

New York City Council Hearing

Committee on Juvenile Justice and Committee on Public Safety

Reducing Gun Violence: The Relationship Between Law Enforcement and Community Based Solutions

Testimony submitted by Eric Cumberbatch, Executive Director, Office to Prevent Gun Violence,

Mayor's Office of Criminal Justice

September 9, 2019

Good morning, Chairperson Richards, Chairperson King and members of the Public Safety and Juvenile Justice Committees. My name is Eric Cumberbatch and I am the Executive Director of the Office to Prevent Gun Violence (OPGV) which is overseen by the Mayor's Office of Criminal Justice ("MOCJ"). Thank you for the opportunity to testify today and thank you to Council, and the Mayor for your investment in OPGV. I am joined today by Jessica Mofield, my Deputy Executive Director, Assistant Chief James Essig and Assistant Chief Michael Lipetri from the City of New York Police Department.

New York City is at the forefront nationally in the fight to mitigate gun violence. As the safest big city, we have experienced the lowest incidence of gun violence of any major U.S. city and in 2018 had the fewest shootings in over 30 years. Since the New York City Police Department began tracking shooting incidents in their Comp Stat system in 1993, fatal and non-fatal shootings have declined by 85%. Yet, there continues to be a persistent inequality in underserved communities of color where shootings and other violent crimes are concentrated today. Here, most households have incomes below the poverty line, and other indicia of distress far outpace the rest of the city, including in the areas of low educational attainment, high rates of infant mortality, high prevalence of asthma and diabetes, among other things. In addition, up until recently, these are also the areas of the city that have borne the brunt of enforcement, including at one time high levels of stops. In combination – the high levels of social distress and a model of safety that relied almost entirely on enforcement – aggravated a sense of estrangement among residents.

Over the years we have become better at approaching this challenge. The mission of OPGV is to transform government's approach to justice by supporting vibrant communities where residents are empowered to co-create public safety. The co-production of public safety means restoring community ownership of solutions and decision-making for issues faced by systemically disinvested communities of color. Valuing the strength, innovation, and expertise of communities to effectively implement and respond to the long standing consequences of violence. This community centered lens acknowledges

the complexity of change, and calls for a democracy of solutions percolating from the ground up and applied from the top down. An example of this can be witnessed after the Brownsville community experienced a mass shooting. Like many neighborhoods in this City, residents of Brownsville elevated their voice and agency as the standard for mobilizing after tragedy and reclaimed safety.

OPGV oversees an array of city-funded efforts to stem the flow of guns into our communities and change the underlying dynamics and conditions that can lead residents to use and carry guns. This is accomplished by coordinating a series of violence intervention and supportive networks that are simultaneously operating across 22 communities across the 5 boroughs in neighborhoods that account for upwards of 50% of NYC's shooting incidents. Collectively, this initiative is known as the Crisis Management System (CMS), was launched by Mayor Bill de Blasio in 2014 and grew out of recommendations from a City Council Task Force. These initiatives respond to the individual, familial, and community-based needs in marginalized and disinvested communities of color that experience gun violence. Currently, over 50 community-based organizations are a part of this network, which focuses on violence prevention services utilizing the Cure Violence Model as its core and additional social service supports as its complements. These supports are conflict mediation in school settings, therapeutic services, legal services, hospital response outreach, programming in secured detention facilities and jails, and linkages to institutions of higher education.

A recent evaluation conducted by the John Jay Research and Evaluation Center, the City's Cure Violence approach contributed to a 31% decline in shootings in the 17 highest violence precincts compared to similar neighborhoods without a CMS program. Our programs also produced measurable changes in attitudes, increasing community confidence in law enforcement while reducing the willingness of young men to use violence to settle disputes. This reduction represents the cultural shift that occurs when communities are supported to thrive and organically heal. Additionally, this work has been effective because we engage with communities as equal partners to multiply impact and support local leaders to gain access to decision-making.

The investment in preventive interventions, targeted at reducing violent behavior and the emotional impact caused by community violence is vital to the health and vibrancy of urban areas. As we advance our next steps as a city, it is crucial for us to move from an approach where we simply react to violence to one where we deepen our investments in systems and programs that create the foundation for productive lives that will ensure violence continues to decline.

DENORMALIZING VIOLENCE

A Series of Reports from the
John Jay College Evaluation
of Cure Violence Programs
in New York City

The Effects of Cure Violence in the South
Bronx and East New York, Brooklyn

Sheyla A. Delgado, Laila AlSabahi,
Kevin Wolff, Nicole Alexander, Patricia
Cobar, and Jeffrey A. Butts

The Effects of Cure Violence in the South Bronx and East New York, Brooklyn

Sheyla A. Delgado, Laila Alsabahi, Kevin Wolff, Nicole Alexander,
Patricia Cobar, and Jeffrey A. Butts

Funding for this report was provided by the **New York City Council**, the New York City **Mayor's Office of Criminal Justice (MOCJ)**, and the **Robert Wood Johnson Foundation**. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the City University of New York, John Jay College, or their funding partners.

The shooting victimization data presented in this report were provided by and belong to the New York City Police Department. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the New York City Police Department. Any further use of these data must be approved by the New York City Police Department.

Data about gun injuries were obtained from the New York State Department of Health and may not be released without permission.

The John Jay Research and Evaluation Center (**JohnJayREC**) is an applied research organization and part of John Jay College of Criminal Justice, City University of New York.

Acknowledgments

The authors are grateful to the staff and leadership of the New York City Council, the Mayor's Office of Criminal Justice, and the Robert Wood Johnson Foundation for their guidance and support during the development of the project. The authors are also grateful for the assistance received from current and former colleagues from the Research and Evaluation Center who contributed to the report: Wogod Alawlaqi, Justice Banks, Kwan-Lamar Blount-Hill, Anjelica Camacho, Clay Colon, Janer Cordero, Tarek Elghindour, Richard Espinobarros, Hind Kasem, Laura Negro, Franklin Ramirez, Yeireline Rodriguez, Pamela Ruiz, and Efram Thompson.

Recommended Citation

Delgado, Sheyla A., Laila Alsabahi, Kevin Wolff, Nicole Alexander, Patricia Cobar, and Jeffrey A. Butts (2017). *The Effects of Cure Violence in the South Bronx and East New York, Brooklyn*. In *Denormalizing Violence: A Series of Reports From the John Jay College Evaluation of Cure Violence Programs in New York City*. New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.

Copyright

Research and Evaluation Center at John Jay College of Criminal Justice
City University of New York (CUNY)

Research and Evaluation Center
524 59th Street, Suite 605BMW
New York, NY 10019

<http://www.JohnJayREC.nyc>

October 2017

Introduction

New York City launched its first Cure Violence program—which uses community outreach to interrupt violence—in 2010 with funding from the U.S. Department of Justice. Today, there are 18 programs around the city. This report examines two of them: Man Up! Inc. in East New York, Brooklyn; and Save Our Streets South Bronx. Each of the two neighborhoods was compared with another neighborhood that had similar demographics and crime trends but no Cure Violence program. As detailed in this report, the comparisons provide promising evidence that the public health approach to violence reduction championed by Cure Violence may be capable of creating safe and healthy communities.

The Research and Evaluation Center at John Jay College of Criminal Justice (**JohnJayREC**) began an evaluation of Cure Violence in 2012 with support from the New York City Council. Researchers visited program sites and interviewed staff about the Cure Violence model. They also assembled data about violent incidents in the city from the New York City Police Department (NYPD) and the New York State Department of Health (DOH). Between 2014 and 2016, the study team also conducted annual surveys of young men living in a dozen neighborhoods, some with and some

without Cure Violence programs. During the study period, New York City's various Cure Violence programs received financial and administrative support from the Mayor's Office of Criminal Justice, the city's Department of Health and Mental Hygiene, the New York City Council, New York State's Division of Criminal Justice Services, and the Robert Wood Johnson Foundation of Princeton, New Jersey.

New York City neighborhoods operating Cure Violence programs show steeper declines in acts of gun violence and the expression of pro-violence social norms compared with similar neighborhoods not operating Cure Violence programs. Researchers analyzed crime rates, violent injuries, and social attitudes about violence in four matching areas of New York City. The presence of Cure Violence in a community was associated with significant improvements in public safety.

