

The Trauma Response Team: a Community Intervention for Gang Violence

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ABSTRACT *While violent crime has decreased in many cities in the USA, gang-related violence remains a serious problem in impoverished inner city neighborhoods. In Syracuse, New York, gang-related murders and gun shots have topped other New York state cities. Residents of the high-murder neighborhoods suffer trauma similar to those living in civil conflict zones. The Trauma Response Team was established in 2010, in collaboration with the Police Department, health care institutions, and emergency response teams and with the research support of Syracuse University faculty. Since its inception, gang-related homicides and gun shots have decreased in the most severely affected census tracts.*

KEYWORDS *Neighborhood violence, Trauma, Gang violence, Community intervention*

INTRODUCTION

This article presents a case study of a grassroots response to the trauma of neighborhood violence in Syracuse, New York. This response is associated with a significant reduction in both gang-related gunshots and murders. Begun in 2010, the Trauma Response Team (TRT), a group of mostly volunteer residents living in the highest murder neighborhoods, partnered with local police, emergency response teams, healthcare organizations, and faculty of Syracuse University to address the consequences of this violence. The TRT strategies are based on the insight that the trauma that neighborhood residents experience fuels the vengeance that inspires future retaliatory homicides.

Located in Central New York, Syracuse's population of just over 144,000 had an average household income of \$31,459 in 2013, among whom one third live below the federal poverty level.¹ Syracuse has an estimated 27 separate gangs, representing 1472 gang members, operating within its borders.² Syracuse gangs are concentrated

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in economically disadvantaged neighborhoods. The Syracuse Police Department has identified 21 census tracts where most gang violence occurs. The 2010 US Census counted just over 49,000 residents in those census tracts, among whom 53 % are people of color, including 8 % who are Latino.

The Syracuse 2013 per capita murder rate was the highest in New York state.³ Since 2009, Syracuse gang members perpetrated 78 % of all the city's homicides, whereas nationwide, an average 12 % of homicides are gang-related.⁴ In 2003, the Syracuse police started the Gang Violence Task Force to conduct investigations leading to federal prosecutions of suspected gang members. The Gang Violence Task Force is credited with indicting members of the three largest street gangs in Syracuse: Boot Camp, Elk Block Gang, and the Brighton Brigade Gang.⁵ While the Gang Violence Task Force has successfully prosecuted gang members, until the inception of the Trauma Response Team, the suffering of community members was largely ignored.

Gang Definition. The National Gang Center has defined a gang as a “group [that] has three or more members generally aged 12–24. Members share an identity, typically linked to a name, and often other symbols. Members view themselves as a gang, and they are recognized by others as a gang. The group has some permanence and a degree of organization. The group is involved in an elevated level of criminal activity.”⁴ In the USA alone, there are about 30,000 gangs that fit this criterion.*Cycles of Retaliatory Violence.* The trauma that neighbors, co-workers, family members, intimate partners, and friends of gang-related assault or murder victims face includes emotional and somatic symptoms similar to residents in civil conflict situations. Since murders cluster in geographic areas controlled by gangs, residents of those areas often know many of the decedents of neighborhood violence. This trauma in response to murders involves the grief of loss, as well as rumination on the event and the perpetrator, feelings of helplessness to prevent the next murder, secondary trauma, and the uncertainty (and inability to control) when such violence will happen next. The affected people are not simply experiencing grief, which means that traditional grief counseling may inadequately address the harm that they suffer. Traditional grief, such as when a family member dies of cancer, is most often a finite event. Steven Pinker points out that the tit-for-tat of clan or gang violence in which each act is in retaliation for a previous act has been part of human culture for millennia.⁶ Whether in the eighteenth century highland Scotland, the twentieth century Sicily, Bosnia, or Lebanon, or the twenty-first century Congo, a large proportion of murders historically and cross-culturally enacts vengeance for previous acts of violence. Roger Gould documented the extent that peer killing—murder of a social equal such as in gang homicide—in the US cities is up to eight times more likely be an act of retaliatory homicide than due to other causes.⁷ Repeatedly witnessing gang homicides enculturates children into violence, which may lead them to continue the cycle. Vigil notes that explanations of gang violence as a subculture of violence are not sufficient.⁸ He describes cyclical gang violence as rooted in “multiple marginality,” a concept encompassing negatively synergistic layers of discrimination and disadvantage. Viewing gang violence from the perspective of multiple marginality, which focuses on the “what, where, how, why, and with whom [of gang violence], aids in explanations that show dynamic exchanges and interrelationships”.⁸⁽²³¹⁾

