

San Diego County
Gun Violence Reduction
Community Needs Assessment

Comprehensive Report



Prepared by



2023 (v2)

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Revision History

REVISION DATE	REVISION DESCRIPTION
January 2024	<ul style="list-style-type: none">• Global Edits: Added clarifying language related to Figures, geographic regions, and data.• Global Edits: Grammatical adjustments.• Added information on veteran firearm-related deaths to Fact Sheet and Executive Summary.• Added Appendix T: Community Survey Demographics Compared with General Population Demographics.• Added Appendix U: Supplemental Information on Suicide and Homicide Rates.

Acknowledgments

This report was made possible by invaluable partnerships with local community leaders and organizations. The Gun Violence Reduction Advisory Group volunteered their time and expertise, and a range of organizations also dedicated their time to this project. Together, these groups have helped to ensure an informative product pertaining to gun violence in San Diego County.

Gun Violence Reduction Advisory Group

Advisory Group community members are listed below, in alphabetical order by last name.

Melissa Bartolome	Melissa Hernandez	Carie Rodgers
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Entities Assisting in Identifying/Providing of Data

Other community leaders/organizations also assisted in the development of this report. Some of these people were also on the Advisory Group. These community leaders/organizations are listed below in alphabetical order by the organization and by last name.

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Listening Session Hosts

Each listening session was hosted by a member of the Advisory Group. We are grateful for their time and assistance: Sergio Gonzalez, Annie Lyles, Carrie Rodgers, Pastor Jesus Sandoval, Ira Sharp, , Rachel Solov, and Pualani Vazquez. We are also grateful to Arianna Alvarado and Abraham Jarvis, high school fellows from the Aaron Price Fellows Program, who hosted one of the listening sessions. We also extend our gratitude to Edmond Perkins, staff member of the Aaron Price Fellows Program.

The two youth listening sessions were made possible by the Aaron Price Fellows Program and the County Live Well San Diego Youth Sector. Thanks to Annie Lyles and Skylar Weatherford for helping spearhead each of these sessions. We also thank Kingston Tran, Sofia Gilmore, and Caitlynn Hauw.

Listening Session Venues and Support

We are grateful to the facilities that offered their space for the listening sessions: the Jackie Robinson Family YMCA, the Civic Center Branch Library in Chula Vista, One Safe Place, the Ronald Reagan Community Center, and the San Diego School of Creative and Performing Arts.

A grief support specialist or therapist was present at the in-person public listening sessions. We thank each for offering their services: Sergio Gonzalez, Dr. Debbie Zenga (of Palomar Health), and Tammy Carter.

We had live Spanish-language interpretation available at the public listening session (in person and virtual). We are grateful for Hanna Interpreting Services and the interpreters: Frida Blum, Danny Inoa, and Janet Green.

Lastly, we acknowledge the residents of San Diego County who volunteered their time to provide their thoughts at the listening sessions as well as those residents who participated in the professional and community surveys. Without these residents, this gun violence community needs assessment would not have been possible.

Fact Sheet: San Diego County Gun Violence

Deaths, Injuries, and Suspected Crimes

1,310

Deaths by firearm in San Diego County from 2017 through 2022 (suicide and homicide)

7 in 10

7 in 10 (70.9%) firearm-related deaths in San Diego County are suicides

About 3 in 10 (28.9%) are homicides

6.6

San Diego County rate of firearm-related deaths per 100,000

California rate: 8.0
National rate: 13.7

56.3%

Firearm-related homicide rate **increase** from 2017 through 2022

Suicide rate **decreased** by **18.0%**

1,367

Firearm-related injuries in San Diego County from 2016 through 2020

19.0%

Firearm-related injury hospitalization rate **increase** from 2016 through 2020

64.0%

Firearm-related crime rate **increase** from 2017 through 2021

Mostly assault and robbery

Population Impacts

10X

Firearm **homicide** rate for **Black residents** is **9.9 times greater** than for White residents

2.5X

Firearm **homicide** rate for **Hispanic residents** is **2.5 times greater** than for White residents

2X

Firearm **suicide** rate for **White residents** is **2.2 times greater** than for Black residents

6X

Firearm **suicide** rate for **White residents** is **5.9 times greater** than for Hispanic residents

Firearm-related suicide rate is highest among ages 65+

19.3% of all firearm-related deaths (2017-2022) were **veterans**. Among these veterans, **most (93.3%)** were **suicides**

Firearm-related homicide rate is highest among ages 25-44

Community Perspectives

60.8%

Percentage of community survey respondents that were “very” or “somewhat concerned” about gun violence in their community

Most Needed Services

Domestic Violence Support Services
Mental Health Counseling
Gang Prevention Programs
Afterschool Youth Programs
Mentorship Programs

19.7%

Percentage of professional survey respondents that felt “very” or “somewhat unsafe” discussing guns with clients/patients

Executive Summary

This gun violence reduction needs assessment provides an overview of gun violence in San Diego County and outlines possible solutions to prevent violence and mitigate impacts. The needs assessment draws from existing data sources as well as the first-hand experiences and beliefs of residents provided via countywide community and professional surveys and a series of community listening sessions. These results point to the conclusion that everyone has a role to play in the prevention of gun violence; that addressing systemic and historic inequities is central to addressing gun violence; and that prevention and intervention strategies should be tailored to specific populations.

From 2017 through 2022, there have been 1,310 deaths by firearms in San Diego County, often either due to homicide or suicide. About 28.9% of firearm-related deaths have been homicides, and 70.9% have been suicides. This proportion is higher than the state firearm-related suicide percentage of 50.5%. Further, the county firearm-related suicide rate (4.7 per 100,000) is higher than the state average (4.0). However, the county firearm-related homicide rate (1.9) is half the state average (3.8), making the overall county firearm-related death rate (6.6) lower than the overall state firearm-related death rate (8.0).

Further, from 2016 through 2020, there have been 1,367 firearm-related injuries. These injuries are recorded as either hospitalizations (indicating more serious injuries, often due to assault) or emergency department visits (indicating less serious injuries, often due to accidents). About half of firearm-related injuries are treated by hospitalization and half by emergency department visits.

These data also show trends over time, with each examined over a five-year period with data from the most recently available years. The periods examined were 2017-2021 (deaths), 2016-2020 (injuries), and 2017-2021 (suspected crimes). The firearm-related homicide rate has increased by 56.3%, while the suicide rate has decreased by 18.0%. The firearm-related hospitalization rate has increased by 19.0%, while the rate of firearm-related emergency department visits has increased by 4.5%. The rate of firearm-related suspected crimes (often assault or robbery) has increased by 64.0%. While injury rates reflect little of the COVID-19 pandemic's impact, death and crime rates reflect one full year of data following the COVID-19 outbreak. These rates show a modest decline in firearm-related suicides and a major rise in firearm-related alleged crimes, serious injuries, and homicides.

This assessment shows that gun violence impacts people of all ages, genders, and racial/ethnic backgrounds in all regions of the county, yet gun violence does not impact people equally. Some populations and communities are disproportionately impacted. For example, veterans make up a disproportionate percentage (19.3%) of firearm-related deaths in the county, and most of these veteran deaths (93.3%) are suicides. In addition, the firearm-related homicide rate for Black residents (9.9 per 100,000) is nearly 10 times greater than the firearm-related homicide rate for White residents (1.0) and is two and a half times greater for Hispanic residents (2.5) than that for White residents (1.0). In contrast, the firearm-related suicide rate for White residents (8.2) is over two times greater than that for Black residents (3.8) and nearly six times greater than that for Hispanic residents (1.4). In addition, homicide rates are highest among those

ages 25-44 (4.0), while suicide rates are highest among those ages 65 and older (11.3). Males (3.3) have a firearm-related homicide rate that is over four times greater than that for females (0.8) and a firearm-related suicide rate (8.4) that is over eight times greater than that for females (1.0). These demographic trends are similar for firearm-related injuries and suspected crimes. While secondary data were not available on socio-economic status (e.g., education or income), existing studies and listening session data suggest that victims of gun violence are often from communities with histories of economic exclusion and social marginalization. While individual and psychological causes may be identified (such as family trauma or mental illness), these are likely only immediate (and not root) causes. Rather, gun violence is a symptom of wider social dynamics, whereby some populations have limited access to social support or material resources. Overall, younger Black and Hispanic males are more likely to be victims of firearm-related homicide and injury, while older White males are more likely to be victims of firearm-related suicide.

In addition to demographic patterns, firearm-related deaths, injuries, and suspected crimes are also concentrated by geography. For comparison, the average county firearm-related homicide rate is 1.9 per 100,000, and the average county firearm-related suicide rate is 4.7 per 100,000. The cities with the highest firearm-related homicide rates are Lemon Grove (6.0 per 100,000), National City (3.5), and Vista (3.1), and the unincorporated communities with the highest firearm-related homicide rates are Spring Valley (4.4), Alpine (4.0), and Valley Center (3.8). The cities with the highest firearm-related suicide rates are Lemon Grove (13.6), El Cajon (10.0), and La Mesa (7.7), and the unincorporated communities with the highest firearm-related suicide rates are Ramona (22.5), Valley Center (20.9), and Lakeside (17.5). The cities with the highest rates of firearm-related suspected crimes are Lemon Grove (333.6), El Cajon (242.3), and National City (235.9), and the unincorporated communities with the highest rates of firearm-related suspected crimes are Spring Valley (588.4), Ramona (307.1), and Lakeside (279.6). Although listening session data indicated a high prevalence of gun violence in some neighborhoods (e.g., Southeast San Diego), the available statistical data were only available by city (and not neighborhood or Census tract). Thus, the data offer only a general geographic snapshot, possibly missing geographic concentrations at smaller scales. The data nonetheless show that violence related to firearms is concentrated in North County (Vista, Valley Center, and Ramona) and the southeastern part of the county (Spring Valley, Lemon Grove, El Cajon, Lakeside, La Mesa, and National City).

Public opinions about gun violence vary widely, and it is an issue that is of concern or directly impacts a large portion of those surveyed. Residents were invited to take the survey (rather than being randomly selected), thus resulting in survey samples that likely represent a subset of the population most interested in or affected by firearms and firearm-related violence. This also resulted in an oversampling of residents who identified as White, non-Hispanic, well-educated, and above the poverty level. The community survey drew responses from 1,242 residents. About one-fifth (17.9%) of surveyed community members know someone who had been injured or killed by a firearm in the last five years. Although most survey participants (66.5%) reported feeling “very safe” or “somewhat safe” in their communities, 60.8% nonetheless are “very concerned” or “somewhat concerned” about gun violence. Listening sessions, similar to the survey, attracted individuals most engaged in the topic of firearms, such as proponents of the Second Amendment, proponents of gun control, and those involved in gang/community violence prevention. Many

of those who attended listening sessions advocated for focusing on all types of violence rather than “gun violence.” These comments were often phrased in reference to preserving gun rights and calls to focus on structural or root causes of violence. Attendees also emphasized the issues of gang violence, community violence, and the needs of underserved youth, such as the need for greater familial/social support and educational/economic opportunities. Commonly mentioned solutions, across the surveys and listening sessions, included mental health counseling, enforcing existing laws, funding community-based organizations, domestic violence support services, and youth mentorship and other youth-focused programs.

Through an analysis of these data and conversations with County government and community partners, as well as informed by a review of the literature, a series of recommendations was developed. These recommendations are organized under four strategic areas of focus: awareness and advocacy, community engagement and collaboration, community healing and trauma-informed practice, and planning and evaluation. These recommendations are listed below under each of the four areas of focus.

Awareness and Advocacy

Building public awareness of effective violence prevention strategies and connecting individuals to culturally tailored resources are key to reducing gun violence.

1. Increase awareness of violence **prevention strategies and resources** among those at highest risk by developing and sharing educational content specific to **suicide prevention, domestic/intimate partner violence, and community violence**.
2. Partner with agencies to promote **gun lock distribution** programs that offer gun locks at no cost to the public.
3. Provide **gun safety awareness training for County staff** who perform home visits and conduct community outreach to share information on safe storage laws, navigating through unsafe scenarios, and educating clients on gun safety practices and violence prevention strategies.
4. Support programs that allow individuals experiencing a mental health crisis to **temporarily and voluntarily transfer their firearm**.
5. Promote implementation of a standardized, evidence-based **suicide screening tool** for use by healthcare providers to screen patients for suicide risk regardless of whether the patient is seeking care for psychiatric symptoms.

Community Engagement and Collaboration

Community engagement, collaboration, and stakeholder coordination must be at the heart of an effective strategy to reduce gun violence.

1. Coordinate and support an **ongoing Gun Violence Reduction Advisory Group** to engage residents in gun violence reduction efforts.
2. **Facilitate collaboration** across agencies, organizations, and sectors to promote connection, build capacity, and share resources, including the coordination of **networking events/roundtables** for community organizations and developing an **online communication and collaboration platform** for those working to reduce gun violence in San Diego County.

Community Healing and Trauma-Informed Practice

The prevalence of trauma in communities experiencing high incidents of gun violence as well as the impacts of untreated trauma and re-traumatization must be acknowledged, and trauma-informed practices should be employed to build community capacity for self-healing.

1. Explore opportunities to enhance and implement **community-centered approaches to community gun violence prevention** in neighborhoods facing high risk factors for gun violence.
2. Establish a **partnership between trauma hospitals**, law enforcement, and community-based organizations to connect firearm injury patients and their families to support services that may include mental health support, financial assistance, and other services needed to support their recovery.

Planning and Evaluation

Planning and evaluation are key components of any successful strategy to identify and demonstrate commitment to outcomes, show progress or need for course correction, and ensure transparency.

1. Plan for longevity, sustainability, and **an enduring commitment to gun violence reduction** by establishing and adequately resourcing **a central office or unit** within the County structure to lead and guide gun violence reduction efforts and by **working with local communities** to develop strategic plans to address gun violence.
2. Identify and monitor **meaningful metrics** to ensure accountability which should include the establishment of a **monitoring and evaluation framework**, the **sharing of local data** with stakeholders, and the coordination of **townhall or listening sessions** to evaluate residents' perception of success.
3. Develop a long-term strategy to **address the funding of violence prevention** and intervention efforts in the region, to include identifying, promoting, and applying for grants in support of programs and services in communities most impacted by gun violence.

These recommendations include actionable steps to reduce gun violence and assist with healing those who have already been affected by it. Some recommendations provide opportunity to enhance or expand existing efforts in San Diego County while others may require investment in new areas of focus. These recommendations are explained further in the Recommendations section and are a starting point for the County to pursue long-term assessment and advancement of gun violence reduction. Although suicide and assault by firearm are significant challenges, there remains substantial public interest, across various communities, in resolving these issues, and multiple opportunities exist for the County to be both a leader and partner in the reduction of gun violence.

San Diego County
Gun Violence Reduction
Community Needs Assessment

Comprehensive Report

2023

Introduction

Gun violence includes both the use of a firearm and the threat of using a firearm. According to the American Public Health Association, gun violence is a complex phenomenon rooted in our culture and also a leading cause of premature death in the United States.¹ This type of violence can be fatal or non-fatal, intentional or unintentional, defensive, or the result of legal intervention (e.g., police involved).² There are not only direct and immediate consequences of gun violence (such as injury and death) but also indirect and long-term consequences, such as mental health issues, chronic physical ailments, intergenerational trauma, and a eroded sense of safety in the community.³ Across the United States in 2020, there were more than 45,000 firearm-related deaths (about 124 people dying each day); more than half of these firearm-related deaths were suicides, and more than 40% were homicides.⁴ There is much to be explored on the causes of gun violence and the methods for gun violence prevention,⁵ and data are one such avenue for obtaining a richer understanding of this complex social issue.

Studying gun violence can inform discussions around policy, safety/security, and awareness and, importantly, can lead to actions and interventions that create a safer, healthier, and more vibrant community for everyone. To guide this study in the collection, analysis, and application of data, a public health approach was adopted.

Public Health Approach

The focus of public health is the health, safety, and well-being of entire populations. A unique aspect of the approach is that it strives to provide the maximum benefit for the largest number of people.⁶ It also focuses on the root causes of violence and guides a coordinated approach for violence prevention that engages diverse sectors.

Public health draws on a science base that is multi-disciplinary. It relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, anthropology, psychology, criminology, education, and economics. The public health approach also emphasizes input from diverse sectors including health, education, social services, justice, policy, and the private sector. Collective action on the part of these key collaborators can help in addressing problems such as gun violence.

¹ Gun Violence (n.d.). American Public Health Association. <https://www.apha.org/topics-and-issues/gun-violence>

² Fast Facts: Firearm Violence Prevention. (2022). Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/firearms/fastfact.html>

³ Ibid.

⁴ Ibid.

⁵ Firearm Violence Prevention. (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/firearms/index.html>

⁶ “The Public Health Approach to Violence Prevention.” 2023. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>

The public health approach follows four steps, as illustrated below.

Figure 1. Public Health Approach to Violence



Step 1: Define the Problem: Data are presented to quantify firearm violence prevalent in the county.

- Find out how many people are affected by violence.
- Find out who is experiencing violence.
- Find out when and where the violence happens.
- Find out how often it occurs.

Step 2: Identify Risk and Protective Factors: Address population-level risk factors that lead to gun violence and protective factors that reduce gun violence.

- Find out what factors put people at risk for violence.
- Find out what factors protect people from violence.

Step 3: Develop and Test Prevention Strategies: Report recommendations propose population-level upstream and downstream strategies to help those impacted the most by firearm violence.

- Use the information from Step 1 & 2 to focus efforts.
- Identify effective prevention strategies and programs; if none are available, use the best evidence available in creating your own.
- Implement and determine whether the strategy, program, or policy is effective.
- Share your findings with others.

Step 4: Assure Widespread Adoption of Effective Strategies: This step ensures effective implementation of prevention strategies at multiple levels; from individual to neighborhood to community to countywide.

