

PITT
iiii PUBLIC HEALTH

Community Violence Prevention Project
Findings Report (2013)

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BEHAVIORAL AND COMMUNITY HEALTH SCIENCES

Center for Health Equity

Findings from 2013 Homicide Review Activities

Center for Health Equity
University of Pittsburgh
Graduate School of Public Health
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Executive Summary

While an increasing body of public health research highlights a range of factors that place individuals at greater risk of homicide victimization, the direct mechanism, or why specific individuals within high-risk populations become victims of homicide, is not as clear. Despite this increased understanding of the associated risk factors and the implementation of widespread prevention efforts, homicide remains the second leading cause of death among 15 to 24-year-olds and the fifth leading cause among 25 to 44-year-olds in the United States. Community engagement and academic-community partnerships are crucial to better understand these mechanisms, and ultimately, ensure that violence prevention and interventions are both relevant to communities and more effective at preventing future homicides in Pittsburgh.

Building off of the knowledge gained from the 2012 Homicide Review group, this second report focuses on the homicides in Pittsburgh in the year 2013 where we 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;
4. Disseminate information and engage in community dialogue about violence prevention within Pittsburgh neighborhoods.

Our detailed review of Pittsburgh's 47 homicides in 2013 further supports that we need to distinguish between types of homicides cases.

- Approximately 60% of the homicide cases were identified as having a peer or gang element.
 - Thirty-four percent of homicides (16 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.
 - Twenty-one percent (10 victims) were identified as possibly related to peer conflict.
 - Approximately 4% (2 victims) involved defined groups, with a territorial base and name, competing over influence and reputation, or so-called, "gang business."
- Eleven percent of homicides (5 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).
- Eleven percent (5 victims) were a result of intimate partner violence, or intentional injury or violence perpetrated by a current or former intimate partner (e.g., boyfriend, husband).

- Over 12% (6 victims) were a non-criminal or unintentional homicide (e.g., self-defense, unintended target).
- Six percent of homicides (3 victims) were unknown due to incomplete information.

Key findings from 2013 show that:

- **Homicide victimization continues to be unevenly distributed across populations or places.** While only 26% of Pittsburgh's residents are black or African American, 80% of the victims were black. Seventy percent of the homicides occurred in just 15 of Pittsburgh's 92 neighborhoods.
- **Firearms were the main cause of death.** Cause of death in 89% of homicides was a gunshot wound.
- **Female victims were associated with intimate partner homicide.** Female victims represented 17% of total homicides, of which half were related to intimate partner violence and were killed by a current or former intimate partner (e.g., boyfriend, husband).
- **Social determinants are risk 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 Pittsburgh 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 an appropriate

form of conflict resolution; support existing anti-violence groups and coalitions who 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; respond to shifting homicide trends by also reviewing homicides that occur in Allegheny County; and enhance dissemination methods.

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,¹ 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. Utilizing our greater understanding and the experience gained from the 2012 Homicide Review,² this represents our second findings report.

Background

More than 16,000 homicides occur yearly in the United States, and hundreds of assaults take place daily that result in non-fatal injuries.³ However, homicide victimization is not evenly distributed across populations or places.⁴⁻⁶ African American males ages 18 to 24 years of age face a homicide rate 19 times the national rate (92 per 100,000 victims).⁷ While an increasing body of public health research highlights a range of factors that place individuals at greater risk of homicide victimization - chronic poverty, poor housing conditions, racial exclusion, unemployment, neighborhood violence, lack of positive role modeling, high prevalence of firearm possession - the direct mechanism, or why specific individuals within high-risk populations become victims of homicide, is not as clear.⁸⁻¹¹

Despite this increased understanding of the associated risk factors and widespread prevention efforts, homicide remains the second leading cause of death among 15 to 24-year-olds and the fifth leading cause among 25 to 44-year-olds in the United States.^{12,13} In 2012, Pittsburgh saw 13.7 homicides for every 100,000 residents, compared to 18.7 in Chicago, 21.4 in Philadelphia, and 5.02 in New York City. While other cities may experience higher homicide rates, violence in Pittsburgh continues to disproportionately affect certain groups and neighborhoods.⁷

