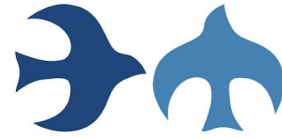


# Denver Accord

A COMPREHENSIVE PLAN TO  
REDUCE GUN VIOLENCE

Presented by GVPedia



The Denver Accord is a comprehensive gun violence prevention platform, led by GVPedia and supported by more than 40 organizations nationally, designed to guide policymakers' efforts to reduce gun violence in the United States. It combines best practices from across the country with evidence-based research to create a comprehensive and effective set of policies and programs intended to stop the scourge of gun violence.

The Denver Accord includes four guiding principles and nine policy positions that, working in conjunction with each other, will stem the epidemic.

There is no single solution to gun violence in America but it is clear that more guns do not make people safer. It is a multifaceted problem that requires a comprehensive solution.

## **The Denver Accord Part 8: *Fund and Proliferate Community Based Solutions***

### **Public health, community-located models**

Programs that use a public health approach fall into several categories:

- Focused deterrence, in which group violence members are offered incentives to change their behavior;
- Violence interruption, which uses credible messengers to stop cycles of violence; and
- Harm-reduction public education campaigns.

### **Hospital-based intervention programs**

- Proliferate and fund Hospital Based Intervention Programs.
- Expand trauma-informed care and access to trauma therapy.
- Train mental health care providers to emphasize removing lethal means

Most policy-based solutions for gun violence in heavily populated areas have resulted in further incarceration and disenfranchising of populations of color. In recent years, however, the emergence of impacted community-led, non-legislative approaches have flourished and the preliminary data is promising.

When these programs exist without supportive legislation, they have trouble thriving. To reduce urban gun violence, significant investment in community-based solutions is mandatory.

Efforts to serve Black and Brown communities resulted in over-policing. We encourage policing models to move away from the Broken Window theory of policing, which postulates that prioritizing the prosecution of low-level offenses would reduce violent offenses. Instead, entire communities were devastated by over-policing and mass incarceration, which only fueled gun violence.

Felons, unable to engage in the formal economy upon re-entry, turned to the informal economy and protected themselves by self-armament. Investment in community policing models along with reforming harmful practices and departments is critical to rebuilding trust in impacted communities.

**Led by GVPedia, the Denver Accord is supported by more than 40 gun violence prevention organizations nationwide. Learn more about the Denver Accord at [www.GVPedia.org](http://www.GVPedia.org).**

## Public health, community located models:

### Focused Deterrence

Focused deterrence strategies combine law enforcement efforts to increase the swiftness and certainty of punishment with community mobilisation to send a message to stop the violence and social services to reduce shootings among targeted groups and repeat offenders. A small number of groups of individuals commit a disproportionate amount of violent crime. [Less than 0.5%](#)<sup>1</sup> of a city's population are associated with the majority of firearm homicides.

- In the mid-1990s, focused deterrence was applied to violent youth gangs or "groups" in Boston. Following a [63% reduction](#)<sup>2</sup> in youth homicides per month, "[Operation Ceasefire](#)"<sup>3</sup> became known as the "Boston Miracle."
- Later rebranded by David Kennedy's National Network for Safe Communities as the Group Violence Intervention (GVI), many cities around the US and the world replicated and adapted the strategy to varying degrees of success.
- A [2012 Campbell Collaboration systematic review](#)<sup>4</sup> concluded that focused deterrence strategies resulted in statistically significant reductions in targeted crime.
- A [2018 update and meta-analysis](#)<sup>5</sup> of 24 quasi-experimental evaluations found statistically significant moderate reductions in crime. Interventions designed to disrupt group gun violence had stronger outcomes than efforts to close open-air drug markets. There was no evidence of crime displacement to nearby neighborhoods.
- Based on the GVI model, New Haven, CT's [Project Longevity](#)<sup>6</sup> was associated with nearly five fewer group-member-involved shooting incidents per month.
- A "pulling levers" focused deterrence strategy was associated with a 44% reduction of firearm assaults in [Lowell, MA](#)<sup>7</sup>.
- Evaluations of the [Indianapolis Violence Reduction Partnership \(IVRP\)](#)<sup>8</sup> intervention found that the program, which began in April 1999, was associated with between a 34% and [38% reduction](#)<sup>9</sup> in monthly homicides.
- Operation Peacekeeper was associated with a 42% reduction in gun homicide incidents in [Stockton, CA](#)<sup>10</sup>.
- A 2019 evaluation of the long-term impact of focused deterrence in [New Orleans](#)<sup>11</sup> found sustained statistically significant declines in firearm violence.
- An evaluation of the [Cincinnati Initiative to Reduce Violence \(CIRV\)](#)<sup>12</sup> found that the focused deterrence intervention was associated with a 41% reduction in street group member-related homicides.