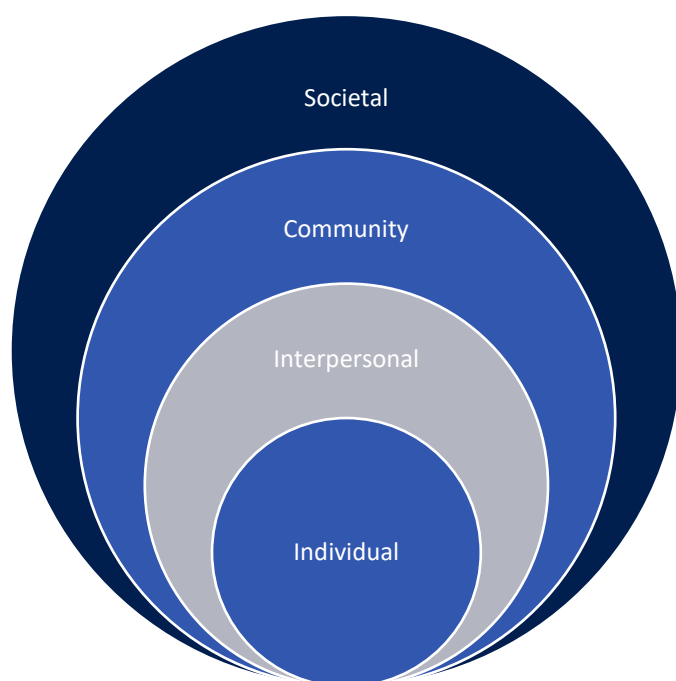
- Disseminate the strategy, program, or policy broadly.
- Support effective implementation with training and technical assistance.

Using a public health approach, this assessment aimed to identify the populations most impacted by gun violence, identify gaps and opportunities to prevent gun violence and care for those impacted by such violence, and identify prevention strategies and programs. The next step will be to implement recommended strategies and evaluate their effectiveness.

Social-Ecological Model

While the public health approach provides the foundation for the project, a social-ecological framework aids in the development and alignment of prevention strategies for maximum impact. The social-ecological framework helps guide policy makers to map out strategies at multiple levels and across sectors that mutually reinforce each other. The social-ecological model shows the interplay of factors between four levels of society: individual, interpersonal, community, and societal. This range of factors can put people at risk or protect them from experiencing or perpetrating violence. Action should be taken across all levels to prevent violence.⁷

Figure 2. Social-Ecological Model for Addressing Gun Violence



INDIVIDUAL: The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Factors may include age, education, income, substance use, and history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Examples include conflict resolution and life skills training.

INTERPERSONAL: The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person’s closest social circle — peers, partners, and family members — influence their behavior and shape their experience. Prevention strategies here focus on communication, parenting practices, and other bonds and connections. Examples include parenting and family-focused prevention programs, mentoring, and peer programs.

⁷ “Social-Ecological Model: A Framework for Prevention.” 2023. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

COMMUNITY: The third level explores local settings and aims to identify characteristics associated with becoming victims or perpetrators of violence. Settings include neighborhoods, schools, and workplaces. Prevention strategies at this level impact the social, economic, and environmental characteristics of settings. Examples include reducing social isolation; enhancing economic and housing opportunities; and improving the processes, policies, and settings in schools and workplaces.

SOCIETAL: The fourth level looks at broad societal factors that help create a level of acceptance or intolerance for violence. It also includes the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level impact these factors. Examples include strategies to change social norms that support violence as an acceptable way to resolve conflicts, state and federal policies that offer economic and other supports to families, and policies that support early childhood education to help pave the way for children to achieve lifelong opportunity and well-being.

Prevention Approaches

In addition to the social-ecological model outlined above, strategies to reduce gun violence also focus on differing levels of prevention.⁸ Comprehensive efforts involve working upstream and downstream on three levels:

- **PRIMARY PREVENTION:** Stopping violence before it starts. Strategies that, for example, create healthy relationships and environments that reduce risks and increase buffers.
- **SECONDARY PREVENTION:** Immediate responses to violence. Services like emergency and medical care address short-term consequences.
- **TERTIARY PREVENTION:** Long-term responses to violence. These approaches address trauma or disability resulting from violence and help victims recover physically and emotionally.

Project Background

On October 19, 2021, the County of San Diego (County) Board of Supervisors (Board) directed the Chief Administrative Officer to develop options for community-based gun violence reduction and disruption programs that adopt best practices for fostering safety and equitable outcomes, address harm and trauma by providing healing and accountability, and center and elevate the voices of those directly impacted by violence. In response to Board direction, the County Public Safety Group convened a Gun Violence Reduction Working Group, comprised of representatives from community-based organizations and County departments, to develop recommendations for Board consideration. On April 5, 2022, the Board of Supervisors approved the Working Group recommendation to conduct a contractor-led, regional gun violence community needs assessment.

⁸ “Violence Prevention Fundamentals.” 2023. Centers for Disease Control and Prevention.

<https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/files/pdf/ViolencePreventionFundamentals.pdf>

The purpose of this gun violence community needs assessment is to better understand the impact gun violence is having on local communities and to identify opportunities to enhance gun violence reduction activities.

The County contracted with HARC, Inc. (Health Assessment and Research for Communities) to conduct the gun violence community needs assessment. HARC is a nonprofit research and evaluation organization based in Riverside County. HARC was selected through a competitive process by the County Public Safety Group Executive Office. HARC conducts studies that address the social determinants of health and works to improve the lives of community members through data. HARC has been conducting program evaluations and community needs assessments for over a dozen years and specializes in quantitatively and qualitatively measuring a variety of outputs and outcomes.

An important component of the community needs assessment is ongoing communication and collaboration with a Gun Violence Reduction Advisory Group, which was formed in September 2022. HARC selected Advisory Group members who represent diverse backgrounds, experiences, and expertise after an open application period. Advisory Group members provided input and feedback related to the development and implementation of the community needs assessment, including the community engagement strategy, survey development, planning and outreach for community listening sessions, and recommendations for secondary data sources. Several Advisory Group members volunteered to serve on a "Best Practices" Working Group to help identify and revise the report's recommendations.

This report first presents results from an analysis of secondary data, which is existing data either shared by organizations or accessed via the internet. Next, primary data are presented from two surveys (a professional and community survey) that were distributed to those who live or work in San Diego County as well as a series of community listening sessions. The report then presents a series of recommendations for reducing gun violence in San Diego County. Recommendations presented are based on the available data, "best practices" identified in the research literature, and discussions with Advisory Group members, County officials, and community partners.

Methods and Limitations

Information on research methods is provided for each phase of the needs assessment (i.e., secondary data, professional survey, community survey, listening sessions, and recommendations). Limitations for various data sources are also noted. These limitations call for some caution when drawing conclusions from data.

Secondary Data

The Advisory Group was invaluable in helping to determine the applicable topics and datasets to include for a better understanding of gun violence in San Diego County. There will always be many unique perspectives, concepts/areas of exploration, and datasets to include on a topic as complex gun violence. Lastly, the data sources obtained for this report were non-partisan; that is, the data presented are often part of routine, procedural data collections (e.g., crimes committed, deaths in the county, hospitalizations, etc.), whereas others were part of population surveys or non-partisan, independent research and data collection agencies.

This report pulls from a variety of data sources to best describe gun violence across the San Diego region. Most of these data will be available by demographics (i.e., age, sex, race, etc.) as well as by city or unincorporated area. Data sources typically will include data for the last several years (i.e., in some cases, 2017 through 2022; in some cases, 2016 through 2020; etc.). The most recent available data was used for each source. Secondary data results include analyses of topics including San Diego County gun ownership, safety with firearms, perceptions of victimhood and worry; defensive gun use; death by firearms; firearm-related injuries,⁹ including emergency department visits and hospitalizations; crimes involving firearms; school shootings; mass shootings; and gun violence in the media.

Data Sources

This report pulls from a variety of data sources to best describe gun violence across San Diego County. Most of these data are available by demographics (i.e., age, sex, race), city, and, when possible, specific unincorporated areas, which helps characterize what communities are most affected. Data sources typically include data for the last several years (i.e., in some cases, 2017 through 2022; in some cases, 2016 through 2020; etc.).

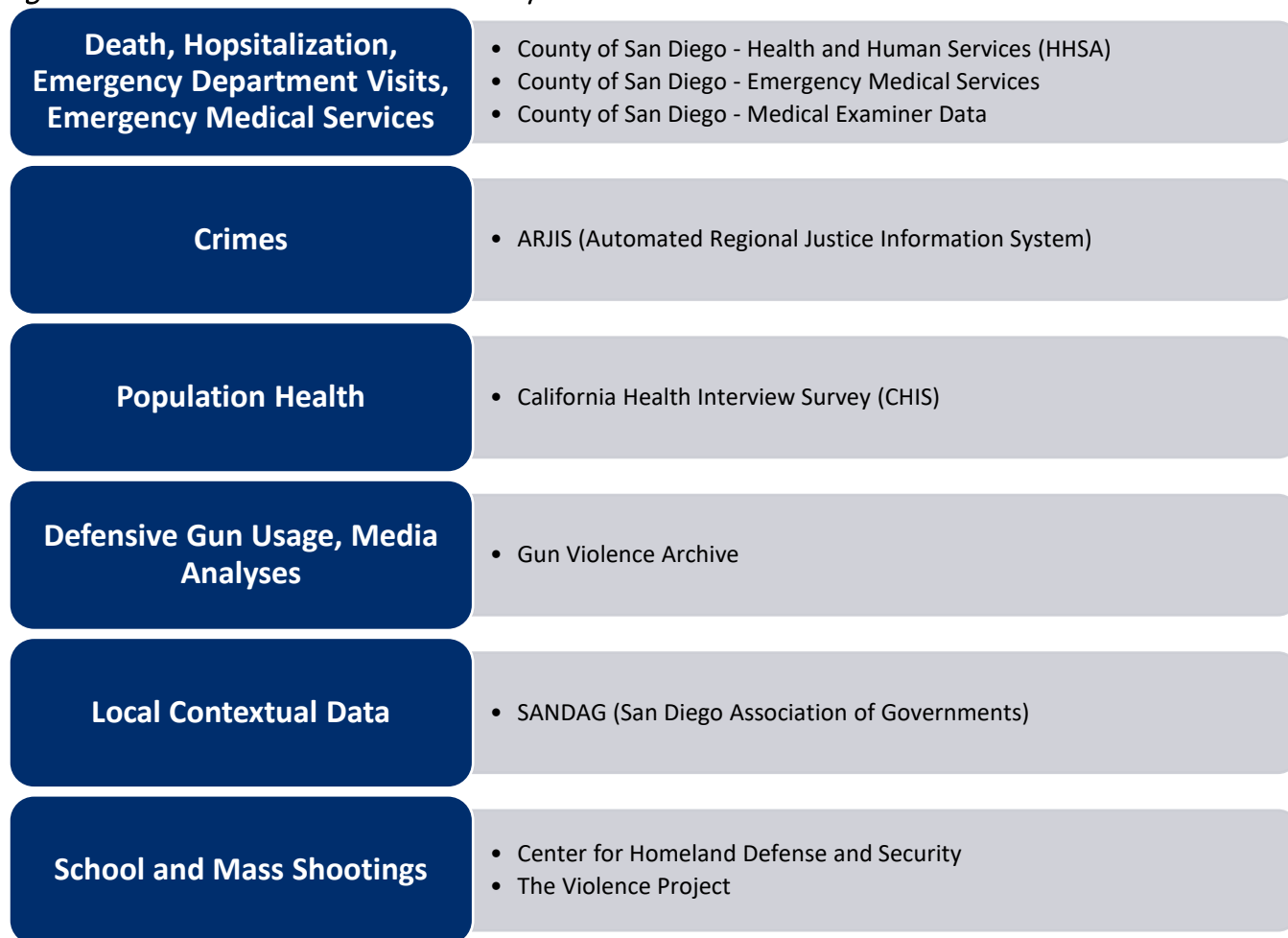
In many cases, SANDAG population data were utilized to calculate rates per 100,000 for defensive gun usage, deaths, injuries, emergency medical services, and crimes. Not all data sources span the same timeframe (e.g., injury data spans 2016-2020, whereas death data spans 2017-2021). Many analyses also included breakdowns by city and unincorporated community. It is important to note that city population data are from SANDAG, and that dataset does not parse out unincorporated communities. To include rates on unincorporated communities, population estimates were drawn from the U.S. Census American

⁹ A limitation of these data is that the three federal hospitals in the county (the VA hospital and two naval hospitals) do not provide data into the system from which County hospital/ED data are obtained, and thus any care provided at these federal hospitals to those eligible (active-duty personnel, veterans, and military family members) is not reflected in the data presented here. Attempts were made to acquire federal data, but none were received.

Community Survey. Because the calculation of rates drew from different data sources for population estimates for cities (SANDAG) and unincorporated communities (U.S. Census), comparisons between city and unincorporated community rates should be interpreted with caution. Further, unincorporated communities with small populations might have extremely high rates per 100,000, but these high rates might be due to the small population size rather than a pattern of high event occurrence. To exclude these less comparable results, only unincorporated communities with populations similar in size to incorporated cities were included. That is, unincorporated communities with populations under 4,000 (the approximate size of Del Mar, the smallest of the incorporated cities) were excluded.¹⁰

See the figure below for a listing of each gun violence topic and the corresponding data sources that was utilized for data analysis.

Figure 3. Data Sources for Gun Violence Topics



¹⁰ These excluded unincorporated communities (with average 2017-2021 populations under 4,000) were Borrego Springs, Boulevard, Campo, Descanso, Julian, Pala, Pine Valley, Potrero, and Rancho Santa Fe.

State of California, Department of Public Health, California Vital Data (Cal-ViDa)

Cal-ViDa is a query tool under the Center for Health Statistics and Informatics for the California Department of Public Health. These data can be used to pull causes of death by various demographic and geographic characteristics. The “place of death” was used for this report. To learn more about Cal-ViDa, visit this link: <https://cal-vida.cdph.ca.gov/>

ARJIS (Automated Regional Justice Information System)

ARJIS is a joint powers authority tasked with sharing information among relevant agencies in San Diego and Imperial Counties. These data provide firearm-related criminal cases and arrests (including on suspects and victims) as reported by city police departments as well as other law enforcement agencies (San Diego County District Attorney’s Office, San Diego County Probation Department, San Diego Harbor Police, and the San Diego County Sheriff’s Department).

ARJIS provided their criminal justice data pertaining to criminal cases and arrests regarding firearms for the region. These data are provided by San Diego County member agencies (Carlsbad, Chula Vista, Coronado, El Cajon, Escondido, La Mesa, National City, Oceanside, and San Diego Police Departments as well as the San Diego County District Attorney’s Office, San Diego County Probation Department, San Diego Harbor Police, and the San Diego County Sheriff’s Department, which cover the unincorporated areas of the county in addition to contract services within the cities of Del Mar, Encinitas, Imperial Beach, Lemon Grove, Poway, San Marcos, Santee, Solana Beach, and Vista). The data are available from 2017 through 2022 and include topics such as the highest charge of the incident/arrest, crime case category, location, and demographics of the suspects and demographics of the victims.

A limitation is that the data present reported incidents and arrests, rather than convictions. Thus, demographic data are available on alleged suspects, not convicted criminals.

To learn more about ARJIS, visit this link: <https://www.arjis.org/SitePages/Home.aspx>

California Health Interview Survey (CHIS)

CHIS is a large, comprehensive health-related survey, completed via phone call or internet, and is intended to be generally representative of California or individual Counties. It should be noted that because these data are based on surveys and extrapolated to the general population, there are 95% confidence intervals given for all figures. Sometimes these confidence intervals can be quite large, especially when describing subgroups. Publicly available data on county-wide gun violence for 2021 was pulled for this report. This is the first year for which CHIS has collected gun data. These County-wide data help to describe gun ownership, gun safety, and perceptions of gun violence. These data can be explored more at the following website: <https://healthpolicy.ucla.edu/chis/Pages/default.aspx>

Center for Homeland Defense and Security

The K-12 school shooting dataset is from a California research center (Center for Homeland Defense and Security) and contains information about the number of incidents, situational context, incident outcome,

location of shooting at the school, and relation of the shooter to the school. School shootings from 1970 through 2022 are available. These data can be explored at the following website: <http://www.chds.us/ssdb/>

County of San Diego - Health and Human Services Agency (HHSA)

HHSA has data on death and healthcare usage (emergency department visits, hospitalizations, etc.) as a result of firearms. However, the three federal hospitals in the county (the VA hospital and two naval hospitals) do not provide data into the system from which County hospital/ED data are obtained, and thus any care provided at these federal hospitals is not reflected in the data presented here. Hospitalization data includes detailed patient-level information on all people hospitalized at a licensed non-federal hospital within San Diego County. Some HHSA data are publicly available (e.g., total injury counts by city) for firearm-related injuries. HARC requested additional information about the intent (assault, accident, self-harm) and firearm information (handgun, rifle, etc.). These data were requested for 2016 through 2020. These data can be explored more at the following website: <https://www.sandiegocounty.gov/content/sdc/hhsa.html>

A limitation of these data is that they do not include any care provided at the three federal hospitals, thus excluding active-duty personnel, veterans, and military family members. An additional limitation with these data is that cases (say for a certain age group or a certain geography) can be suppressed when there are fewer than 11 cases (in 2020) and fewer than five cases in other years (2019 and later). This suppression means that we cannot always determine the precise number of cases for certain groups (e.g., age 65 and older).

County of San Diego - Emergency Medical Services

The County of San Diego provided emergency medical services data pertaining to firearm-related injuries and deaths as recorded by paramedics. Emergency Medical Services data include patient-level information on all people in San Diego County who called 9-1-1 for a medical emergency. These data will include information for when medics and ambulances were dispatched to a location in which a firearm was involved in an injury/death. The demographics and geography of cases, in addition to the incident's degree of seriousness (mild/moderate/acute), body-injury location, multi-victim occurrences, and hospital they were transported to were all requested.

A limitation with these data is that there may be duplication in some circumstances. That is, at times, both an ambulance and a separate firetruck unit from a separate area will respond to the same call, and thus, both record the incident separately.