Fatality reviews have evolved as a critical approach for assessing preventable deaths, yet review teams have remained relatively narrow in focus based on inclusion criteria (i.e., victim's age and/or cause of death) and team member participation. Homicide trends, unlike other preventable deaths, change over time and cities must be able to identify, understand, and adapt to new trends with dynamic strategies rather than sweeping policies based on categorical characteristics (e.g., gang membership).^{14,15}

Recent public health research suggests that an individual's social network elicits an important indirect effect in our understanding of risk of victimization (i.e., individual homicide victimization is influenced not only by one's friends, but also by one's friends' friends).¹⁵ According to the authors, homicide victimization is not simply a function of spatial proximity or individual risk factors, which act as proxies for more dynamic processes, situational dynamics, and risky behaviors, but also how people are connected, the network structure, and an individual's position in the network. This research offers encouraging evidence in order to better develop more relevant and effective homicide prevention efforts.

Overall, gaining a better understanding of the factors or mechanisms that place certain individuals within high-risk populations at increased risk for homicide victimization is a critical step towards the development of effective violence prevention efforts. Community engagement and partnered research is crucial to better understanding complex health topics as it allows all partners to add expertise, share in decision making and ownership, and interpret data in ways that reflect the lived experiences of community members, and ultimately, ensure dissemination is relevant.¹⁶⁻¹⁸ Academic-community partnerships can facilitate and further encourage the translation of research into practice and expand beyond quantitative measures of associations to a “data-driven approach to improve community health and well-being.”^{16,17} It is urgent that we better understand the contextual factors involved in community violence in Pittsburgh in order to inform violence prevention and interventions that are both relevant to communities and more effective at preventing future homicides.

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

Expanding on the methods developed in 2012,² we sought to gain an enhanced understanding of the greater contextual and underlying factors involved in the forty-seven 2013 Pittsburgh homicides. Multiple methods were used. An advisory board offered 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-seven 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.

Data from Community. 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 2013. Three 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 and included 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 September 2013 to April 2014 in which the forty-seven 2013 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

Demographics

While only 26% of Pittsburgh's total residents are Black or African American, they experienced a stark disparity of violence victimization, accounting for over 80% of the city's total homicides in 2013 (Table 1). As shown in Table 1, men accounted for 83% of all homicide victims. Of the male victims, 87% were black (not shown in table). 30% of victims were 18 to 25 years of age and 41% were 35 years or older.

Table 1. Victimization by Sex, Race, and Age (2013)

Characteristics	N (%) (n=47)
Sex	
Female	8 (17)
Male	39 (83)
Race	
Black or African American	38 (80.9)
White or Caucasian	9 (19.1)
Age, in years	
≤17	4 (8.5)
18 - 25	14 (29.8)
26 - 34	10 (21.3)
≥35	19 (40.4)

Geographic and Temporal Trends

While Pittsburgh only comprises 25% of Allegheny County’s total population, over half (53%) of the total homicides in the county occurred in the city. Furthermore, 70% of the city’s homicides occurred in just 15 of Pittsburgh’s 92 neighborhoods.

Pittsburgh Police Zone 5 overwhelmingly experienced the highest number of homicides (Table 2), overall accounting for more than half of the year’s total homicides (see Appendix A for Pittsburgh Bureau of Police Zone Map). Zone 3 experienced the second highest number of homicides. Additionally, certain neighborhoods and communities within these zones were disproportionately affected by homicides - Homewood (11), Larimer (4), and East Hills (3) in Zone 5 and Beltzhoover (3) in Zone 3.

