

PITT Public Health  
Community Violence Prevention Project:  
*Findings Report (2012)*

GRADUATE SCHOOL OF PUBLIC HEALTH  
BEHAVIORAL AND COMMUNITY HEALTH SCIENCES

Center for Health Equity



Findings from the Community Violence Prevention Project,  
2012 - 2013 Activities

**Center for Health Equity**  
University of Pittsburgh  
Graduate School of Public Health  
Behavioral and Community Health Sciences



## **AUTHORS OF THIS REPORT**

**Teagen L. O'Malley, MPH**

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

**Richard Garland, MSW**

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

**Steven M. Albert, PhD**

Behavioral and Community Health Sciences  
Graduate School of Public Health

## **HOMICIDE REVIEW PARTICIPATION**

**Steven M. Albert**

University of Pittsburgh Graduate School of Public Health

**Carolina Almarante-Terrero**

Allegheny County Department of Human Services

**Andrea Arrington**

University of Pittsburgh Graduate School of Public Health

**Lora Ann Bray**

University of Pittsburgh Graduate School of Public Health

**Gina Brooks**

Urban League of Greater Pittsburgh

**Brenda L. Cassidy**

University of Pittsburgh School of Nursing

**Alicia Chico**  
Allegheny Intermediate Unit

**Charlene Christmas**  
Allegheny County Adult Probation Department

**Patricia I. Documét**  
University of Pittsburgh Graduate School of Public Health

**Jennifer Fiddner**  
Allegheny County Health Department

**Leigh A. Frederick**  
UPMC Presbyterian Trauma Services

**Richard Garland**  
University of Pittsburgh Graduate School of Public Health

**Jay Gilmer**  
City of Pittsburgh/Pittsburgh Initiative to Reduce Crime

**Andrew Gordon**  
Allegheny County Health Department

**Mary E. Hatheway**  
Allegheny County Juvenile Probation Department

**Tim Harvison**  
Crafton Borough Police Department

**Emily Kulick**  
Allegheny County Department of Human Services

**Alan D. Murdock**  
UPMC Presbyterian Trauma Services

**Kerry O'Donnell**  
Falk Foundation

**Teagen L. O'Malley**  
University of Pittsburgh Graduate School of Public Health

**Allan Philp**  
Allegheny General Hospital Trauma Services

**Candace G. Ragin**

The Law Firm of Candace G. Ragin, LLC

**Khalid Raheem**

Community Coalition for Violence Prevention and Intervention

**Roland L. Slade, Sr.**

Zakar Empowerment, LLC

**Art Terry**

Terry Consulting Services

**Will Thompkins**

The Pittsburgh Project

## **SUPPORTIVE CONTRIBUTORS**

**Todd M. Bear**

University of Pittsburgh Graduate School of Public Health

**Chloe Bohm**

Allegheny County Jail

**Jessica G. Burke**

University of Pittsburgh Graduate School of Public Health

**Erin Dalton**

Allegheny County Department of Human Services

**Anthony Fabio**

University of Pittsburgh Graduate School of Public Health

**LaToya Warren**

Allegheny County Jail

**Michael Yonas**

Allegheny County Department of Human Services

## **ADVISORY BOARD**

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## **Executive Summary**

Violence is a serious public health problem. Nationally, homicide remains the leading cause of death among 15 to 34-year-old African American males. The factors contributing to homicides are not easily understood. Peer conflict homicides are often lumped with and misattributed to gang violence. Yet peer conflict homicides may have different key contributing factors and therefore require different interventions. To recognize these differences and appropriately address them requires a public health approach that combines epidemiologic surveillance with community-based participation to better understand neighborhood perceptions, behavior, and dynamics associated with violence in Pittsburgh.

We focused on Pittsburgh in the year 2012 and used multiple methods to:

1. Uncover patterns among incidents of homicide;
2. Identify key preventable factors that contributed to the homicide;
3. Develop recommendations for homicide prevention; and
4. Disseminate information and engage in community dialogue about violence prevention within Pittsburgh neighborhoods.

Our detailed review of Pittsburgh's 42 homicides in 2012 suggests that we need to distinguish between types of homicide cases.

- Approximately 40% of the homicide cases were identified as having a peer or gang element.
  - Nineteen percent of homicides (8 victims) involved peer conflict, where competition over economic activity or fighting over goods escalates to gun violence due to the acceptability of guns to settle disputes and the high prevalence of gun possession.
  - Twelve percent (5 victims) were identified as possibly related to peer conflict.
  - Approximately 7% (3 victims) involved defined groups, with a territorial base and name, competing over influence and reputation, or so called, "gang business".
- Over 28% of the homicides (12 victims) were not related to peer or gang conflict, but were isolated events that were criminally motivated, yet lacked a defined group element or neighborhood basis (e.g., drug deal gone bad, home invasion).
- Almost 3% (1 victim) was related to child abuse.
- Twenty three percent (10 victims) were a non-criminal or unintentional homicide (e.g., self-defense, unintended target, improper firearm storage).
- Close to 7% of homicides (3 victims) were unknown due to incomplete information.