County of San Diego - Medical Examiner Data

The San Diego County Medical Examiner investigates all deaths in the county for which a cause of death is not immediately known. The County of San Diego provided vital records data to HARC that contained demographics and geographic information for deaths occurring by firearms. The manner of death was also provided (suicide, homicide, accident, undetermined), as well as firearm caliber. Data are from 2017 through 2022.

It should be noted that although data from the VA hospital and two naval hospitals were not available for this study, the Medical Examiner data contain information on veteran status. These data reveal that 19.3% of all firearm-related deaths (2017-2022) were veterans.

For Medical Examiner data, only cases were included that had a geography in San Diego County. This would exclude, for example, a death caused by a shooting outside the county. Cases were also excluded that had an unknown geography. Cases might have an unknown geography for various reasons. For example, an individual may have been transported to the hospital by bystanders, and the information as to where the injury occurred would not have been provided. Or, in the case of a remote gunshot wound, where years later someone succumbed to their injuries, information may also not be available. There may also be cases where the individual was found deceased at a non-hospital location (e.g., a parking lot, sidewalk), but it was not clear that the incident occurred at that same location. Cases with an unknown geography could have occurred in the county, and thus the actual death count could be higher than reported here. However, this likely does not impact overall reported trends, because the number of cases with an unknown geography is relatively small (30 cases over 6 years, out of a total of 1,340 cases). In addition, cases were included that involved the deaths of non-residents whose deaths were caused by a shooting in the county.

Gun Violence Archive

The Gun Violence Archive is an independent research and data collection organization. This organization collects data regarding gun violence as it pertains to unintentional shootings, defensive use, injuries, and deaths. This public online archive lists firearm-involved injuries and deaths by date and city. These data were pulled to examine defensive use, as well as characterize media portrayals of gun violence. Data may be found at: <https://www.gunviolencearchive.org/>

A limitation here is that this organization pulls data from law enforcement, media, government, and commercial sources daily, which means there are underreported defensive gun use scenarios, and police encounters in which a firearm was legally used are not counted as a defensive gun usage event.

SANDAG (San Diego Association of Governments)

SANDAG is a large, one-county Metropolitan Planning Organization (MPO) that plans and programs transportation projects. SANDAG also provides a number of services, one of which includes maintaining information from the U.S. Census Bureau. These data were requested from the County Health and Human Services Agency, as the agency frequently works with these data. These are population data and they help to calculate population rates when possible. Population data for age, race, gender, and city are available from this source. A limitation here is that unincorporated communities are aggregated together in this dataset and cannot be parsed individually.

The Violence Project

The Violence Project Database is a collection of more than 100 pieces of information on 172 mass shooting events from 1966 through 2022. The data may be found at: <https://www.theviolenceproject.org>

A limitation encountered with these data is that the Violence Project uses a narrow definition of “mass shooting,” defining the term as only those events in which there were four or more firearm-related fatalities (not multiple firearm-related injuries).¹¹ This would exclude events that some regard as “mass shootings,” such as the Poway synagogue shooting in 2019 which resulted in only one fatality but the victimization of three individuals with firearm-related injuries.

¹¹ This definition used by the Violence Project is taken from the Congressional Research Service. For more information, see <https://www.theviolenceproject.org/methodology/>

Professional and Community Surveys

HARC and the Advisory Group collaboratively designed two surveys. One survey was designed for professionals who work in San Diego County with populations impacted by gun violence and another meant broadly for all residents living in San Diego County. The Advisory Group helped to identify topics and questions for the two surveys. The surveys were designed to generally measure perceptions of gun violence such as concerns, safety, causes and solutions, as well as experiences with gun violence and anticipated needs/programs/services to address gun violence. Both surveys were disseminated online, although a few residents participated by completing paper copies of the community survey.

The professional survey was made available in English, and the community survey was made available in English and eight threshold languages: Spanish, Filipino, simplified Chinese, Vietnamese, Korean, Persian (Farsi or Dari), Arabic, and Somali. The community survey was incentivized with a chance to win one of five \$50 Visa gift cards. The community survey was also prefaced with a list of services/organizations to help community members should they need them.

The surveys launched on January 17, 2023 and concluded on February 27, 2023. The surveys were shared through numerous offices and contacts through the County, a listserv of all listening session attendees and anyone who signed up for project updates, contacts and members served by organizations represented by Advisory Group members, and local media stories.

After the surveys closed, the results were downloaded and cleaned. Cleaning data is a process of fixing or removing incorrect, corrupted, incorrectly formatted, duplicated, or incomplete data within a dataset. For the purposes of these surveys, this process included removing data on survey participants who did not qualify for the survey or who began but did not take the survey as well as formatting the data for analysis in the analysis program SPSS. Quantitative data was analyzed using the program SPSS, and qualitative data was analyzed using the program MAXQDA.

A limitation of the community survey is that the survey used a convenience sampling method (rather than random sampling), producing results that are not representative of the general population. Community survey results had participants who were more likely to be White, non-Hispanic, and well-educated, and less likely to live below the poverty line than the general county population (as determined by U.S. Census data). For a table comparing demographics of the survey sample and the general county population, see Appendix T. Community survey results also had participants who were more likely to have a gun in the home than the general county population (as determined by CHIS data). Similar to the listening session data, the community survey data could be interpreted as providing a snapshot of the opinions and experiences of those most closely engaged with and impacted by the issue of gun violence.

Listening Sessions

The listening sessions were organized to solicit wide input from county residents. There were a series of public listening sessions and two youth listening sessions. Each public listening session was two hours in length. A list of nine questions were used to guide discussions (see Appendix D). These questions were broad to allow ample flexibility for people to share their perspective. Each listening session began with an

overview of the project. Following this was a review the National Conflict Resolution Center’s Code of Civil Discourse (see Appendix E) to encourage all attendees to share their views respectfully and to foster an atmosphere where all would feel comfortable sharing. At sessions that had numerous attendees, the public was asked to limit their comments to three minutes (and attendees could make multiple comments). A total of seven public listening sessions were hosted by the County and two additional youth-specific sessions were held in conjunction with planned events hosted by youth-serving organizations. These seven public listening sessions took place between November 16, 2022, and December 15, 2022. Two sessions were virtual (conducted on Zoom), and five sessions were in-person. The five in-person sessions were held at the following venues: the Jackie Robinson Family YMCA in San Diego, Remnant Church in San Diego, the Civic Center Branch Library in Chula Vista, One Safe Place in San Marcos, and the Ronald Reagan Community Center in El Cajon.

Advisory Group members helped to select the venues, and each session had one Advisory Group member serve as a host, helping to encourage attendance and welcome attendees. The sessions were promoted through the County’s networks as well as those of the Advisory Group. Members of the public were invited to request language interpretation (if needed) in eight threshold languages.¹² Spanish language interpretation was available at all sessions whether or not it was requested.

In addition to the seven public listening sessions hosted by the County, project researchers received invitations to host discussions at two pre-planned student events that took place in late December 2022 and early January 2023. These were then organized as youth listening sessions. The first youth session was held with members of the Aaron Price Fellows Program in San Diego. The second youth session was organized by the Live Well San Diego Youth Sector (a County program) at the San Diego School of Creative and Performing Arts. These youth sessions were 30 to 45 minutes long, and a shortened list of questions was used (see Appendix M).

All listening sessions were organized similarly with an introduction by the host, standard remarks on the project’s background, and a series of prepared questions. Nonetheless, each session was different due to the varied venues, number of attendees, and communities represented at the events. Some sessions had small numbers of attendees with individuals finding many commonalities that may have promoted sharing and building off each other’s comments. Two sessions had large numbers of attendees with a clear majority representing advocacy for gun rights.

Facilitators announced at each session that attendees could provide comments privately by scheduling a one-on-one phone or video call. One private Zoom call was conducted, and some submitted comments by email. All listening sessions were audio recorded, and recordings were transcribed. Project researchers explained to attendees that the sessions would be recorded during the introductions of each session. All comments reported have been anonymized (i.e., with no names or other identifying information). In addition to the recording of public comments, attendees of the listening sessions (excluding the two youth listening sessions) were invited to complete a brief, eight-question survey (see Appendix G). This survey

¹² Spanish, Somali, Persian (Farsi or Dari), Arabic, Filipino, Korean, Chinese, and Vietnamese.

captured basic information such as demographics (age, race, gender) and residence (zip code). The “mini survey” also allowed attendees to write-in their suggestions and opinions.

The transcripts of the listening session recordings were analyzed in the software program MAXQDA. Comments were tagged with “codes” for each point that was raised (e.g., “Youth mentorship” or “Safe storage”). Rather than coding for simple frequencies of mentioned keywords, codes were assigned to the meanings of the text, requiring passages to always be placed in the context of an attendee’s comment and the session’s wider dialogue. These codes were then grouped together into dominant “themes.” These themes were reviewed and revised. The most frequently raised themes were then selected as representative of the listening sessions.

The mini survey results were cleaned and analyzed quantitatively to produce frequencies. As explained above, cleaning data is a process of fixing or removing incorrect, corrupted, incorrectly formatted, duplicated, or incomplete data within a dataset. For the purposes of the mini survey, this process included confirming the data were correctly entered (from paper surveys into an online survey platform) and formatting the data for analysis in SPSS. The results for the open-ended questions on the mini survey were analyzed to identify and group common themes. The mini survey results are presented in Appendix N.

A limitation of the listening session data is that it did not solicit participation from a random sample of residents, and thus is not representative of the general county population. Rather, the listening sessions drew individuals who are closely engaged with or have been impacted by issues pertaining to firearms, such as those involved in gun rights advocacy or violence prevention. Another limitation is that the listening sessions might not have been accessible to some residents, given the possible economic burdens of taking time off work (if one worked in the evenings), securing childcare, or driving to a listening session.

Recommendations

A review of the literature on gun violence reduction was conducted to identify “best practices” to guide recommendations. Further, the results of the listening sessions and surveys were reviewed to identify possible recommendations. In addition, conversations were held with community partners and County agencies to better understand needs and opportunities for improvement.¹³ These discussions were most critical to the formation of recommendations. Possible recommendations were then discussed with Advisory Group members who volunteered to serve on a “Best Practices” Working Group.

For the literature review, a preliminary list of reports and peer-reviewed articles was compiled by searching keywords on Google Scholar (e.g., “gun violence reduction”), reviewing the online resources of prominent firearm research centers (see the table below), and consulting with members of the Advisory Group (who recommended specific studies). For a list of the reviewed studies, see Appendix R. Attention was placed on intervention programs and approaches with evidence of being effective.

¹³ These included the County Office of Violence Prevention (primarily tasked with addressing domestic violence), the Suicide Prevention Council, the Sheriff’s Department Vista Station, the Sheriff’s Department’s RESPECT Project, the County Child Welfare Services, representatives from One Safe Place (with the District Attorney’s Office), and Vista Community Clinic.

Table 1. Research Centers and Resources

Organization name	Website
Harvard Injury Control Research Center	https://www.hsph.harvard.edu/hicrc/
University of Michigan Institute for Firearm Injury Prevention	https://firearminjury.umich.edu/
Johns Hopkins Center for Gun Violence Prevention and Policy	https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-violence-prevention-and-policy/
The Trace: Investigating Gun Violence in America	https://www.thetrace.org/2023/01/gun-violence-intervention-research/
RAND Corporation: Gun Policy in America	https://www.rand.org/research/gun-policy.html
University of San Diego: Violence, Inequality and Power Lab (VIP Lab)	https://www.sandiego.edu/peace/institute-for-peace-justice/violence-inequality-power-lab/
UC Davis Violence Prevention Research Program	https://health.ucdavis.edu/vprp/UCFC/index.html
Northwell Health Center for Gun Violence Prevention	https://www.northwell.edu/center-for-gun-violence-prevention
Rutgers New Jersey Gun Violence Research Center	https://gunviolenceresearchcenter.rutgers.edu/
Massachusetts General Hospital Center for Gun Violence Prevention	https://www.massgeneral.org/gun-violence-prevention
National Gun Violence Research Center	https://www.gunresearch.org/
Children’s Hospital of Philadelphia Center for Violence Prevention	https://nnscommunities.org/
Violence Policy Center	https://vpc.org/
CDC Firearm Violence Prevention	https://www.cdc.gov/violenceprevention/firearms/index.html
National Network for Safe Communities at John Jay College	https://nnscommunities.org/
California Partnership for Safe Communities	https://thecapartnership.org/
Crime and Justice Policy Lab at the University of Pennsylvania	https://crimejusticelab.org/

Conclusion

Data were collected from a variety of sources, including eight secondary data sources, professional and community surveys, and the listening sessions. While effort was made to collect data on a variety of gun violence topics, there remain at least three topics that are left unexplored in this report. First, data was not gathered on the effects of gun violence on tribal nations or by tribal members. Tribal membership was not included in the data sets, and crime statistics were not available for tribal law enforcement agencies. This might be a topic of future research, given that San Diego County is home to 18 federally recognized tribal nations. Second, data was not gathered on officer-involved shootings. Although the listening session data captured this as a concern (see the Listening Session section), information on this topic was not available in the secondary data sets, and the community survey did not list officer-involved shootings as a separate category of gun violence. This might be a topic of future research, given the concern surrounding this issue in underserved communities impacted by gun violence. Third, data was not gathered from federal hospitals (the VA hospital and two naval hospitals). It is likely that active-duty military personnel are underrepresented in the injury data presented here, in addition to veterans and military family members who were cared for at federal hospitals. The methods used in this study, as well opportunities to improve the methods, may be adopted and continued by the County for regular data monitoring and for making such data available to the public.

Results: Secondary Data

As previously mentioned, this report pulls from a variety of data sources to best describe gun violence across the San Diego region. When possible, each topic is described generally; that is, the count of occurrence and then any pertinent details for San Diego County. Furthermore, when possible, this information is then presented as a rate per 100,000 at certain levels of analysis to keep the findings within context. These analyses were performed for defensive gun use, firearm-related deaths, firearm-related injuries, including emergency department visits and hospitalization discharges, emergency medical services events, and crimes involving firearms. The aforementioned topics are presented yearly as a rate per 100,000 across the entire county, as an average rate per 100,000 over a period of time, by geography as a rate per 100,000, and as a rate per 100,000 by available demographics (i.e., race, gender, and age). Lastly, these rates may sometimes have a low rounding error out to the tenth place.

The table below includes highlights of the results of this report. The average count over a five-year period, the percentage, and then the rate per 100,000 (based on the average count and average population size) is provided. Race is presented in the table on the following page because this demographic is slightly different from each data source.

Table 1. Firearm-Related Average Annual Counts, Percentages, and Rates: Deaths, Hospitalizations, ED Visits, and Crimes

Category	Deaths (2017-2021)			Hospitalizations (2016-2020)			Emergency Department (ED) Visits (2016-2020)			Crimes (2017-2021)		
	<i>n</i>	%	Rate	<i>n</i>	%	Rate	<i>n</i>	%	Rate	<i>n</i>	%	Rate
San Diego County	221	-	6.6	140	-	4.2	134	-	4.0	3,767	-	113.4
Gender												
Female	29	13.1%	1.8	14	10.0%	0.8	19	14.2%	1.1	350	10.3%	21.2
Male	192	86.9%	11.4	126	90.0%	7.5	115	85.8%	6.9	3,054	89.7%	182.4
Age												
0-14	2	0.8%	0.3	-	-	-	-	-	-	-	-	-
15-24	29	13.3%	6.0	50	-	10.0	42	-	8.6	-	-	-
25-44	71	32.0%	8.2	60	-	6.9	60	-	6.9	-	-	-
46-64	59	26.8%	7.3	20	-	2.5	22	-	2.7	-	-	-
65+	60	27.0%	12.0	-	-	-	-	-	-	-	-	-

Note: *n* refers to the annual average count of cases (e.g., the average number of deaths from 2017 through 2021). Rate is a rate per 100,000 and is based on the average *n* as well as the average population size. 0-14 and 65+ for hospitalizations and ED visits are not reported due to suppressions/empty cases in the data source. Thus, percentages are not reported either. Crime demographics are the demographics of suspects. Age is not reported for crimes due to uncertainty in age data.

Table 2. Firearm-Related Average Annual Counts, Percentages, and Rates: Homicides and Suicides

Category	Homicides (2017-2021)			Suicides (2017-2021)		
	<i>n</i>	%	Rate	<i>n</i>	%	Rate
San Diego County	62	-	1.9	157	-	4.7
Gender						
Female	13	18.8%	0.8	17	10.8%	1.0
Male	56	81.2%	3.3	141	89.2%	8.4
Age						
0-14	3	4.3%	0.4	2	1.3%	0.2
15-24	16	22.9%	3.3	14	8.8%	2.9
25-44	34	48.6%	4.0	39	24.5%	4.6
46-64	13	18.6%	1.6	48	30.2%	5.9
65+	4	5.7%	0.8	56	35.2%	11.3

Note: *n* refers to the annual average count of cases (e.g., the average number of deaths from 2017 through 2021). Rate is a rate per 100,000 and is based on the average *n* as well as the average population size.

Table 3. Average Annual Counts for Firearm-Related Death, Hospitalization, ED Visits, and Crimes – Race/Ethnicity Only

Category and Year	<i>n</i>	%	Rate
Race/Ethnicity - Deaths (2017-2021)			
Asian	6	3.3%	1.6
Black	11	6.0%	7.0
Hispanic	26	14.1%	2.3
Multiracial	6	3.3%	5.2
Native American	2	1.1%	10.7
Other	1	0.5%	9.1
White	132	71.7%	8.6
Race/Ethnicity - Hospitalizations (2016-2020)			
Black	32	24.4%	20.1
Hispanic	63	48.1%	5.6
White	29	22.1%	1.9
Race/ Ethnicity - ED Visits (2016-2020)			
Black	26	20.6%	16.4
Hispanic	51	40.5%	4.6
White	37	29.4%	2.4
Race/ Ethnicity - Crimes (2017-2021)			
Asian	90	2.7%	25.5
Black	986	30.0%	624.9
Hispanic	1,380	42.0%	122.1
Native American	23	0.7%	155.9
Native Hawaiian or Other Pacific Islander	24	0.7%	165.4
Other	46	1.4%	420.8
White	736	22.4%	48.1

Note: *n* refers to the average annual count of cases (e.g., the average number of deaths from 2017 through 2021). Rate refers to the rate per 100,000 people and is based on the average *n* as well as the average population size. For hospitalizations and ED visits, data for all years were not available for the categories Native Hawaiian/Other Pacific Islander and Other/American Indian/Alaskan Native/multiracial. Crime demographics are the demographics of suspects.

