County

• Victim

- > Male
- > African American
- ➤ Between 18-25 years old
- > Has between 1 and 5 prior arrests
- ➤ Has prior drug and/or weapon arrest on arrest history
- ➤ Was or previously on probation/parole

Suspect

- ➤ Male
- > African American
- ➤ Between 15-25 years old
- ➤ Has between 1 and 5 prior arrests
- ➤ Has prior drug and/or weapon arrest on arrest history
- ➤ Was or previously on probation/parole

• Homicide Circumstances

- ➤ The victim and suspect were peers (they had something in common)
- ➤ The incident occurred between 9pm-3am
- ➤ The incident occurred on either Tuesday or Saturday
- > The homicide involved a firearm

Key findings from 2014 show that:

- Homicide victimization continues to be unevenly distributed across populations or places. While only 13% of Allegheny County residents are black or African American, 82% of the victims were black. Twenty eight percent of the homicides occurred in just 7 of Allegheny County's 130 neighborhoods.
- **Firearms were the main cause of death.** Cause of death in 86% of homicides was a gunshot wound.
- **Female victims died of intimate partner homicide.** Female victims represented 16% of total homicides, of which half were related to intimate partner violence and were killed by a current or former intimate or domestic partner (e.g., boyfriend, girlfriend, husband, wife, son, daughter, in-laws).
- There are social context factors for homicide victimization. Chronic, multigenerational involvement in violence and illegal activities; additional opportunities for conflict through increased use of social media (e.g., Facebook, Instagram); prevalence of drugs, alcohol, and access to firearms; and violence as normative behavior were identified as relevant in the homicides.

The complexity of homicide and intentional injury prevention has become increasingly clear and points to the urgent need for efforts to address violence at multiple levels within Allegheny County communities. The recommendations include:

- Identify and involve the support networks of at-risk individuals and, specifically, engage those at risk who are not currently involved in mandated health or behavior programs. Engaging individuals and families at risk of violence victimization in non-traditional settings (e.g., community-based organizations, primary care clinics) is a strategic way to address the complexity of peer conflict.
- Modify community programs' participation requirements to ensure equal access to participation. Engaging individuals will improve participation and commitment. Modify participation requirements (e.g., parent/guardian signature, payment) and adapt service delivery to include non-traditional methods in communities and enhance linkages and increase communication and coordination among behavior, health, and social programs and systems.
- Increase community participation and investment in violence prevention efforts. Combat attitudes of violence as normative behavior and promote an appropriate form of conflict resolution; support existing anti-violence groups and coalitions that provide awareness, education, and prevention; improve and strengthen community-police relations; and distribute anti-violence materials throughout Pittsburgh.
- Enhance the homicide review process to better inform our understanding of contributing factors and potential solutions. Recruit new members; enhance data collection efforts, specifically to better account for the unique factors involved in intimate partner homicides; increase police involvement; and enhance dissemination methods.

Background and Overview

The PITT Public Health Community Violence Prevention Project, within the Center for Health Equity and Department of Behavioral and Community Health Sciences at the Graduate School of Public Health, began in August 2012. Utilizing a public health perspective, the project seeks to gain an enhanced understanding of the contextual and underlying factors impacting community violence so that appropriate recommendations specific to the unique needs of Allegheny County communities can be made. Utilizing our greater understanding and the experience gained from the 2012 and 2013 Homicide Reviews, this represents our third findings report.

In the early 1990's, gang culture played a dominant role in driving the homicide rate in Allegheny County. In 2014, gangs and organized groups have far less influence on the rate of homicide. In the past decade, Allegheny County has had an average of 85±14 homicides and the City of Pittsburgh has had an average of 60±12 homicides. There were 71 homicides in the City of Pittsburgh in 2014, a marked increase from the previous year's total of 46.

In response to the gang violence of the 1990's, many organizations developed programs to address the needs of the younger population involved in gangs. Programs were often based in the schools; many of them worked with young people in the community as well. Outreach efforts during this time were crucial, and public and private sources came together to address the issue of violence. Mentor programs, workforce projects, and violence prevention programs were in demand. There was a national trend toward these types of intervention, and many programs flourished during this time.

Over time, the context of violence in Allegheny County shifted away from gangs. Many housing communities and schools in both the city and the county closed, leading to a mixing of communities with disparate loyalties and affiliations. A new trend in violence emerged. The dissolution of neighborhood and community ties contributed to an increase in violence. The previous Homicide Review Findings Reports discuss peer conflict as the current dominant conflict context. Peer conflict is characterized as self-motivated conflict between individuals. This is distinct from gang-related conflict, which is conflict specifically tied to one's group affiliation.

In contrast to gangs with identifiable leadership and organization, cliques and crews are the key players in the current landscape of violence. Social media presents a new outlet for the glorification of violence among the cliques and crews of Allegheny County. From writing inflammatory posts on Facebook to brandishing guns in self-produced music videos on YouTube, youth turn to social media to threaten and to gloat. The relationship between social media posturing and the occurrence of violence in the streets is a focus of current interest.

Methods

Objectives

The key objectives of the project are to:

- 1. Uncover patterns among incidents of homicide;
- 2. Identify key preventable factors that contribute to the homicide;
- 3. Collectively develop recommendations about what could have been done to prevent homicide, and
- 4. Disseminate information and engage in community dialogue about violence prevention within Pittsburgh neighborhoods.

Expanding on the methods developed in 2012 and 2013,² we sought to gain an enhanced understanding of the greater contextual and underlying factors involved in the 2014 Allegheny County homicides. Multiple methods were used. An advisory board offered guidance on project activities.

<u>Partnership Coordination</u> Using a participatory-based approach, key local stakeholders were identified and invited to partner on project activities. Community partners involved representatives from a variety of organizations, each invested and contributing expertise to the project's objectives. Partners included adult and juvenile courts, county jail, city and county social service providers, public health professionals, trauma physicians and health care professionals, anti-gun violence advocates, and community members with long-standing experience with violence prevention efforts in Allegheny County.