Gun Violence Trends Before and After the Opening of Two Cure Violence Programs

S.O.S. South Bronx

Gun injuries down 37%*

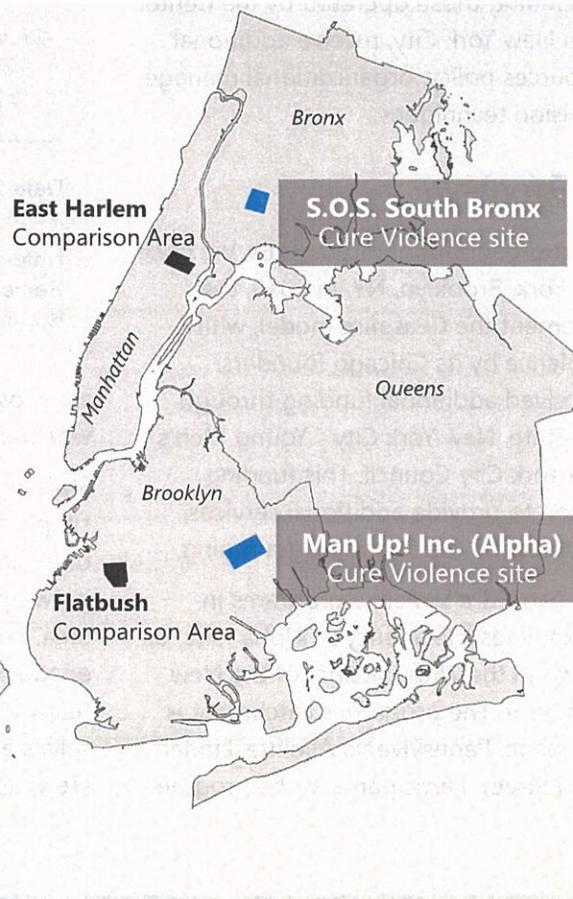
Shooting victimizations down 63%*

Man Up Inc! (Alpha), Brooklyn

Gun injuries down 50%*

Shooting victimizations down 15%

* Statistically significant reductions



Cure Violence in New York City

Cure Violence is a neighborhood-based, public-health oriented approach to violence reduction. The program relies on the efforts of community-based “outreach workers” and “violence interrupters” in neighborhoods that are the most vulnerable to gun violence. These workers use their personal relationships, social networks, and knowledge of their communities to dissuade specific individuals and neighborhood residents in general from engaging in violence. When Cure Violence strategies are implemented with high levels of fidelity, the program may theoretically begin to “denormalize” violence in entire communities (Butts et al. 2015).

As of 2016, New York City’s Cure Violence programs employed approximately 130 workers, including two dozen program managers and directors, at least 15 supervisors, and more than 80 front-line workers. Before joining Cure Violence, staff members typically undergo a 40-hour training workshop by the National Cure Violence training team, which is based in Chicago.

Additional training sessions are provided in New York City by locally based trainers. During their training, Cure Violence workers learn about active listening, conflict mediation, suicide prevention, and motivational interviewing tactics as well as procedures for record keeping and database management. Staff members at some Cure Violence programs, including those operated by the Center for Court Innovation in New York City, receive additional training in human resources policy, organizational management, and staff supervision techniques.

East New York, Brooklyn

Man Up! Inc. is the host organization for two Cure Violence programs in East New York, Brooklyn, NY. In 2010, the agency began to implement the Ceasefire model, which was renamed Cure Violence by its Chicago founders. Later, Man Up! Inc. received additional funding through grants from New York State, New York City’s Young Men’s Initiative, and the New York City Council. This funding allowed the organization to provide additional services, such as legal advocacy and job readiness programming.

Man Up! Inc. operates two Cure Violence programs in Brooklyn. This study examines the agency’s “Alpha” site, or Man Up! Inc. (A), located in the 75th Precinct of the New York City Police Department. The program’s catchment is bordered by Cozine Avenue, Pennsylvania Avenue, Linden Boulevard, and Ashford Street. Participants in the program

Table

1 Characteristics of Participants in Two Cure Violence Programs

Map Up! Alpha: East New York, Brooklyn

Age	2013	2014	2015	2016
12 - 17	16%	7%	5%	5%
18 - 20	33%	15%	21%	20%
21 - 24	40%	43%	38%	40%
25+	10%	34%	35%	34%
Gender				
Male	96%	98%	97%	90%
Female	3%	2%	3%	7%
Race/Ethnicity				
Black	93%	87%	89%	94%
Latino	6%	13%	10%	3%

Save Our Streets (S.O.S.): South Bronx

Age	2013	2014	2015	2016
12 - 17	2%	2%	4%	4%
18 - 20	39%	35%	20%	23%
21 - 24	50%	47%	68%	65%
25+	9%	16%	8%	8%
Gender				
Male	85%	93%	95%	88%
Female	15%	7%	5%	11%
Race/Ethnicity				
Black	75%	83%	62%	57%
Latino	22%	17%	38%	42%

Data Source:

Administrative databases of New York City programs.

Note:

Percentages may not add to 100% because missing category is omitted from table.

are mostly 21 years of age or older and they are overwhelmingly male (Table 1).

Staff members at Man Up! Inc. (A) (hereafter referred to simply as Man Up! Inc.) are mostly males between the ages of 29 and 50, with an average age of 43. Most workers grew up and currently live in their program’s catchment area. The majority of staff members report having been engaged in community work or activism prior to joining the team. Approximately half the staff members describe themselves as once belonging to a street group (gang, clique, or crew), as a formerly incarcerated person, or both.

Table

2 Respondent Awareness of Cure Violence Program

	Man Up! (A) East New York			S.O.S South Bronx		
	2014	2015	2016	2014	2015	2016
Cure Violence Public Education Messaging						
Recognized at least one public message	93%	96%	92%	90%	92%	90%
Recognized all public messages	29%	27%	10% *	39%	33%	48%
Average number of times seeing public messages in the past year	6.6	7.3	7.3 *	7.0	7.1	6.9
Cure Violence Staff Outreach Efforts						
Recognized at least one staff member	79%	69%	84%	53%	58%	64% *
Recognized all staff members	44%	34%	52%	14%	9%	15%
Average number of times communicating with staff in the past year	5.9	4.2	4.4 *	5.4	4.3	4.5

* Significant difference from year 1 to year 3 (Chi-square: $p < .05$).

Data Source:

John Jay College Research and Evaluation Center.

Staff members spend a significant portion of their work hours walking around the neighborhood and interacting with residents to keep up with street lore and any emerging rumors about the possibility of violence. The monthly amount of time devoted to this neighborhood canvassing has consistently averaged about 48 hours per worker since 2013, according to activity data from the city's centralized Cure Violence database. Workers distribute anti-violence public messaging materials, such as stickers and pins, while walking the catchment area.

Man Up! Inc. staff members are well known among the young men living in the catchment area. According to John Jay College's annual surveys of the New York Cure Violence programs (known to respondents as the *NYC-Cure* study), approximately 80 percent of East New York males ages 18-30 recognize at least one staff member from Man Up! and two-thirds (66%) recognize all of the staff members. Personal communication with violence interrupters and outreach workers from Man Up! Inc. is also common, with about 4.5 contacts per month among those survey respondents who recognize at least one staff member (Table 2).

South Bronx

Save Our Streets (S.O.S.) South Bronx is one of four Cure Violence projects operated in New York City by the nonprofit Center for Court Innovation. The program's

catchment area is in NYPD's 40th precinct and is bordered by 147th Street and St. Ann's Avenue to the south and 156th Street and Union Street to the north. There are three public housing developments—known as the Adam, Moore, and Saint Mary's Park communities—within the program's catchment area.

S.O.S. South Bronx staff members are young men between the ages of 27 and 49, with an average age of 41. All staff members report that they grew up in the neighborhood, and more than half currently live there. A majority of staff members were formerly incarcerated and about half report having been members of street groups in the past. All workers at S.O.S. South Bronx report having participated in some community work or activism prior to joining the Cure Violence team.

Like all Cure Violence workers, S.O.S. South Bronx staff members spend much of their time—about 82 hours per month—canvassing the catchment area. Program participants are mostly young males between the ages of 21 and 24. After only one year of full implementation, more than half the young male residents who participated in the surveys recognized at least one S.O.S. South Bronx staff member and most (90%) had seen at least one public education message around the neighborhood, either a poster, button, or sign.

Table

3 Characteristics of Cure Violence Sites and Comparison Sites

	Cure Violence Site	Comparison Site	Cure Violence Site	Comparison Site
	Man Up! (A) East New York	Flatbush	S.O.S South Bronx	East Harlem
Total Population ¹	9,433	15,906	13,733	10,866
Pct. Identifying as Black Only	76%	88%	28%	31%
Pct. Identifying as Latino Only	21%	6%	68%	59%
Median Income ¹	\$37,282	\$41,294	\$22,455	\$21,872
Not Employed/Not Seeking Job ¹	56%	46%	59%	70%
Women-Led Households ¹	79%	69%	76%	73%
Less Than High School ¹	35%	19%	44%	46%
Age and Sex				
Male, Ages 15 - 24 ¹	11%	7%	8%	10%
Female, Ages 15 - 24 ¹	7%	5%	8%	7%
Gun Violence Rate per 10,000				
Shooting Victimitizations ²	0.49	0.52	0.49	0.58
Gun Injuries ³	0.65	0.35	0.48	0.43

Data Sources:

1) U.S. Census, American Community Survey 2013; 2) City of New York Police Department; 3) New York State Department of Health (SPARCS).

Note:

Man Up! is a Cure Violence affiliate with two locations in New York City. This study examines only the first of those locations: Man Up! Alpha (or A). Baseline gun violence rates in the two intervention areas are calculated using three years of data before the programs launched. Gun violence rates in two comparison areas are examined over the same time.