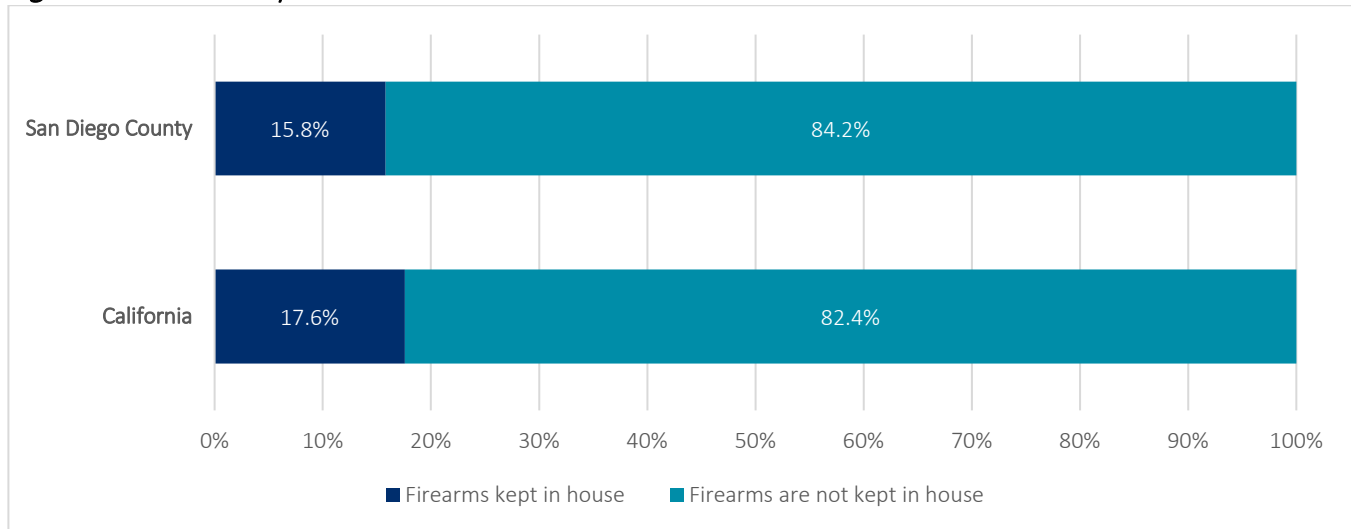
Gun Ownership, Safety, and Perceptions

This section of data originates from the UCLA Center for Health Policy Research under the California Health Interview Survey (CHIS).¹⁴ The survey is a random sample of individuals across California and provides a representative, detailed picture of a variety of topics. In 2021, the CHIS included topics related to gun ownership, safety, and perception of gun violence. This information is presented to illustrate firearm ownership in the San Diego region, as well as feelings of safety regarding firearms and perceptions of firearm victimhood and worry.

Ownership of Firearms

In the CHIS survey, adults were asked, “How many firearms are kept in or around your home?” As illustrated in the figure below, an estimated 15.8% (about 383,000 adults) of adults in San Diego County reported keeping firearms in the home. This rate is similar to California (17.6%). Conversely, most adults (84.2%, about 2.042 million) in San Diego County do not keep firearms in their homes.

Figure 4. Firearms Kept in the Home



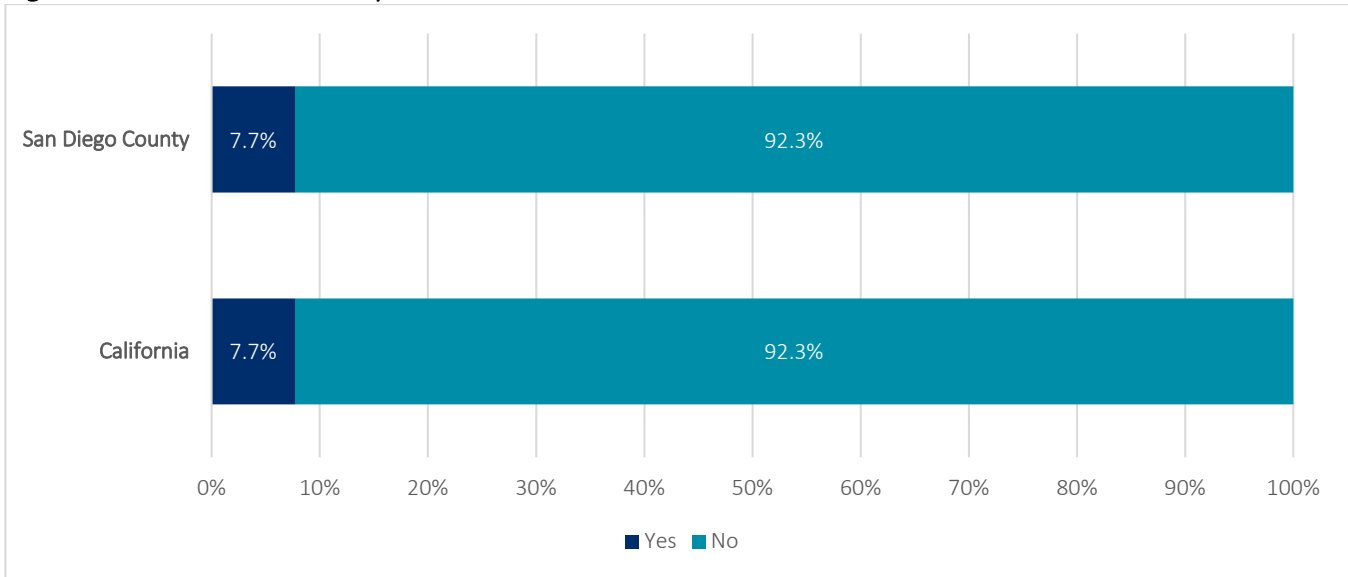
Note: Data are from the 2021 CHIS. The 95% confidence intervals for firearms kept in the home are 14.1-17.5 for San Diego County and 17.0-18.2 for California. The 95% confidence intervals for firearms not kept in the home are 82.5-85.9 for San Diego County and 81.8-83.0 for California.

¹⁴ UCLA Center for Health Policy Research. California Health Interview Survey. <https://healthpolicy.ucla.edu/chis/Pages/default.aspx>

Safety with Firearms

According to the CHIS survey, among adults with at least one firearm in the home in San Diego County, an estimated 7.7% (about 29,000 adults) kept their gun loaded and unlocked, whereas most (an estimated 92.3%, about 354,000 adults) reported that they do not keep their gun loaded and unlocked.¹⁵ These firearm safety rates are approximately similar for San Diego County and California, as illustrated on the following page.

Figure 5. Firearm in Home Kept Loaded and Unlocked - Adults with at Least One Firearm in Home



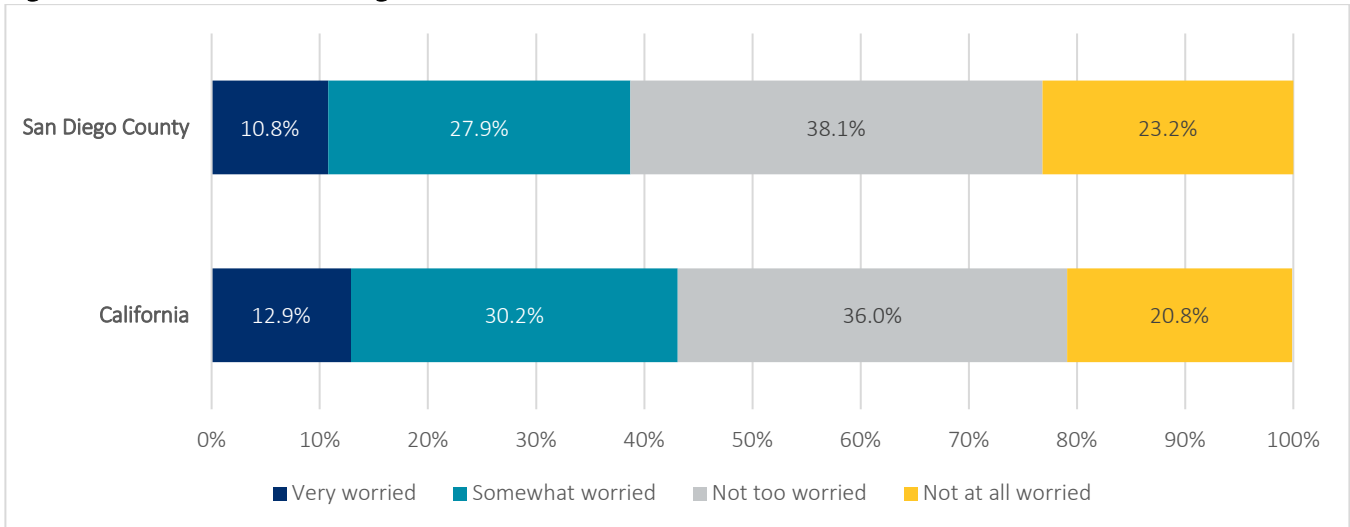
Note: Data are from the 2021 CHIS. The 95% confidence intervals for firearm in home kept loaded and unlocked are 4.9-10.4 for San Diego County and 6.7-8.8 for California. The 95% confidence intervals for firearm in home not kept loaded and unlocked are 89.6-95.1 for San Diego County and 91.2-93.3 for California.

¹⁵ To review the phrasing of the question asked in the CHIS survey, see <https://healthpolicy.ucla.edu/chis/design/Documents/2021%20Questionnaires%20and%20Topics%20List/August%202021%20Updated/8.24%20Documents/CHIS%202021%20CAWI%20v1.32%2024AUG2021%20Adult%20Questionnaire.pdf>

Perceptions of Victimhood and Worry

In the CHIS survey, adults were asked, “How worried are you about being the victim of gun violence?” As illustrated in the figure below, over a third (an estimated 38.7%, or about 938,000 adults) are either *very worried* or *somewhat worried* about being the victim of gun violence. Conversely, the majority of adults (an estimated 61.3% or about 1.486 million adults) are either *not too worried* or *not at all worried*. These rates are approximately similar to California rates.

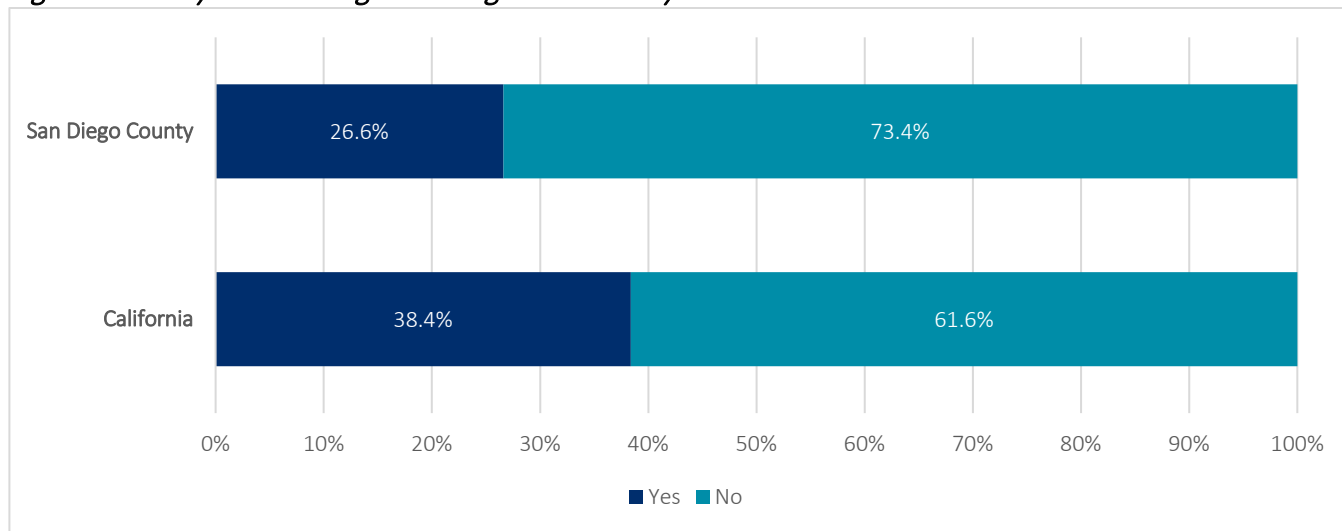
Figure 6. Worried About Being the Victim of Gun Violence



Note: Data are from the 2021 CHIS. The 95% confidence intervals for “very worried” about being the victim of gun violence are 8.9-12.7 for San Diego County and 12.2-13.5 for California. The 95% confidence intervals for “somewhat worried” are 25.0-30.8 for San Diego County and 29.5-31.0 for California. The 95% confidence intervals for “not too worried” are 35.8-40.4 for San Diego County and 35.2-36.9 for California. The 95% confidence intervals for “not at all worried” are 20.8-25.6 for San Diego County and 20.1-21.6 for California.

Additionally, in the CHIS survey, adolescents (ages 12 to 17) were asked if they ever worry about being shot. As illustrated in the figure below, over a quarter (an estimated 26.6% or 72,000 adolescents) of San Diego County adolescents stated, “Yes,” they have been worried about being shot. This rate is slightly lower than the rate for California (an estimated 38.4%). The majority (an estimated 73.4% or about 198,000 adolescents) of San Diego County adolescents have not been worried about being shot.

Figure 7. Worry About Being Shot – Ages 12-17 Only



Note: Data are from the 2021 CHIS. The 95% confidence intervals for worrying about being shot are 17.4-35.8 for San Diego County and 35.2-41.5 for California. The 95% confidence intervals for not worrying about being shot are 64.2-82.6 for San Diego County and 58.5-64.8 for California.

Defensive Gun Use

This section of data includes verified incidents of defensive gun use, as collected by the Gun Violence Archive. This organization¹⁶ is an independent research and data collection organization that collects data regarding gun violence as it pertains to unintentional shootings, defensive use, injuries, and deaths. Defensive gun use includes incidents in which homeowners stop a home invasion, store clerks stop a robbery, or someone stops an assault or rape.

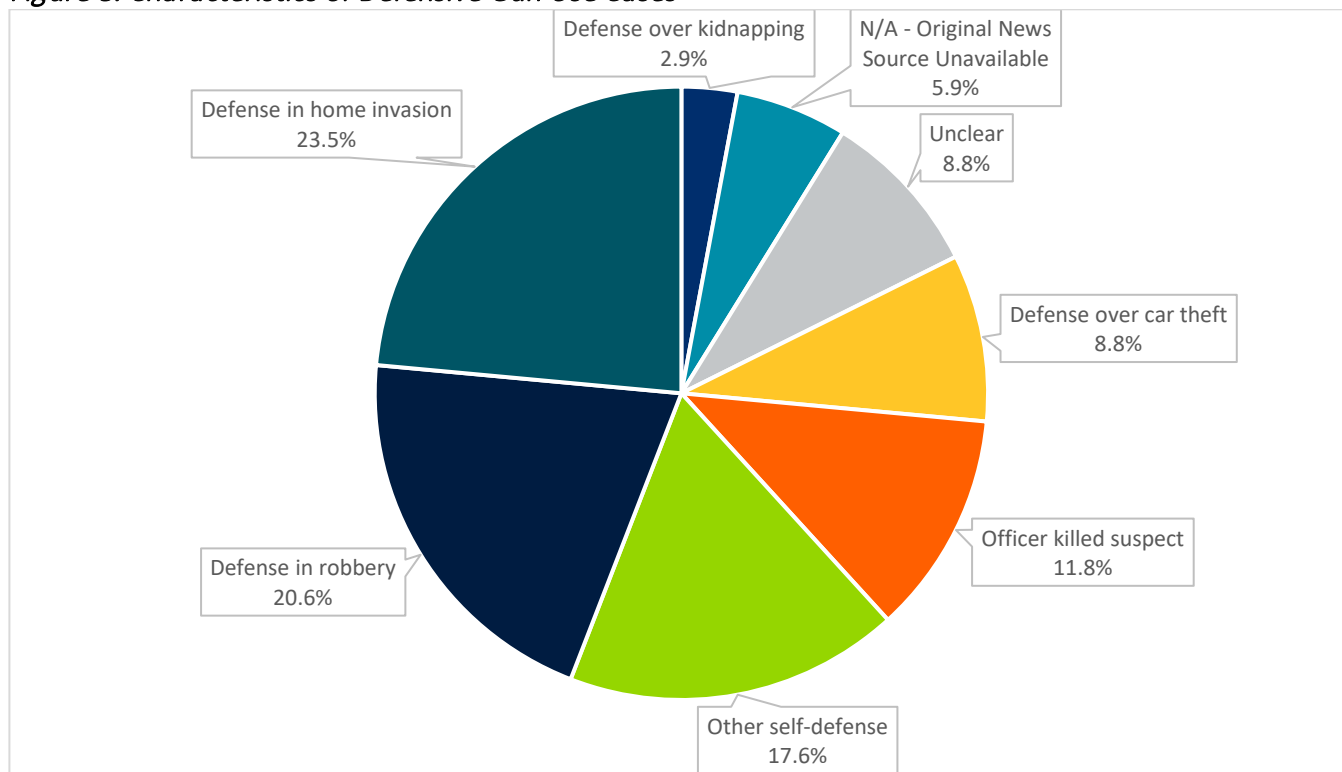
These data should be interpreted with caution, as this organization pulls data from law enforcement, media, government, and commercial sources, which means there are likely underreported defensive gun use scenarios. In addition, police encounters in which a firearm was legally used are not counted as a defensive gun usage event.