<u>Data from Partners</u> Data was collected on the 108 homicides through complementary sources of information including the Allegheny County Jail, Allegheny County Department of Human Services, Allegheny County Adult and Juvenile Probation, and Allegheny County Medical Examiner's Office. Partners were responsible for searching their own agencies for victim-specific information (e.g., previous involvement or supervision history, previous criminal charge) and sharing in preparation for review meetings.

<u>Data from Community</u> Four team members - two academic research staff and two trained community members - constituted the "outreach team," who gathered fine-grained, contextual information surrounding the homicides from communities impacted by violence in 2014. Our outreach team members are long-term residents of Pittsburgh with extensive violence prevention experience, particularly around retaliatory violence and street outreach. The outreach team discussed homicide cases with key neighborhood members and attended local community meetings to collect further detailed information. Information was gathered for each homicide and victim, including such things as relationship of the victim with the suspected perpetrator, evidence of previous conflict between the two, family history of violence, and length of stay at residence. The outreach team used information gathered from the community and media outlets to reach a consensus on whether the risk of retaliation was very likely.

Homicide Review Group Composed of community partners, eight homicide review group meetings took place from February 2014 to January 2015 in which all 2014 homicides were discussed. Review meetings were organized by neighborhood where the homicide occurred in order to focus on the unique characteristics and dynamics of each neighborhood. Community-based groups specific to the neighborhood were also invited to attend the review. Meeting leaders encouraged brainstorming underlying causes of violence and intervention implications and recommendations. All review meeting participants signed a non-disclosure statement. At the end of the year, the University team administered a survey to all partners, which was also available electronically. The survey aimed to further strengthen the review group process; items learned are outlined in the results section.

The information discussed in this report represents a summary of collected data and information shared in homicide review group meetings and does not represent individual or organizational perspectives.

Results

Figure 1

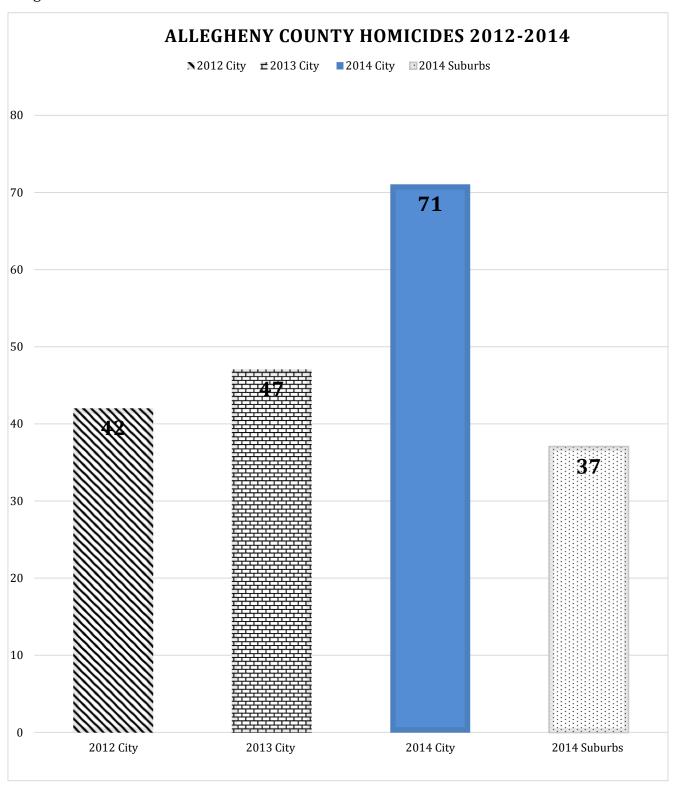


Figure 2

ALLEGHENY COUNTY HOMICIDE VICTIM BY GENDER, RACE, AND AGE 2014

- Black Males White Male Black Females
- White Females

 Hispanic Male

 Unknown

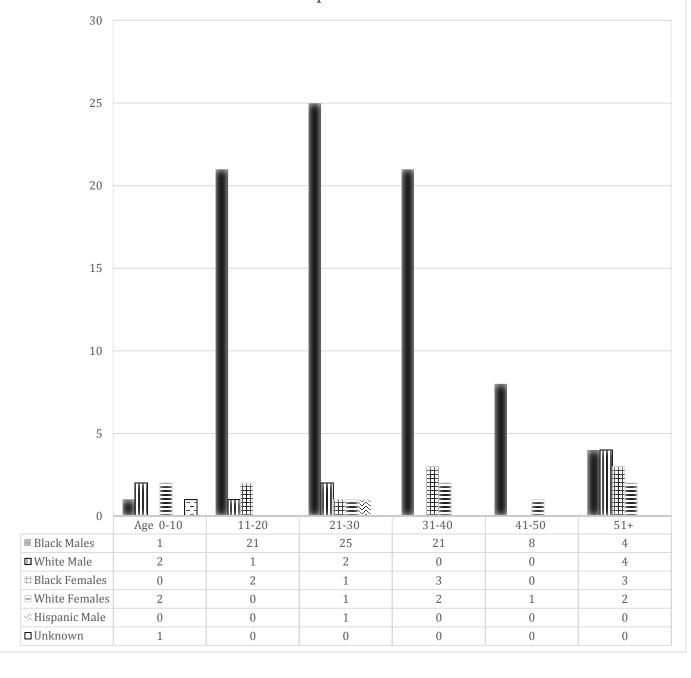
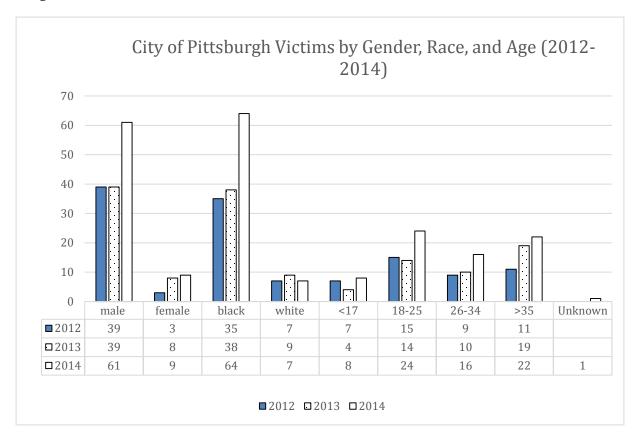