Methods

This study used a quasi-experimental design to estimate the effects of Cure Violence on neighborhood violence. Using police, hospital, and survey data, researchers created two measures of gun violence (monthly counts of shooting victimizations and gun injuries requiring medical attention) and two measures of social norms related to violence among young male residents ages 18 to 30 (willingness to use violence in petty conflicts and serious conflicts).

All data were available for the two neighborhoods with Cure Violence programs (East New York and South Bronx) and two comparison neighborhoods (Flatbush, Brooklyn and East Harlem, Manhattan), which had similar demographics and crime trends but no Cure Violence programs (Table 3).

The two Cure Violence sites were selected for this study because they were in constant and consistent operation throughout the study period. The comparison areas were selected based on their similarities to the Cure Violence areas in socioeconomics, gun violence rates, and levels of pro-violence social norms detected during the first year of surveys in 2014.

Outcome Measures

Gun injuries are measured using data from the New York Statewide Planning and Research Cooperative System (SPARCS), a longitudinal and comprehensive data reporting system managed by the New York Department of Health. Hospitals throughout the state report comprehensive data about every patient visit, including demographic characteristics, diagnoses, and treatments.

SPARCS data account for every outpatient, inpatient, and emergency department admission in the state. The research team extracted patient records for all New York City residents who visited any hospital in the city between 2005 and 2016 for reasons that included a non-self-inflicted gunshot wound. Each record was geocoded using the patient's home address through Geosupport Desktop Edition, a customized geocoding package that processes geographic information for New York City only.

Shooting victimization data from the NYPD's Office of Management, Analysis, and Planning (OMAP) measure all incidents in which a person was hit by gunfire in New York City between 2006 and 2016. Each observation is geocoded at the mid-block level and contains time of occurrence (year, month, day, and time of day), as well as the perpetrator's characteristics if available. The study analyzed incident records from 2009 and later because that is when complete geocodes became consistently available from NYPD.

Shooting victimization data from NYPD and gun injury data from the state department of health were spatially joined (aggregated) to each study site to create a file of monthly counts of events. NYPD data used mid-block geocoordinates to tag the approximate location of an incident, while SPARCS data specified the patient's reported address at the time of each hospital admission.

Using JohnJayREC's own survey data, the research team created two composite indices of pro-violence social norms. The indices were based on survey respondents' self-reported willingness to use violence in 17 hypothetical scenarios involving varying levels of provocation and conflict. Exploratory Factor Analysis identified two sets of items that grouped together into two indices: 1) petty disputes over intimate partners and other trivial situations ($\alpha = 0.6985$); and 2) serious disputes over threats to family members, money, debt, and acts of disrespect ($\alpha = 0.8968$).

Analysis

After identifying the best available comparison area in New York City for each of the two Cure Violence neighborhoods, the study examined multi-year trends in gun violence and expressed norms about violence to test whether conditions improved after the introduction of Cure Violence in a community. The research team conducted separate interrupted time-series analyses for each measure of gun violence and treatment effects regression models for the two measures of pro-violence social norms in all four study areas: two treatments and two comparisons.

Using Autoregressive Integrated Moving Average (ARIMA) interrupted time-series analysis for all four intervention and comparison areas, the research team analyzed monthly trends in gun violence from 2005 to 2016 for gun injuries, and 2009 to 2016 for shooting victimizations. This type of time-series analysis accounts for prior trends and seasonality (higher number of events during summer months). Accounting for prior trends in violence is critical to any study of a place-based intervention given that violent events do not happen in isolation and are often the result of retaliatory violence (Boyle et al. 2010).

Researchers relied on a four-part strategy to construct the best ARIMA models for each study area. First, and arguably the most important step, was to assess that data values did not significantly change over time (mean, variance, and autocorrelation), known as stationarity (Chatfield 2004). Results from the stationarity test (unit root test) on the pre-intervention periods revealed that outcomes used in the study (monthly shooting victimization and gun injury rates) were constant over time in the four study areas prior to the implementation of the programs.

Second, researchers estimated ARIMA processes to identify the best fitting model for each of the four sites by selecting the autoregressive, integrated, and moving average terms. Third, goodness-of-fit measures (i.e., Akaike information criterion and Bayesian information criterion scores) were inspected to select the final model. Finally, residual values (differences between observed and expected values) were examined for normality and independency using diagnostics measures (Ljung and Box 1978).

To estimate changes in pro-violence social norms among samples of respondents in neighborhoods with and without Cure Violence programs (Table 4), researchers used treatment effect regression models with an interaction term (survey wave X treatment) ranging from zero to three. Each model controlled for time (-), treatment (+), respondent's age (-), current employment (-), being personally "shot at" or stabbed (+), police encounters (i.e., "stop & frisk" searches) (+), perceptions of safety (-), trust in police and other public safety organizations (-), trust in community institutions (-), seeing or hearing guns in the neighborhood (+), reporting typical bedtime after 2 a.m. (+), witnessing threats on social media platforms (+), and site-specific effects using a series of dummy variables.

Social Norms

The presence of Cure Violence in a neighborhood was associated with greater reductions in social norms that support violence when compared with similar neighborhoods without Cure Violence programs (Table 5). Young men living in neighborhoods with Cure Violence programs expressed fewer violence-endorsing norms over time in hypothetical scenarios involving both petty and serious disputes.

Respondents' propensity to use violence in hypothetical scenarios declined over time and across all areas for serious disputes, but the decrease was steeper in neighborhoods with Cure Violence programs (33% vs. 12%). Propensity to use violence in petty disputes declined significantly only in Cure Violence areas (down 20%).

These findings were consistent with prior research. Milam and colleagues, for example, examined changes in attitudes toward violence in two Baltimore neighborhoods and found similar results. There were significant improvements (43%) in attitudes among residents of a community after the introduction of Cure Violence compared with a control community (13%) (Milam et al. 2016).

In New York City, the explanatory power of Cure Violence on attitudes was stronger for serious disputes, but the presence of Cure Violence programs appeared to have an even stronger association with petty disputes. Regression results suggested that the willingness of respondents to use violence in resolving petty disputes would not likely have declined as much over time (as it did for serious disputes); the relative size of the change appeared to be due to the presence of Cure Violence (Table 6). This indicates that Cure Violence programs may be capable of reducing the incidence of petty disputes before they escalate to more serious disputes, which would lead to a lower overall incidence of gun violence in communities.

Table

4 Survey Respondents (N = 2,266)

	Cure Violence			Comparison		
	2014	2015	2016	2014	2015	2016
Age						
18 - 20	45%	30%	30%	25%	30%	28%
21 - 24	33%	39%	37%	36%	34%	38%
25 - 30	22%	31%	33%	39%	36%	34%
Less Than High School	23%	25%	13%	23%	21%	25%
Not Currently in School	63%	69%	71%	70%	66%	67%
Unemployed	59%	50%	45%	51%	41%	32%
Prior Victimization						
Shot at	43%	37%	36%	39%	36%	32%
Stabbed	18%	20%	17%	23%	16%	13%
Contact with Police						
"Stop & frisk" at least once in previous year	79%	77%	69%	73%	60%	55%
Answered at Least One Prior NYC-Cure Survey	--	24%	39%	--	17%	34%

Data Source:

John Jay College Research and Evaluation Center.

Table

5 Respondent Support for Violence in a Range of Hypothetical Scenarios

	Mean Score on Index of Violence Support			Percent Change
	2014	2015	2016	
Serious Disputes				
Cure Violence Sites	5.29	3.72	3.56	- 33%*
Comparison Sites	3.97	3.70	3.47	- 12%*
Petty Disputes				
Cure Violence Sites	2.14	1.67	1.71	- 20%*
Comparison Sites	1.78	1.73	1.70	- 5%

* Significant difference from year 1 to year 3 (t-test: $p < .05$).

Data Source:

John Jay College Research and Evaluation Center.

Table

6 Treatment Effects on Social Norms in Support of Violence as Measured with Hypothetical Scenarios

Response to Serious Disputes

Year	Cure Violence			Comparison Sites			Analysis of Difference	
	Mean	SE	n	Mean	SE	n	Actual Difference	Expected Trend
2014	5.04	0.04	372	3.98	0.03	369	1.06 **	5.04
2015	4.15 *	0.04	353	3.67 *	0.03	360	0.47 **	4.73
2016	3.34 *	0.04	364	3.49 *	0.03	356	-0.15 **	4.55
Treatment Effect							-1.21	R ² = 0.33

Response to Petty Disputes

Year	Cure Violence			Comparison Sites			Analysis of Difference	
	Mean	SE	n	Mean	SE	n	Actual Difference	Expected Trend
2014	2.08	0.02	372	1.78	0.01	369	0.30 **	2.08
2015	1.82 *	0.01	353	1.72 *	0.01	360	0.10 **	2.02
2016	1.63 *	0.01	364	1.71 *	0.01	357	-0.09 **	2.02
Treatment Effect							-0.39	R ² = 0.11

* Significant difference from previous year ($p < .05$).

** Significant differences between Cure Violence and Comparison sites ($p < .05$).

Data Source:
John Jay College Research and Evaluation Center.