Contextual factors beyond the individual victim, but involving community and social factors emerged as highly relevant in incidents of homicide in Pittsburgh. Key findings for 2012 show that:

- **Homicides disproportionately affected certain groups and areas.** Men accounted for 92.9% of all homicide victims, of which over 83% were African American and 35.7% were ages 18 to 25 years. Homicides were heavily concentrated in Police Zone 5, where 42.9% of the incidents occurred.
- **Firearms were the main cause of death.** Cause of death in 95.2% of homicides was a gunshot wound.
- **Peer conflict was a primary cause of homicides.** Peer conflict was identified as a key determinant or factor in 19% of homicides, compared to gang conflict, which was identified in only 7%. The remaining homicides involved criminal events that were not peer or gang-related or isolated violent incidents that were not criminally motivated.
- **Social determinants are risk factors for homicide.** Chronic poverty and unemployment, adverse childhood experiences, lack of mentoring and positive behavior modeling within families and communities, and potential missed linkages for behavior and health-related services were relevant in incidents of homicide.

The results illustrate that homicides are extremely complex, subject to a variety of influencing factors, and point to the urgent need for efforts to address violence and homicide prevention at multiple levels within Pittsburgh communities. The recommendations include:

- **Identify and involve the natural support networks of at-risk youth and specifically, engage those at risk who are not currently involved in mandated health or behavior programs.** Engaging individuals and families at risk for violence in non-traditional settings (e.g., hospital trauma departments, community-based programs) is a strategic way to address the complexity of peer conflict and firearm violence.
- **Ensure the availability of comprehensive and integrated services for youth and family members at risk for violence.** Increase communication and education by service providers around behavioral and mental health; enhance linkages and increase communication and coordination between behavior, health, and social programs and systems; implement wrap around services for youth and family members at risk for violence; and deliver behavioral health services in non-traditional settings.
- **Change community-wide perceptions of violence.** Combat mental health stigma in communities; engage existing community assets in anti-violence awareness,

education, and prevention; combat attitudes of violence as normative behavior and an appropriate form of conflict resolution; and distribute anti-violence materials throughout Pittsburgh.

- **Enhance the homicide review process in order to generate a comprehensive understanding of the cases, contributing factors, and potential solutions.** Recruit new members; increase police involvement; expand data collection efforts; and outline an appropriate review process for cases involving intimate partner homicide. The Allegheny County Department of Health should be involved in homicide reviews as part of its mandate, as it does currently for Child Death Reviews.

## Technical Notes

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,<sup>1</sup> the project seeks to gain an enhanced understanding of the greater contextual and underlying factors impacting community violence so that appropriate recommendations specific to the unique needs of Pittsburgh communities can be made.

### *Background*

Violence is a serious public health problem impacting the health and well-being of individuals living in the United States. Despite widespread prevention efforts, homicide remains the second leading cause of death among 15 to 24-year-olds in the U.S. and the fifth leading cause of death among 25 to 44-year-olds.<sup>2, 3</sup> Males and African Americans are disproportionately affected by violence and related negative health and social outcomes (e.g., injury, homicide, and incarceration).<sup>4</sup> Among African American adolescents ages 10 to 24 years, homicide is the leading cause of death.<sup>3</sup>

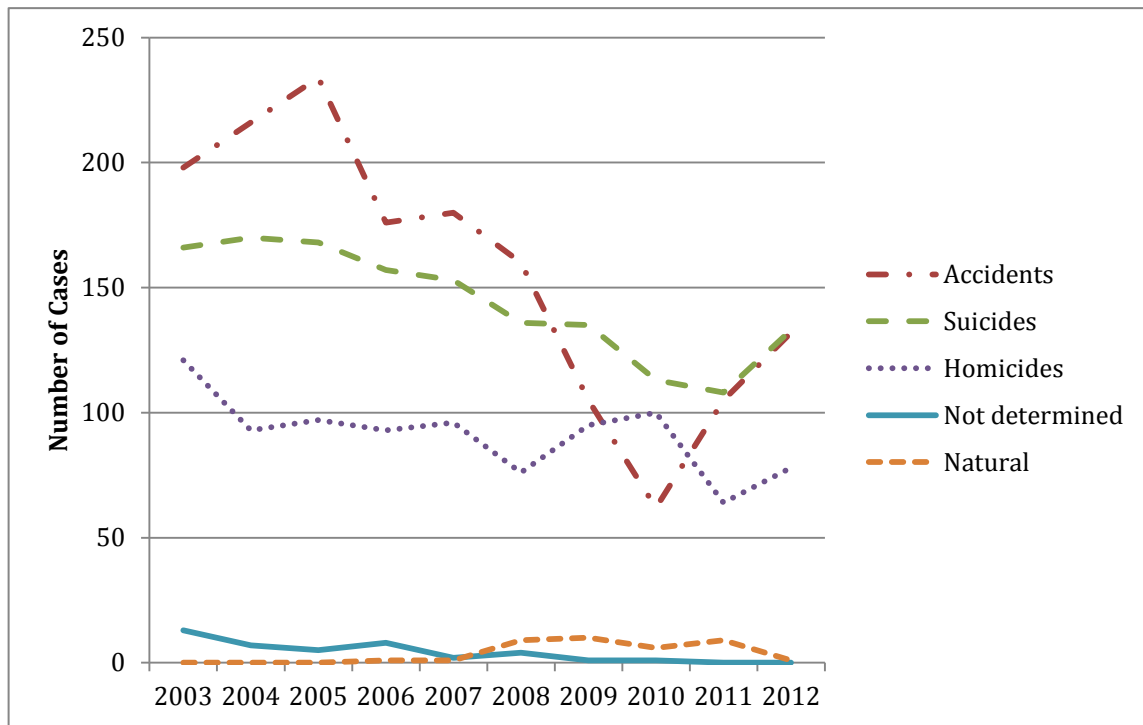
Nationally, guns are the cause death for more than 30,000 people every year (homicides, suicides, and unintentional fatalities), which translates into 85 deaths per day.<sup>2</sup> Homicide from firearms alone results in 11,000 deaths each year.<sup>2</sup> Moreover, hundreds of gun assaults that result in nonfatal injuries take place each day - in 2010, there were over 73,000 nonfatal firearm-related injuries.<sup>5</sup>