Figure 3



- As shown in Figure 1, the 2014 homicide victims in Allegheny County were 74% Black male, 8% White male, 8% Black female, 7% White female, and the remaining 3% were Hispanic male or Unknown.
- 16% of homicide victims in Allegheny County 2014 were female and 83% were male. More than half of female homicides were due to Intimate Partner Violence/Domestic Violence (59%).
- At 23%, Black males between the ages 21-30 accounted for the most homicides in Allegheny County in 2014.
- In 2014, 66% of Allegheny County homicides were in the city. Blacks accounted for 90% of City homicide victims in 2014 (Figure 2), an increase of 26 since 2013.
- City White homicide victims decreased by 2, males increased by 22, and victims between the ages of 18-25 in the city increased by 10.

Geographic and Temporal Trends

- While the city only comprises 25% of Allegheny County's total population, 2/3 (66%) of the total homicides in the county occurred in the city.
- Pittsburgh Police Zone 5 overwhelmingly experienced the highest number of homicides (Table 1), 27 homicides overall, which has been the same since 2012.

Table 1Geographic Trends Allegheny County 2014

Zip Code	Allegheny County Homicide Victims 2014	Neighborhood(s)	Land Area (sg. mi)	Population	Police Department
15104	4	Braddock	2.45	8,839	Braddock
15110	3	Duquesne	1.82	5,547	Duquesne
15237	2	McCandless	24.21	41,499	McCandless
15132	4	McKeesport	5.65	21,057	McKees Port
15136	4	McKees Rocks	11.13	23,184	McKees Rocks
15108	1	Moon	39.47	38,927	Moon
15120	1	Munhall	4.67	18,833	Munhall
15120	1	Homestead	1.90	3,079	Homestead
15235	3	Penn Hills	14.66	33,681	Penn Hills
15241	1	Pittsburgh, Upper St. Clair	10.4.	19,651	Zone 3
15210	10	Pittsburgh, Allentown, Beltzhoover, Carrick, Knoxville	4.64	24,920	Zone 3
15210	1	Pittsburgh , Brentwood	6.8	28,641	Zone 2
15224	7	Pittsburgh, Bloomfield, Garfield. East Hills	1.01	10,172	Zone 5
15226	1	Pittsburgh, Brookline	2.54	13,551	Zone 6
15204	5	Pittsburgh, Chartiers, Esplen, Sheraden	1.86	7,986	Zone 6
15206	7	Pittsburgh, East Liberty, Larimer, Lincoln-Lemington	4.78	28,558	Zone 5
15220	4	Pittsburgh, Elliot	4.94	18,023	Zone 6
15207	2	Pittsburgh, Hazelwood	4.79	10,779	Zone 4
15219	8	Pittsburgh, Hill District	2.29	17,684	Zone 2
15208	12	Pittsburgh, Homewood	1.61	10,486	Zone 5
15212	5	Pittsburgh, Northside	6.22	27,135	Zone 1
15214	6	Pittsburgh, Northside	4.7	14,293	Zone 1
15213	1	Pittsburgh, Oakland	2.13	25,066	Zone 4
15201	1	Pittsburgh, Stanton Heights	2.48	12,850	Zone 5
15222	1	Pittsburgh, Strip District	0.81	3,525	Zone 2
15145	1	Turtle Creek	1.97	6,945	Turtle Creek
15147	5	Verona	10.12	17,743	Verona
15221	7	Wilkinsburg	6.15	31,069	Wilkinsburg

Table 2

Geographic Trends 2012-2014 City

Location	2012 city	2013 city	2014 city
Zone 1	6	4	11
Allegheny West	0	1	0
Brighton Heights	2	1	0
Central Northside	2	0	0
Fineview	0	1	0
Marshall-Shadeland	0	1	2
Northview Heights	0	0	4
Perry South	1	0	2
Spring Hill	1	0	1
Zone 2	9	4	10
Bedford Dwellings	3	1	0
Lawrenceville	1	1	0
Middle Hill	2	2	8
Strip District	2	0	1
Terrace Village	1	0	0
Brentwood	0	0	1
Zone 3	5	7	10
Allentown	1	1	2
Beltzhoover	1	3	2
Carrick	0	2	1
Knoxville	2	1	5
South Side Slopes	1	0	0
Zone 4	3	4	3
Greenfield	1	1	0
Hazelwood	0	1	2
Oakland	2	2	1
Zone 5	18	25	27
Bloomfield	0	2	1
East Hills	1	3	1
East Liberty	4	1	3
Friendship	0	1	0
Garfield	3	2	5
Homewood	3	11	12
Larimer	3	4	2
Lincoln-Lemington	1	1	2
Morningside	1	0	0
Zone 6	1	3	10
East Carnegie	0	1	3
Sheraden	0	2	5
West End	1	0	2

Figure 4

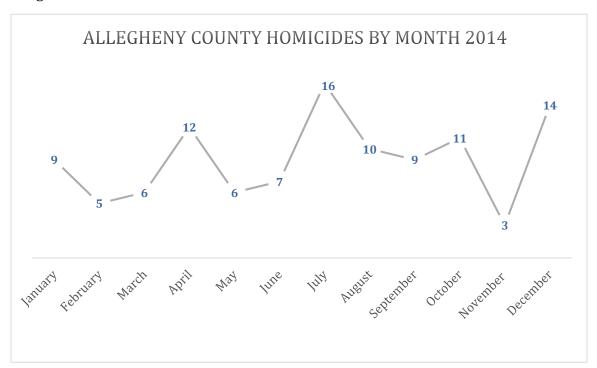


Figure 5



• The highest number of homicides – 16 (15%) – occurred in the month of July (Figure 4). Homicides tends to increase at the beginning of each season in 2014, months of April, July, October and December.