### Violence Interruption

Founded in 2000 by Epidemiologist Gary Slutkin, Cure Violence is a public health approach that uses trusted messengers in the community to interrupt the transmission of violence. Violence interrupters encourage positive changes in individual behavior as well as community norms around violence. While both GVI and Cure Violence target those at greatest risk for being involved in a shooting, Cure Violence programs are independent from law enforcement.

- A 2009 evaluation of the original project in [Chicago found a 16% to 28% reduction](#)<sup>13</sup> in nonfatal shootings in 4 of 7 communities.
- Evaluations of [Save Our Streets in Baltimore](#)<sup>14</sup> and Truce Phoenix showed mixed results. Overall, the evidence of Cure Violence's impact on gun violence [is mixed](#)<sup>15</sup>.
- Pittsburgh's [One Vision One Life](#)<sup>16</sup> program was actually associated with increases in monthly shootings.
- Advocates point towards Cure Violence's relatively small budgets compared to other crime reduction programs for communities suffering from retaliatory gun violence.

### Hospital-based violence interruption programs

An individual hospitalized for a firearm-related injury has a [heightened risk](#)<sup>17</sup> for being shot again or committing a crime in the future. Recognizing that gun violence survivors are at heightened risk of being a victim or perpetrator of gun violence in the future, Hospital-based Violence Intervention Programs (HVIPs) aim to disrupt cycles of violence by targeting high-risk individuals when they are more open to making positive life changes. Originating in the 1990s, hospital-based violence intervention programs (HVIP) use a [public health approach](#)<sup>18</sup> to treat the medical, psychological, and social needs of a gunshot victim.

- A [2017 study](#)<sup>19</sup> found that being male, black, having an elevated blood alcohol content, and a penetrating injury from a gun or knife are associated with trauma recidivism and higher risk of death.
- A systematic review of nineteen studies of repeated violent injury presented at a 2016 conference [found](#)<sup>20</sup> that the median violent recidivism rate was 27.3% and the highest was 61.5%.
- The Health Alliance for Violence Intervention (HAVI) recognizes [over 30 HVIP members](#)<sup>21</sup> in the United States, plus member programs in Canada, England, and El Salvador.
- According to a [HAVI White Paper](#)<sup>22</sup>, HVIPs save lives, reduces hospital expenses, disrupts the “revolving door” of violent injuries into emergency departments, reduces subsequent criminal justice contact and involvement in violent crime, and connects uninsured patients with public benefits.
- Rather than simply treat the gunshot wound and release the patient back to the same environment where they were shot, HVIPs employ a multidisciplinary team to provide trauma-informed care and connect patients to community-based mental health and social services.
- Like other public health and community-based violence intervention models, HVIPs are located in urban, underserved communities with high rates of violence.

## Costs

- A 2015 study of an [Oakland HVIP](#)<sup>23</sup> found that the one-year recidivism rate was reduced from 4% to 2.5% for intervention participants. The study estimates that a financial investment of \$2,941 can create a single quality adjusted life-year (QALY).
- A [2019 study](#)<sup>24</sup> estimated that the annual cost of inpatient hospitalizations for firearm injury was at least \$911 million. Medicare and Medicaid covered 45% of this annual cost, while uninsured patients were responsible for an additional 20%.
- The same study found that 15.6% of gunshot victims were readmitted to a hospital within six months at a cost of nearly \$90 million per year.
- An HVIP serving 100 patients costs approximately [\\$300,000 per year](#).<sup>25</sup>
- Considering the high costs of a single gunshot injury, the limited but growing research suggests HVIPs may save hospitals and taxpayers money in the long-run.