Note:

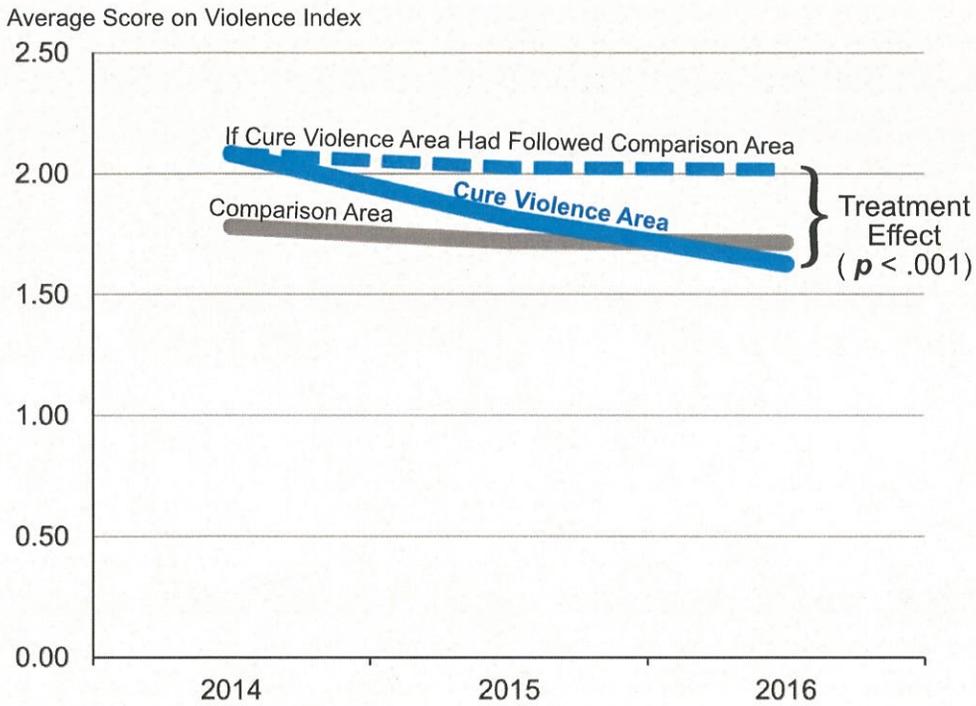
Each table represents the results of a regression analysis. Mean coefficients are the predicted values of each social norm index controlling for time (–), treatment (+), respondent's age (–), current employment (–), being personally "shot at" or stabbed (+), police encounters (i.e., "stop & frisk") (+), perceptions of safety (–), trust in police and other public safety organizations (–), trust in community institutions (–), seeing or hearing guns in the neighborhood (+), reporting typical bedtime after 2 AM (+), witnessing threats on social media platforms (+), and site-specific effects using a series of dummy variables.

Young men living in neighborhoods with Cure Violence programs reported sharper reductions in their willingness to use violence compared with young men in similar areas without programs. Regression models explained 33 percent of the total variance in norms related to serious disputes and 11 percent of total variance in norms related to petty disputes. While norms also shifted in areas without Cure Violence, the differences in the shifts were significant and favored the intervention areas.

When displayed graphically, the results show the treatment effect of Cure Violence on social norms. In both petty conflicts (Figure 1) and serious conflicts (Figure 2), the young male respondents in Cure Violence neighborhoods demonstrated steeper declines in their support for violence. By 2016, the attitudes and norms of respondents in Cure Violence areas had fallen below the levels reported by respondents in comparison areas without Cure Violence.

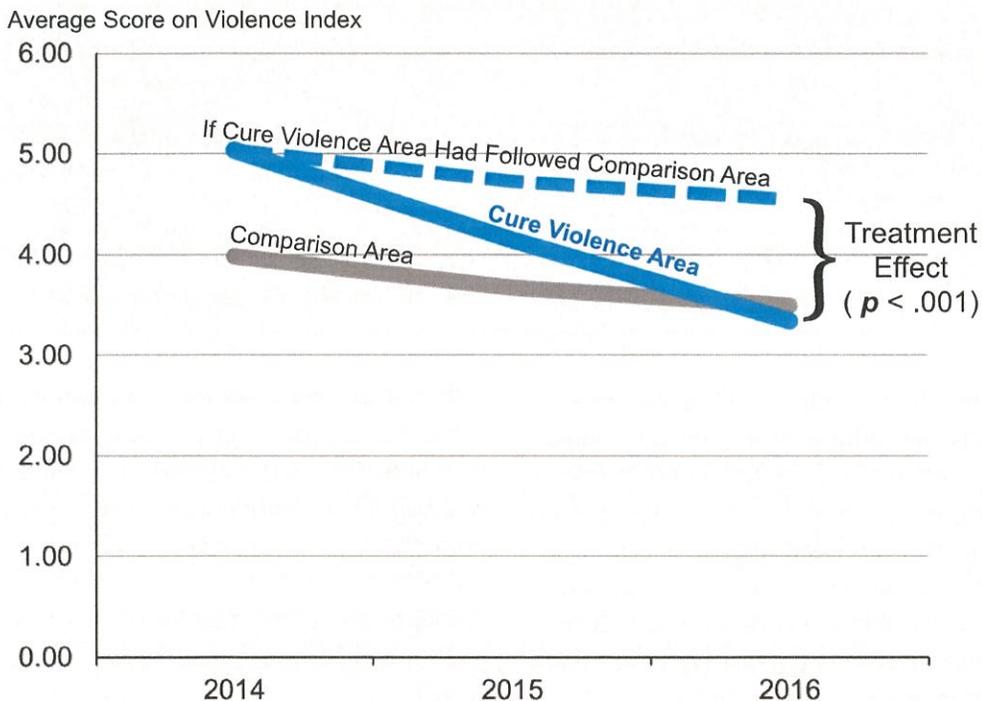
Figure

1 Treatment Effect on Social Norms Supporting the Use of Violence in Hypothetical **Petty Disputes**



Figure

2 Treatment Effect on Social Norms Supporting the Use of Violence in Hypothetical **Serious Disputes**



Data Source: John Jay College Research and Evaluation Center.

Violent Acts

The study's analysis of shooting victimizations and gun injuries in all four neighborhoods also suggests that Cure Violence contributed to declining gun violence in the two intervention areas (Table 7).

Results of an ARIMA analysis show a significant break in the time series of gun injuries in both treatment sites as measured by patient visits to hospitals and emergency departments. In the South Bronx Cure Violence site, the analysis revealed significant declines in shooting victimizations, while shootings in East New York did not drop enough to reach statistical significance.

Smaller declines in both indicators were observed in the comparison sites, but none were significantly different from zero. This suggests that the presence of Cure Violence in intervention areas was associated with significant declines in gun violence that may not have occurred otherwise. The analysis suggests a meaningful treatment effect from the introduction of the Cure Violence programs.

The study's review of shooting victimizations and gun injuries suggests that Cure Violence may help to protect the public safety (Figure 3). Gun injury rates fell by half (50%) in East New York while the matched comparison area for East New York (Flatbush) experienced only a five percent decline in the same time period. The area of the South Bronx served by Cure Violence experienced strong and significant declines in both measures of gun violence: a 37 percent decline in gun injuries and a 63 percent reduction in shooting victimizations, compared with 29 and 17 percent reductions in the comparison area (East Harlem).

Of course, other factors could have contributed to these changes, including the efforts of law enforcement and various social service programs. The analyses in this study do not include data about all possible interventions. After controlling for an array of important variables, however, the presence of Cure Violence appears to be a significant influence on levels of community violence.

Table

7 Effects of Cure Violence on Gun Injuries and Shooting Victimizations in New York City Neighborhoods

Changes in Violence as Estimated with ARIMA	Cure Violence Sites		Comparison Sites	
	East New York	SE	Flatbush	SE
Gun Injuries ¹	- 0.032 *	0.012	- 0.002	0.009
Shooting Victimizations ²	- 0.006	0.021	- 0.009	0.015
	South Bronx	SE	East Harlem	SE
Gun Injuries ¹	- 0.065 *	0.029	- 0.012	0.011
Shooting Victimizations ²	- 0.033 *	0.016	- 0.009	0.022

* Significant difference over time. ARIMA parameters (p,d,q) for all sites were (0,0,0).

Data Sources:

- 1) New York State Department of Health (SPARCS);
- 2) City of New York Police Department (NYPD).