Pennsylvania has experienced similar trends. Homicide is the second leading cause of death among individuals aged 10 to 24 years.<sup>6</sup> Despite reductions in other areas of premature death, Allegheny County continues to suffer around 100 homicides each year (Figure 1), and perhaps 5 times as many assaults occur that do not involve deaths.<sup>7</sup> In 2012, Pittsburgh saw 13.7 homicides for every 100,000 residents, while other cities such as Chicago, Philadelphia, and New York City experienced 18.7, 21.4, and 5.02 homicides for every 100,000 residents, respectively.<sup>8-11</sup> While some cities may experience higher homicide rates, violence in Pittsburgh continues to disproportionately affect certain demographic groups and neighborhoods. In particular, young African American men are more likely to be victims of homicide than any other group.\*

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\* Homicide rates were calculated by adding all homicides that occurred during the 2012 calendar year divided by the population reported by the United States Census Bureau for 2012 multiplied by 100,000.

**Figure 1.** Cause of Death in Allegheny County, 2003-2012



Source: DHS - Medical Examiner's Office, unadjusted data

Homicide information beyond sex, race, age, and location is limited. While homicides often involve criminal activity, such as disputes over illicit drugs, the violence may also suggest broader community and social dynamics and factors at play such as chronic poverty, under employment and unemployment, racial exclusion, poor housing quality, experience of trauma, history of violence in the community, lack of positive role modeling, and high prevalence of firearm possession.<sup>5, 12-14</sup> Additionally, outcomes surrounding the violent incident often extend beyond the homicide with immense long-term effects on family, friends, and community members.<sup>5, 15-17</sup>

Overall, firearms and violence are serious public health issues significantly impacting the health and well-being of communities throughout Pittsburgh and the United States. As mentioned above, greater community contextual factors suggest the importance of utilizing a public health approach<sup>1</sup> that combines epidemiologic surveillance with community-based participation to better understand neighborhood perceptions, behavior, and dynamics associated with violence within Pittsburgh. It is urgent that we gain a better understanding of the contextual factors involved in community violence in Pittsburgh so that appropriate, community-tailored violence intervention and prevention efforts can be discussed.

## *Objectives*

The key objectives of the project are to:

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

## *Methods*

We used multiple methods to gain an enhanced understanding of the greater contextual and underlying factors involved in the forty-two 2012 Pittsburgh homicides. A group of stakeholders was organized to serve as an advisory board that offered broad guidance on project activities.

Partnership Coordination. 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 Pittsburgh.

Data from Partners. Data was collected on the forty-two homicides through complementary sources of information including the Pittsburgh Initiative to Reduce Crime (PIRC), Allegheny County Jail, Allegheny County Department of Human Services (Data Warehouse), Allegheny County Adult and Juvenile Probation, and Allegheny County Medical Examiner's Office.

Data from Community. Two investigators gathered fine-grained, contextual information surrounding the homicide from communities impacted by violence in 2012. Attending local community and coalition meetings, conducting informal interviews, and engaging in outreach allowed for detailed information surrounding each homicide to be collected. Information was gathered for each homicide and victim and included such things as, relationship with suspected perpetrator, evidence of previous conflict between the two, potential motives involved, family history of violence, occupation, length of stay at residence, and evidence of having been previously shot.

Homicide Review Group. Composed of community partners, eight homicide review group meetings took place from January to June 2013 in which the forty-two 2012 homicides were discussed. Review group meetings were organized and conducted based on



neighborhood or location of homicide so that a focus and specific consideration could be given to the unique characteristics and dynamics of Pittsburgh neighborhoods. Meetings generated additional data around the homicide cases, as well as brainstormed key preventable factors and intervention implications and recommendations. Participation and meeting attendance varied among review group members with an average attendance of 4.2 meetings. A survey aiming to further strengthen the review group process was administered to group members upon completion of the eight review group meetings; key items learned are outlined in the results section.

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

## Results

### *Demographics*

Young, African American men in Pittsburgh experienced a stark disparity of violence victimization than any other group. In 2012 alone, men accounted for 92.9% of all homicide victims, of which over 83% were black and 35.7% were ages 18 to 25 years (Table 1).

