

Community Violence Intervention

Background

Community gun violence, defined by Johns Hopkins Center for Gun Violence Solutions as “a form of interpersonal gun violence (assaults) that takes place between individuals who are not related or in an intimate relationship,” makes up the majority of gun homicides in the United States, disproportionately affecting Black and Brown men in minority neighborhoods. Community violence intervention (CVI) programs, which aim to disrupt the cycle of violence through personalized intervention and addressing the root causes of community violence (poverty, lack of economic opportunities and social services, and a history of underinvestment and exclusionary policies) have been proven to have a positive effect on diminishing community gun violence in neighborhoods where it is implemented.

About the Policy

Despite the prevalence of community gun violence, rarely has the firearm policy conversation focused on community gun violence. Our policy aims to empower and institutionalize at the state level these CVI programs, as well as Hospital-Based Violence Intervention Programs (HVIP).

Protection of Gun Rights

This policy also focuses on school safety and would increase state-provided technical support and funding for enhanced school safety and security, and behavioral threat assessments, all aimed at keeping schools safe.

Protection of Public Health

This policy designates violence as a public safety and health crisis, which must be addressed through a data-based public health approach. It directs the state to form a commission responsible for identifying target communities with high levels of interpersonal violence, and work alongside existing community violence intervention advocates within those communities to help address the issue. This policy also directs the implementation of HVIPs in hospitals receiving high levels of penetrating trauma injuries, and directs that services provided by HVIPs be covered by public and private insurance.

Consent Tally

This proposal received the consent of 20 of the 23 panelists.