Figure 6

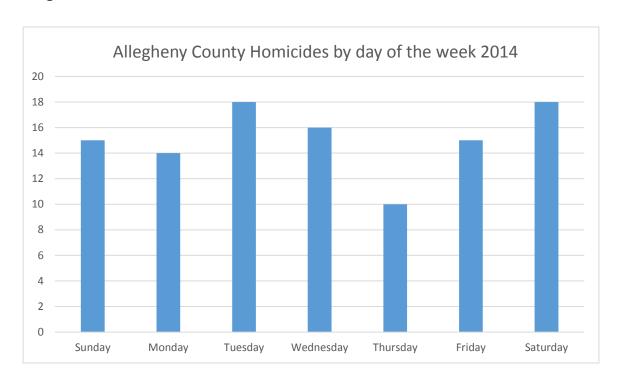
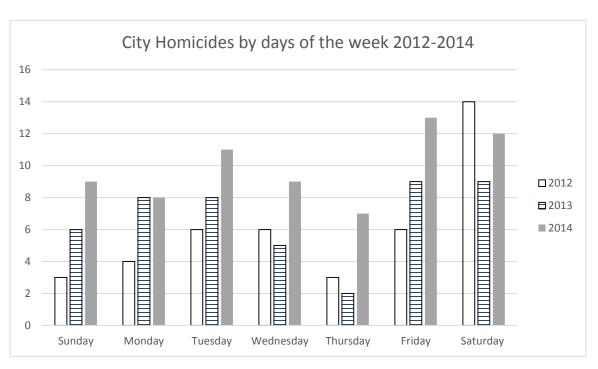


Figure 7



- In Allegheny County in 2014, Fridays and Saturdays had the highest number of homicides. Mondays and Thursday had the lowest number of homicides.
- Homicides occurred most often on the weekends in 2012, 2013, and 2014 with Friday and Saturday being the most violent days overall (Figure 7).

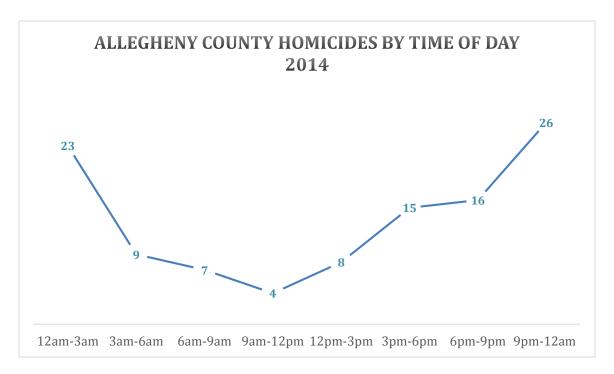
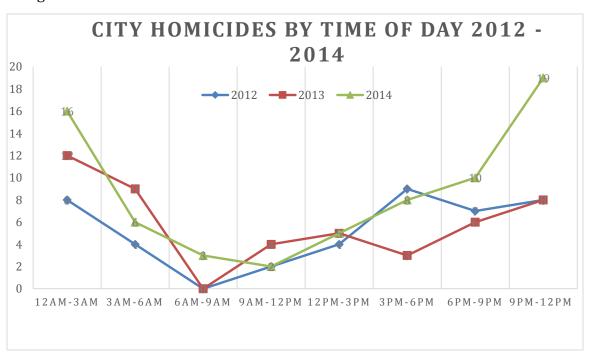


Figure 9



- Homicides most often occurred late at night (9pm to 3am); in 2014 there was a significant increase in 9pm-12pm homicides (Figure 9)
- The early morning and weekday work/school periods saw relatively fewer homicides, but were followed by an increase in the evening (3pm to 6pm), and then steadily increased throughout the rest of the evening.

Figure 10

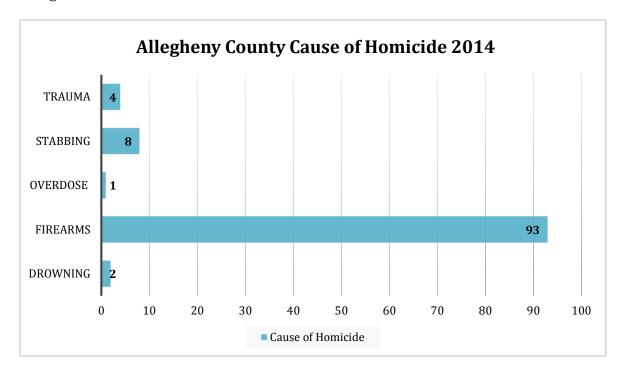
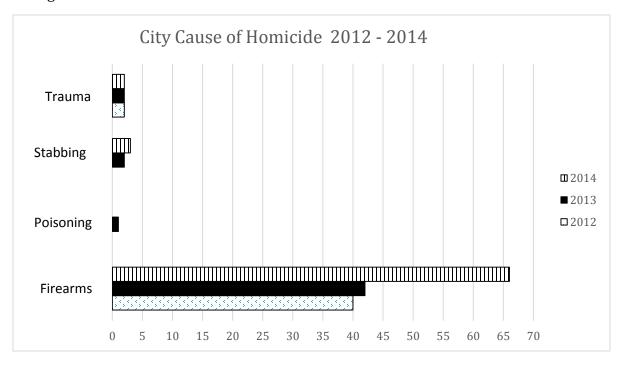


Figure 11



- In 2014 in Allegheny County, firearms were the main cause of death, with 86% (93) of victims killed from a gunshot wound (Figure 10). Eight victims were killed by stabbing, four by blunt force trauma, and one by overdose.
- Since 2012, firearms have remained the most common cause of homicide death in the City of Pittsburgh.