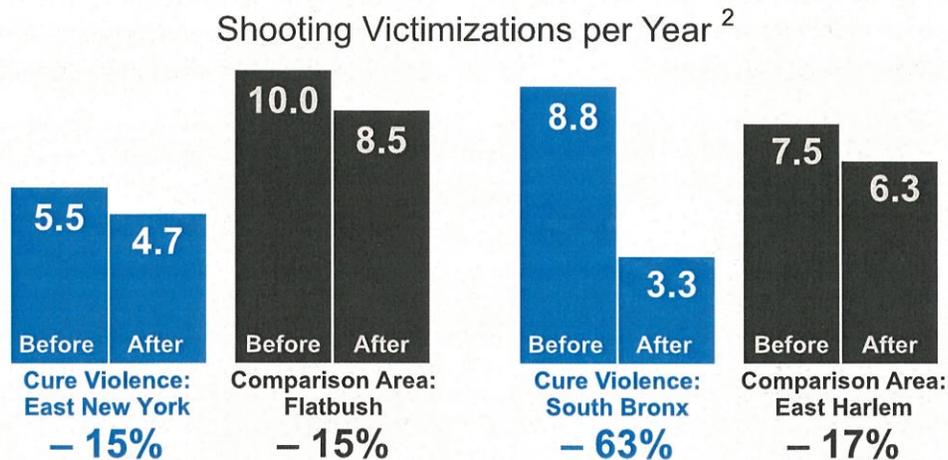
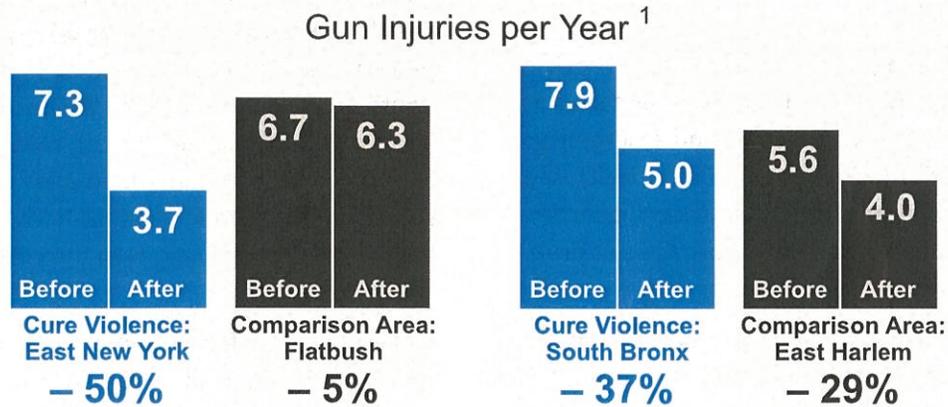
Note:

East New York: Gun injury data were available for 72 months before and after Cure Violence implementation in the intervention area as well as in the comparison area. Shooting data were available for 24 months before and 72 months after Cure Violence implementation in the intervention area as well as in the comparison area.

South Bronx: Gun injury data were available for 96 months before and 48 months after Cure Violence implementation in the intervention area as well as in the comparison area. Shooting data were available for 48 months before and after Cure Violence implementation in the intervention area as well as in the comparison area.

Figure

3 Changes in Gun Injuries and Shooting Victimizations Before and After the Opening of Cure Violence Programs



Data Sources:

- 1) New York State Department of Health (SPARCS);
- 2) City of New York Police Department.

Note:

East New York: Gun injury data were available for 72 months before and after Cure Violence implementation in the intervention area as well as in the comparison area. Shooting data were available for 24 months before and 72 months after Cure Violence implementation in the intervention area as well as in the comparison area.

South Bronx: Gun injury data were available for 96 months before and 48 months after Cure Violence implementation in the intervention area as well as in the comparison area. Shooting data were available for 48 months before and after Cure Violence implementation in the intervention area as well as in the comparison area.

Conclusions

This study provides promising evidence that a public health approach to violence reduction may help to create safer and healthier communities. When compared with similar areas of New York City, gun violence rates declined significantly in two neighborhoods operating programs inspired by the Cure Violence model. In an area of East New York, Brooklyn, gun injuries fell 50 percent (from 44 to 22) following the implementation of a type of Cure Violence program. One South Bronx neighborhood experienced 35 shooting victimizations in the four years before Cure Violence opened, but just 13 in the first four years after the program launched. Finally, and perhaps most importantly, young men in neighborhoods with Cure Violence programs reported declining support for violence as a means of settling personal disputes, and the relative size of this change was better than it was among young men from similar neighborhoods without Cure Violence programs.

References

- Boyle, Douglas J., Jennifer L. Lanterman, Joseph E. Pascarella, and Chia-Cherng Cheng (2010). **The impact of Newark's Operation Ceasefire on trauma center gunshot wound admissions.** *Justice Research and Policy*, 12(2): 105-123.
- Butts, Jeffrey A., Caterina Gouvis Roman, Lindsay Bostwick, and Jeremy Porter (2015). **Cure Violence: a public health model to reduce gun violence.** *Annual Review of Public Health*, 36: 39-53.
- Chatfield, Chris (2003). **The analysis of time series: An introduction.** Boca Raton: Chapman and Hall/CRC Press, division of Taylor & Francis.
- Ljung, Greta M., and George E.P. Box (1978). **On a measure of lack of fit in time series models.** *Biometrika*, 65(2): 297-303.
- Milam, Adam J., Shani A. Buggs, C. Debra M. Furr-Holden, Philip J. Leaf, Catherine P. Bradshaw, and Daniel Webster (2016). **Changes in attitudes toward guns and shootings following implementation of the Baltimore Safe Streets intervention.** *Journal of Urban Health*, 93(4): 609-626.

Limitations

This study relied on a quasi-experimental design with a data-driven, but non-statistical matching strategy. The South Bronx and East Harlem areas were well-matched on most socioeconomic and crime indicators. East New York and Flatbush, on the other hand, were less than ideal matches, as gun violence rates and other indicators of socioeconomic disadvantage were somewhat different. Ideally, studies of community-level interventions should use stringent matching procedures (e.g., propensity scores) to detect differences between areas with and without interventions. This strategy would better account for potential confounding influences and allow for direct estimation of effects across neighborhoods.

The ARIMA models used in the study are only able to detect breaks in a single time-series (trend) and traditional regression tests, such as difference-in-difference, latent growth curve, or panel regression, were not possible in this study of community-level differences because of the small sample size (i.e., N=4).

At Time 1 in the comparison of social norms (2014), both Cure Violence neighborhoods showed higher scores on the survey index of support for violence. This was not unexpected, of course, because the selection of treatment areas was appropriately biased towards the neighborhoods most in need of intervention.

Finally, the research team began measuring social norms after the programs were already established in the two Cure Violence communities. Thus, the study lacks a true baseline (pre-intervention) measure of social norms. This weakness will be addressed in subsequent reports from the research team. A forthcoming report focuses on two other New York City Cure Violence sites where the Robert Wood Johnson Foundation provided funding for data collection in advance of the programs' launch.



520 Eighth Avenue, New York, New York 10018
p. 646 386 3100
f. 212 397 0985
courtinnovation.org

Research. Development. Justice. Reform.

Greg Berman. Director

Center for Court Innovation Testimony
New York City Council
Committee on Public Safety
Reducing Gun Violence
September 9th, 2019

Dear Chairman Richards and members of the Public Safety Committee, my name is Ife Charles and I am the Director of Anti-Violence Programs for the Center for Court Innovation (“Center”). I am here today to testify for the Center in support of community-based anti-violence programs.

At the Center, we have years of experience on the ground- working to combat violence in places like Brownsville, Crown Heights, and the South Bronx. Our work has three basic elements.

First is a commitment to taking a public health approach to combatting violence. The Center was the first to use the Cure Violence model in the City, and now has more than fifty staff engaging community members with first-hand knowledge of the streets as outreach workers and violence interrupters. Through block parties and fish fries and art exhibits, we are also rallying local residents to send a clear and unambiguous message that violence is unacceptable.

The second principle for us is a commitment to developing the potential of our young people. We need to provide young people with the structure, support and positive relationships that they need to thrive and flourish. This means offering young men who have suffered trauma

with counseling that addresses their unique experience. This means providing paid internships so that teens can learn to turn their interests in fashion and music and technology into marketable skills. And it means tapping into the innate potential of young people by encouraging them to serve as community organizers and youth court members and other leadership roles

The third thing we do at the Center is listen to the research that tells us that crime tends to cluster in just a handful of places within any given neighborhood. Building on this insight, we are working alongside local residents to transform neglected spaces and neighborhood hot spots into vibrant gathering places. For example, in Brownsville, we have worked with local businesses and community groups to transform Belmont Avenue. Through public art, new seating, and improved lighting, a shopping corridor that had fallen into disrepair has not just been revived – it has become a source of community pride and a home for dozens of neighborhood events.

All of these efforts, and many more that I do not have time to describe, are built on a commitment to community engagement and a belief in human dignity and the capacity for change. These are not just lofty ideas. They are the basis for real-life programs that work. In 2017, an independent evaluation of our violence reduction programs by the John Jay College of Criminal Justice found steep declines in shootings and significant improvements in local attitudes toward violence.¹ We are committed to continuing and expanding this work in the days ahead.

We thank the City Council for its support of our work and we thank the committee members, for gathering input from the community and other stakeholders on this important issue. I am happy to answer any questions you may have.

¹ <https://johnjayrec.nyc/2017/10/02/cvinsobronxeastny/>

SHELTERING 18 ARMS 31

Children and Family Services

Embracing Hope *and* Building Futures *for* Generations

Testimony Delivered by Andre Brown
Outreach Worker for Rock Safe Streets, a program of Sheltering Arms
Prepared for the New York City Council
Committee on Public Safety jointly with the Committee on Juvenile Justice
Oversight Hearing
Reducing Gun Violence: The Relationship Between Law Enforcement and Community
~~June 25th~~, 2019
Sept. 9

Good Morning, my name is Andre Brown, I am an Outreach Worker for Rock Safe Streets, a Cure Violence program in Far Rockaway that is operated by Sheltering Arms. Thank you for the opportunity to testify before you today.