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**Table 1.** Victimization by Sex, Race, and Age (2012)

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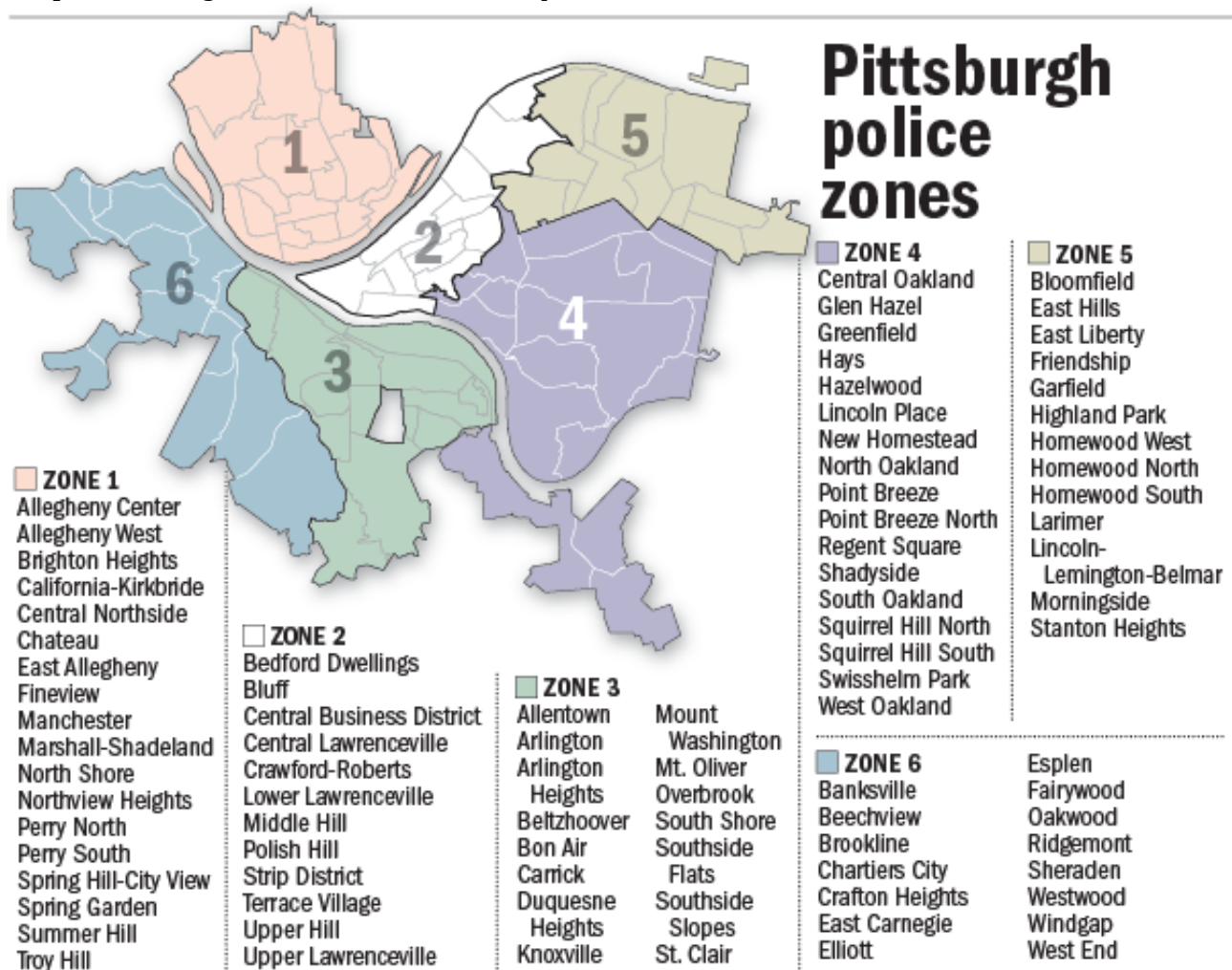
<b>Characteristics</b>	<b>N (%) (n=42)</b>
Male	39 (92.9)
Black	35 (83.3)
Age, in years	
≤17	7 (16.7)
18 - 25	15 (35.7)
26 - 34	9 (21.4)
≥35	11 (26.2)

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### Geographic Trends

Homicides were heavily concentrated in specific areas or neighborhoods in Pittsburgh. When broken down by police zones, as defined by the Pittsburgh Bureau of Police (Map 1), Zone 5 experienced the highest number of homicides, overall accounting for over 40% of 2012 homicides (Table 2). Zones 1 and 2 also experienced a high number of violent, fatal incidents with 14.3% and 21.4% occurring in each zone, respectively. Furthermore, specific neighborhoods and communities within these zones were found to disproportionately experience high levels of victimization. In particular, the neighborhoods of East Liberty, Garfield, Lincoln-Lemington, Larimer, and Homewood in Zone 5 and Bedford Dwellings in Zone 2 saw the highest number of homicides in 2012 (Table 2).

**Map 1.** Pittsburgh Bureau of Police Zone Map



Source: Pittsburgh Bureau of Police

James Hilston/Post-Gazette

**Table 2. Homicide Location by Police Zone and Neighborhood (2012)**

<b>Location</b>	<b>N (%)</b> <b>(n=42)</b>
<b>Zone 1</b>	<b>6 (14.3)</b>
Brighton Heights	2
Central Northside	2
Perry South	1
Spring Hill-City View	1
<b>Zone 2</b>	<b>9 (21.4)</b>
Bedford Dwellings	3
Middle Hill	2
Terrace Village	1
Strip District	2
Lawrenceville	1
<b>Zone 3</b>	<b>4 (9.5)</b>
Knoxville	2
Allentown	1
Southside Slopes	1
<b>Zone 4</b>	<b>4 (9.5)</b>
Oakland	2
Beltzhoover	1
Greenfield	1
<b>Zone 5</b>	<b>18 (42.9)</b>
East Liberty	4
Garfield	3
Homewood	3
Larimer	3
Lincoln-Lemington	3
East Hills	1
Morningside	1
<b>Zone 6</b>	<b>1 (2.4)</b>
West End	1

### *Incident and Victim Characteristics*

Sixty two percent of the total incidents from 2012 occurred outdoors with fifteen taking place on a street, road, or driveway; five in an automobile; two at an outdoor recreational area; one at a convenience store; and three at other outdoor spaces (Table 3). Sixteen out of the forty-two homicides took place indoors, with the majority of these (68.7%) occurring in a residential unit (i.e., single home, house, apartment building). The other homicides that took place indoors occurred inside a bar, club, or healthcare institution.