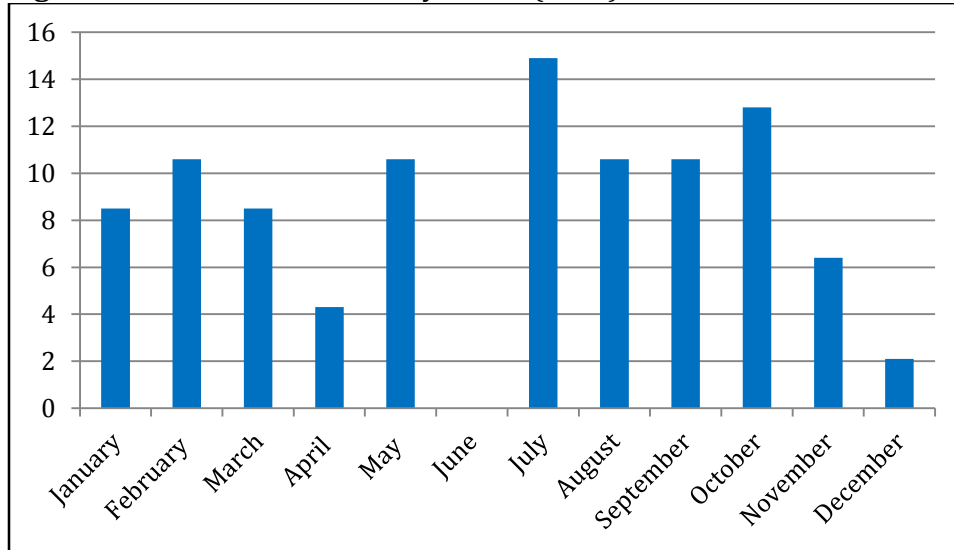
Table 2. Homicide Location by Police Zone and Neighborhood (2013)

Location	N (%) (n=47)
Zone 1	4 (8.5)
Allegheny West	1
Brighton Heights	1
Fineview	1
Marshall-Shadeland	1
Zone 2	4 (8.5)
Bedford Dwellings	1
Lawrenceville	1
Middle Hill	2
Zone 3	7 (14.9)
Allentown	1
Beltzhoover	3
Carrick	2
Knoxville	1
Zone 4	4 (8.5)
Greenfield	1
Hazelwood	1
Oakland	2
Zone 5	25 (53.2)
Bloomfield	2
East Hills	3
East Liberty	1
Friendship	1
Garfield	2
Homewood	11
Larimer	4
Lincoln-Lemington	1
Zone 6	3 (6.4)
East Carnegie	1
Sheraden	2

Note: Neighborhoods with no homicides are not shown

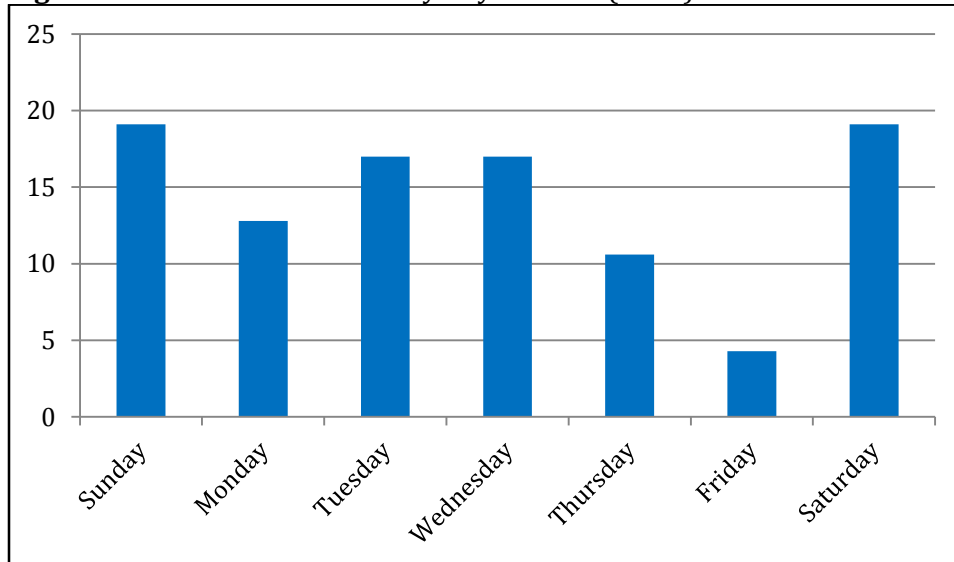
The largest percent of homicides (15%) occurred in the month of July (Figure 1). Excluding June, which did not record any homicides, homicides tended to increase from spring through early fall, before declining during the winter months.