Sheltering Arms is one of the City's largest providers of education, youth development, and community and family well-being programs for the Bronx, Manhattan, Brooklyn, and Queens. We serve more than 15,000 children, youth, and families each year. Our Cure Violence program, Rock Safe Streets, was launched with City Council investment in 2015 in response to historic violence in the Rockaway community. Council Member Donovan Richards, who grew up in Rockaway, has spoken about hearing gun shots every night in the era when Edgemere was known as Edge-Fear.

I was born, raised, and still reside in Far Rockaway. Growing up in Rockaway, gun violence was an everyday norm. We had crews who would be at war for the reason of money, and people killed each other to provide for their families. I, myself, was one who was into the use of guns to the point where I had to be removed from my family for five years. Now, gun violence is all gang-based; it's about this color that color, this area that area, and the youths honestly feel that it's fine to shoot at each other just because of where they are from or who they are with.

Cure Violence programs like Rock Safe Streets have proven to be highly effective in the communities where we operate. Rock Safe Streets has been in the community for nearly five years now, and in that time we have connected youth to 250 jobs for their summer and winter work programs; conducted 805 violence interruptions, 600 mediations, and 457 community events; and we have helped reduce shootings in the worst part of Far Rockaway by 90%. We have been hard at work fighting for the future of our community.

One of our female participants came to us with anger management issues and had been stabbed and cut up very badly a few years prior. She was mentored by one of our female staff members who had recently graduated from college, and over the course of two years and much

hard work, the participants' mindset and attitude began to change. She began to see possibilities for herself. She interned with us as a Violence Interrupter and was surrounded by positive influences who reminded her what was possible. She secured a job at the Brownsville cornerstone program working with 5- and 6-year-olds, and has even applied for college.

Our program is effective because we are deeply grounded in our community, and because our work is built on the trust between us as staff who are from the community and have been through the system, and our participants. Our communities need programs like Rock Safe Streets that provide youth with mentors who come from the same streets they are part of. Our communities need people and organizations who truly care for the community and who truly want change for the community. If the youths have people who are there to listen to them when they speak, then the youths will listen when they are spoken to.

The City must continue to invest in programs like Rock Safe Streets in order to achieve the peace- and opportunity-filled future we are all fighting for in our communities.

Thank you for the opportunity to speak to you today. I am happy to answer any questions you may have.

Andre Brown
Outreach Worker
Rock Safe Streets, Sheltering Arms



**BROOKLYN
DEFENDER
SERVICES**

FOR THE RECORD

TESTIMONY OF:

Ronald Schneider, Social Work Team Leader, Adolescent Representation Team

BROOKLYN DEFENDER SERVICES

Written with: Kathleen McKenna, Policy Social Worker, and Lisa Salvatore, Supervising Attorney, Adolescent Representation Team

Presented before

The New York City Council Committees on Public Safety and Juvenile Justice

Oversight Hearing – Reducing Gun Violence: The Relationship Between Law Enforcement and Community Based Solutions

September 9, 2019

My name is Ronald Schneider and I am the Social Work Team Leader of the Adolescent Representation Team at Brooklyn Defender Services (BDS). BDS provides multi-disciplinary and client-centered criminal, family, and immigration defense, as well as civil legal services, social work support and advocacy, for over 30,000 clients in Brooklyn every year. I thank the City Council Committees on Public Safety and Juvenile Justice for the opportunity to testify today about the relationship between law enforcement and community based solutions to gun violence.

Following the recent and devastating shooting at Brownsville's Old Timers Day, there has been heightened attention to the occurrence of gun violence in New York City. While some are calling for increased policing, we are encouraged by the Council holding this hearing to explore community based solutions to violence. In the aftermath of the Brownsville shooting, Councilmember Alicka Ampry-Samuel publically called for community accountability and healing coupled with an investment in youth, education, and employment. BDS echoes this sentiment, recognizing that the Brooklyn communities with the highest rates of violence are already the most surveilled by NYPD. We call on the City Council to consider investing in programming that addresses gun and other violence as a public health issue as well as addressing the harm of police profiling and surveilling in low-income, Black and Latinx, and immigrant communities.

involvement and utilize our experience to help our clients avoid court when possible and identify alternative solutions to meet the complex needs of community residents. In addition to providing people with greater access to direct legal and social work services locally, we work with community partners on systemic reform and policy issues that have an important impact on our clients' ability to access justice and achieve fair results.

Recommendations

I. Increase funding for organizations using the Cure Violence model

In 2012, the city launched the Cure Violence initiatives, which are “data-driven, research-based, community-centric approach to violence prevention.”⁴ At its most effective, the strategy leverages the experiences of young men of color, many of whom are former gang members, to act as “credible messengers” of an anti-violence message and “violence interrupters” to prevent and reduce gun and gang violence. Community-based organizations working under the Cure Violence model employ “violence interrupters” and outreach workers from the community who have themselves experienced violence and also have strong relationships with young adults, community leaders, and service providers.⁵ Violence interrupters stop conflicts before they happen, and outreach workers redirect the highest-risk youth away from life on the streets and the criminal system. All of this is done by unarmed community members, who value every person's right to security and protection from harm.

I had the privilege of shadowing a credible messenger in the community. This credible messenger—a formerly incarcerated community member—was able to meet people in the streets, identify situations that may lead to violence, and leverage his own expertise and experience to diffuse a potentially dangerous situation. Through conversation, an unarmed community member was able to interrupt a situation before it became violent. This program directly prevents violence and prevents more young people from being caught up in the criminal legal system. It is critical that the City continue to invest in these programs.

II. Provide Alternative to Incarceration and pre-plea diversions for gun charges

BDS is fortunate to have great relationships with several alternative to incarceration programs that provide many of our adolescent clients with holistic services. For our clients facing charges of alleged gun possession, however, there are only two available alternative to incarceration programs: Youth and Congregations in Partnership (YCP) and Project Redirect. Both are run by the Brooklyn District Attorney's (DA) office and require the consent of the DA's office for admission. There is really no clear criteria used to determine eligibility for these programs and the process for acceptance is unilateral and highly secretive. Once a young person is fortunate enough to be found eligible, that person usually faces prison time and a permanent felony record if they are unsuccessful in the program. However, these programs usually allow for defendants to

⁴ For more information, visit cureviolence.org

⁵ Samuel Lieberman, Former gang member try to snuff out violence in NYC, Vice, March 25, 2015, available at https://www.vice.com/en_us/article/kwxeam/former-gang-members-are-trying-to-snuff-out-violence-in-new-york-city-325.

Our city's schools need to shift to a culture where school staff, not police, take the lead in addressing and preventing student misbehavior. That shift requires a thoughtful and systematic financial investment and philosophical commitment to whole-school approaches that promote positive school climates. When schools utilize preventive, restorative approaches that focus on conflict resolution and diffusing problems early, there is an increase in both student social emotional and academic growth.⁹ The programs are also linked with a reduction in school violence.¹⁰

IV. **Reallocate resources to support, rather than profile, marginalized communities**

The city should shift resources away from policing low income neighborhoods and toward providing the support that individuals, families, and communities need to thrive. Investment in job development programs, afterschool programs, and positive activities young adults must be our priority.

Thank you for considering my comments. If you have any questions, please feel free to reach out to Kathleen McKenna, Policy Social Worker, at 718-254-0700 ext. 210 or kmckenna@bds.org.

⁹ Thalia Gonzalez, Keeping Kids in Schools: Restorative Justice, Punitive Discipline, and the School to Prison Pipeline, 41 J.L. & Educ. 281 (2012).

¹⁰ David R. Karp & Beau Breslin, Restorative Justice in School Communities, 33 Youth & Society 249-72 (2001).

September 9, 2019

New York City Council
Committee on Public Safety

RE: Oversight - Reducing Gun Violence: The Relationship Between Law Enforcement and Community Based Solutions (File #: T2019-4990)

Dear Committee on Public Safety:

Exodus Transitional Community (Exodus) is a preventative, re-entry, and advocacy non-profit organization with 20 years' experience serving New Yorkers impacted by the justice system. Over 90% of our staff, including myself, are justice-impacted, have obtained the expertise and credentials needed to do this work, and act as Credible Messengers to our participants. Since 1999, we have served over 20,000 people, and currently offer employment services, case management, out-patient substance use treatment, and youth programming, including specialized trauma-informed groups for young people ages 14-24.

Located in East Harlem, one-third of our participants reside in our community. Walking throughout our neighborhood, the disparities are clearly evident. Our communities and young people have experienced intergenerational poverty, normalization of violence, and are in need of trauma-informed approaches and transformative justice practices in order to heal. And, community-based organizations in East Harlem lack adequate resources to address neighborhood concerns.