Similar to previous violence research conducted around the increase in violence during summer months,<sup>18-19</sup> 40.5% of the 2012 homicides occurred during the months of May through August. Residential information collected for each victim displays that over 57% of the incidents took place in the victim's neighborhood of residence. Furthermore, 11.9% of homicides were identified as co-occurring with a housing move. Twelve of the cases involved another individual, or individuals, injured throughout the incident and one was a double homicide. The likelihood of retaliation for 6, or 14.3%, of the homicides was considered to be very likely by community members.

**Table 3.** Characteristics of the Violent Incident (2012)

<b>Characteristics</b>	<b>N (%)</b> <b>(n=42)</b>
Location, type of	
Street, road, driveway	15 (35.7)
Single home, house	6 (14.3)
Apartment building	5 (11.9)
Automobile	5 (11.9)
Bar, club	3 (7.1)
Recreational/sports area	2 (4.8)
Convenience store	1 (2.4)
Natural area, forest	1 (2.4)
Other (i.e., city steps, railroad tracks, health institution)	4 (9.5)
Month of incident, May - August	17 (40.5)
Cause of death, gunshot	40 (95.2)
Other victims	
Injured	12 (28.6)
Death	1 (2.4)
Homicide occurred in neighborhood of residence	24 (57.1)
Co-occurred with a housing move	5 (11.9)
Risk of retaliation, very likely	6 (14.3)

Fine-grained, contextual information beyond the circumstances of the incident was gathered around the homicide victim. Resulting trends were explored (Table 4). Among the 30 victims where occupation was known, 60% were identified as either being unemployed or engaging in illegal activities for economic purposes. Relationship between the victim and the perpetrator was known for forty of the cases. Among these, the victim was killed by an

acquaintance, associate, or friend in 42.9% of the cases; a rival gang member in 11.9%; was an unintended target in 7.1%; and by someone of another relationship status (i.e., intimate partner of mother, responding law enforcement officer, contracted killer, co-worker). Approximately twenty percent of the cases were identified as having no known relationship between the victim and perpetrator. These cases involved isolated fatal incidents of home invasion, car hijacking, and drug transactions.

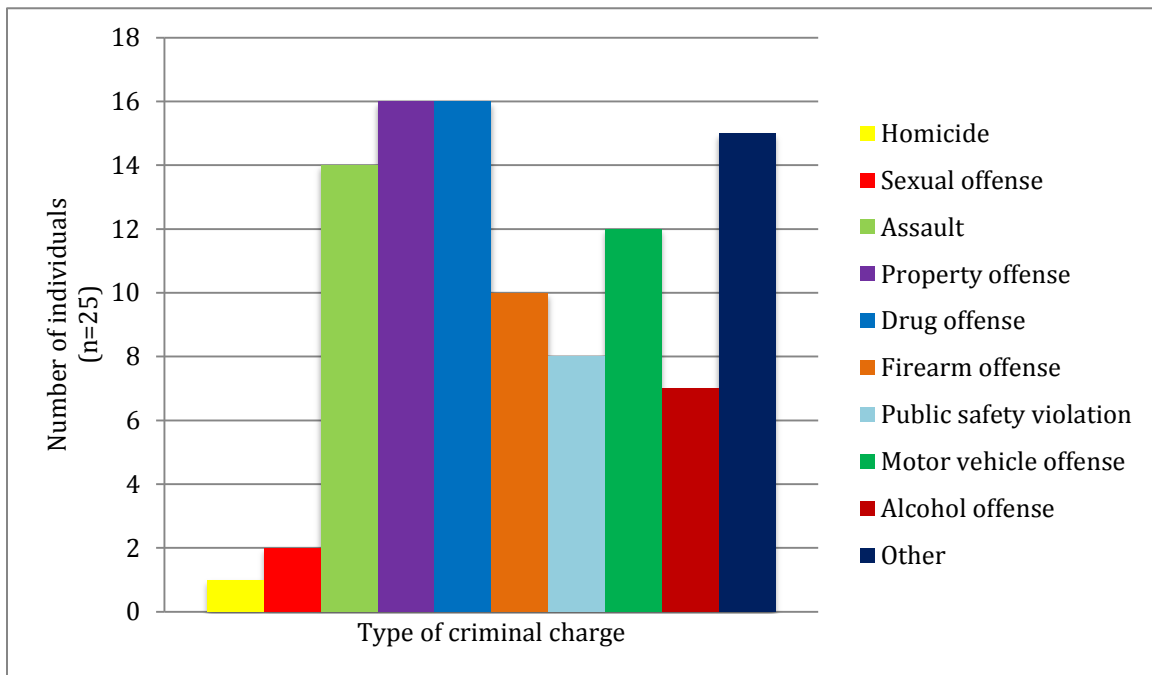
Over half of the victims had prior human service interaction (Table 4). This involved contact with child welfare (either as a parent or child), mental health services, or drug and alcohol treatment systems that are offered through the Allegheny County Department of Human Services. Prior human service access included instances of referral to services that were not realized. Over 59% of victims were found to have had a previous criminal charge involving a booking at the county jail. Forty-seven percent had previously been incarcerated, with duration ranging from a commitment of one day to over ten months. Additionally, 10, or 23.8%, of the victims had been under county adult or juvenile probation supervision at time of death.

