



2024 Community Violence Fact Sheet

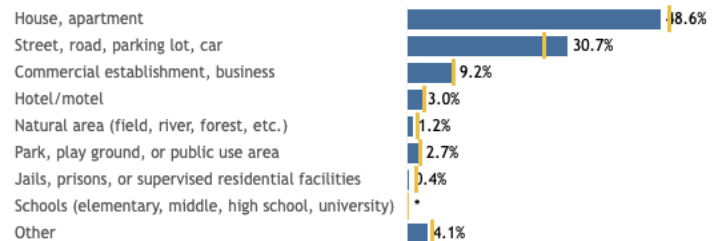
Developed by [Wellstone Collaborative Strategies](#) for Trailhead Institute

Focus 1. Define and Monitor the Problem

Community firearm-related violence is a broad category and includes gang-related violence, violence conducted during another crime, and other homicides.

Below is a summary of the data provided in the [Colorado Violent Death Reporting System](#).

- **10.8%** of firearm-related homicides from 2020-22 were associated with gang violence.
- **72%** of the 1,482 Colorado homicide deaths from 2020-23 were caused by a firearm. The number of annual firearm-related homicides fell by 15% in 2023 from a 2022 peak of 304 fatalities but is still 10% higher than 2020.
- **22 per 100,000** Black or African American Coloradans were killed by firearm-related homicide between 2020-23. This is nearly five times the rate of all Coloradans (4.6 per 100,000), and nearly triple the next highest rate based on race or ethnicity over the same period (Hispanic Coloradans, 8 per 100,000).
- **10.6 per 100,000** 19–24-year-olds were killed by firearm-related homicide between 2020-23. The next highest rates by age are 15–18-year-olds (8.4 per 100,000), 25–34-year-olds (7.7 per 100,000), and 35–44-year-olds (7.0 per 100,000).
- **12.9%** of firearm-related homicide victims used a weapon (2020-22). In 7.3% of cases, drugs were involved.



Focus 2: Develop Understanding of Risk & Protective Factors

Risk Factors: There are a number of risk factors associated at both the individual and environmental levels.

Individual Risk Factors: The following may be individual risk factors:

1. Prior violent victimization.^{i, ii}
2. Substance use, including alcohol.^{i, ii}
3. History of discipline problems.ⁱ
4. Recidivist violent offenders.ⁱ
5. Lack of connection to identity, especially for those with marginalized identities.
6. Below average academic achievement.^{i, ii}
7. Disengaged from the school environmentⁱⁱ or conventional activities.ⁱⁱ
8. History of aggressive behavior in early childhood.^{i, ii}
9. Attention deficits, hyperactivity, poor behavioral control, or learning disorders.ⁱⁱ
10. Low IQ or deficits in social, cognitive, or information-processing abilities.ⁱⁱ
11. High emotional distress, including a sense of fear or lack of safety.ⁱⁱ

Environmental Factors: The following are risk factors related to family, peer relationships, and community:

1. Experience of systemic oppression or marginalization.
2. Intense exposure to oppressive systems (e.g., racism, toxic masculinity).
3. Exposure to violence & conflict in the family. ⁱⁱ
4. Poor family functioning (e.g., authoritarian childrearing; low parental involvement; harsh, lax, or inconsistent discipline; low attachment; low parental education and income; parental substance abuse or criminality). ⁱⁱ
5. Neighborhood characteristics, such as growing up in a neighborhood with persistent violent crime,ⁱ social disorganization, low community participation, high transiency, concentration of poor residents, or diminished economic opportunity. ⁱⁱ
6. Easy access to firearm(s).ⁱ
7. Know someone who has killed or been killed.ⁱ
8. Low-income families, neighborhoods, or communities, especially if concentrated or due to systemic neglect or marginalization.ⁱ
9. Association w/ delinquent peers or gang involvement. ^{ii, iii}
10. Social rejection by peers and other social isolation, potentially leading to a disconnection from reality. ⁱⁱ
11. Stressful event paired with perception of need to retaliate (e.g., provocation, disrespect, someone close to the perpetrator being killed or injured, etc.).ⁱ

Protective Factors: These protective factors emerged from 2023 Roundtable discussions:

1. High educational and economic/job aspirations.
2. Positive social orientation.
3. Connectedness to others in the community (i.e., family or adults outside the family household), including mentors, peers and others.
4. Family involvement.
5. Involvement with social activities.
6. Positive school climate.
7. Close relationships with non-deviant peers.
8. Access to community and relevant community services (e.g., mental and behavioral health care, community gathering sites, etc.).
9. Healthy connection to self.