Table 3

Homicide and Victim Characteristics

Characteristics	2012 city	2013 city	2014 city	2014 Allegheny County
	42	47	71	108
Location Type				
Street, road, avenue	15	18	23	38
House/Home	6	12	20	33
Housing Authority Housing	2	2	7	7
Apartment building	3	1	3	4
Automobile	5	4	3	8
Bar, club	3	5	4	7
Park, Parking lot, Wooded Area	4	5	8	8
Other (i.e., vacant building, business)	4	0	2	3
Other Victims Injured	12	11	3	4
Perpetrator/suspect				
Arrest made	12	17	17	29
Deceased (e.g., homicide-suicide)	1	2	1	4
Charges pending (e.g., self-defense)	0	3	0	1
Unknown	0	1	0	2
Risk of Retaliation	6	3	9	19

- In 2014, 41% of homicides occurred in a place of residence (house/home, housing authority, or apartment building). 43% of homicides occurred in outdoor open spaces (street/road/avenue or park/parking lot/wooded area).
- The number of homicides in a place of residence was 11 in 2012. This number increased to 15 in 2013, and doubled to 30 in 2014. Homicides in outdoor open spaces have increased from 19 in 2012, to 23 in 2013, and 31 in 2014.

Table 4

Characteristics	2012 City	2013 City	2014 City	2014 Allegheny County
# of Homicides per year	42	47	71	108
Residence at time of death		ı	ı	T
Pittsburgh	30	32	40	46
Suburbs	9	10	15	29
Homeless	0	1	0	1
Unknown	3	4	16	32
Killed in neighborhood of residence	24	16	19	32
Victim/Suspect Involvement				
No known relationship	10	6	5	8
Unintended target	3	3	1	1
Acquaintance, associate, Friend	19	5	9	11
Rival gang member	5	1	1	1
Intimate Partner / Domestic Violence	1	5	3	7
Law Enforcement Officer	2	0	1	1
Other relative (e.g., brother, spouse's son)	0	2	1	7
Unknown	2	25	50	72
Received DHS services	22	27	42	66

- The relationship between victim and perpetrator was known for thirty-five of the cases in 2014. Among these, 7 victims were killed by a spouse or current or former intimate partner.
- Over half of all homicide victims had prior interaction with the Allegheny County Department of Human Service (DHS) (Table 5). Prior human service involvement includes instances of referral to services that were not realized. The largest percentage of prior interaction involved behavioral health (mental health and/or substance abuse), followed by the child welfare system, either as a child or a parent.

Figure 12

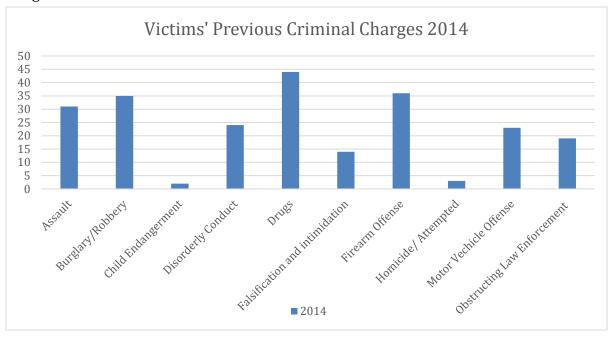
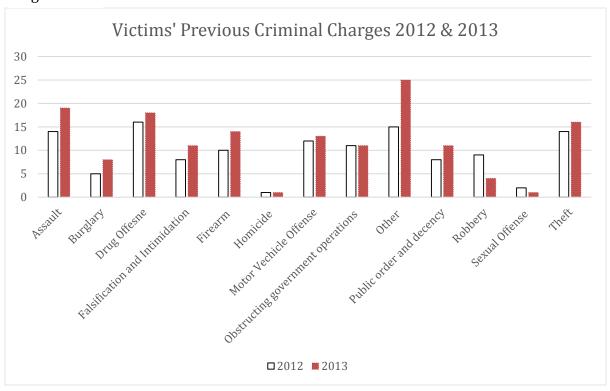


Figure 13



- In Allegheny County, out of the 108 homicide victims, there were 231 criminal charges among the victims, the majority of the charges pertaining to drugs and weapon charges. This is a substantial increase from 2012.
- Generally, victims and suspects have very similar arrest histories. In 2014, both victim and suspects had a very high number of firearms charges.

Table 5

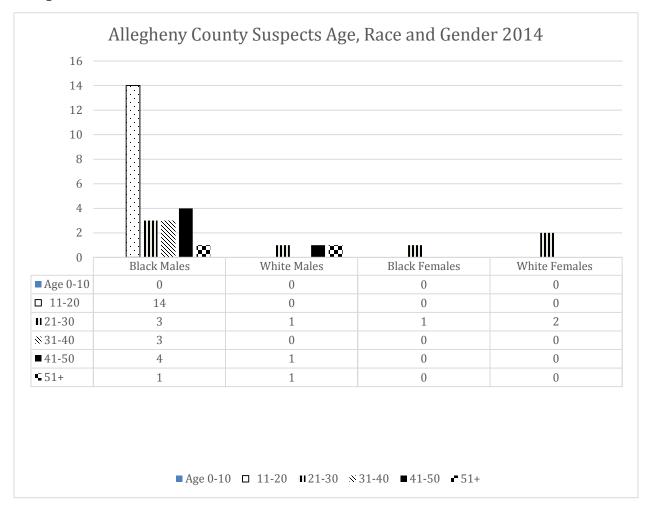
Conflict Context	2012 City	2013 City	2014 City	2014 Allegheny County
Peer conflict	8	16	53	72
Possibly related to peer conflict	5	8	0	0
Gang-related	3	2	3	3
Possibly gang-related	0	2	0	0
Not peer or gang-related	12	5	7	12
Intimate partner or Domestic Violence	0	5	5	14
Child abuse	1	0	2	4
Non-criminal or unintentional	8	6	0	2
Law Enforcement Shooting	2	0	1	1
Unknown	3	3	0	0