**Table 4.** Characteristics of Homicide Victim (2012)

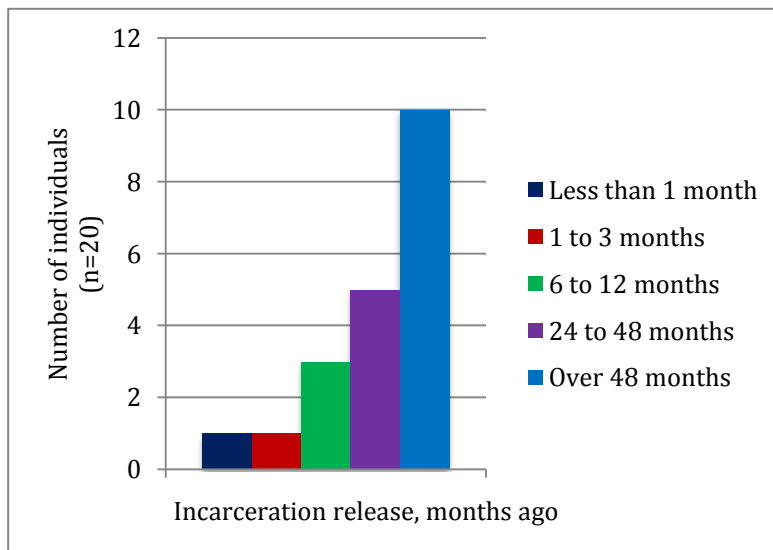
<b>Characteristics</b>	<b>N (%)</b> <b>(n=42)</b>
Occupation	
Unemployed	7 (16.7)
Engaged in illegal activities	11 (26.2)
Employed	7 (16.7)
Student	3 (14.3)
Retired	1 (2.4)
Other	1 (2.4)
Unknown	12 (28.6)
Relationship with perpetrator	
No known relationship	9 (21.4)
Unintended target	3 (7.1)
Acquaintance, associate, friend	18 (42.9)
Rival gang member	5 (11.9)
Intimate partner of mother	1 (2.4)
Law enforcement officer	2 (4.8)
Contracted killer	1 (2.4)
Other (i.e., co-worker)	1 (2.4)
Unknown	2 (4.8)
Received DHS services	22 (52.4)
Previous criminal charge, booked in county jail	25 (59.5)
Previously incarcerated	20 (47.1)
On probation at time of death	10 (23.8)

When applicable, type of criminal charge and incarceration release date were further explored. As shown in Figure 2, the twenty-five victims who had a previous booking at the county jail faced a variety of criminal charges. Sixty-four percent of them, or sixteen individuals, had been charged with a drug offense and sixty-four percent had been charged with a property crime (i.e., theft, burglary, or robbery). Types of offenses that were most frequently charged included assault, motor vehicle, firearm, and other (e.g., criminal contempt, conspiracy, and mischief). Additionally, 20 victims were identified as having been previously incarcerated at the county jail. Among these, the majority had not recently served time, but had a release date of over 48 months before time of death (Figure 3).

**Figure 2.** Previous Booked Criminal Charge, by type (2012)



**Figure 3.** Released from Incarceration, months ago (2012)



### Cause of Violence

Themes that 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 (Table 5). Further explanation of these working definitions around conflict context can be found in Appendix A.

**Table 5.** Context of Conflict Leading to Homicide (2012)

<b>Conflict Context</b>	<b>N (%) (n=42)</b>
Peer conflict*	8 (19)
Gang-related	3 (7.1)
Not peer or gang-related	12 (28.6)
Child abuse	1 (2.4)
Non-criminal or unintentional	10 (23.8)
Unknown	3 (7.1)

\*5 (12) homicide cases were identified as *possibly* related to peer conflict.

Peer conflict was identified as a key determinant or factor in 19% of the homicides (Table 5). Described by community members with extensive experience with violence prevention in Pittsburgh as a, “purposeful” and “self-motivated” conflict between peers, or “individuals that have something in common” (e.g., avocation, residence, age). Additionally, there exists more than a superficial familiarity between individuals involved. Critical to those determined to be peer conflict-related involves the context or circumstance that triggered the violent incident. In particular, these conflicts stemmed from such things as drugs, money, power, or respect. As described by community members, “it’s survival”, “it’s dog eat dog out there”, “it could be about anything, but, it’s not gang business.” In addition, those involved are engaged in some form of illegal activity.