According to the Gun Violence Archive, there were 33 defensive gun usage incidents from 2014 through October 2022 in San Diego County. The year with the highest number of defensive gun usage incidents was 2014 (8 incidents). Across these 33 events of defensive gun usage, 16 people were killed, and 17 were injured.

¹⁶ Gun Violence Archive. <https://www.gunviolencearchive.org/>

The Gun Violence Archive does not include further details about the defensive gun usage events. Thus, HARC read through the available 33 defensive gun use cases and qualitatively analyzed these data. This process involved grouping the data into themes. As illustrated in the figure below, the most common characteristics of defensive gun use include defense in a home invasion, defense in a robbery, and then general self-defense. Also, note that these data are limited in providing a comprehensive picture of defensive gun use. For example, only a few cases were cited as “officer killed suspect”; however, officers typically use their firearm in defense, and those data are not represented here.

Figure 8. Characteristics of Defensive Gun Use Cases

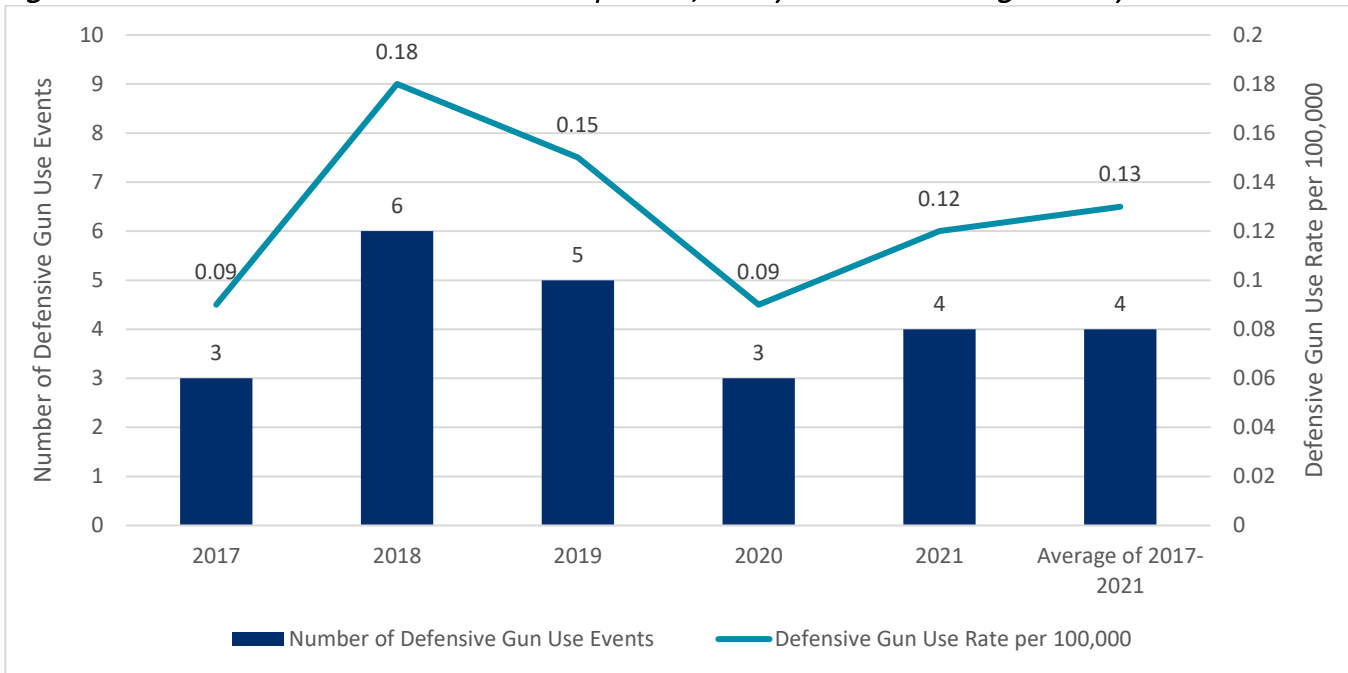


Note: Data are from the Gun Violence Archive. *n* = 34 cases.

Defensive Gun Use by Year

The figure below includes an annual breakdown of defensive gun use events and then the calculated defensive gun use event rate per 100,000 across San Diego County from 2017 to 2021. As illustrated below, the defensive gun use event rate per 100,000 is low, with rates not reaching a whole number in any of the years. Most recently, looking at 2021, the defensive gun use event rate was 0.12 people per 100,000 in San Diego County. These data were averaged across the five-year period to get a sense of defensive gun use rates. For instance, the number of defensive gun use events over these five years and population size were also averaged. The result yields an average defensive gun use event rate of 0.13 people per 100,000 over these five years.

Figure 9. Defensive Gun Use Events and Rates per 100,000 by Year for San Diego County for 2017-2021



Note: Defensive gun use data are from the Gun Violence Archive. Population data used to calculate rates are from SANDAG.

Defensive Gun Use cannot be broken down by city as the Gun Violence Archive does not specify if the event is “City” or “County,” meaning “San Diego” could be a city or county designation.

Death by Firearms

This section shows data from the County of San Diego Medical Examiner's Office. The data source includes information about people who died as a result of a firearm. These data help to describe how many people die from firearms, as well as the event geography, details such as firearm caliber, the manner of death (assault, suicide, accident), and then various demographics.

Data from the County of San Diego Medical Examiner's Office are analyzed in a specific way. These data are filtered to only include cases in which it is known that the *event occurred within San Diego County*. Specifically, these are firearm-related events resulting in death (e.g., a person was shot in the City of San Diego and later died as a result of the shooting). Thus, geographies that are outside of San Diego County (e.g., a person was shot in Sacramento, or a person was shot in Los Angeles, etc., but died in San Diego County) are removed from subsequent pages. Furthermore, cases with an unknown geography (as the event could have occurred anywhere) were also removed.

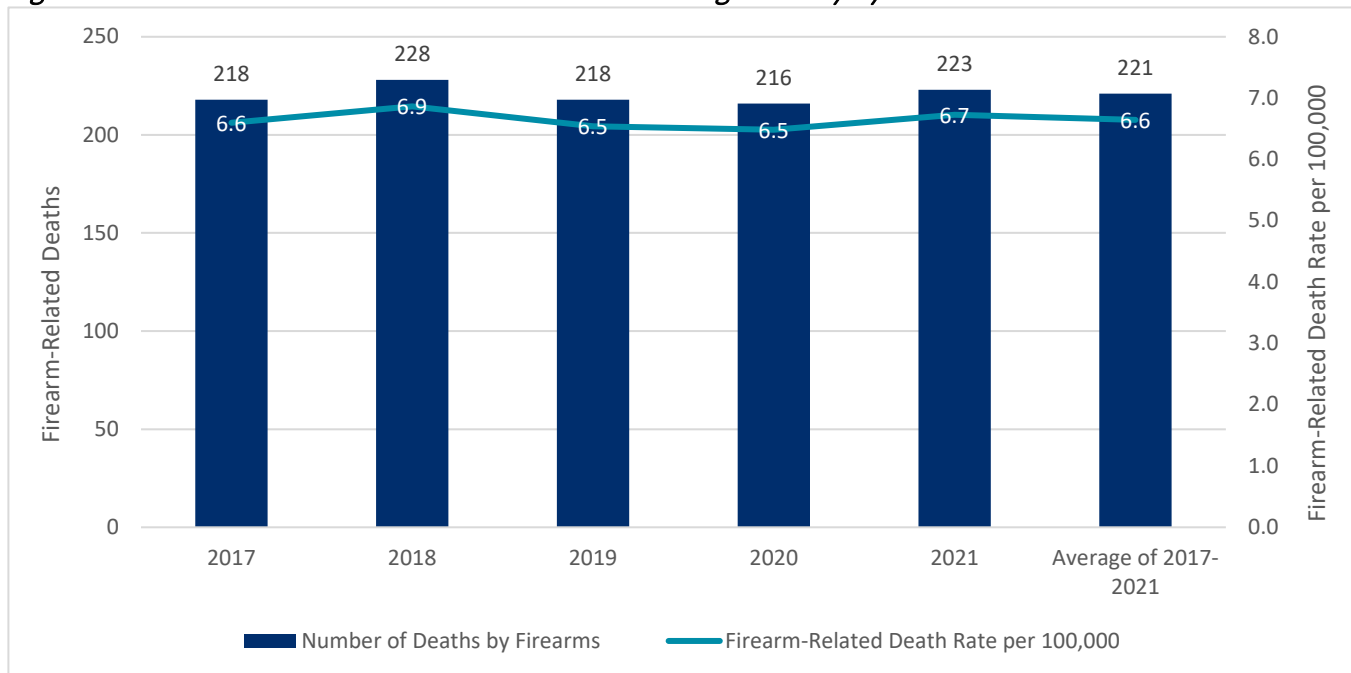
This filtering of the data will result in some different estimates for death by firearms when comparing to different sources. For instance, the County of San Diego Department of the Medical Examiner 2021 Annual Report¹⁷ shows that 88 people died from firearm-related homicides in 2021, whereas the present report shows 83 people died; this difference is due to the removal of unknown geographies and removal of events that occurred outside of San Diego County.

¹⁷ Annual Report Executive Summary (2021). County of San Diego Department of the Medical Examiner.

Deaths by Firearms by Year per 100,000 People

From 2017 through 2022, there have been 1,310 deaths by firearms.¹⁸ The year with the highest number of deaths by firearms was 2018 (228 deaths), but not much higher than other years.¹⁹ As illustrated below, the firearm-related death rate per 100,000 was 6.6 people per 100,000 in 2017 compared to 6.7 people per 100,000 in 2021, thus indicating that firearm-related death rates have not changed substantially over the years. The number of deaths over five years and population size were averaged. The result yields an average firearm death rate of 6.6 people per 100,000. For comparison, the California²⁰ average (from 2017-2021) firearm-related death rate per 100,000 was 8.0, which is above the San Diego County average.

Figure 10. Firearm-Related Deaths and Rates in San Diego County by Year from 2017-2021



Note: Data are from the County of San Diego Medical Examiner's Office. Population data used to calculate rates are from SANDAG.

Among firearm-related deaths from 2017 through 2022, 253 (or 19.3%) firearm-related deaths were indicated as being veterans. Among these veterans, 93.3% (or 236 veterans) died by suicide with a firearm, whereas 6.3% (or 16 veterans) died by homicide, and for 0.4% (or one veteran) the intent was undetermined.

¹⁸ Cases with unknown geography or for which the firearm death occurred outside of San Diego County were filtered out of this count.

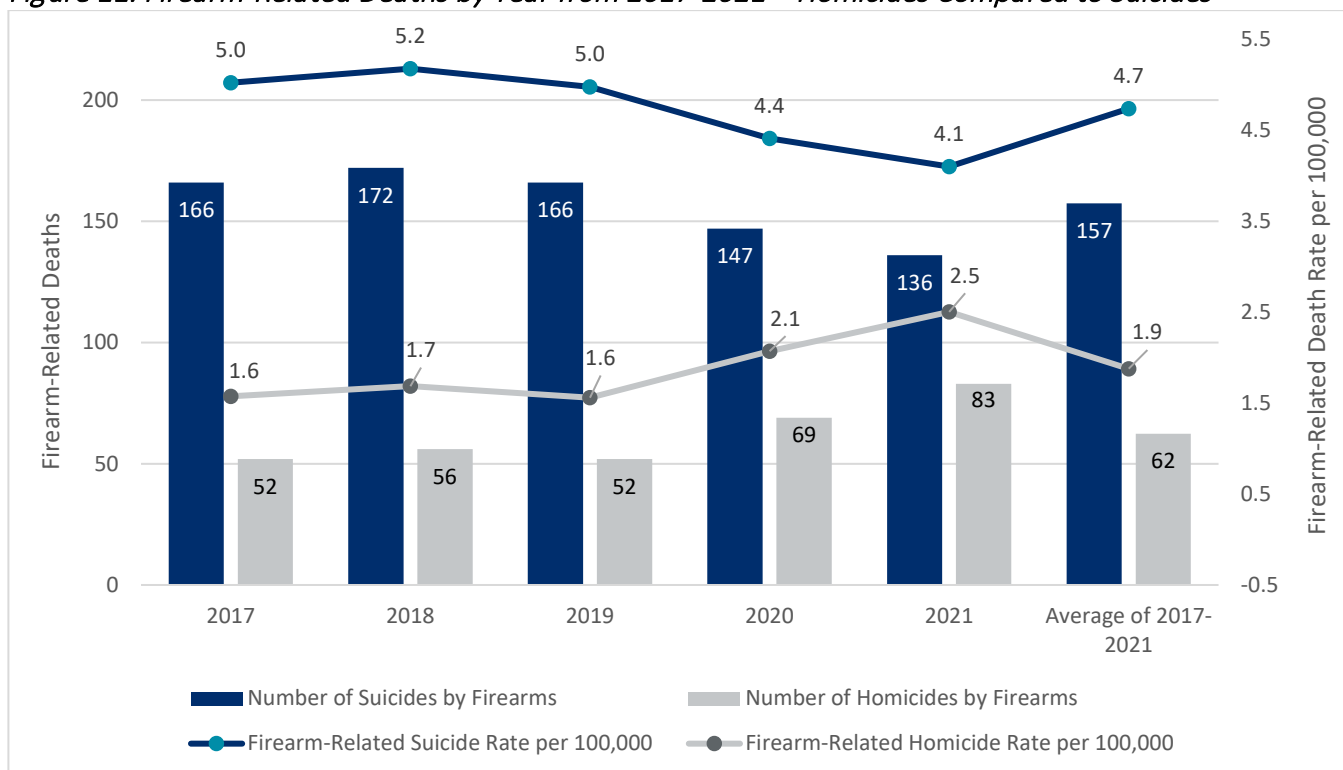
¹⁹ Figure 8 provides the numbers of deaths by firearm and firearm-related death rates per 100,000. To calculate the rate per 100,000, population data from the San Diego Association of Governments (SANDAG) was used. However, the most recently available SANDAG population data are for 2021, as of this writing. Thus, the rate per 100,000 could not be calculated for firearm deaths in 2022. The number of firearm deaths in 2022 was 207.

²⁰ State of California, Department of Public Health, California Vital Data (Cal-ViDa), Death Query, <https://cal-vida.cdph.ca.gov/>. Population data used to calculate rates are from the United States Census Bureau.

Deaths by Firearms: Homicides and Suicides by Year per 100,000 People

The figure below includes firearm-related deaths and death rates per 100,000 people, with suicides compared to homicides. As illustrated below, the suicide death count and rate are substantially greater than the homicide death count and rate. Specifically, the average (from 2017-2021) firearm-related suicide rate per 100,000 was 4.7, whereas the homicide rate was 1.9 per 100,000. Thus, the firearm-related death rate is primarily due to suicide. See the figure below for additional details by year.²¹

Figure 11. Firearm-Related Deaths by Year from 2017-2021 – Homicides Compared to Suicides



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

Regarding California firearm-related death data,²² the state average (from 2017-2021) firearm-related suicide rate per 100,000 was 4.0, whereas the homicide rate was 3.8 per 100,000. The California firearm-related suicide rate is approximately similar to the San Diego County rate of 4.7, whereas the California firearm-related homicide rate is higher than the San Diego County rate of 1.9.

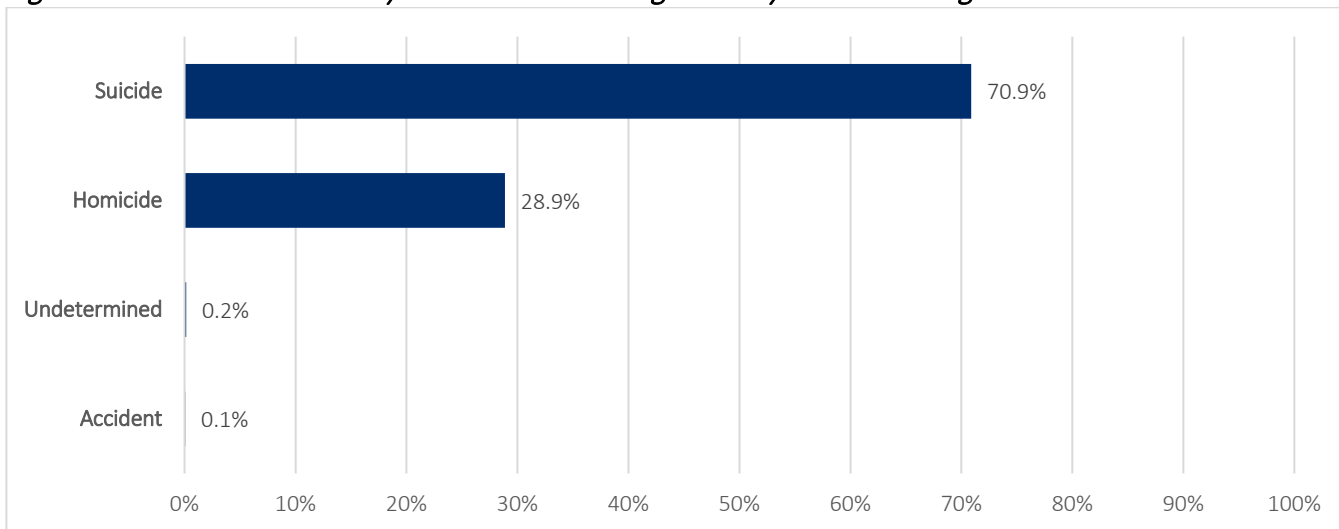
²¹ As noted above, the death rates for 2022 could not be calculated. For 2022, the number of firearm-related homicides was 66, and the number of firearm-related suicides was 141.

²² State of California, Department of Public Health, California Vital Data (Cal-ViDa), Death Query, <https://cal-vida.cdph.ca.gov/>. Population data used to calculate rates are from the United States Census Bureau.