- In 2014, Peer conflict, a "purposeful" and "self-motivated" conflict between peers, or "individuals that have something in common" (e.g., job, residence, age, crowd), was identified as a key determinant or factor in 66% of homicides in Allegheny County 2014 (Table 6).
- The second leading conflict was IPV and Domestic Violence (13%); 71% of these IPV/Domestic Violence cases were a murder/suicide.
- In 2012-14 project activities, themes emerged throughout discussions and input from community members led to the organization of homicides based on contextual information around the conflict thought to have triggered the homicide. These working definitions were applied to the 2012 homicides. Further explanation of conflict context definitions can be found in Table 7.
- Law Enforcement Shootings are increasing not just in Allegheny County, but all over the United States, and are becoming a national issue. In the past, we labeled law enforcement shootings as Non-criminal or unintentional, under personal protection. In 2014 we had one law enforcement shooting and labeled it as such.

Table 6 Conflict c	ontext, definition (Pittsburgh, 2012-2014)
Conflict Context	Definitions & Clarification
Peer conflict*	 Purposeful, self-motivated Peers or individuals with something in common (e.g., avocation, residence, age) with more than a superficial familiarity Conflicts may stem from such things as drugs, money, power, or disrespect, but not gang business "It could be about anything, but it's not gang business." "It's survival"; "It's dog eat dog out there"; "Everybody's got eat so they're going after everybody" No turf boundaries and loyalty does not exist make money where safely can"
Gang-group related	 U.S. Department of Justice gang definition is used, specifically there is: Identifiable leadership and internal organization Collective identification by employing a common name, slogan, sign or symbol, style or color of clothing Conflicts are "gang on gang" or one named gang versus another named gang and may involve such things as turf/territory, intimidation, power, pride and respect, or gang business (e.g., drugs, stolen commerce, firearms, prostitution) Geographically defined boundaries in Pittsburgh that determine with which gang you should affiliate
Not peer or gang-related	 Incidents that are criminally motivated, but do not involve aspects of a peer or gang-related conflict Considered an isolated event Conflicts may stem from such things as: Robbery, home invasion Argument/conflict (e.g., "Drug deal gone bad") Contracted killing
Child abuse Intimate partner / Domestic violence	 Intentional injury or violence towards a child Intentional injury or violence perpetrated by a current or former intimate partner (e.g., boyfriend, husband)
Non-criminal or unintentional	 Incidents that are not criminally motivated and do not involve aspects of a peer or gang-related conflict Conflicts may stem from such things as: Unintended target No apparent motive Negligence or improper firearm storage Personal protection Personal argument or conflict
Unknown	Unknown due to incomplete information

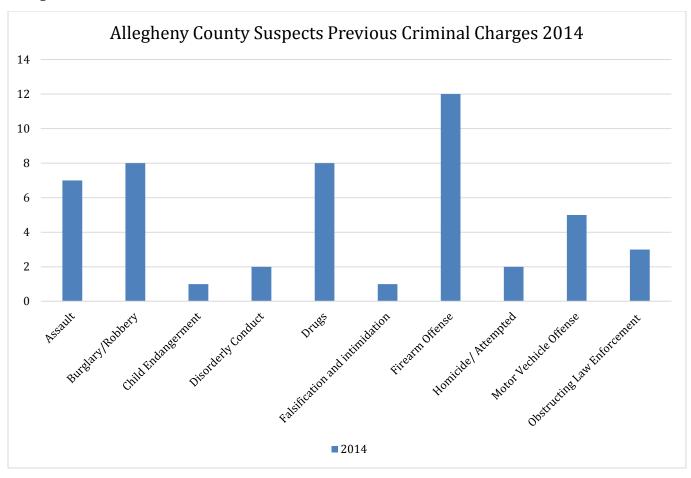
Suspect Characteristics

Figure 14



- Approximately 83% of the 2014 Allegheny County homicide suspects were black males (Figure 14).
- 45% of the Allegheny County homicide suspects were black males between the ages of 11-20.
- The median age of 2014 Allegheny County homicide suspects is 20. The median for Allegheny County victims is 32.
- In 2014 there was an increase in suspects between the ages of 11-20, along with a sharp decrease in suspects ages 31-40.
- 10% of Allegheny County homicide suspects were female; every female suspect was suspected of either Intimate Partner violence or Domestic violence.

Figure 15



- There were 49 criminal charges distributed among the 34 suspects in 2014 Allegheny County homicides (Figure 15).
- 24% of the suspect criminal charges were firearm charges; some suspects had more than one firearm charge.
- Suspects and victims often have similar criminal histories, including high percentages of charges related to assault, drugs, firearms, and burglary/robbery.
- There were only 2 suspects in 2014 with previous homicide or attempted homicide charges.

Key Contributing Factors

Public information and news outlets often oversimplify intentional injury and homicides in Allegheny County, frequently identifying street gangs and illicit drugs as the source of conflict. Through community engagement and academic-community partnerships, greater contextual information was gathered and homicides were found to involve a variety of factors. Numerous contributing factors were identified and discussed with partners as relevant to homicides in 2014.

Discussion took place around the role of chronic, multigenerational family involvement in violence and illegal activities. This cycle of violence, and its impact on the breakdown of a family unit, was identified as a contributor to a victim's involvement in violence.