Although gangs and gang affiliation exist throughout Pittsburgh, interestingly only 7% of the homicides from 2012 were determined as related to gang activity. Gangs were defined using the United States Department of Justice definition, which states that gangs are,

“An association of three or more individuals, whose members collectively identify themselves by adopting a group identity which they use to create an atmosphere of fear or intimidation frequently by employing one or more of the following: a common name, slogan, identifying sign, symbol, tattoo or other physical marking, style or color of clothing, hairstyle, hand sign or graffiti. The association's purpose, in part, is to engage in criminal activity and the association uses violence or intimidation to further its criminal objectives. Its members engage in criminal activity, or acts of juvenile delinquency that if committed by an adult would be crimes, with the intent to enhance or preserve the association's power, reputation, or economic resources. The association may also possess some of the following characteristics: the members employ rules for joining and operating within the



association; the members meet on a recurring basis; the association provides physical protection of its members from other criminals and gangs; the association seeks to exercise control over a particular location or region, or it may simply defend its perceived interests against rivals; or the association has an identifiable structure.”<sup>20</sup>

Specifically, gang activity involves identifiable leadership and internal organization and gang-related violence involves “gang on gang”, or one named gang versus another named gang. Community input describes gang violence or conflict involving such things as territory or turf, intimidation, power, pride and respect, or “gang business” (i.e., drugs and racketeering).

Over a quarter of the homicides were found to not be peer or gang-related. Such incidents were considered isolated events that were criminally motivated, but did not involve aspects of a peer or gang-related conflict. This included robberies, home invasions, contracted killings, or a “drug deal gone bad”. One homicide was related to child abuse. Ten, or over twenty three percent, were identified as a non-criminal or unintentional homicide. These homicides did not involve aspects of a peer or gang-related conflict and included unintended victim, personal argument or conflict, negligence or improper firearm storage, and personal protection/self-defense. Approximately 7% of homicides were unknown due to incomplete information.

### *Key Contributing Factors*

Public information and news sources suggest that intentional injury and homicides in Pittsburgh mainly result from conflicts associated with street gangs and illicit drugs. However, homicide cases are extremely complex and were found to involve a variety of factors and motives. Numerous contributing factors were identified and discussed by community partners as relevant to homicides from 2012.

Behavioral health was frequently highlighted as relevant in the 42 homicides from 2012. Behavioral health concerns identified involved issues around long-term implications of trauma and stress; depression, anxiety, and emotional support and stability; and substance abuse and dependence. Missed opportunities for behavioral health services were also found to be common due to significant barriers to education and services stemming from community stigma and a lack of awareness around mental and behavioral health.

Adverse childhood experiences were found to be key contributing factors in homicide cases. Physical, sexual, and emotional abuse throughout childhood, as well as mental illness or substance abuse in the home, were frequently discussed among community partners as relevant to the homicides. A family history of violence and involvement in illegal activities, and its impact on the breakdown of a family unit, were also identified as having implications on homicides in Pittsburgh.

Violence viewed as normative behavior and an appropriate form of conflict resolution among individuals, families, and communities was also found to significantly contribute to the fatal incidents in 2012. Also found to be associated with the normalization of violence and the use of violent behavior as a form of conflict resolution was a lack of mentoring or positive behavior modeling within families and communities.

## Recommendations

Homicides are complex, subject to a variety of influencing factors. In order to be effective, a range of interventions need to take place at multiple levels. The remainder of the report outlines recommendations from community partners that incorporate information and insight gained throughout project activities. Divided into individuals and peers at risk, service improvement, community action, and homicide review process improvement, the recommendations identify potential opportunities to further understand, increase awareness, and prevent and respond to violence impacting Pittsburgh communities.

### *Individuals and Peers at Risk*

- **Identify and involve the natural support network of at-risk youth.** Natural supports are key assets to a youth's engagement and success in health and behavior programs. Through their support, advocacy, and role as motivators of change, it is crucial to identify and involve natural supports for the positive influence they may have around the well-being of children and youth at risk for violence. Natural supports should be identified and engaged in program activities for youth involved in mandated programs (e.g., juvenile court, PIRC, CYF), following a violent incident (e.g., hospital trauma services), as well as those identified through community-based programs.
- **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, CYF), 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 children and youth at multiple points of contact (e.g., in and after school programs, community-based organizations, religious institutions, primary care clinics) to appropriate health and behavior programs.

### *Service Improvement*

- **Enhance linkages between behavior, health, and social programs and systems.** Continuity between behavior, health, or social systems is crucial for an individual's well-being. Improved linkages between systems for instances of transfer based on such things as age or geographic location should be enhanced so that services and activities can continue without interruption.
- **Implement wrap around services for youth and family members at risk for violence.** Oftentimes individuals and their families at risk for violence need a variety of behavior and health-related services (e.g., trauma and mental health, mentoring, conflict resolution, job experience and employment, housing, physical therapy). Utilizing existing Pittsburgh services and resources to coordinate wrap around services for individuals at risk for or victims of violence and their families will encourage increased access and utilization of necessary services.
- **Deliver health and behavior services in non-traditional settings.** Community stigma and distrust in certain institutions pose significant barriers for access and utilization of health and behavior services. Institutions that are trusted by communities should be identified and utilized to deliver health and behavior services to those at risk for violence.
- **Increase communication and coordination among organizations concerned with violence prevention efforts.** Many 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 a heightened violence risk level, as well as foster a larger network of individually tailored violence prevention efforts.
- **Enhance communication and education around behavioral and mental health by service providers.** Service providers should focus on improving communication and discussion around behavioral and mental health with their clients in order to work towards eliminating community stigma and mistrust in these services.
- **Identify appropriate points of intervention.** Due to the complexity and various layers of interacting factors involved in homicides, multiple types of interventions should be implemented that reach out to individuals at risk for violence (e.g., after school programs, trauma-based services, re-entry programs).

