



**National Network
For Safe Communities
at JOHN JAY COLLEGE**

EXPLORING THE INTERSECTIONS OF COMMUNITY AND INTIMATE PARTNER VIOLENCE

Two of the most devastating forms of violence affecting communities in the United States are community violence (CV) and intimate partner violence (IPV). Each year, CV and IPV take thousands of lives while injuring and traumatizing many more; overwhelm healthcare, criminal legal, and social service systems; cost over \$100B per year in system responses and lost productivity;¹ and tear apart affected families and communities.

The Center for Disease Control and Prevention (CDC) defines CV as acts of serious violence that most often involves assaults and shootings that take place in public areas between unrelated individuals who may or may not know each other.² While its vast scope can include a range of crimes from sexual assaults³ to armed robberies,⁴ CV most often signifies street violence driven by groups of individuals who act in concert: the type of CV on which this paper will focus. Comparatively, IPV involves the use of physical, psychological, and/or sexual violence, as well as other forms of coercive control between current or former intimate partners.^{5,6}

At initial glance, the two forms of violence appear completely different: one occurs in public while the other often hides behind closed doors. Traditionally, the violence prevention field addresses them separately. At the National Network for Safe Communities (NNSC), a center at John Jay College of Criminal Justice that supports jurisdictions in implementing evidence-based strategies to improve public safety, we have historically done the same. For three decades, NNSC has worked with jurisdictions throughout the world to address CV through the Group Violence Intervention (GVI)⁷ by bringing together support and outreach, law enforcement, and community partners to deter and prevent violence. Over the last two decades, NNSC has addressed IPV with the Intimate Partner Violence Intervention (IPVI)⁸ through a robust community coordinated response.

In addressing both types of violence, NNSC has learned there is an important overlap between those at risk of engaging in CV and those at risk of engaging in IPV. The dynamics presented by this intersection require their own distinct attention and approach.

INTERSECTIONS OF CV AND IPV

Interventions like GVI and IPVI are designed to focus on those at the highest risk of engaging in violence. While the research about the intersections for both forms of violence is still limited, NNSC has collected information on this intersection in cities that have implemented GVI. This sample consists of homicide and nonfatal shooting data from 43 distinct cities, city-segments, and counties both in the mainland U.S. and its territories.⁹ On average, IPV and IPV-related spillover¹ accounted for 9% of the incidents in these locations. IPV and IPV-related spillover accounted for 25% of those incidents that did not involve a group member. As for the intersection between IPV and CV, 5% of group-involved incidents were IPV-related.

THE CV AND IPV OVERLAP

5% CV-involved incidents that are also IPV-related

25% IPV-related incidents that involve a group member

Although 5% appears to be a small percentage, it is likely that the intersection between IPV and CV may be more significant if evaluating serious violence offenses in addition to nonfatal shootings and homicides, like other aggravated assaults and strangulation. Furthermore, these numbers are an underestimation considering IPV often goes unreported, particularly by marginalized communities who may have distrust in formal systems like law enforcement.¹⁰ Although NNSC's analysis showed that IPV made up a small percentage of all CV incidents, it did reveal nearly 25% of all IPV-related incidents in this sample involved a person who was involved in CV as well. Better tracking and understanding of these intersections are crucial for intervention designs that will make communities safer.

And while the primary goal of both GVI and IPVI is to reduce fatalities and injury, the interventions also recognize the heavy toll that both CV and IPV take on communities. Group-involved individuals engaged in CV face enormous risk with an extremely small number of individuals connected to a majority of violence in America's most vulnerable communities of color.¹¹ For individuals with the closest ties to homicides and shootings, the risk of being hurt or killed temporarily increases by up to 900%.¹² And although IPV impacts all people regardless of race, ethnicity, or socioeconomic status, it disproportionately impacts women of color.¹³

The underlying root causes of violence are the same, no matter if it is CV or IPV. Adverse Childhood Experiences (ACEs) such as previous exposure to violence, housing instability, food scarcity, along with structural racism/oppression, impact a child's wellbeing and development as an adult.¹⁴ As noted by Dr. Shani Buggs, the drivers of IPV and gun

¹ IPV-related spillover are incidents that involve a third-party individual.

violence are both fueled by a lack of socioeconomic stability and housing.¹⁵ ACEs along with other social detriments can also increase the likelihood of victimization.¹⁶

Firearms usage is another root factor shared between CV and IPV. Gun violence is not only lethal, but also plays a significant role in threatening and maintaining violence. Provisional data from the CDC shows that firearms were used to murder over 20,000 people in 2023, including CV and IPV-related deaths,¹⁷ while a quarter of all Americans report having been threatened with a firearm.¹⁸ IPV victims are five times more likely to be killed when their abuser has access to a firearm.¹⁹ These root causes in addition to the ready access to firearms puts people at an extreme risk of violence.