The increasing access to and use of social media (e.g., Facebook, Twitter, and Instagram) was extensively discussed around homicide cases, particularly social media as an additional opportunity for conflict (i.e., beyond face-to-face arguments). In addition to things such as YouTube, social media is beginning to play a larger role in sources of conflict among individuals and future violence and intentional injury. Additionally, drugs, alcohol, and access to firearms were also frequently highlighted as related to the homicides.

Violence as normative behavior and an appropriate form of conflict resolution was discussed as a significant contributing factor to the homicides. A lack of mentoring or positive behavior modeling within families, in addition to a potential familial cycle of violence, as well as within the broader community was identified as relevant in the homicides from 2014.

Three Year Comparison: Emerging Differences

Victim and homicide differences emerged between 2012 and 2013 (Figure 3). Female victims represented a larger number of homicides in 2013, (17% of total homicides, of which 50% were related to intimate partner violence). Furthermore, female intimate partner homicides were associated with a variation in cause of death compared to 2012 with 50% due to a gunshot wound, 25% due to poisoning, and 25% due to stabbing. In 2014, Intimate partner violence and Domestic Violence made up 13% of the homicide total; 71% of these IPV/Domestic Violence cases were a murder/suicide. Majority of these homicides were committed by firearm.

Age of homicide victim differed between the years, with the majority of victims aged 18 to 25 years in 2012 compared to the majority 35 years or older in 2013, and in 2014 ages 21-30. Data on victim's neighborhood of residence at time of death illustrates that in the three years approximately one quarter of Allegheny County homicide victims were living outside of Pittsburgh city limits at time of death.

Recommendations

The complexity of homicide and intentional injury prevention has become increasingly clear over the past three years of project activities. In order to be effective, a range of interventions need to take place at multiple levels. The remainder of this report outlines recommendations from partners that incorporate information and insight gained in 2014. Some of the recommendations are similar to those made following the review of homicides from 2012, illustrating the improvements that still need to take place. Divided into *Individuals and Peers at Risk, Service Improvement, and Community Action*, the recommendations identify potential opportunities to further understand, increase awareness, and prevent and respond to violence impacting Allegheny County communities.

Individuals and Peers at Risk

- Identify and involve the support network of at-risk individuals. Natural supports are key assets in encouraging an individual's engagement, commitment, and success in health and behavior programs. Natural supports play a critical role in the well-being and safety of individuals at risk for violence through their support and advocacy and should be identified and engaged in violence prevention and intervention activities.
- Reach out and engage those at risk for violence who are not currently involved in a mandated health or behavior program. Due to regulations of local health and behavior programs (e.g., juvenile court, PIRC), individuals who are not under mandated involvement, but who may be at risk for violence, are unable to access services that may be of benefit. Emphasis needs to be on engaging and linking these individuals at multiple points of contact (e.g., primary care clinics, community-based organizations, after school programs) to appropriate health and behavior programs.

Service Improvement

- Enhance linkages between behavior, health, and social programs and systems. Continuity between behavior, health, and social systems is crucial. Linkages between systems should be improved to avoid any interruption in use or loss to follow-up.
- **Focus on engagement.** Individuals, particularly youth, may be more willing to participate in community health and social programs if they are engaged, rather than identified as needing a particular service.
- Modify participation requirements. Community adolescent or youth programs
 often require a parent/guardian's signature or payment in order to participate.
 These requirements eliminate potential participants who are unable to provide
 either a signature or payment. Program modifications or exceptions to participation
 requirements would ensure that all interested adolescents have a chance to
 participate, and overall, increase their access to a supportive community.
- Adapt structure of service delivery in community settings. Community stigma
 and distrust of certain institutions are significant barriers to access and utilization
 of existing health and social services. Health and social service organizations should
 adapt their structure of service delivery to include non-traditional methods (e.g.,
 boots on the ground) to not only increase awareness and program participation, but
 also better understand why current services are not being utilized and combat
 stigma and distrust.
- Increase communication and coordination among organizations concerned
 with violence prevention efforts. Numerous organizations are currently working
 with individuals and families at risk for violence or around local violence prevention
 efforts. Increased communication and coordination between these organizations
 would promote earlier intervention with individuals with an increased risk of
 victimization, as well as foster a larger network of individually tailored violence
 prevention efforts.

Community Action

- Combat attitudes of violence as normative behavior and an appropriate form
 of conflict resolution. The normalization of violence exists within Pittsburgh
 families and communities, and overall, supports a cycle of violence. Increase antiviolence initiatives that combat such attitudes; promote positive behavior modeling
 for children, youth, and young adults; and teach and encourage appropriate conflict
 resolution strategies need to be developed and implemented throughout Allegheny
 County.
- **Improve and strengthen community-police relations.** Poor community-police relations negatively impact and undermine violence prevention efforts. Increased trust, respect, and accountability between both groups is essential in order to work toward creating safe communities.
- Distribute anti-violence and homicide awareness, education, and prevention
 materials throughout Pittsburgh. Homicide and community violence information
 should be distributed throughout communities, local government and county
 agencies, and local media. Through increasing awareness and knowledge of
 homicide prevalence, greater attention and discussion can take place around the
 urgency for more effective prevention efforts.
- Increase community participation and investment in violence prevention efforts. Numerous community organizations, groups, and coalitions are already providing anti-violence awareness, education, and prevention throughout Allegheny County. Local governmental agencies, academic institutions, and community assets (e.g., barbershops and beauty salons, religious institutions, funeral homes) should support these existing efforts, so that a broad coalition to confront the violence problem impacting our communities can be created.