Most recently, several young people in our community have experienced gun violence. The need for additional allocation of funding to address violence in our communities is great. Credible Messengers and Cure Violence Interrupters have proven to not only best address violence, but also create positive pathways for disenfranchised people to climb the ladder of success for themselves, their families, and their communities.

Hurt people, hurt people. And healed people, heal people. It is our hope that the Committee on Public Safety will work to ensure more credible messenger and cure violence initiatives are funded to scale. We look forward to continuing to working collaboratively to provide our communities with a transformative pathway towards healing.

Thank you for your consideration.

Julio Medina
Founder and Executive Director

2271 3rd Ave, New York, NY 10035
(917) 492-0990 Fax: (212) 722-6669

85 Grand St, Newburgh, NY 12550
(845) 565-2700

97-99 Cannon St, Poughkeepsie, NY 12601
(845) 452-7620

Executive Staff: Julio Medina, Founder, Executive Director & CEO | Kathleen Bernier, Vice President of Operations
Kandra Clark, Associate Vice President of Strategy | Diana Ortiz, Vice President of Wellness Center & Contracts
Nora Reissig, Vice President of Development & Programs

Board of Directors: Rev. Dr. Lonnie McLeod, *President Emeritus* | Robert Hall, *Chairman Emeritus* | Michael Luciano, *Chairman Interim*
Wayne Atwell | Michele Davila | John Gilbert | David Hobert | Ruedi Laager | Yumari Martinez | Ashely Morrissey | Ashish Prashar
Katina Rojas Joy | Joe Turner



TO: Members of the Public Safety and Juvenile Justice Committees
FROM: Ari Freilich and Brittany Nieto, Giffords Law Center
DATE: September 9, 2019
RE: Hearing on Reducing Gun Violence: The Relationship Between Law Enforcement and Community Based Solutions

Chair Donovan J. Richards, Chair Andy King, and Members of the Public Safety and Juvenile Justice Committees:

Giffords Law Center to Prevent Gun Violence, the legal arm of the gun violence prevention organization led by former Congresswoman Gabby Giffords, thanks the Public Safety and Juvenile Justice Committees for holding this important hearing and submits this testimony to provide information and express support for research-backed, community-driven solutions to the gun violence epidemic. These strategies enable communities to proactively respond to violence and have been successfully implemented in communities across the country including in the city and state of New York.

New York's Investment in Community-based Solutions is Saving Lives

Over the last decade, New York City and State have made significant and effective investments in evidence-based strategies to reduce gun violence. The state began funding these intervention and prevention programs in 2009 with the launch of Operation SNUG (guns spelled backward) and bolstered this investment by creating the Gun Involved Violence Elimination Initiative (GIVE) in 2014.¹

While formal evaluations of GIVE and SNUG are pending, there are early indications that the community-driven solutions supported by these grant programs are making New Yorkers safer from gun violence. Between 2010 and 2017, the total number of homicides in New York State declined by over 35%,² while the gun homicide rate fell by a remarkable 41%.³

Individual GIVE and SNUG sites have also witnessed significant reductions in firearm-related violent crime. For example, since GIVE launched in 2014, nonfatal shootings are down more

¹ *Governor Cuomo Announces Funding Available to Combat Gun Violence in 17 Communities Across New York State*, New York State, Feb. 11, 2014, <https://www.governor.ny.gov/news/governor-cuomoannounces-funding-available-combat-gun-violence-17-communities-across-new-york>.

² *Crime, Arrest and Firearm Activity Report*, New York State Division of Criminal Justice Services, accessed June 7, 2019, <https://www.criminaljustice.ny.gov/crimnet/ojsa/greenbook.html>.

³ *Fatal Injury Data*, Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), accessed Dec. 17, 2018, <https://www.cdc.gov/injury/Wisqars>.

than 80% and firearm-related violent crimes have fallen by more than 20% in the City of Newburgh, the location of one of the state's most well-coordinated efforts.⁴

Statewide, there were nearly 250 fewer victims of gun violence in GIVE communities since 2015, and as of 2018, non-fatal shootings in GIVE counties are down 15% while firearm-related violent crime has fallen at one and a half times that rate.⁵

Operation SNUG, which serves as the outreach component of New York State's violence prevention strategy, has also seen signs of success. Between 2014 and 2016 shootings in precincts covered by one SNUG funded site operating out of the Jacobi Medical Center witnessed a nearly 60% decline in shootings.⁶

This site implements the Cure Violence model, a public health approach to addressing violence that identifies individuals in a given area who are most at risk for involvement in gun violence and then uses culturally competent case managers, preferably with similar lived experiences, to work directly with these individuals to help create behavior change, address the root causes of violence, and interrupt cycles of retaliatory conflict.

The model is implemented in six neighborhoods in New York City, however, the Jacobi Medical Center site is the only GIVE or SNUG funded Cure Violence program in the city. The remaining five program sites are funded through the City of New York and private sources.⁷

New York City has provided funding to implement the Cure Violence strategy since 2012,⁸ though some community based organizations have followed the model for over a decade.⁹ Since New York City began supporting and engaging in community-based violence reduction efforts gun violence has declined precipitously. In fact, between 2012 and 2013, New York experienced the largest single year decline in shootings and gun homicides in at least half a decade.¹⁰

In 2017, these groups received \$22.5 million of funding, in "coordination with the mayor's office and support from law enforcement in reducing crime."¹¹ That year, once again, gun violence in

⁴ *Crime, Arrest and Firearm Activity Report*, New York State Division of Criminal Justice Services, accessed June 7, 2019, <https://www.criminaljustice.ny.gov/crimnet/ojsa/greenbook.html>; see also Tina Rosenberg, *Taking Aim at Gun Violence with Personal Deterrence*, N. Y. Times (Apr. 3, 2018), <https://www.nytimes.com/2018/04/03/opinion/gun-violence-personal-deterrence.html>.

⁵ *Crime, Arrest and Firearm Activity Report*, New York State Division of Criminal Justice Services, accessed June 7, 2019, <https://www.criminaljustice.ny.gov/crimnet/ojsa/greenbook.html>.

⁶ Data provided by Cure Violence.

⁷ "Cure Violence New York – (SNUG State and Cure Violence NYC Sites)," Cure Violence, accessed September 6, 2019, <http://cureviolence.org/partners/us-partners/snug/>.

⁸ Jeffrey A. Butts, Kevin T. Wolff, Evan Misshula, and Sheyla Delgado. "Effectiveness of the Cure Violence Model in New York City." (2015), <https://johnjayrec.nyc/wp-content/uploads/2015/01/researchbrief201501.pdf>.

⁹ J. Brian Charles, "A Plan to Combat Gun Violence That Doesn't Focus on Guns," *Governing*, August 29, 2017, <https://www.governing.com/topics/public-justice-safety/gov-new-york-cure-violence-gun.html>.

¹⁰ New York Police Department, "NYPD Shooting Incident Data (Historic)," NYC Open Data, accessed September 3, 2019, <https://data.cityofnewyork.us/Public-Safety/NYPD-Shooting-Incident-Data-Historic-/833y-fsy8>.

¹¹ J. Brian Charles, "A Plan to Combat Gun Violence That Doesn't Focus on Guns," *Governing*, August 29, 2017, <https://www.governing.com/topics/public-justice-safety/gov-new-york-cure-violence-gun.html>.

New York City rapidly declined. Shootings and gun homicides reached the lowest level the city has seen since it began tracking shooting data in 2006.¹²

Independent evaluations by the John Jay College of Criminal Justice Research and Evaluation Center also support the efficacy of Cure Violence in New York. The center's evaluation found that, "[w]hen compared with similar areas of New York City, gun violence rates declined significantly in two neighborhoods operating programs inspired by the Cure Violence model." More specifically, "gun injury rates fell by half [50%] in East New York while the matched comparison area for East New York (Flatbush) experienced only a 5% decline in the same time period. The area of the South Bronx served by Cure Violence experienced strong and significant declines in both measures of gun violence: a 37% decline in gun injuries and a 63% reduction in shooting victimizations, compared with 29% and 17% reductions in the comparison area (East Harlem)."¹³

As of Fiscal Year 2019, New York City is contributing \$34 million dollars in funding to violence prevention and intervention efforts. New York's substantial, sustained investments have paid off, with the number of shootings and homicides in New York City declining every year since 2014.

Thanks to a combination of strong gun laws and a commitment to supporting community-driven solutions, as of 2017, the State of New York's gun homicide rate was the 11th-lowest in the nation, marking a more than 15-year low in the state's rate of gun homicide.¹⁴ For states with a population greater than two million, New York now has the nation's third-lowest gun homicide rate.¹⁵

To continue this substantial progress, Giffords Law Center would support City and State increases in investment in community-based gun violence prevention efforts, enabling these services to reach more people and further reduce shootings and gun homicides throughout the city.

Addressing Serious Violence with a Public Health Framework

Interpersonal gun violence and concomitant trauma disproportionately impact communities of color. In 2017, black New Yorkers made up 20% of the population, but accounted for two-thirds of all gun homicide victims.¹⁶ Latinx residents experience firearm-involved killings, on average,

¹² New York Police Department, "NYPD Shooting Incident Data (Historic)," NYC Open Data, accessed September 3, 2019, <https://data.cityofnewyork.us/Public-Safety/NYPD-Shooting-Incident-Data-Historic-/833y-fsy8>.