FACING EXTREME RISK

When IPV victims/survivors are in a relationship with an intimate partner who is also engaging in CV, they face greater danger because of the high probability of the presence of a firearm. Black women between the ages of 18-34 bear an even greater risk since they are five times more likely to be killed by their abuser with a firearm in comparison to white women within the same age group.²⁰ Because firearms are prevalent in CV, it is vital to take this added risk into consideration. The role of third parties further complicates the intersection of CV and IPV. If involved in CV, the abusive partner may rely on friends to threaten and intimidate the IPV victim/survivor. The IPV victim/survivor who falls in this intersection not only must safety plan when it comes to their abuser, but also potentially for friends or associates of their abusive partner.

Additionally, the escalation of violence can increase for the IPV victim/survivor if their CV-involved abusive partner uses violence at home when tensions rise within their group or with rival groups. Without the messaging and tools to deal with their stress, fear, and frustration, CV-involved abusive partners may displace the violence onto their intimate partner. IPV victims/survivors in this situation now must deal with an additional unpredictability of violence. Planning for their safety becomes more complicated as they also must consider how the violence dynamics outside of their home impact their safety within the home.

While there is a clear understanding of why IPV victims/survivors are at extreme risk when there is an intersection with CV, it is also important to note how those committing IPV violence are also at risk of being killed or shot. IPV victims/survivors, who have fears of accessing traditional systems for help, may take things into their own hands to stop the violence as demonstrated in the rise of “Battered Woman Syndrome” as a legal defense for IPV victim/survivors accused of killing their partners.²¹ It is also plausible that victims/survivors may turn to the use of retaliatory violence through family or friends with CV ties, thus underscoring how dangerous the intersections of CV and IPV can be for all parties involved.

A CALL TO ACTION: INTERVENING FOR THOSE AT EXTREME RISK

Practitioners from the CV and IPV fields must collaborate and intervene when this intersection exists. Indications of what can happen when CV and IPV collide are too dire to ignore. Practitioners in both fields have the tools to intervene already; the call to action is to use the tools in a new way. By collaborating with multiple system partners that touch the lives of those at extreme risk, there is an opportunity to save lives. The multidisciplinary collection of tools becomes a focused intervention through the sharing of resources, consistent and streamlined messaging, and the actual disruption of violence.

The current silos between CV and IPV practitioners who are addressing these issues separately must be removed. It is critical to offer meaningful resources that match the expressed priorities in an extreme-risk individual's life. For example, someone at extreme-risk who is engaged in CV may be interested in addressing their IPV behavior, which could be an avenue to stop the CV that they are engaged in. By bringing service providers specializing in CV and IPV together, a broader and more appealing range of services can be offered.

Because both forms of violence pose significant risk, it is essential to consistently reinforce the message that violence of any kind is not tolerated. Those working in the CV field may focus their message to stop violence related to CV and miss the chance to message around how IPV is another form of serious violence that is not accepted. A community is not any safer when violence moves from group conflicts in the street to indoors against an intimate partner. Vice versa, the same is true if those working in the IPV field do not intervene and message accordingly when there is a known intersection between CV and IPV.

As intersections of CV and IPV become known to partners, thinking about disrupting violence may be necessary when resources and messaging are not enough to stop the violence. The only way to stop CV may be to address the IPV behavior. Conversely, the same is true. When judiciously used, this strategic approach—which can include law enforcement—can immediately stop serious violence from continuing.

CONCLUSION

Although the research in the violence prevention field is not fully developed, there are important data points that clearly indicate the need for greater attention and intervention for those that fall under this intersection. NNSC prides itself on creating safer communities through our strategies by not only responding to current violence, but also preventing future violence. We stand committed to doing the same as it relates to extreme risk individuals who experience the intersections of CV and IPV. If we as a broader network and community proactively address this intersection, all our fields stand to save the lives of the most vulnerable while simultaneously messaging to communities that both forms of violence hold equal weight in deserving focus and resources.