Figure 1. Percent of Homicides by Month (2013)



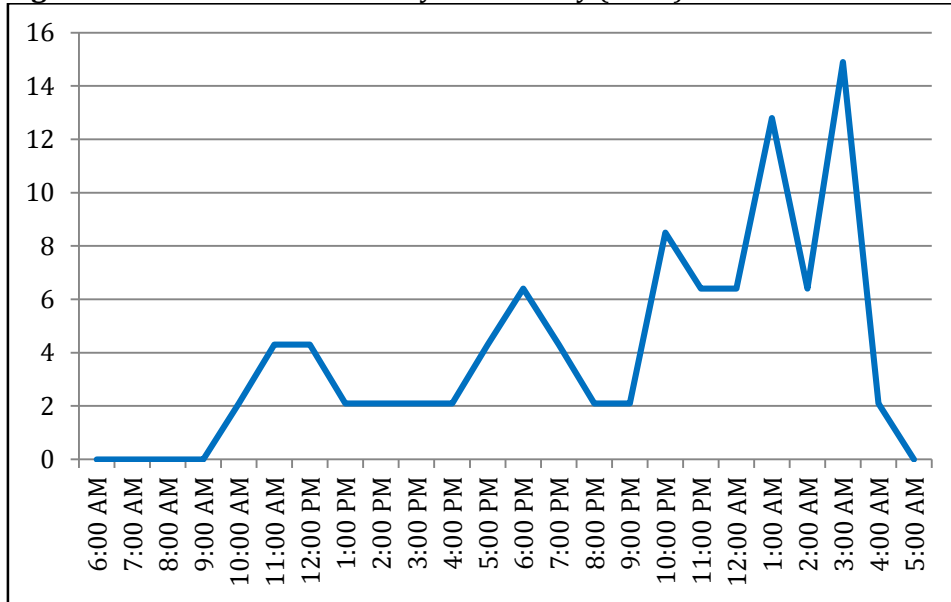
Homicides occurred most often on the weekends, with Saturday and Sunday being the most violent days (Figure 2). Tuesday and Wednesday also accounted for a large percentage of total homicides at 17% each day.

Figure 2. Percent of Homicides by Day of Week (2013)



Homicides most often occurred late at night (12am to 4am) (Figure 3). The early morning and weekday work/school periods saw relatively few homicides, but were followed by a sharp increase in the evening (5pm to 8pm), and then steadily increased throughout the rest of the evening.

Figure 3. Percent of Homicides by Time of Day (2013)



Homicide and Victim Characteristics

Twenty-seven homicides occurred outdoors, among which 67% took place on a street, road, or driveway; 15% in an automobile; 7% in a recreational/sports area; and 11% in other outdoor spaces. Twenty of the total homicides occurred indoors, with the majority (75%) taking place in a residential unit (i.e., single home, house, apartment building). Other indoor homicides occurred in a bar or club.

Firearms were the main cause of death with 89% (42) of victims killed from a gunshot wound (Table 3). Two victims were killed from blunt force trauma, two from stabbing, and one from poisoning. Eleven of the cases involved another individual, or individuals, injured throughout the incident. At time of this report, 36% of all homicides had resulted in an arrest.

Table 3. Characteristics of Homicide (2013)

Characteristics	N (%) (n=47)
Location, type of	
Street, road, driveway	18 (38.3)
Single home, house	12 (25.5)
Apartment building	3 (6.4)
Automobile	4 (8.5)
Bar, club	5 (10.6)
Recreational/sports area	2 (4.3)
Other (i.e., parking lot, outdoor public transportation facility)	3 (6.4)
Cause of death	
Gunshot wound	42 (89.4)
Blunt force trauma	2 (4.3)
Poisoning	1 (2.1)
Stabbing	2 (4.3)
Other victims	
Injured	11 (23.4)
Death	2 (4.3)
Risk of retaliation, very likely	3 (6.4)
Perpetrator/suspect	
Arrest made	17 (36.2)
Deceased (e.g., homicide-suicide)	2 (4.3)
Charges pending (e.g., self-defense)	3 (6.4)
Unknown	1 (2.1)

Contextual information beyond the homicide incident was gathered for each victim and resulting trends were explored (Table 4). While this report only focuses on the homicides that occurred in the City of Pittsburgh, 21% of the victims were identified as living outside of the city at time of death. Additionally, among victims who were residents of Pittsburgh, 34% had been killed in their neighborhood of residence. Relationship between victim and

perpetrator was known for twenty-four of the cases. Among these, five victims were killed by a spouse or current or former intimate partner.