Anthropological theories regarding the goals and objectives of gangs and retaliation address what is thought of as the primary “why” of persistent gang

violence. Azar Gat's evolutionary theory explaining fighting in hunter-gatherer societies describes the need for those in pre-state societies to "rely on oneself and one's kin and allies to defend one's own;"⁹⁽⁷⁷⁾ therefore, retaliation when violations occurred "was the principal method either to annihilate the offender or to reestablish deference."⁹⁽⁷⁷⁾ In many ways, the circumstances facing members of pre-state societies, who were required to be self-reliant or rely on allies for "the basic protection of life, property, and the like,"⁹⁽⁷⁷⁾ are similar to the "objectives and goals of the group [which] are established to defend the turf or neighborhood territory and to keep outsiders from threatening or harming its members."¹⁰⁽⁵¹⁷⁾ In circumstances where multiple gangs feud, protection through retaliation serves "to eliminate the rival or re-establish deterrence against him and against others."⁹⁽⁸⁵⁾

Beeghley¹¹ and Pinker⁶ point out that where community members do not trust the criminal justice system to protect them or to fairly adjudicate violent assaults, victims or families of victims are more likely to resort to what Pinker⁶ calls "self-help justice." Kubrin and Weitxer¹² used epidemiological methods to study what they call "cultural retaliatory homicide," which they found to be the most common in neighborhoods where there was economic disadvantage. In those neighborhoods, cultural norms involve informal, non-police-based responses to violence, including retaliatory homicide. Epidemiologist-physician Gary Slutkin applied the methods he previously used to study tuberculosis to neighborhood homicides, which he claims spread like a contagious disease.¹³

Two types of feuding classifications pertaining to clan or gang violence provide insight. "Feuding can be classified as either type A, in which there are no institutionalized means by which compensation can be paid, or type B, where payment or compensation can either prevent a counter killing or stop a feud."¹⁰⁽⁴⁹³⁾ Gangs classified as type A "appear to have much higher homicide rates than type B societies."¹⁰⁽⁴⁹³⁾ The development of the Trauma Response Team reflects an understanding of the lack of mechanisms for breaking cycles of revenge when gang violence is seen as "a process which continually generates conflict."^{14(xxviii)}

Approaches to Reducing Gang Violence. While there are crisis response teams or gang outreach strategies in other localities, most focus on gang member mediation to try to reduce further violence. At the federal level, the FBI has implemented Safe Streets Task Forces (SSTFs) and the National Gang Intelligence Center (NGIC) to address gang-related homicides and violent crimes.⁴ The National Gang Intelligence Center has also provided resources to various gang prevention entities nationwide. In addition to the national efforts to prevent gang violence, individual cities throughout the USA have used a wide array of techniques for preventing violence and gang recruitment of youth. For example, in Denver, Colorado an intervention uses peer groups similar to Alcoholics Anonymous (AA) in efforts to intervene with youth who are affiliated with gangs.¹⁵ A peer group model is used in Chicago through the Cabrini Green Youth Program (CGYP).¹⁶ Another youth intervention, A Second's Chance, simulates the emergency response to a gang shooting, including the resuscitation attempts and the grieving family members' reactions to learning about their loved one's death.¹⁷ Other places where more holistic approaches to gang violence, many based on forming community coalitions, have been used include the Contra County Prevention Program in Northern California,¹⁸ the Little Village Gang Violence Reduction Project in Chicago,¹⁹ the Pulling Levers Intervention in Indianapolis,²⁰ and the SAFER project (Seguridad, Apoyo, Familia, Educacion, y Reursos) in Langley Park, Maryland.²¹ The Ceasefire violence

reduction program in Chicago also uses a coalition model, with outreach “violence interrupters,” who establish rapport with gang members.²²

TRAUMA RESPONSE TEAM: HISTORY AND METHODS

The Trauma Response Team (TRT) began in 2010. The team consists of two full-time and three part-time employees, with nearly 40 volunteers. The TRT members respond to every gang-related, neighborhood homicide that takes place in Syracuse. The volunteers and staff are familiar with the area, most having grown up in the affected communities, and are well known to many of the community members. TRT members have incorporated a comprehensive approach to addressing the homicides as they occur, calming tensions that could lead to retaliation from rival gangs, and offering assistance for trauma that occurs, as well as implementing various prevention programs. The TRT members are all African American and Latino, as are the majority of gang members, as well as the perpetrators and victims of gang violence.

The TRT staff are informed through the Syracuse 911 center of any homicides that take place. Because of the TRT’s close cooperation with the Syracuse police, the TRT Director’s cell phone is linked to the 911 center. Often, the TRT members are informed of homicides directly by community members, even before the 911 center receives a phone call. The TRT Director then dispatches other team members through a phone tree, indicating the scene of the crime at which the team is expected to meet. An estimated 30 % of the time, the TRT arrives at the scene of the crime before the police. Upon arriving, the TRT members then make contact with and identify themselves to the police duty chief. The team estimates that between 25 and 150 people generally crowd around the deceased or injured body. Such large crowds result from the densely populated neighborhoods where most Syracuse gangs operate. Also, a disproportionate number of such fatalities or gun injuries occur in the summer months, in which Syracuse weather is often hot and humid, leading many people living in non-air-conditioned small apartments to spend time outdoors. When gang-related violence occurs, immediately many residents want to know what happened and to whom, so they rush to the scene.

