

The Impact of COVID-19 on Community-Based Responses to Violence



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Introduction

COVID-19 continues to put considerable strain on the American healthcare system. At the time of this writing, there were [92,770 confirmed cases of COVID-19 in New York State](#). In Monroe County, there were 390 confirmed cases of [COVID-19](#). Importantly, both figures underestimate the actual occurrence of COVID-19 in both New York and Monroe County, respectively. Due to the limited availability of testing, the actual number of infected persons is likely much higher. One study found that 86% of COVID-19 cases in China during the early stages of the pandemic went [undetected](#). The rise in COVID-19 infections has the potential to overwhelm hospital systems around the country. According to the Institute for Health Metrics Evaluation, New York State is projected to have a shortage of 63,019 hospital beds on April 9, 2020. This shortage will prove potentially deadly for patients seeking acute care for COVID-19 infections, but will also make it difficult for hospitals to provide effective treatment to patients seeking assistance for non COVID-19 related ailments. One sub-population of patients seeking hospital assistance that warrants special attention is violence victims. This working paper will explore the impact of COVID-19 on the ability of hospitals and community organizations to adequately respond to violence victimization.

The first positive case of COVID-19 in Monroe County was discovered on March 12, 2020. Due to the nature of COVID-19, it is likely that there were cases [prior to this date](#). Regardless of COVID-19 concerns and the Centers for Disease Control and Prevention (CDC) recommendations, the violence has still continued in Rochester. According to the [Rochester Police Department's Open Data Portal](#), there have been 3 homicides, 8 shooting incidents, and 20 aggravated assault incidents since March 12, 2020. These data show that interventions to intervene in violence are still necessary although execution of them may be impacted.

Hospitals as a Starting Point for Violence Intervention

Each year, between 150 and 200 gunshot wound victims arrive at Rochester Area Hospitals.

Additionally, several hundred stabbing and blunt force trauma wound victims seek hospital assistance. In addition to the provision of medical care for violence victims, hospitals in Rochester serve as starting points for community-based violence interventions. Both Strong Medical Center and Rochester General Hospital operate [hospital-based violence intervention programs](#) (HVIPs) in partnership with Pathways to Peace and other community organizations (i.e. ABC Save Our Youth, Rise Up Rochester, the Rochester Anti-Gun Violence Coalition, Roc the Peace, etc.). Both hospital systems seek to address the trauma associated with violence victimization and work with Pathways to Peace to provide dispute resolution and services in the community.

Since June 2019, RGH has partnered with RIT, Pathways to Peace, Save Our Youth, and Rise Up Rochester to pilot a new project called Community Engagement to Reduce Victimization (CERV). CERV, which is funded by the New York State Health Foundation, seeks to enhance traditional HVIPs by doing the following:

1. Utilizing a risk-assessment tool to identify the cases where there is high risk of revictimization or retaliation.
2. Establishing a clear protocol to ensure a smooth hand-off from the hospital to the community.
3. Working with community partners to tailor a person-centered, trauma-informed response for the victim and their surrogates (friends, family, etc.)
4. Providing wrap-around services to reduce the likelihood of revictimization and retaliation.

5. Establishing the position of a full-time CERV Coordinator who is tasked with coordinating the above activities.

The remainder of this paper will highlight the impact of COVID-19 on the ability of hospitals and community partners to respond to violence victimization.

Hospital Impacts

COVID-19 will likely impact hospitals in the following ways:

- Reduce the ability of clinicians to gain consent for violence victims to engage in the intervention. The sheer demand for hospital beds, as well as the trauma associated with responding to COVID-19 will likely negatively impact hospital staff in multiple ways.
- Reduce the ability of hospitals to identify and track violence victims, as data collection mechanisms are likely to be overwhelmed.
- Reduce the willingness of violence victims to participate in HVIPs, as the sheer number of people in the ER will create an overwhelming experience that incentivizes violence victims to leave the hospital as soon as possible.

Impact on Community Partners

Community partners will likely be impacted in the following ways:

- Hospital visitation restrictions may limit access to violence victims while they are in the hospital. This will make it difficult to establish rapport with violence victims and undermine the success of the hand-off into the community.
- Social distancing rules will likely undermine partner capacity to effectively intervene on behalf of the victim.

- Community partners may experience stress due to concerns with being infected with COVID-19 while carrying out job responsibilities.
- The inability to meet in person will undermine the ability of community partners to share vital information that may reduce revictimization or retaliation.

Implication for larger community

The inability of the hospital and community partners to adequately respond to violence will have the following impacts on the broader community:

- An increased likelihood that violence victims will leave the hospital without an adequate plan to respond to their trauma once they return to the community.
- Increased violence as a result of lack of services to victim or dispute mediation provided to disputants.
- Without the full intervention in place, there is a potential for increased retaliation which could result in increased hospitalizations for this population.

Conclusion

The impact of COVID-19 will have a substantial impact on violence victims, hospital staff, community partners, and the community as a whole. Steps should be taken to mitigate these impacts and provide the necessary support for hospital staff and community partners to adequately respond to violence victimization. COVID-19 is impacting communities everywhere and, in many ways, yet, violence in our community is continuing. Therefore, victimization services and interventions are still necessary. Violence doesn't stop with the introduction of the Coronavirus.

Finally, insights learned from Project CERV provide an opportunity to understand how hospitals and community-based organizations can work collaboratively to respond to the COVID-19 pandemic. CERV has demonstrated that using the moment of injury and its attendant vulnerability at hospital ED admission as an opportunity to connect with victims of violence; engaging community and social service supports via the hospital's emergency department; collecting and analyzing data attributes beginning at the hospital site; and providing frequent contacts with persons experiencing violence to build rapport and trust with them in order to engage for person centered services, healthcare, and healthy social bonds with victims of violence show promise in understanding victimization and in reducing subsequent re-victimization and retaliation. Future research should examine the extent that similar collaborations between hospitals and community-based organizations can support the development of COVID-19 interventions that better identify infected individuals, provide support for victims beginning at the emergency department, track individuals into the community after discharge, and work collaboratively in the community to reduce community transmission of the virus.