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- ¹ “The Health and Economic Impact of Youth Violence in the United States Reached \$122 Billion in 2020.” [www.elsevier.com](https://www.elsevier.com/about/press-releases/the-health-and-economic-impact-of-youth-violence-in-the-united-states), March 4, 2024. <https://www.elsevier.com/about/press-releases/the-health-and-economic-impact-of-youth-violence-in-the-united-states>; Fersch, Patricia. “Why Doesn’t the Severe Harm and Costs of Domestic Violence Result in More Women Going to Court?” *Forbes*, December 18, 2023. <https://www.forbes.com/sites/patriciafersch/2023/12/13/why-doesnt-the-severe-harm-and-costs-of-domestic-violence-result-in-more-women-going-to-court/>.
- ² “About Community Violence.” Centers for Disease Control and Prevention. Accessed October 1, 2024. <https://www.cdc.gov/community-violence/about/index.html>.
- ³ Mercy, James A. “Interpersonal Violence: Global Impact and Paths to Prevention.” *Injury Prevention and Environmental Health*. 3rd edition., October 27, 2017. <https://www.ncbi.nlm.nih.gov/books/NBK525208/>.
- ⁴ Wilson, David B, Thomas Abt, Catherine Kimbrell, and William Johnson. “Protocol: Reducing Community Violence: A Systematic Meta-Review of What Works.” *Campbell systematic reviews*, May 19, 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11103278/>.
- ⁵ “About Intimate Partner Violence.” Centers for Disease Control and Prevention. Accessed October 1, 2024. <https://www.cdc.gov/intimate-partner-violence/about/>.
- ⁶ <https://www.theduluthmodel.org/wheels/>
- ⁷ “Group Violence Intervention.” National Network for Safe Communities (NNSC), March 26, 2024. <https://nnscommunities.org/strategies/group-violence-intervention/>.
- ⁸ “Intimate Partner Violence Intervention.” National Network for Safe Communities (NNSC), October 29, 2021. <https://nnscommunities.org/strategies/intimate-partner-violence-intervention/>.
- ⁹ National Network for Safe Communities, forthcoming.
- ¹⁰ “Updated Everytown Report Highlights Deadly Intersection of Domestic Violence and Gun Violence.” Everytown Support Fund, December 20, 2022. <https://everytownsupportfund.org/press/updated-everytown-report-highlights-deadly-intersection-of-domestic-violence-and-gun-violence/>; “Criminal Victimization, 2022.” Bureau of Justice Statistics, September 14, 2023. <https://bjs.ojp.gov/press-release/criminal-victimization-2022>; Jannetta, Jesse, Sino Esthappan, Jocelyn Fontaine, Mathew Lynch, and Nancy G. La Vigne. “Learning to Build Police-Community Trust.” *Urban Institute*, July 25, 2019. <https://www.urban.org/research/publication/learning-build-police-community-trust>.
- ¹¹ Dirago, Camille, Michael Poulson, Justin Hatchimonji, James Byrne, and Dane Scantling. “Geospatial Analysis of Social Vulnerability, Race, and Firearm Violence in Chicago.” *Journal of Surgical Research* 294 (February 2024): 66–72. <https://doi.org/10.1016/j.jss.2023.08.058>; Kravitz-Wirtz, Nicole, Angela Bruns, Amanda J. Aubel, Xiaoya Zhang, and Shani A. Buggs. “Inequities in Community Exposure to Deadly Gun Violence by Race/Ethnicity, Poverty, and Neighborhood Disadvantage among Youth in Large US Cities.” *Journal of Urban Health* 99, no. 4 (June 7, 2022): 610–25. <https://doi.org/10.1007/s11524-022-00656-0>.
- ¹² Papachristos, Andrew V., and Christopher Wildeman. “Network Exposure and Homicide Victimization in an African American Community.” *American Journal of Public Health* 104, no. 1 (January 2014): 143–50. <https://doi.org/10.2105/ajph.2013.301441>.
- ¹³ Tobin-Tyler, Elizabeth. “Intimate Partner Violence, Firearm Injuries and Homicides: A Health Justice Approach to Two Intersecting Public Health Crises.” *Journal of Law, Medicine & Ethics* 51, no. 1 (2023): 64–76. <https://doi.org/10.1017/jme.2023.41>; Smith, Sharon G. et al. “National Intimate Partner and Sexual Violence Survey (NISVS) : 2010-2012 state report” (2017)
- ¹⁴ “About Adverse Childhood Experiences.” Centers for Disease Control and Prevention. Accessed October 1, 2024. <https://www.cdc.gov/aces/about/index.html>.
- ¹⁵ Stu Vanairsdale. Q&A with Dr. Shani Buggs of UC Davis’ Violence Prevention Research Program, *Sactown Magazine*, November-December 2022, <https://www.sactownmag.com/shani-buggs-violence-prevention-research-program/>.
- ¹⁶ “Risk and Protective Factors.” Centers for Disease Control and Prevention. Accessed October 1, 2024. <https://www.cdc.gov/aces/risk-factors/index.html>.
- ¹⁷ “Continuing Trends: Five Key Takeaways from 2023 CDC Provisional Gun Violence Data.” Center for Gun Violence Solutions. Accessed October 1, 2024. <https://publichealth.jhu.edu/center-for-gun-violence-solutions/2024/continuing-trends-five-key-takeaways-from-2023-cdc-provisional-gun-violence-data>.
- ¹⁸ Parker, Kim. “America’s Complex Relationship with Guns.” *Pew Research Center*, June 22, 2017. <https://www.pewresearch.org/social-trends/2017/06/22/americas-complex-relationship-with-guns/>.

¹⁹ Campbell, Jacquelyn C., Daniel Webster, Jane Koziol-McLain, Carolyn Block, Doris Campbell, Mary Ann Curry, Faye Gary, et al. "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study." *American Journal of Public Health* 93, no. 7 (July 2003): 1089–97.

<https://doi.org/10.2105/ajph.93.7.1089>.

²⁰ "Guns and Violence against Women: America's Uniquely Lethal Intimate Partner Violence Problem." Everytown Research & Policy, September 30, 2024. <https://everytownresearch.org/report/guns-and-violence-against-women-americas-uniquely-lethal-intimate-partner-violence-problem/>.

²¹ Holliday, Jessica R., Dale E. McNeil, Nathaniel P. Morris, David L. Faigman, and Renée L. Binder. "The Use of Battered Woman Syndrome in U.S. Criminal Courts." *Journal of the American Academy of Psychiatry and the Law*, June 20, 2022. <https://jaapl.org/content/early/2022/06/20/JAAPL.210105-21>.