Over half of all homicide victims had prior human service interaction with the Allegheny County Department of Human Service (DHS) (Table 4). 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.

Table 4. Characteristics of Homicide Victim (2013)

Characteristics	N (%) (n=47)
Residence at time of death	
Pittsburgh	32 (68.1)
Allegheny County	10 (21.3)
Homeless	1 (2.1)
Unknown	4 (8.5)
Killed in neighborhood of residence	16 (34)
Relationship with perpetrator	
No known relationship	6 (12.8)
Unintended target	3 (6.4)
Acquaintance, associate	3 (6.4)
Friend	2 (4.3)
Rival gang member	1 (2.1)
Spouse or intimate partner	5 (10.6)
Other relative (e.g., brother, spouse's son)	2 (4.3)
Unknown	23 (48.9)
Received DHS services	27 (57.4)
Received trauma care for previous gunshot wound (GSW)	2 (4.3)
Previous criminal charge, booked in county jail	28 (59.6)
Under county probation supervision at time of death	7 (14.9)

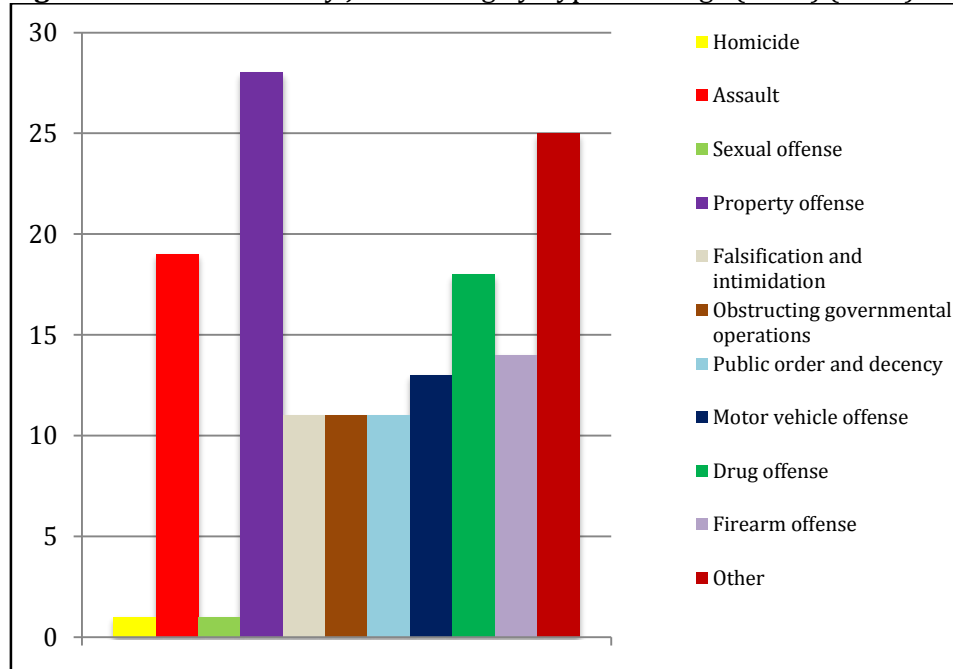
Jail bookings are a proxy for criminal justice system involvement, since not all jail bookings result in convictions. Among victims younger than 18 years (n=4), none had any previous booking at Allegheny County Jail (ACJ). Two victims had a history of county juvenile probation involvement, however, none of the victims were under county probation supervision at time of homicide. One of the four victims was less than two years of age. Sixty-five percent of victims 18 years of age or older (n=28) had a previous booking at ACJ, 16% of which were under county adult probation supervision at time of the homicide. Male homicide victims were more likely to have been involved in the criminal justice system than female victims; 93% of the 28 adult victims were male. Twenty victims (43%) were booked at least three times previously (Table 5); only one victim had been booked once and sixteen percent had been booked ten or more times.