Manner of Death by Firearms

Among the 1,310 firearm-related deaths between 2017 to 2022, the majority were suicides (70.9%), whereas 28.9% were homicides.²³ Only 0.1% of firearm-related deaths were accidental, and another 0.2% were undetermined. Regarding firearm-related death data (2017 through 2022)²⁴ for California, about 50.5% of firearm-related deaths are suicide whereas 48.3% are homicide. Clearly, the percentage of firearm-related suicides is substantially higher for San Diego County (70.9%) compared to California (50.5%).

Figure 12. Manner of Death by Firearms in San Diego County – 2017 Through 2022



Note: Data are from the County of San Diego Medical Examiner’s Office.

It is important to note here that, for 2017-2021, the most common suicide method was firearm (37.0%), followed by asphyxia due to hanging or suffocation (32.3%), and drugs (11.8%).²⁵ For more information, see Appendix U.

According to a report done by the County of San Diego Domestic Violence Fatality Review Team,²⁶ the most common method of domestic violence homicide in San Diego County (from 1997-2018) was a shooting (comprising 45% of domestic violence homicides). This finding echoes a similar concern in the County of San Diego Medical Examiner’s data. Among the 1,310 firearm-related deaths from 2017 through 2022, about 5.1% (or 54 people) were identified as having a possible domestic violence cause of death (i.e., result of violence from an intimate relationship/partner/spouse/ex-spouse, etc.). A total of 70.4% of these domestic violence firearm-related deaths were homicides. In addition, possible domestic violence-related

²³ Cases with unknown geography or for which the firearm death occurred outside of San Diego County were filtered out of this count.

²⁴ State of California, Department of Public Health, California Vital Data (Cal-ViDa), Death Query, <https://cal-vida.cdph.ca.gov/>.

²⁵ Department of the Medical Examiner, 2017-2021; percentages include only those suicides where both the death and the incident/event causing death occurred within the county.

²⁶ Domestic Violence Homicide In San Diego County: A 22 Year Overview. (2019). County of San Diego Domestic Violence Fatality Review Team. [https://www.sdcda.org/Content/helping/December%202019%20DVFRT%20Bulletin%20\(Final%20for%20Release\).pdf](https://www.sdcda.org/Content/helping/December%202019%20DVFRT%20Bulletin%20(Final%20for%20Release).pdf)

homicides accounted for 13.8% of all firearm-related homicides (2017-2022). For more information, see Appendix U.

In addition, supplemental information provided by the Medical Examiner's Office (see Appendix U) includes information on the number of law enforcement-involved shootings included in the total firearm-related homicide case counts. From 2017 to 2021, there were 40 homicides resulting from law enforcement-involved shootings or 12.8% of all firearm-related homicides.

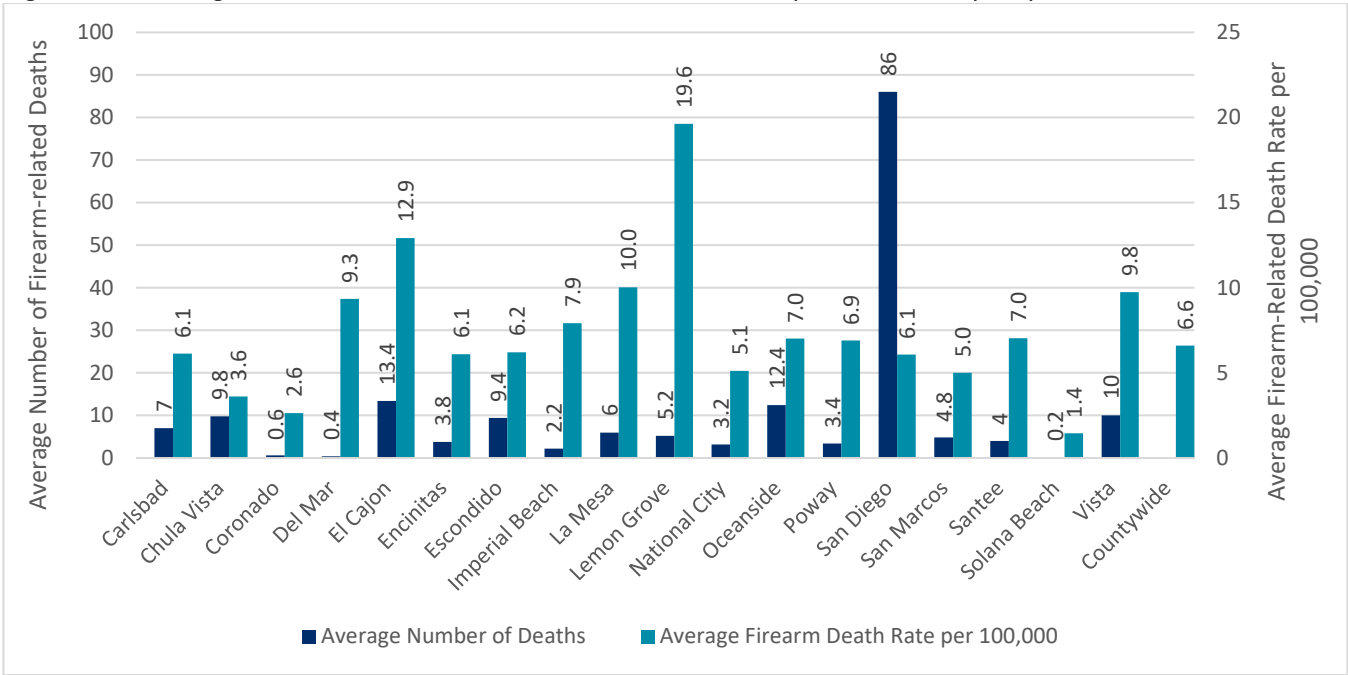
Geography of Firearm-Related Deaths per 100,000 People

The figure below details the average number of firearm-related deaths and the average rates per 100,000 over five years (2017 through 2021) by city. Averages by unincorporated community are detailed on the next page.

As illustrated below, the cities with the highest average firearm-related death rates per 100,000 are Lemon Grove (19.6), El Cajon (12.9), La Mesa (10.0), and Vista (9.8).

Note that the City of San Diego has the highest number of firearm-related deaths, but when this number is converted to a rate per 100,000 people, the city’s firearm-related death rate is not the highest. Note also that Del Mar appears to have a high rate; however, this is due to the population size of the community. There are just a few thousand residents living there, and even one death will substantially increase the rate.

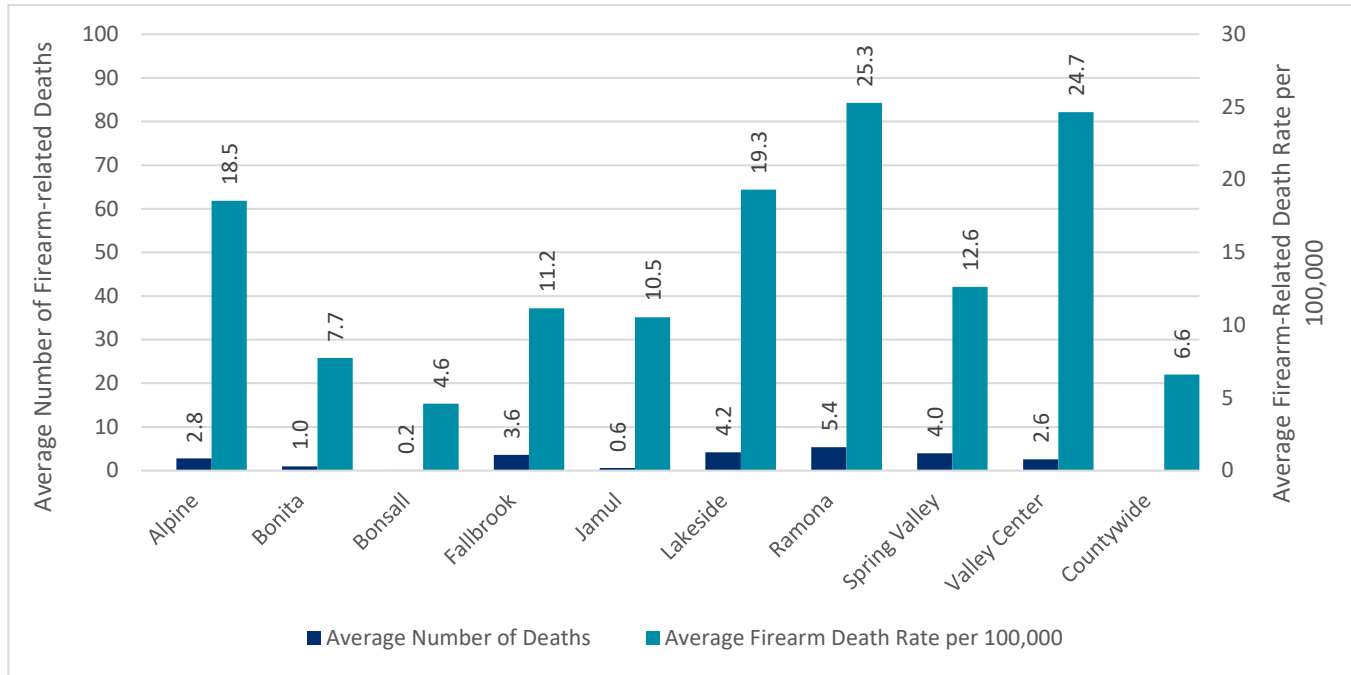
Figure 13. Average Annual Firearm-Related Deaths and Rates per 100,000 by City from 2017-2021



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

The figure below includes the average number of firearm-related deaths and average rates per 100,000 over five years (2017 through 2021) by unincorporated community. The unincorporated communities with the highest average firearm-related death rates per 100,000 are Ramona (25.3), Valley Center (24.7), Lakeside (19.3), and Alpine (18.5).

Figure 14. Average Annual Firearm-Related Deaths and Rates per 100,000 by Unincorporated Community from 2017-2021

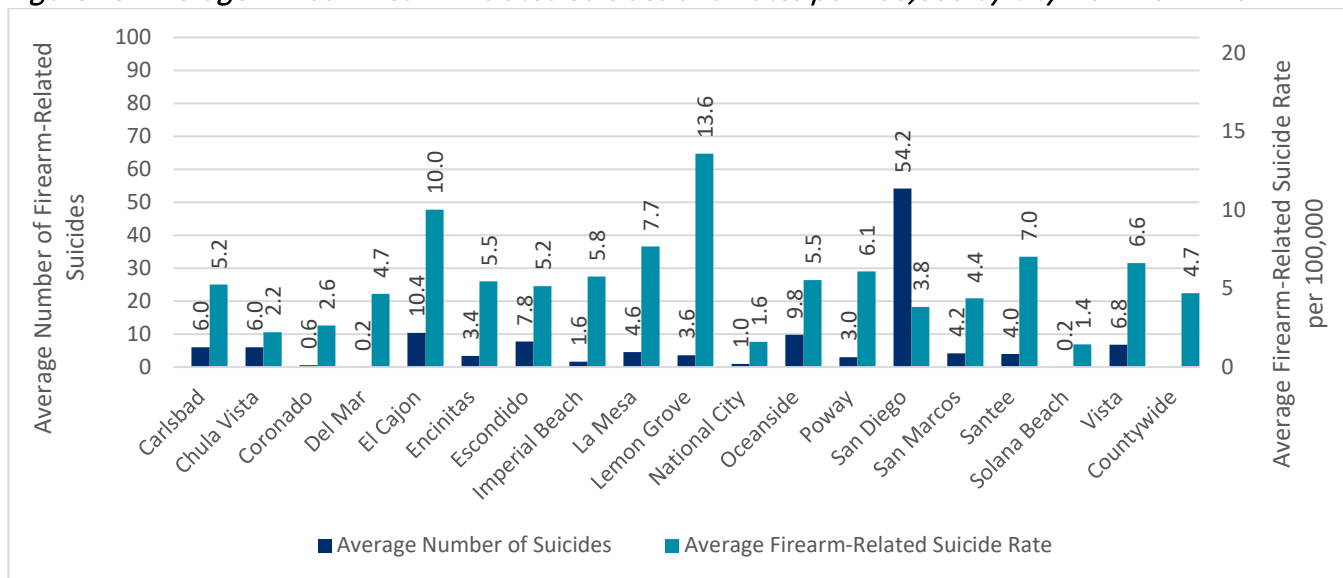


Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from the U.S. Census American Community Survey.

Geography of Firearm-Related Deaths (Suicide and Homicide Compared) per 100,000 People

The following section explores the manner of death (i.e., suicide and homicide) by geography. As illustrated here, the suicide rate (Figure 15 and 16) is substantially higher across all cities and unincorporated communities compared to the homicide rate (Figure 17 and 18). The figure below includes the average number of firearm-related suicides and rates per 100,000 over five years (2017 through 2021) by city. The cities with the highest average suicide rates per 100,000 people are Lemon Grove (13.6) and El Cajon (10.0).

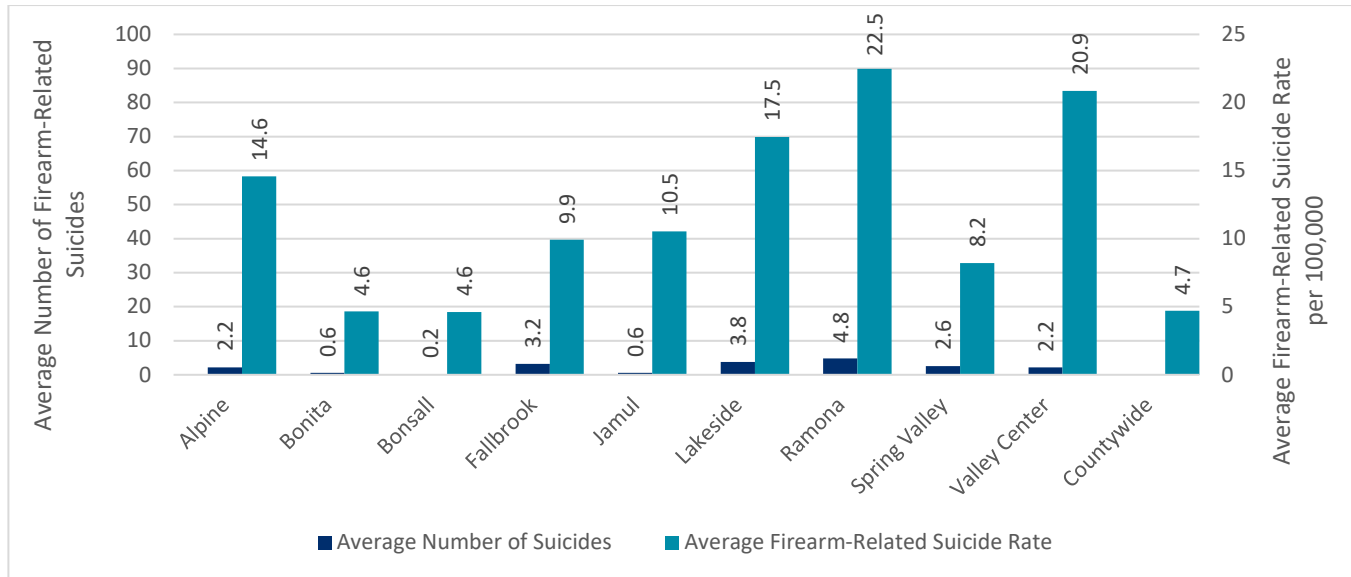
Figure 15. Average Annual Firearm-Related Suicides and Rates per 100,000 by City from 2017 -2021



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

The figure below includes the average number of firearm-related suicides and rates per 100,000 over five years (2017 through 2021) by unincorporated community. The unincorporated communities with the highest average suicide rates per 100,000 are Ramona (22.5) and Valley Center (20.9).

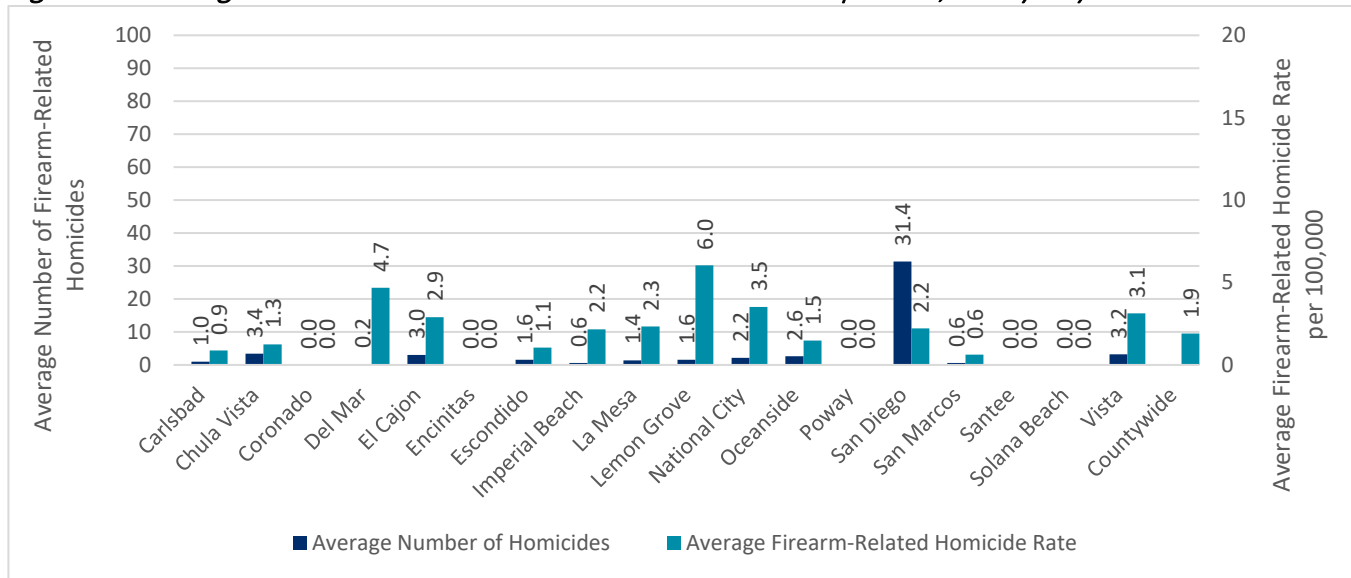
Figure 16. Average Annual Firearm-Related Suicides and Rates per 100,000 by Unincorporated Community from 2017-2021



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from the U.S. Census American Community Survey.