The TRT members begin assisting the police and emergency responders by establishing crowd control. The TRT members actively keep the crowd away from the injured person or persons, so that victims can receive medical attention and the police and forensic investigators can collect evidence. The TRT members are able to accomplish this initial crowd control because they are from the same neighborhood as are the crowd members. Many of the TRT members have grown up on Southside Syracuse and have worked on community and youth development projects, so they are trusted in a way that outsiders would not be trusted. Their knowledge of the community allows them to identify the victim’s family members, who are likely present in the crowd. If the victim’s family is present, the TRT members provide sympathetic support. Specific TRT volunteers or staff are assigned to individual family members, in order to best address their immediate needs at the scene of the crime. TRT support to family members, or those close to the victim, consists of providing water, trying to initiate light conversation, providing comfort, and standing with each deeply anguished person as they begin to process what has happened to their loved one. At times, the crowd consists of those close to both the

perpetrator and the victim, which is a potentially explosive situation. The TRT members remain alert to this possibility and strive to keep tensions at bay if grieving family members instigate fights or try to retaliate at the site of the crime. Sympathetic support and calming of tensions also prevent potential injuries to the police and the first responders on the scene. With the permission of community and family members, the TRT staff and volunteers serve as liaisons between them and the police. After the deceased or injured person has been removed from the scene of the crime, the TRT continues a community assessment. The entire process from the initial phone call regarding the homicide or shooting to the community assessment can take up to 4 h.

In cases where the victim is not deceased and is taken to the hospital, it is common for up to 150 interested family, community members, and witnesses to arrive at Upstate Hospital's Emergency entrance (Syracuse's Level I Trauma Center) parking lot. The TRT members keep the crowd away from the entrance and in the parking lot, while acting as liaisons among the victim's family, friends, police, doctors, nurses, and emergency personnel. They also keep the ambulance bay clear while the gathering crowd waits in the parking lot. They continue communication with the police and emergency department clinicians and social workers. The TRT volunteers and staff remain at the hospital until the crowd disperses. The entire hospital process takes an estimated 2 to 3 hours.

In the days after a homicide or shooting, the TRT coordinates with the group Mothers Against Gun Violence to follow up with the families of victims and perpetrators. They regularly visit a caseload of mothers and other family members, whom they assist with financial needs, such as helping the family to obtain the resources to bury the deceased. In addition, they refer and often accompany such individuals to mental health facilities or to other groups that provide therapeutic care.

In addition to their on-the-scene assistance and follow-up after a crime, the TRT members also conduct prevention activities. For example, they identify hot spots where feuds between gangs are taking place and set up a hot dog grill in that area to discuss prevention and make recommendations to the community about how to deescalate the intensifying feuds. They conduct outreach with community members, including those in gangs, from the affected neighborhoods. This outreach includes both prevention and relationship building in the unfortunate cases when a homicide or shooting occurs. The TRT members also visit schools, neighborhood centers, and youth programs where they promote violence prevention.

EVALUATION

We analyzed secondary data, compiled by the Syracuse Police Department, to evaluate the effect of the TRT in reducing gang violence. Specifically, we examined murders and gun shots fired for the years 2009 to 2013 in the 21 Syracuse census tracts most affected by gang violence. Figure 1 presents murders and Fig. 2 presents gun shots. As indicated in Fig. 1, the proportion of gang-related homicides has decreased by over 20 % (represented by the dashed trend line), whereas non-gang-related homicides have risen by one third (represented by the lower solid trend line in the bottom third of the graph).

Similarly, gun shots have been analyzed over the last 5 years in the same census tracts. The total number of shots fired during this time period have remained relatively flat (represented by the solid trend line in the top third of the graph); the

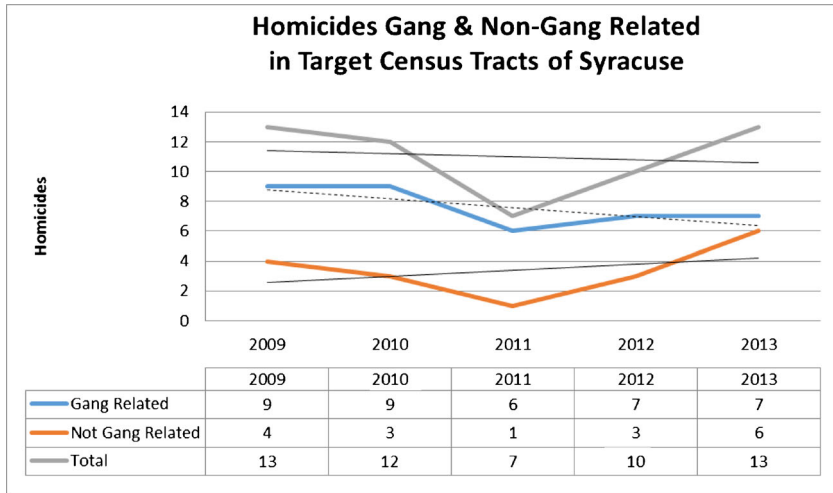


FIG. 1 Gang- and non-gang-related homicides.