Table 5. Bookings at County Jail among Homicide Victims 18 years of age or older (2013)

Number of County Jail Bookings	N (%) (n=43)
None	15 (34.9)
Once	1 (2.3)
Twice	7 (16.3)
3 to 5 times	7 (16.3)
6 to 9 times	6 (14.0)
10 or more times	7 (16.3)

Among victims 18 years of age or older with previous criminal justice involvement, type of charge associated with previous jail booking and time since release from county jail was further explored. As shown in Figure 4, the twenty-eight victims who had a previous county jail booking faced a variety of charges. All victims had been previously charged with a property offense (i.e., theft, burglary, robbery). Other types of offenses that victims had frequently been charged with included: assault, falsification and intimidation, and other (e.g., criminal contempt, conspiracy, mischief).

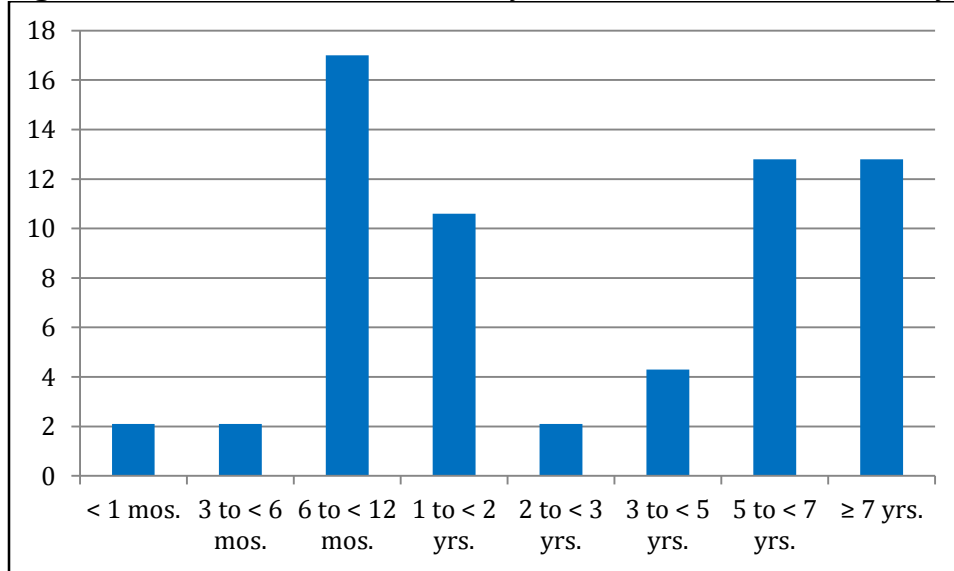
Figure 4. Previous County Jail Booking by Type of Charge (n=28) (2013)



Homicide victims 18 years of age or older with a previous criminal charge booking had most often (17%) been released from the county jail 6 months to less than 12 months prior to the homicide (Figure 5). Thirteen percent of victims had been released 5 years to less

than 7 years prior to homicide and 13% had been released more than 7 years prior. Two victims (4%) had been released less than 6 months prior.

Figure 5. Percent of Homicide Victims by Time Since Released from County Jail (2013)



Causes of Violence

In 2012-13 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.² These working definitions were applied to the 2013 homicides. Further explanation of conflict context definitions can be found in Appendix B.

Peer conflict, a “purposeful” and “self-motivated” conflict between peers, or “individuals that have something in common” (e.g., avocation, residence, age), was identified as a key determinant or factor in 34% of homicides (Table 6). Community members with extensive violence prevention experience in Pittsburgh described peer conflict homicides as involving more than just a superficial familiarity between individuals and stemming from such things as drugs, money, power, or respect - “It’s survival,” “It’s dog eat dog out there,” “It could be about anything, but, it’s not gang business.”

Table 6. Context of Conflict Leading to Homicide (2013)

Conflict Context	N (%) (n=47)
Peer conflict	16 (34)
Possible peer conflict	10 (21.3)
Gang-related	2 (4.3)
Not peer or gang-related	5 (10.6)
Intimate partner violence	5 (10.6)
Non-criminal or unintentional	6 (12.8)
Unknown	3 (6.4)

Although gangs and gang affiliations exist throughout Pittsburgh, only 4% of homicides were identified as related to gang activity. Using the United States Department of Justice definition, 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.”²⁰

In particular, 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 as involving territory or turf conflicts, intimidation, power, pride and respect, or “gang business” (e.g., drugs and racketeering).

Over 12% of homicides were identified as non-criminal or unintentional. These involve a personal argument or conflict, an unintended victim, negligence or improper firearm storage, and personal protection/self-defense.