The figure below includes the average number of firearm-related homicides and rates per 100,000 over five years (2017 through 2021) by city. The cities with the highest average homicide rates per 100,000 are Lemon Grove (6.0), National City (3.5), and Vista (3.1). Del Mar appears to have a high average homicide rate; however, as previously described, Del Mar has a small population, and just one death will substantially increase the rate.

Figure 17. Average Annual Firearm-Related Homicides and Rates per 100,000 by City from 2017 -2021

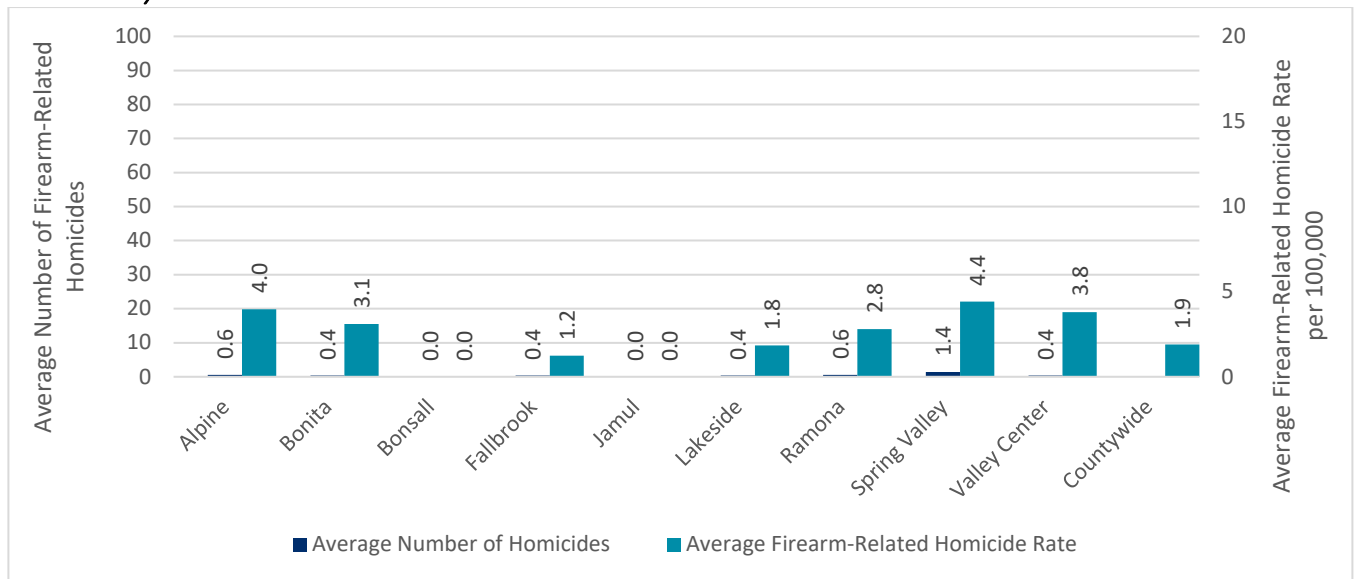


Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

The figure below includes the average number of firearm-related homicides and rates per 100,000 over five years (2017 through 2021) by unincorporated community. The unincorporated communities with the highest average homicide rate per 100,000 are Spring Valley (4.4), Alpine (4.0), and Valley Center (3.8).

Note that, for both cities and unincorporated communities, homicide rates do not vary dramatically across the San Diego County region.

Figure 18. Average Annual Firearm-Related Homicides and Rates per 100,000 by Unincorporated Community for 2017-2021

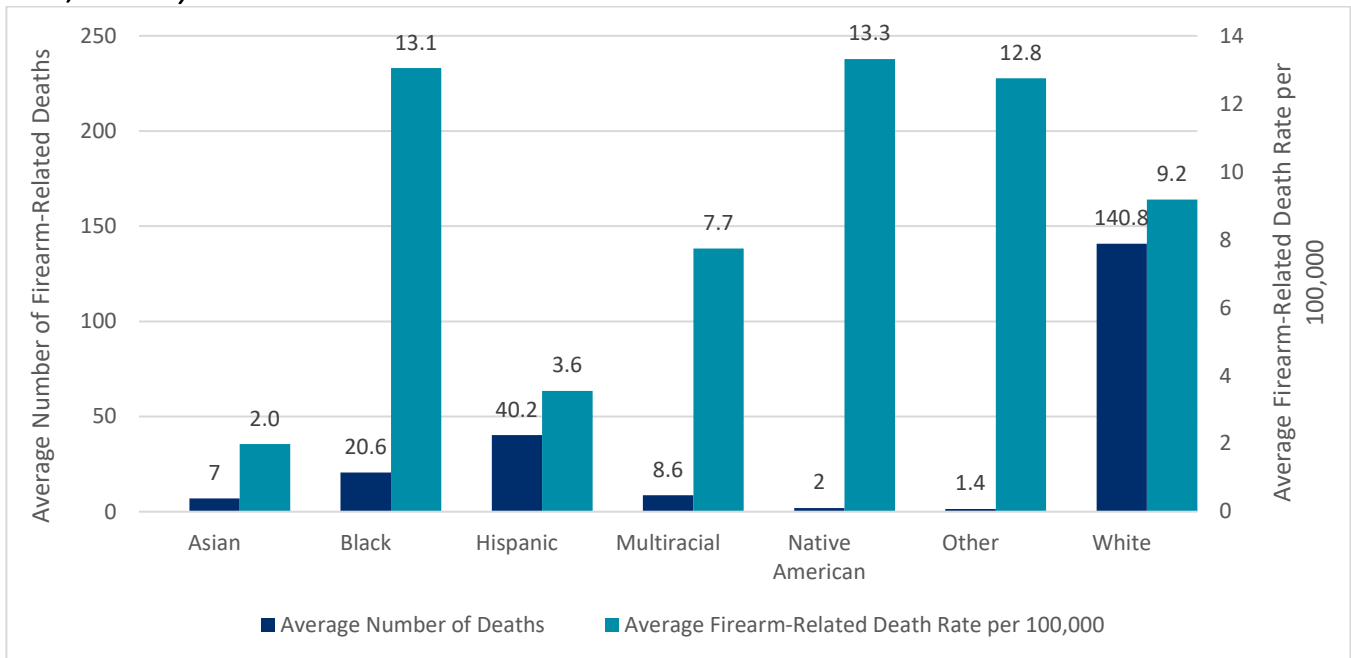


Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from the U.S. Census American Community Survey.

Demographics of Firearm-Related Deaths per 100,000 People

The figure below includes the average number of firearm-related death rates over five years (2017 through 2021) by race/ethnicity. Firearm-related death rates are highest among Native American (13.3 per 100,000), Black (13.1 per 100,000), those who identify with another race (12.8 per 100,000), and White (9.2 per 100,000) residents. Over the five years, among the average annual firearm deaths, 63.8% were White residents, 18.2% were Hispanic residents, and 9.3% were Black residents. While the death rate is highest among Native Americans, this should be interpreted cautiously because the high rate might be due to the low population size.

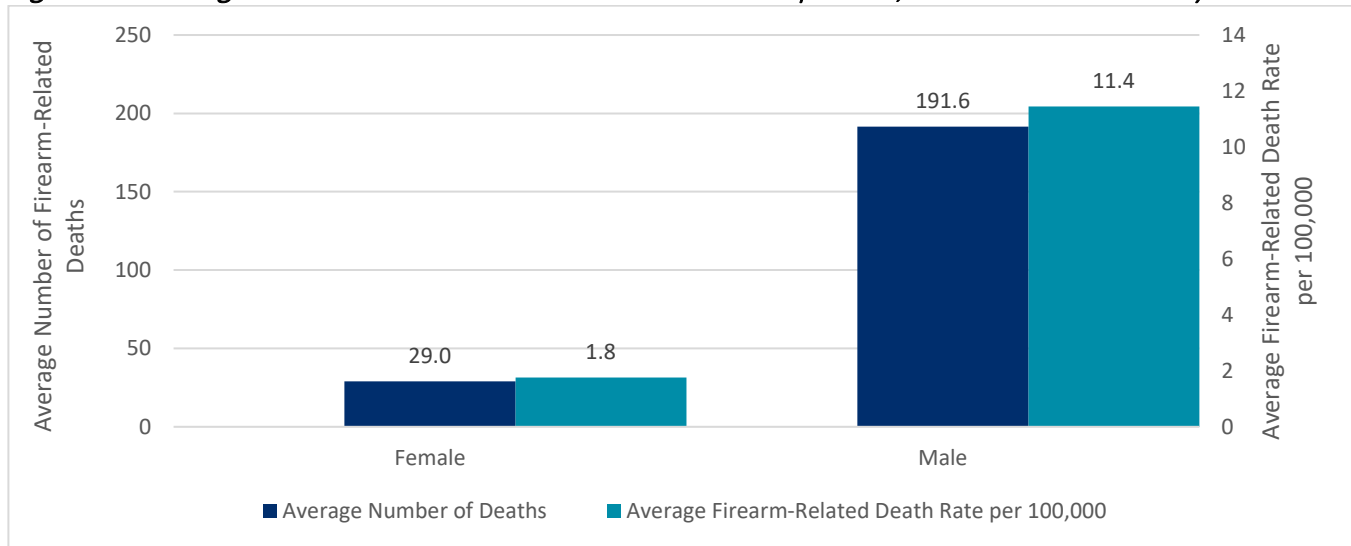
Figure 19. Average Annual Firearm-Related Deaths and Rates per 100,000 from 2017-2021 by Race/Ethnicity



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG. “Other” includes “some other race” and “Native Hawaiian and Other Pacific Islander.”

The average firearm-related death rate for males is 11.4 per 100,000, whereas the rate is 1.8 per 100,000 for females. Over the five years, among the average annual firearm deaths, 86.9% were male, and 13.1% were female.

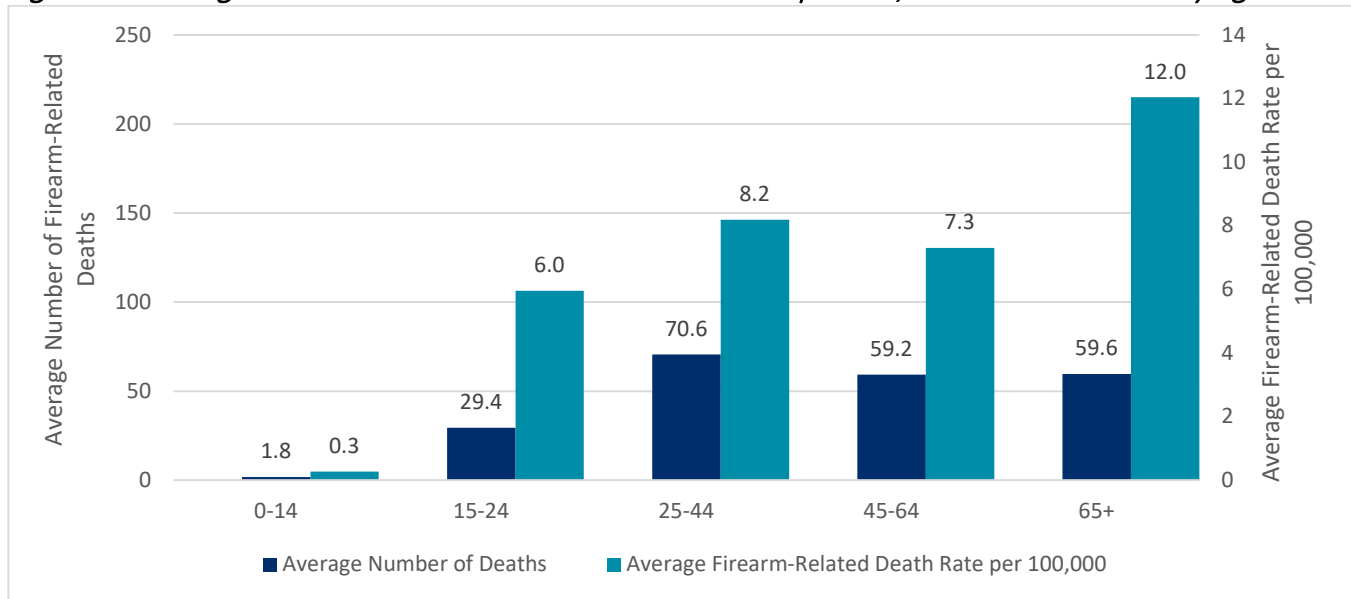
Figure 20. Average Annual Firearm-Related Deaths and Rates per 100,000 from 2017-2021 by Gender



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

The death rate per 100,000 people tends to increase with age. Specifically, the average firearm-related death rate for those 65 and older is 12.0 per 100,000, compared to those ages 45-64, which is 7.3 per 100,000, and those ages 25-44, which is 8.2 per 100,000. See the figure below for additional details.

Figure 21. Average Annual Firearm-Related Deaths and Rates per 100,000 from 2017-2021 by Age

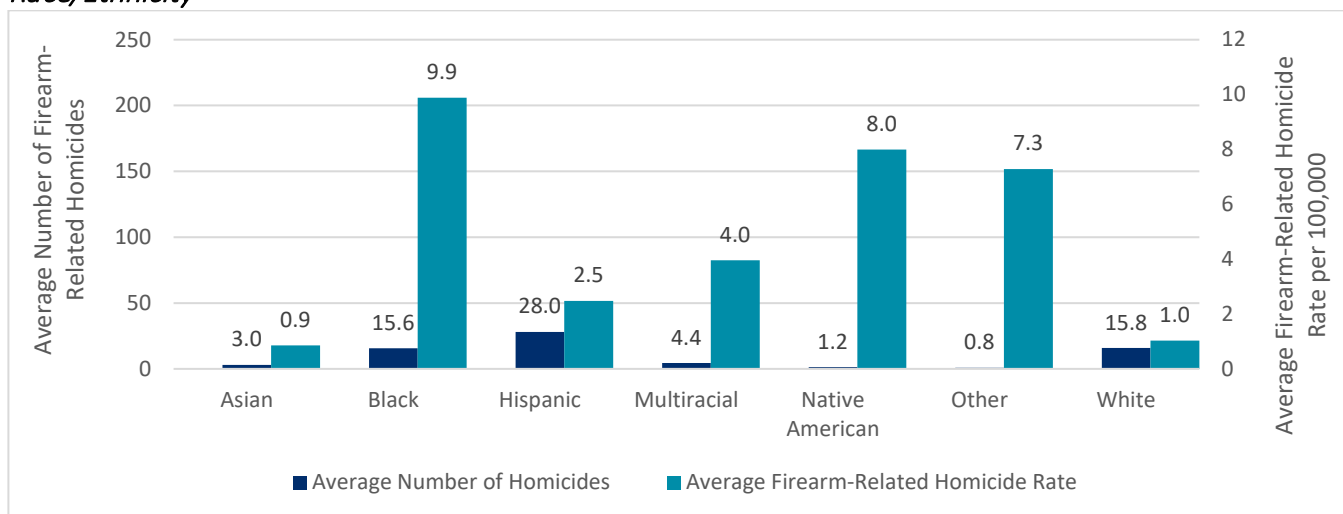


Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

Demographics of Firearm-Related Homicides and Suicides per 100,000 People

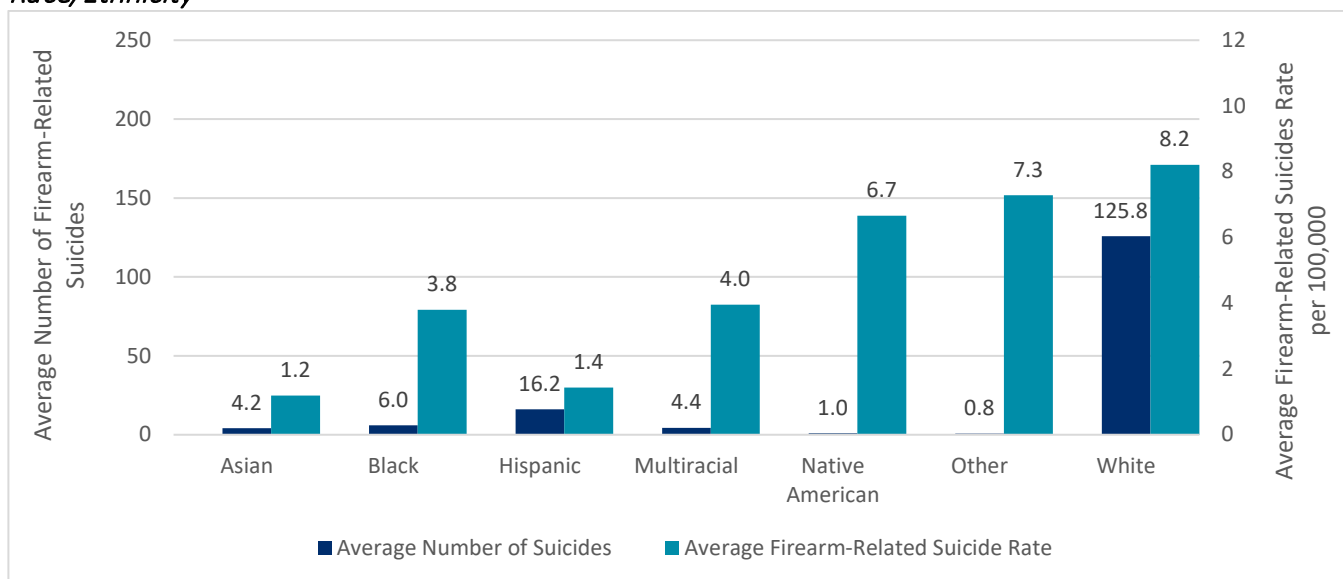
Firearm-related death rates are compared by homicide (Figure 22) and suicide (Figure 23). As illustrated in the figures below, firearm-related homicide rates per 100,000 are highest among Black residents (9.9), Native American residents (8.0), and those who identify with another race (7.3). Suicide rates per 100,000 tend to be higher among White (8.2), those who identify with another race (7.2), and Native American residents (6.7). Altogether, note that the higher rates among those who are Native American and those who identify with another race may be due to smaller population sizes for these groups.