¹³ Sheyla A. Delgado, et al, "The Effects of Cure Violence in the South Bronx and East New York, Brooklyn," John Jay College of Criminal Justice Research and Evaluation Center (Oct. 2017).

¹⁴ Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2017, on CDC WONDER Online Database, accessed December 20, 2018, <http://wonder.cdc.gov/ucd-icd10.html>.

¹⁵ Id.

¹⁶ *Fatal Injury Data*, Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), accessed Dec. 17, 2018, <https://www.cdc.gov/injury/Wisqars>.

at four times the rate of white residents.¹⁷ A small percentage of individuals are responsible for the vast majority of serious violence. Programs that provide the highest risk individuals with timely interventions are most likely to succeed.

When adequately funded, community-based violence intervention programs like Cure Violence interrupt cycles of street violence and retaliation. They do so by proactively mediating conflicts and providing intensive services, counseling, and peer support to individuals at the greatest risk of perpetrating and/or being victimized by gun violence.

Public health strategies must remain a central component of New York City's response to community violence. Investing in programs proven to reduce violence in impacted communities is an issue of public health, safety, and basic equity.

Similar Investments in Other States Have Contributed to Reductions in Shootings

In 2016, Giffords Law Center released a report in partnership with the PICO National Network and the Community Justice Reform Coalition, highlighting New York—along with Massachusetts and Connecticut—as model states that have achieved reductions in gun homicide rates¹⁸ by pairing strong regulation of firearm supply with stable investments in prevention and intervention programs that address the demand side of the equation.

In recent years, Massachusetts has spent at least \$2¹⁹ per capita on its targeted violence prevention programs annually. This investment has contributed to significant reductions in violence in the state that now has one of the lowest gun homicide rates in the country.²⁰ Between 2011 (when Massachusetts increased its investment in these approaches) and 2016, Massachusetts's gun homicide rate fell by 31%, while gun homicides increased by 28% nationally.²¹ This success was driven by a 47% decrease in gun homicide rates among 14 to 24-year-olds.²²

This Investment Has Generated Significant Savings for New York Taxpayers

These investments in community-based strategies to reduce violence are highly cost-effective. Researchers in Massachusetts calculated that state taxpayers saved up to \$7.35 for every

¹⁷ *Id.*

¹⁸ See Giffords Law Center to Prevent Gun Violence, *Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence* (Dec. 2017), at <http://lawcenter.giffords.org/wp-content/uploads/2017/12/Investing-in-Intervention-12.18.pdf>. According to CDC Fatal Injury Reports for 2015-16, Massachusetts, New York and Connecticut's age-adjusted gun homicide rates were 83%, 73%, and 73% below Maryland's, respectively.

¹⁹ Massachusetts's Safe and Successful Youth Initiative, Shannon Community Safety Initiative grants, and Department of Public Health Youth Violence Prevention Program grants provided at least \$13.6 million in grant funding in FY 2016.

²⁰ See Giffords Law Center to Prevent Gun Violence, *Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence* (Dec. 2017), at <http://lawcenter.giffords.org/wp-content/uploads/2017/12/Investing-in-Intervention-12.18.pdf>.

²¹ Based on CDC Fatal Injury Reports, available at <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>.

²² *Id.*

dollar invested in the state's public health-oriented youth violence reduction program, the Safe and Successful Youth Initiative.²³

Such savings are possible because gun violence imposes enormous human, moral, and fiscal burdens. Cost estimates relied on by the Centers for Disease Control and Prevention (CDC) indicate that gun violence costs New York more than \$2 billion in direct costs like healthcare and criminal justice expenses every year.²⁴ Factoring in the reduced quality of life attributable to pain and suffering, the overall estimate of the economic cost of gun violence on New York State is upwards of \$5.6 billion annually, but a continued investment in community-based programs like GIVE and SNUG will help to continue to stem the tide—saving lives and taxpayer dollars.²⁵

We strongly support research-backed, community-driven approaches as an important way to help make our families and communities safe and free from the devastating human and financial cost of interpersonal gun violence.

Sincerely,

Ari Freilich

²³ Patricia E. Campie, et al., *Massachusetts Safe and Successful Youth Initiative, Benefit-to-Cost Analysis of Springfield and Boston Sites*, American Institutes for Research and WestEd, Nov. 26, 2014, <http://www.air.org/sites/default/files/downloads/report/Benefit%20to%20Cost%20Analysis%20of%20Boston%20and%20Springfield%20SSYI%20Programs.pdf>.

²⁴ *The Economic Cost of Gun Violence in New York*, Giffords Law Center to Prevent Gun Violence, <https://lawcenter.giffords.org/wp-content/uploads/2018/01/Cost-of-Gun-Violence-in-New-York-1.22.18.pdf>.

²⁵ *Id.*

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Juan Ramos

Address: P.O. Box 110831, Brooklyn NY 11211

I represent: The Wick Against Violence

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: ERICA FORD

Address: 111-12 Setphen

I represent: Life Camp Inc

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: ORESA NAPPER WILLIAMS

Address: BROOKLYN

I represent: Not Another Child

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Hugh Haywood

Address: QUEENS

I represent: CMS WORK

Address: 111-12 Suptrol Blvd

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/9/19

(PLEASE PRINT)

Name: Peter Kostmayer

Address: 77 Water St

I represent: Citizens Committee of NYC

Address: 77 Water St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Carolyn Dixon

Address: 156-18 107th Ave

I represent: Where Do We Go From Here Inc

Address: 156-18 107th Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: NATASHA CHRISTOPHER

Address: 114 Autumn Ave

I represent: 67th Pct Public Coalition

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-9-19

(PLEASE PRINT)

Name: Pamela Healy

Address: 1115 FDR Drive

I represent: A Mother that Lost two sons

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/19/19

(PLEASE PRINT)

Name: K. Bain

Address: 10-31 41st Ave, LIC, 11101

I represent: 696 Build Queensbridge

Address: same

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)
Name: Rev. Wendy Calderon Payas

Address: Bronx Canal

I represent: 432 E 149th St

Address: BRONX

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-9-19

(PLEASE PRINT)
Name: JAVIER LOPEZ

Address: Red Hook Initiative

I represent: Red Hook Initiative

Address: Hicks Street BK NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-9-19

(PLEASE PRINT)
Name: Assistant Chief James Essig

Address: _____

I represent: NYPD

Address: 1 Police Plaza, NY, NY 10038

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-4-19

(PLEASE PRINT)

Name: Assistant Chief Michael Lipetri

Address: _____

I represent: NYPD

Address: 1 Police Plaza NY, NY 10038

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Jessica Motich

Address: _____

I represent: OPGV/MOCJ

Address: 1 Centra St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Ronald Schneider

Address: _____

I represent: Brooklyn Defender Services

Address: 177 Livingston, Brooklyn

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Eric Cumberbatch

Address: _____

I represent: Office for Prevention of Gun Violence

Address: 1 Centre St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/8/19

(PLEASE PRINT)

Name: JAMES DOBBINS

Address: 2 LINCOLN HOSPITAL

I represent: GUNS DOWN LIFE UP

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-22-2019

(PLEASE PRINT)

Name: Dorian Miller

Address: 15 COLUMBUS PLACE

I represent: GMACC

Address: 5712 Church Ave

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: Sept. 10th

(PLEASE PRINT)

Name: Rashawn Brown

Address: 767 Blake Ave

I represent: G-macc inc

Address: 5712 Church Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 9/9/2014

(PLEASE PRINT)

Name: MR. JOHN ROBINSON

Address: 118 23 152 ST JAMAICA NY 11454

I represent: G.M.A.C.C.

Address: 349 MYRTLE AVE BROOKLYN.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Ife Charles

Address: 520 9th Ave

I represent: Center for Court Innovation

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Shanduke McPhatter

Address: 770 Fulton Street

I represent: G-MACC INC.

Address: 5712 Church Ave 349 Myrtle Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: IESHA SEKOU

Address: 143 W 140th

I represent: Street Corner Resources

Address: 151 W 145th St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9-9-19

(PLEASE PRINT)

Name: Aziza Francois

Address: 151 W 145th

I represent: Street Corner Resources

Address: 151 W 145th

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/9/19

(PLEASE PRINT)

Name: Raymond Defense

Address: 1503 Finlay ave

I represent: Street Corner Resources

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: ANDRE BROWN

Address: 433 BCH 40TH ST

I represent: ROCK GATE STREETS / SHELTERING ARM

Address: 43-15 BEACH CHANNEL DRIVE

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 9/27/76

(PLEASE PRINT)

Name: Michael Clarke

Address: _____

I represent: NYPD

Address: 1 Police Plaza, NY, NY 10028

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: HUGH H HAYWOOD

Address: 219-38 RYAN RD Larchmont NY

I represent: Life Comp & Abuse Community

Address: 111-12 Sutphin Soviet 178-35 51st St Eden

Please complete this card and return to the Sergeant-at-Arms