### *Community Action*

- **Improve community perceptions and education around mental and behavioral health.** Significant stigma around mental illness and the use of mental health services exists within Pittsburgh communities. Behavioral health programs involve a variety of services beyond those specific to mental illness such as trauma and stress; depression, anxiety, and emotional support and stability; and substance abuse. Increased emphasis should be placed on increasing community dialogue, education, and awareness around behavioral health and available services.
- **Engage existing community assets in anti-violence awareness, education, and prevention.** Community assets offer a unique opportunity for neighborhood engagement and support around violence prevention. Neighborhood-specific community assets such as barbershops and beauty salons, churches and other places of worship, and funeral homes should be involved in local awareness, education, and prevention efforts.
- **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, encourages a cycle of violence. Anti-violence initiatives that combat such attitudes; promote positive behavior modeling for children, youth, and young adults; and encourage appropriate conflict resolution strategies need to be developed and implemented throughout Pittsburgh.
- **Improve and strengthen community-police relations.** Poor community-police relations negatively impacts and undermines violence prevention efforts. Increased trust, respect, and accountability between both groups is essential in order to work towards creating safe communities.
- **Develop and distribute anti-violence and homicide awareness, education, and prevention materials throughout Pittsburgh.** Homicide and community violence information should be distributed to local community-based organizations, government and county institutions, and the local media. Through increasing awareness and knowledge of homicide prevalence, greater attention and discussion can take place around the urgency for prevention efforts.

### *Homicide Review Process Improvement*

- **Reach out to and recruit new review group members.** Key stakeholders such as local funeral directors, housing authority officials, community religious representatives, public school nurses, neighborhood service organizations, and community watch groups should be identified and involved in future review group meetings.
- **Increase police involvement.** Collaboration from 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.
- **Expand data collection efforts.** Additional information such as, the toxicology report as part of the autopsy conducted by the Allegheny County Medical Examiner's Office and any family history of involvement with the Allegheny County Department of Human Services, would allow for an enhanced understanding of the homicide and victim.
- **Distribute neighborhood reports following homicide review meetings.** Review group meeting summaries highlighting any trends or themes should be distributed to group members following review meetings. Additionally, sharing relevant findings to neighborhoods and communities impacted would help foster community awareness, engagement, and dialogue around appropriate intervention and prevention efforts for each specific neighborhood.
- **Identify and outline appropriate review process for cases involving intimate partner homicide.** Intimate partner homicide has unique intervention implications that should be considered and incorporated into the review group process so that appropriate review and dissemination methods can take place.
- **Define 'success'.** When discussing homicide prevention, a successful project or a successful case may involve a variety of factors. Moving forward, it would be beneficial for the review group process to have a well-defined idea of what success is laid out in the project's goal and objectives.

## Appendices

### Appendix A. Conflict Context Clarification

Note: conflict context definitions are working definitions and are still being refined

Conflict Context Clarification
<b>Peer Conflict</b> <ul style="list-style-type: none"><li>• Loyalty does not exist.</li><li>• No turf/territory; “Trying to make money where safely can.”</li><li>• “Pittsburgh has always been about the economic opportunities realized through the drug market.”</li><li>• “It’s [violence] always about the money”, i.e., drugs.</li><li>• “Everybody’s gotta eat so they’re going after everybody.”</li></ul>
<b>Gang-related</b> <ul style="list-style-type: none"><li>• “Gang business”<ul style="list-style-type: none"><li>○ Drugs</li><li>○ Racketeering (e.g., stolen commerce, prostitution, firearms)</li></ul></li><li>• Geographically defined boundaries that determine what gang you should affiliate with (e.g., Northside = Crips, Garfield = Bloods, Homewood = Crips)</li><li>• A ‘set’ involves a certain area or offshoot of gang (e.g., Brighton Place Crips, Northview Heights Crips)</li></ul>
<b>Not Peer or Gang-Related</b> <ul style="list-style-type: none"><li>• Includes homicides that are criminally motivated, but do not involve aspects of a peer or gang-related conflict.</li><li>• An isolated event.</li><li>• Other not peer or gang-related homicides may include:<ul style="list-style-type: none"><li>○ Robbery, home invasions</li><li>○ Argument/conflict (e.g., ‘drug deal gone bad’)</li><li>○ Contracted</li></ul></li></ul>
<b>Intimate Partner Homicide or Child Abuse</b> <ul style="list-style-type: none"><li>• Intentional injury and violence perpetrated by a current or former intimate partner (e.g., boyfriend, husband) or towards a child.</li></ul>
<b>Non-Criminal or Unintentional Homicide</b> <ul style="list-style-type: none"><li>• Includes homicides that do not involve aspects of a peer or gang-related conflict.</li><li>• Not criminally motivated.</li><li>• Non-criminal or unintentional homicides may include:<ul style="list-style-type: none"><li>○ Personal argument or conflict</li><li>○ Negligence or improper firearm storage</li><li>○ Personal protection/self-defense</li><li>○ Unintended target</li><li>○ No apparent motive</li></ul></li></ul>

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