More than 10% of homicides were a result of intimate partner violence, or intentional injury and violence perpetrated by a current or former intimate partner (e.g., boyfriend, husband).

Another 10% of homicides were found to not be peer or gang-related. These incidents were considered isolated events that were criminally motivated, but did not involve aspects of a peer or a gang-related conflict. Robberies, home invasions, contracted killings, or a “drug deal gone bad” are a few examples.

Key Contributing Factors

Public information and news outlets often oversimplify intentional injury and homicides in Pittsburgh, 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 from 2013.

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, 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 2013.

Two Year Comparison: Emerging Differences

Victim and homicide differences emerged between 2012 and 2013 (Table 7). Female victims represented a larger number of homicides in 2013, representing 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.

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. Data on victim's neighborhood of residence at time of death illustrates that in both years approximately one quarter of homicide victims were living outside of Pittsburgh city limits at time of death.

Table 7. Select Victim and Homicide Characteristics by Year (2012, 2013)

Characteristics	2012	2013
	N (%) (n=42)	N (%) (n=47)
Victim's sex, female	3 (7.1)	8 (17)
Victim's age, in years		
≤17	7 (16.7)	4 (8.5)
18 - 25	15 (35.7)	14 (29.8)
26 - 34	9 (21.4)	10 (21.3)
≥35	11 (26.2)	19 (40.4)
Victim's neighborhood of residence at time of death		
Pittsburgh	33 (78.6)	32 (68.1)
Allegheny County	9 (21.4)	10 (21.3)
Homeless	0 (0)	1 (2.1)
Unknown	0 (0)	4 (8.5)
Cause of death		
Gunshot wound	40 (95.2)	42 (89.4)
Blunt force trauma	1 (2.4)	2 (4.3)
Beaten/blows	1 (2.4)	0 (0)
Poisoning	0 (0)	1 (2.1)
Stabbing	0 (0)	2 (4.3)
Homicide location, Police Zone		
Zone 1	6 (14.3)	4 (8.5)
Zone 2	9 (21.4)	4 (8.5)
Zone 3	5 (11.9)	7 (14.9)
Zone 4	3 (7.1)	4 (8.5)
Zone 5	18 (42.9)	25 (53.2)
Zone 6	1 (2.4)	3 (6.4)
Conflict context		
Peer conflict	8 (19.0)	16 (34)
Possible (unconfirmed) peer conflict	5 (11.9)	10 (21.3)
Gang-related	3 (7.1)	2 (4.3)
Not peer or gang -related	12 (28.6)	5 (10.6)
Intimate partner homicide	0 (0)	5 (10.6)
Child abuse	1 (2.4)	0 (0)
Non-criminal or unintentional	10 (23.8)	6 (12.8)
Unknown	3 (7)	3 (6.4)

Pittsburgh Police Zone 5 accounted for the most homicides in both 2012 (43%) and 2013 (53%), yet in 2013 the neighborhood of Homewood saw a sharp increase in total homicides from 3 to 11.

Recommendations

The complexity of homicide and intentional injury prevention has become increasingly clear over the past two 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 2013. 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*, *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 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. Participation in program activities may increase if youth feel they are being engaged and offered alternate activities, rather than needing help or a specific 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