gang-related shots fired (represented by the dashed trend line) have declined by over 20 %, whereas the non-gang-related shots fired have increased by nearly half (represented by the lower solid trend line in the graph).

Thus, since the year prior to the inception of the TRT, gang-related murders and gun shots have decreased considerably. An important caveat, however, is that we cannot say precisely that the TRT interventions were responsible for this improvement. The possibility that supports the claim that this improvement results from TRT’s efforts is the time period of the improvement, which maps very well onto the TRT’s activities. The other major city-wide effort to reduce gang violence, the Gang Violence Task Force, was implemented in 2003. A second factor substantiating TRT’s role in the improvement is the unfortunate fact that non-gang-related murders and gun shots overall have increased during this time period,

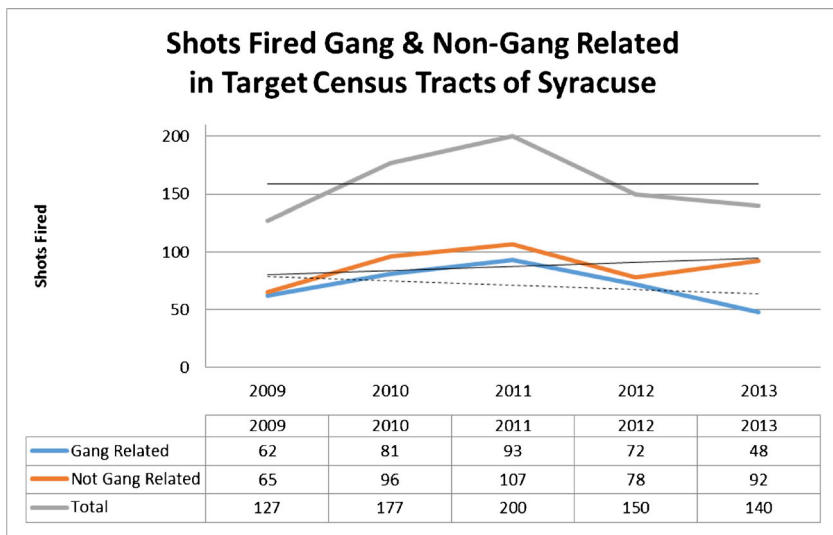


FIG. 2 Gang- and non-gang-related shots fired.

indicating that the improvement in gang-related violence is not simply due to social development and increasing overall safety.

DISCUSSION

The TRT members base their work in the assumption that the unaddressed trauma that members of neighborhoods in Syracuse experience caused by gang violence fuels future retaliatory violence and creates an accepted environment for retaliation. They estimate that up to 200 individuals are affected by each murder, with emotional and somatic symptoms similar to residents in civil conflict situations. Despite the comprehensive care that the TRT provides, there are limitations to their efforts. A majority of their funding is provided by grants and the TRT members are mostly volunteers, whose intensive work may traumatize the volunteers themselves.

Yet, the TRT's comprehensive, community-based intervention is associated with a considerable reduction in homicides and shooting injuries caused by gangs. In order for TRT to continue their preventative and trauma care, they will need to be provided consistent funding in order to expand their programs and acquire full-time staff.

The Trauma Response Team's efforts must also be viewed in the context of grave structural violence represented by continuing poverty, unemployment, and neighborhood devastation in Syracuse, NY.²³⁻²⁶ Syracuse's school district graduation rate among students completing 4 years in high school was 51 %, and the New York State Attorney General found that the school district had one of the highest school suspension rates in the nation.^{27, 28} Unemployment among African Americans in Syracuse reaches 17.1 %; among Latinos it is 16.5.²⁹ Among Syracuse's children, 53 % live in poverty.³⁰ The TRT's accomplishments in reducing retaliatory violence are welcome but are only a small step in addressing the city's continuing problems, many of which increase the probability of gang violence.

ACKNOWLEDGEMENTS

Work on this paper was supported in part by funds from The Laura J. and L. Douglas Meredith Professorship, Syracuse University awarded to Sandra Lane, and by a Maxwell School of Citizenship and Public Affairs of Syracuse University summer project grant awarded to Robert A. Rubinstein.

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