Focus 3: Engage the Community to Promote Multi-Sector Prevention Strategies

Below are potential strategies identified to address firearm-related community violence:

Upstream (e.g., root cause and social determinants of health)

- Invest in and support community renewal.^{iv}
- Support social-emotional skill development, including home visiting, parental training, and building capacity for self-advocacy.^{iv}
- Support for children and families for those with high ACE scores.^{iv}
- Targeted family job / youth programs.^{iv}
- Provide opportunities for youth to engage in relevant non-academic activities.
- Celebrate success stories and build on existing individual and community strengths.
- Enact school discipline reform.^{iv}
- Promote and expand mental health first aid.
- Support cultural identity and resilience, including dismantling oppressive systems and developing cross-cultural respect and understanding.^{iv}
- Support community-directed processes (e.g., Communities That Care model), build and celebrate community power, and empower community self-determination.^{iv}
- Invest in communities to provide economic stability and opportunity for upward mobility.
- Ensure access to (and awareness of) affordable and relevant mental and physical health care & support.

Direct Prevention

- Secure gun retailers.^{iv}
- Build community capacity for self-policing.
- Disrupt gun trafficking.^{iv}
- Employ focused deterrence.^{iv}
- Conduct street outreach (e.g., Cure Violence).^{iv}
- Reduce illegal gun access.
- Employ environmental design to prevent violence (e.g., Crime Prevention Through Environmental Design).
- Enact firearm owner accountability requirements, including license renewal and training.
- Promote and expand education on firearm safety.
- Increase awareness of and ease of access to resources (e.g., one-stop-shop centers, door-to-door resources).
- Use victim impact panels.^v

Intervention

- Provide behavioral / family therapy to address troubled teens.^{iv}
- Proactive community policing in persistently violent areas.^{iv}
- Employ emergency room and other hospital interventions, such as At-Risk Intervention and Mentoring, community-based violence intervention programs, and hospital violence intervention programs.^{iv}
- Use juvenile justice system diversion programs; enhance pipeline to services and resources as an alternative to arrest and citation.^{iv}
- Expand dual response, co-response, and alternative response programs (e.g., Denver STAR program).
- Use Multidisciplinary Team (MDT) interventions.

Preparedness and Response

- Shot spotter.^{iv}
- Retaliation intervention (interrupt transmission; conflict resolution).^{iv}
- Standard response protocols that are equitable, consistent, and community driven.^{iv}
- Training for school staff on conflict resolution, crisis intervention, trauma-informed responses, and active shooters.

Recovery

- Support restorative justice (victim / offender dialogues).^{iv}
- Engage fatality review teams.^{iv}
- Solve murders.^{iv}
- Build police / community trust, including procedural justice training.^{iv}
- Provide trauma supports post tragedy by faith-based institutions (e.g., Safe Haven).^v
- Support community healing and wraparound services.
- Provide relevant and appropriate post-event messaging.
- Provide mental health for grief, loss, and trauma.^v

ⁱ Bushman, B.J., et. al. (2018). [Risk factors for youth violence: Youth violence commission, International Society for Research on Aggression \(ISRA\)](#). *Aggr Behav*, 44: 331-336.

ⁱⁱ Centers for Disease Control, [Risk and Protective Factors, Youth Violence Prevention](#). See link for more details and protective factors.

ⁱⁱⁱ Additional information about risk and protective factors related to gang involvement can be found at the [National Gang Center](#).

^{iv} Bornstein, Jacob. (2023) *Youth Protection in Every Neighborhood Project*. Wellstone Collaborative Strategies.

^v Monroe, Nicole. (2023) Personal communication.