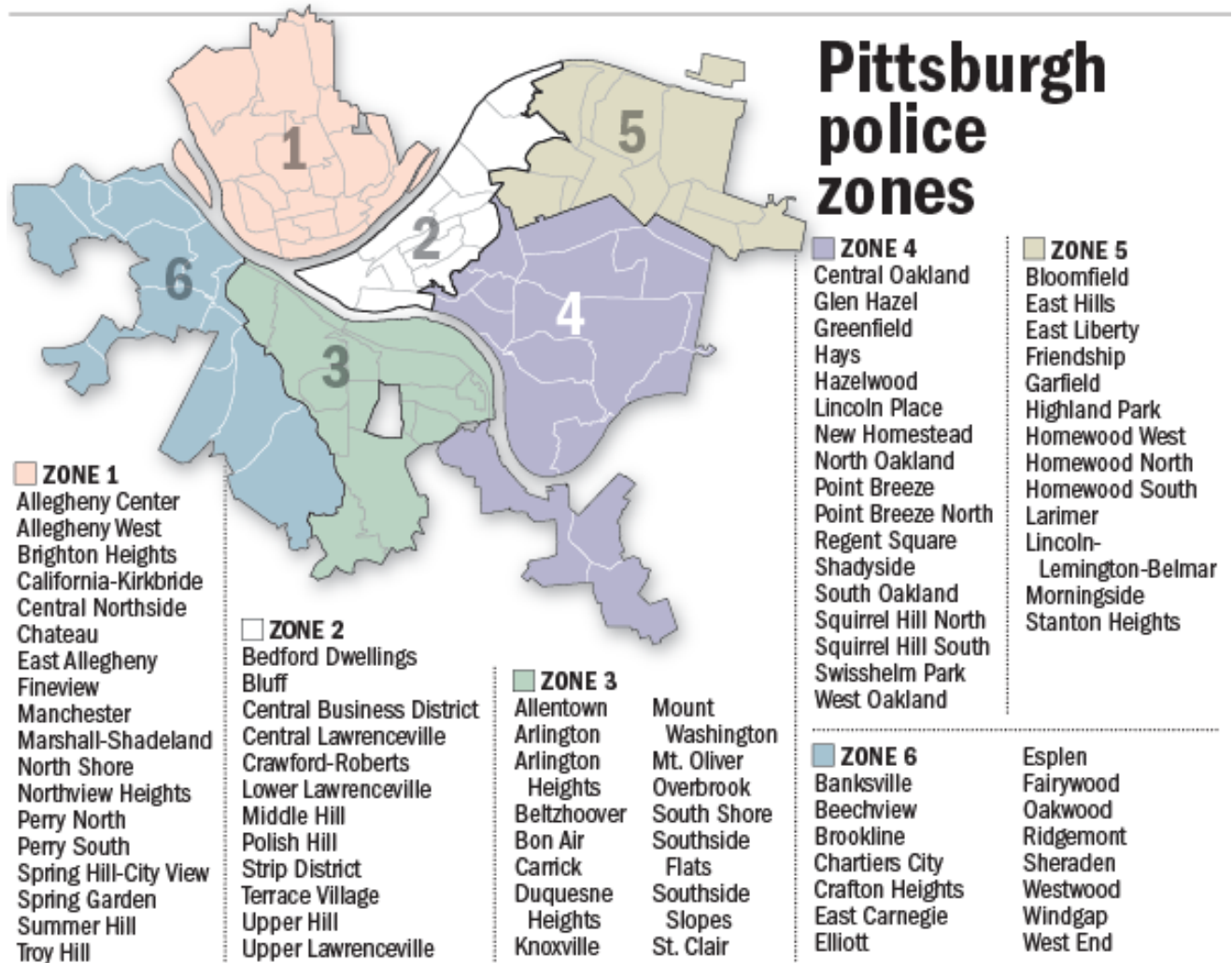
- **Combat attitudes of violence as normative behavior and an appropriate form of conflict resolution.** The normalization of violence exists within Pittsburgh families and communities, and overall, supports a cycle of violence. Anti-violence initiatives that combat such attitudes; promote positive behavior modeling for children, youth, and young adults; and teach and encourage appropriate conflict resolution strategies need to be developed and implemented throughout Pittsburgh.
- **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, to local government and county agencies, and the 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 Pittsburgh. 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.

Homicide Review Process Improvement

- **Reach out and recruit new partners.** Key stakeholders such as local funeral directors; representatives from county criminal court and the district attorney's office; city and county police officers, as well as housing authority police officers; and local women and victim of violent crimes organizations should be identified and invited to partner on future review group activities.
- **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.
- **Expand review group to include county homicides.** Recent shooting and homicide data suggests shifting trends with an increase in violence prevalence in communities just outside Pittsburgh boundaries. The review group process should expand beyond only reviewing homicides from Pittsburgh, but to also reviewing homicides from Allegheny County.
- **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.

Appendices

Appendix A. Pittsburgh Bureau of Police Zone Map



Source: Pittsburgh Bureau of Police

James Hilston/Post-Gazette

Appendix B. Context Conflict Clarification

Note: conflict context definitions were developed in 2012 and are working definitions, which are still being refined

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

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