Community Recommendations

- Enhance data collection efforts. Toxicology reports conducted by the medical examiner's office, victim's social media presence, and prior residence information, as well as information on surviving children and other family members, would allow for an improved review of homicides. Additionally, data collection efforts should be expanded to better account for the unique factors involved in intimate partner homicides, such as history of abuse, including Protection from Abuse (PFA) filings and prior police-involved incidents; history of substance abuse; weapons in the home; use of community resources; and previous use of mental health and other behavioral health services by perpetrator.
- Increase police involvement. Collaboration for the City of Pittsburgh Bureau of Police and their involvement and representation in homicide review meetings is crucial to gaining a comprehensive understanding of homicides within the city. Their commitment and participation may also foster improved community relations.
- **Disseminate findings through multiple methods.** Findings should be disseminated widely, including non-traditional methods such as public safety meetings, as well as shared with neighborhoods and communities impacted by violence to encourage community engagement and dialogue around appropriate intervention and prevention efforts.
- **Track initiative involvement.** It is important to keep track of the diverse violence prevention initiatives around Allegheny County and to observe their impacts on the homicide rate. Bringing representatives from these initiatives to the table to share with all homicide review members is essential; they may also assist in disseminating information to the community.

Community Resources

Center for Victims

5916 Penn Avenue Pittsburgh, PA 15206 (412) 482-3240 24 hour crisis hotline 1-866-644-2882

Community Empowerment Association

Arts, Culture, & Training Center 7120 Kelly Street Pittsburgh, PA 15208 (412) 371-3689

First United Methodist Church 1406 Cornell Street McKeesport, PA 15132 (412) 672-5352

Department of Human Services

1 Smithfield Street Pittsburgh, PA 15222 (412) 350-5701

Hill House Association

1835 Centre Avenue Pittsburgh, PA 15219 (412) 392-4400

Hosanna House

807 Wallace Avenue Wilkinsburg, PA 15221 (412) 243-7711

Manchester Citizens Corporation

1319 Allegheny Avenue Pittsburgh, PA 15233 (412) 323-1743

National Council for Urban Peace and **Justice**

P.O. Box 99746 Pittsburgh, PA 15233 (412) 606-0059

One Hood Media

info@1hood.org (412) 404-2347

The Pittsburgh Project

2801 North Charles Street Pittsburgh, PA 15214 (412) 321-1678

The Corner Pittsburgh

200 Robinson St Pittsburgh, PA 15213 (412) 683-1400

Urban League of Greater Pittsburgh

610 Wood Street Pittsburgh, PA 15222

YMCA Homewood

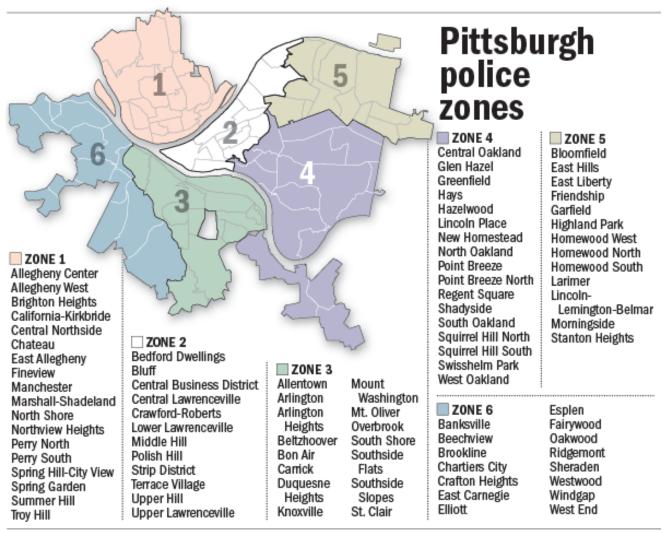
7140 Bennett Street Pittsburgh, PA 15208 (412) 243-2900

Youth Opportunity Development

4045 Vinceton Street, 3rd Floor Pittsburgh, PA 15213 staff@yodpa.org

Appendix A. Pittsburgh Bureau of Police Zone Map

Appendices



Source: Pittsburgh Bureau of Police James Hilston/Post-Gazette

Appendix B. Further Reading

- 1. Hemingway D, Miller M. Public Health Approach to the Prevention of Gun Violence. *The New England Journal of Medicine*. 2013;368(21):2033-2035.
- 2. O'Malley T, Documét P, Garland R, Burke J, Albert S. *PITT Public Health Community Violence Prevention Project: Findings Report (2012).* University of Pittsburgh Graduate School of Public Health, Center for Health Equity;2013.
- 3. Web-based Injury Statistics Query and Reporting System.

 http://www.cdc.gov/injury/wisqa
 rs/fatal injury reports.html.

 Accessed November 26, 2013.
- 4. Jones-Webb R, Wall M.
 Neighborhood racial/ethnic
 concentration, social disadvantage,
 and homicide risk: an ecological
 analysis of 10 U.S. cities. *J Urban Health.* 2008;85(5):662-676.
- 5. Peterson R, Krivo L.
 Macrostructural analyses of race,
 ethnicity, and violent crime: recent
 lessons and new directions from
 research. *Annu Rev Sociol.*2005;31(1):331-356.
- 6. Collins K, Dalton E, Odah C. Homicides in Allegheny County, 1997 through 2012. Allegheny County Department of Human Services (DHS);2013.

- 7. Leshner A, Altevogt B, Lee A, McCoy M, Kelley P. *Priorities for Research to Reduce the Threat of Firearm-Related Violence.* Institute of Medicine and National Research Council;2013.
- 8. Stoddard S, Whiteside L, Zimmerman M, Cunningham R, Chermack S, Walton M. The relationship between cumulative risk and promotive factors and violent behavior among urban adolescents. *Am J Community Psychol.* 2013;51:57-65.
- 9. Zimmerman G, Messner S. Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *Am J Public Health.* 2013;103(3):435-442.
- 10. Youth Violence: Facts at a Glance. Centers for Disease Control and Prevention;2012.
- 11. Hoyert D, Xu J. *Deaths: Preliminary Data for 2011.* Centers for Disease Control and Prevention (CDC);2012.
- 12. O'Brien M. Research in brief: what do we get out of homicide reviews? *The Police Chief.* Vol 802013:12.