## Studies

- Of the five randomized control trials of HVIPs listed below (a-e), [two found](#)<sup>26</sup> statistically significant reductions in revictimization.
  - A [2006 evaluation](#)<sup>27</sup> of a Baltimore HVIP found that 5% of patients receiving the intervention were re-hospitalized from a violent injury compared to 36% from the non-intervention group. The control group was four times more likely to be convicted of a violent crime, resulting in an estimated 68 years of incarceration compared to only 18 from the intervention group. The study estimates that the intervention saved approximately \$1.25 million in incarceration costs.
  - A 2006 study found that 8.1% of youth and young adults receiving services from a [Chicago-based HVIP](#)<sup>28</sup> after a violent injury reported a repeat injury within six months compared to 20.3% from the control group.
  - A 2011 evaluation of a [Virginia-based HVIP](#)<sup>29</sup> found that intentionally-injured 10-24 year olds receiving intervention were more likely to access services and less likely to use drugs, but there was no difference in reinjury rates within six months.
  - A 2008 evaluation of a HVIP trial of 88 youths in [greater Baltimore](#)<sup>30</sup> found no impact on service utilization or injury reduction.
  - Another 2008 study found that youth receiving a community-based mentor program in [Baltimore and Washington, DC](#)<sup>31</sup> engaged in fewer fights but did not have significantly fewer reinjuries.
- A 2018 non-randomized evaluation of [Indianapolis' Prescription for Hope](#)<sup>32</sup> program serving 328 patients found a 4.4% recidivism rate based on 8 years of statewide data.
- The peer-based Caught in the Crossfire program at [Oakland's Highland Hospital](#)<sup>33</sup> reduced involvement with the criminal justice system, resulting in an annual cost savings of \$750,000 to \$1.5 million.
- The six-year violent reinjury rate among clients of [San Francisco's Wraparound Project](#)<sup>34</sup> was 4.5%, compared with 16% before the HVIP.
- A 2016 evaluation of ten years of a [San Francisco HVIP](#)<sup>35</sup> found that the violent reinjury rate was 4% compared to a historical average of 8%.

## Conclusions:

- Gun homicides and nonfatal shootings are generally concentrated among a small number of people in communities of exacerbated disadvantage.
- Focused deterrence initiatives combine law enforcement efforts with anti-violence messages from community leaders and social service resources to prevent shootings among group-involved youth.
- Cure Violence programs employ street outreach workers to mediate conflicts and reduce the spread of retaliatory gun violence.
- Hospital-based Violence Intervention Programs (HVIPs) reduce future victimization by providing services to individuals recovering from violent injuries in hospital settings, followed by case-based management when survivors return to the community.
- HVIPs are a cost-effective intervention which interrupts cycles of violence by targeting high-risk individuals when they are more open to making positive life changes.
- In addition to addressing a victim's exposure to violence and desire to retaliate, HVIPs provide access to trauma therapy and social support to treat the long-term mental health consequences of firearm injuries.

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## The Four Principles of the Denver Accord

1. Guns do not make us safer.
2. Gun violence in America is a pervasive public health crisis that demands substantial policy solutions and well-funded programs that effectively reduce gun violence.
3. Equitable and just enforcement of gun laws is paramount.
4. Everyone has the right to live free from violence.

Guns do not make us safer. Perhaps the most urgent change we must make is to dispel the myth that guns make us safer. A gun in the home TRIPLES the risk of gun suicide and DOUBLES the risk gun homicide. The United States has 393 million firearms in civilian hands and we have the highest rate of assault deaths and mass shootings than any other OECD country.

Gun violence in America is a pervasive public health crisis that demands substantial policy solutions and well-funded programs that effectively reduce gun violence. More than 100 people are shot in American every day. About two-thirds of those deaths are suicide—almost all are preventable. We cannot afford to continue to ignore gun violence and the toll it has taken on our country.

Equitable and just enforcement of gun laws is paramount. Some communities suffer the ill effects of the gun lobby's dangerous "guns everywhere" agenda more than others.

Black and Brown communities that also suffer from increased causal factors, like poverty, experience violence at rates that would be unthinkable in other places. In recent years, however, the emergence of impacted community-led non legislative approaches have flourished and preliminary data is encouraging.

Everyone has the right to live free from gun violence.

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## Recommended Reading

- [Group Violence Intervention An Implementation Guide](#)
- [Hospitals Are Trying To Do What Politicians Haven't: Stop Gun Violence](#)
- [Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence](#)



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