Figure 22. Average Annual Firearm-Related Homicides and Rates per 100,000 from 2017-2021 by Race/Ethnicity



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG. “Other” includes “some other race” and “Native Hawaiian and Other Pacific Islander.”

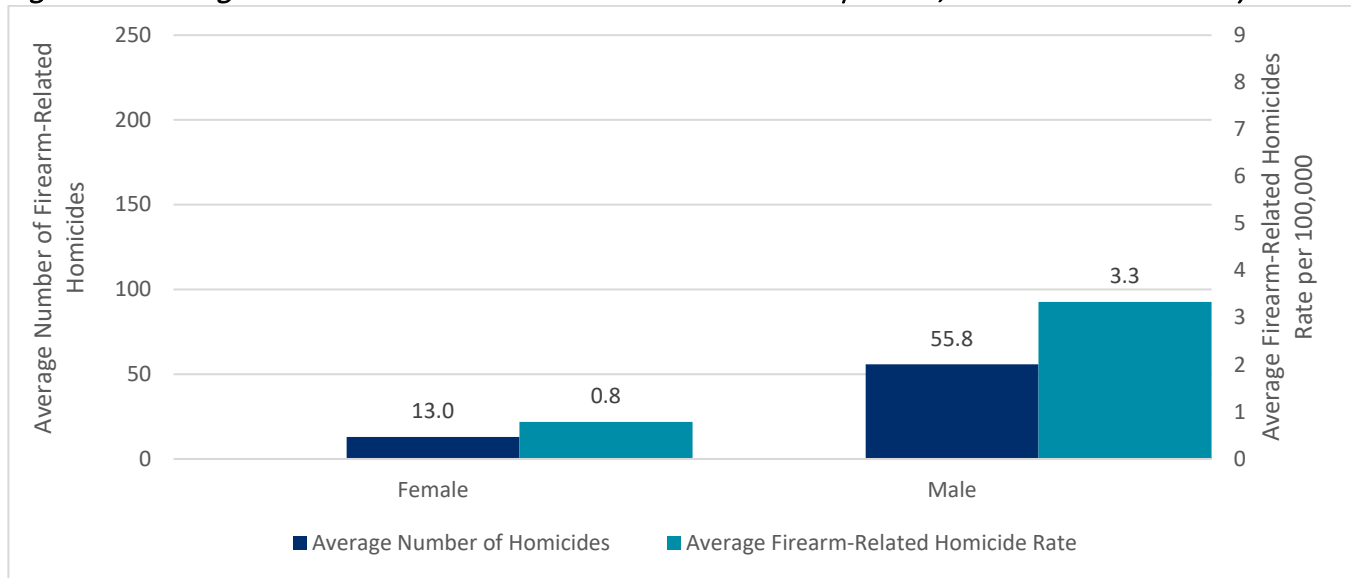
Figure 23. Average Annual Firearm-Related Suicides and Rates per 100,000 from 2017-2021 by Race/Ethnicity



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG. “Other” includes “some other race” and “Native Hawaiian and Other Pacific Islander.”

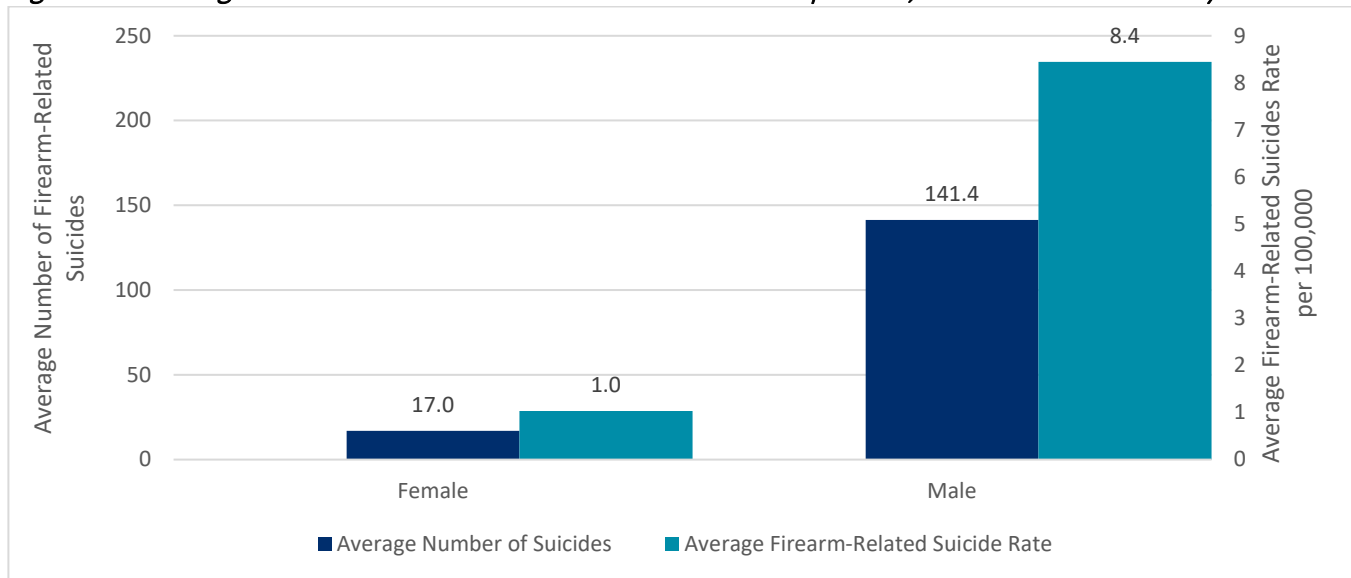
Once again, the firearm-related homicide rates by gender (Figure 24) are substantially lower than the firearm-related suicide rates by gender (Figure 25). Regardless, firearm-related homicide rates among males (3.3) and firearm-related suicide rates among males (8.4) per 100,000 are higher compared to females (0.8 and 1.0, respectively).

Figure 24. Average Annual Firearm-Related Homicides and Rates per 100,000 from 2017-2021 by Gender



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

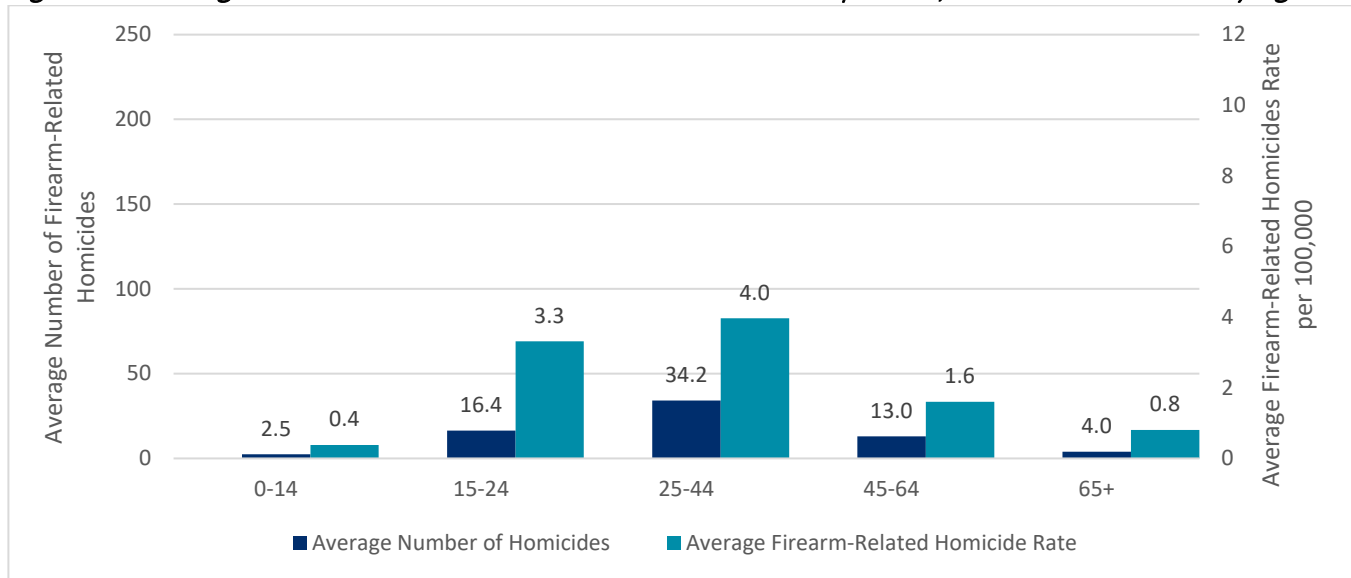
Figure 25. Average Annual Firearm-Related Suicides and Rates per 100,000 from 2017-2021 by Gender



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

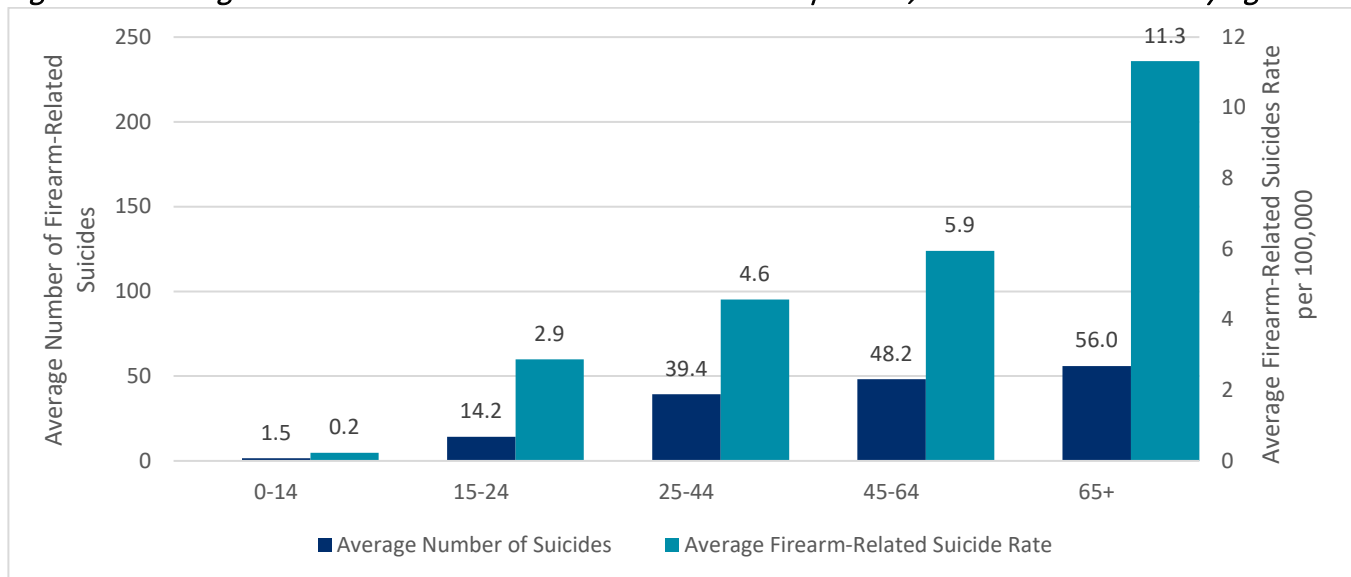
As illustrated below, firearm-related homicides (Figure 26) and suicides (Figure 27) vary by age group. That is, the highest firearm-related homicide rate per 100,000 is among ages 25-44 (4.0). Conversely, when looking at suicide, the highest firearm-related suicide rate per 100,000 is among those ages 65 and older (11.3). Looking further into age groups, those ages 65 and older are more likely to have died from suicide (35.2%) compared to homicide (5.8%), whereas younger age groups such as 25-44 are more likely to have died from homicide (49.7%) compared to suicide (25.6%). Those ages 45-64 were also more likely to have died from suicide (30.5%) compared to homicide (19.0%).

Figure 26. Average Annual Firearm-Related Homicides and Rates per 100,000 from 2017-2021 by Age



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

Figure 27. Average Annual Firearm-Related Suicides and Rates per 100,000 from 2017-2021 by Age



Note: Data are from the County of San Diego Medical Examiner’s Office. Population data used to calculate rates are from SANDAG.

Firearm-Related Injuries

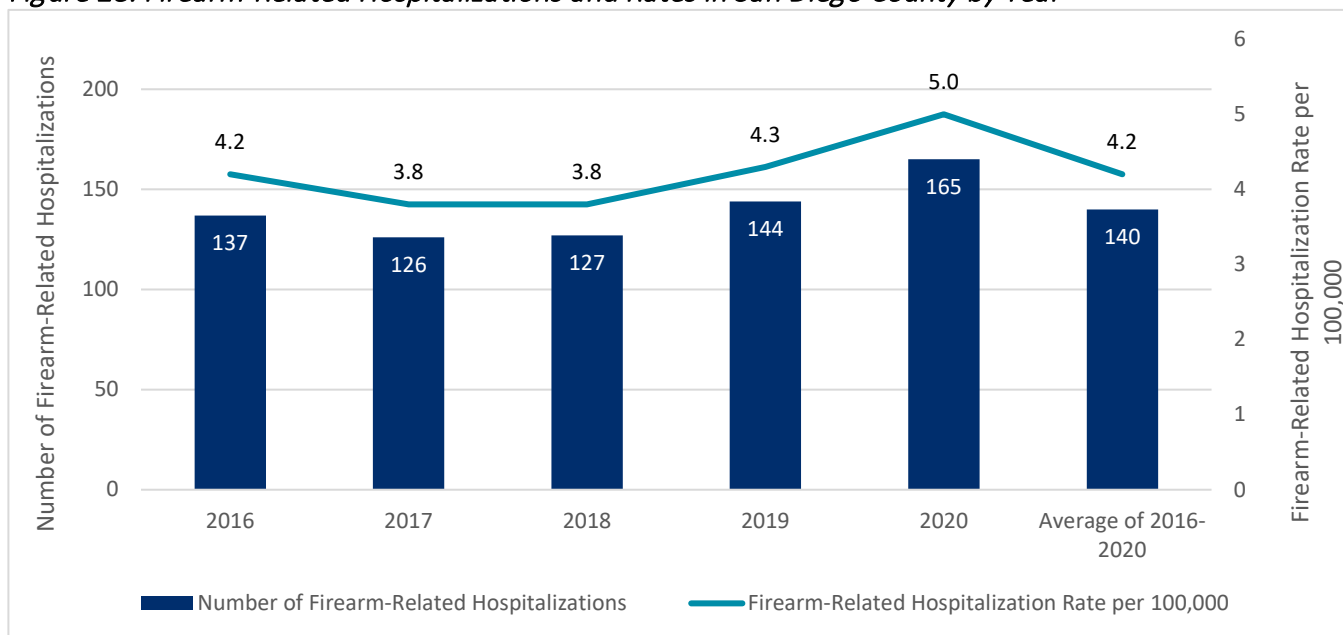
The data presented in this section are from the County of San Diego, Health and Human Services Agency. The dataset includes information about San Diego County residents who were hospitalized or made an emergency department visit as a result of firearm-related injuries. These data help to describe how many county residents have been injured by firearms, as well as their city or residence and demographic information. Note that hospitalization and emergency department discharges cannot be combined for a “total.” In some cases, there may be overlap (i.e., a patient is discharged from the emergency department and then admitted to the hospital).

Hospitalization

Hospitalization by Year per 100,000 Residents

From 2016 through 2020, there were 699 firearm-related hospitalizations, which may or may not have resulted in death. As illustrated below, the firearm-related hospitalization rate was 5.0 per 100,000 residents in 2020 for San Diego County. These rates have not changed substantially over time, going from 4.2 per 100,000 residents in 2016 to 5.0 per 100,000 residents in 2020. The number of firearm-related hospitalizations over these five years and population size were averaged. The result yields an average firearm-related hospitalization rate of 4.2 residents per 100,000 over these five years.

Figure 28. Firearm-Related Hospitalizations and Rates in San Diego County by Year

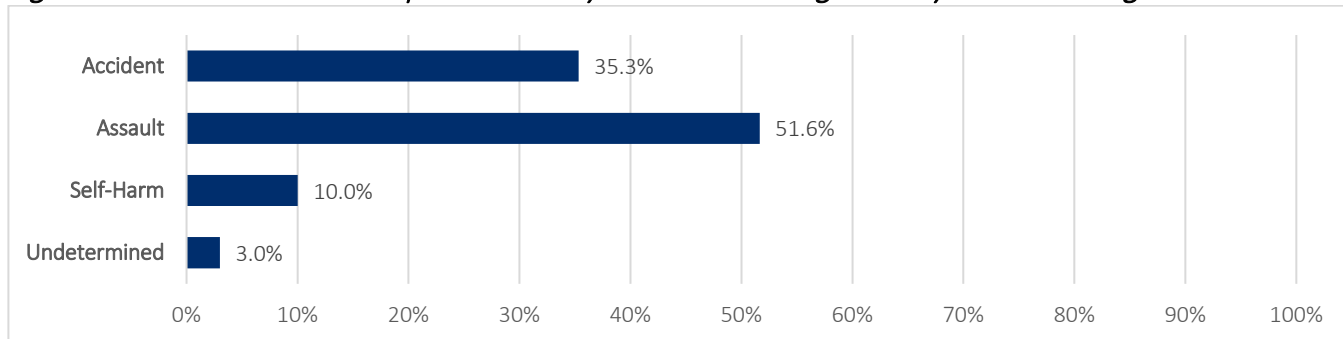


Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

Injury by Intent

Across the 699 firearm-related hospitalizations, more than half (51.6%) were due to assault, and 35.3% were due to accidents. See the figure below for additional details.

Figure 29. Firearm-Related Hospitalizations by Intent in San Diego County – 2016 Through 2020

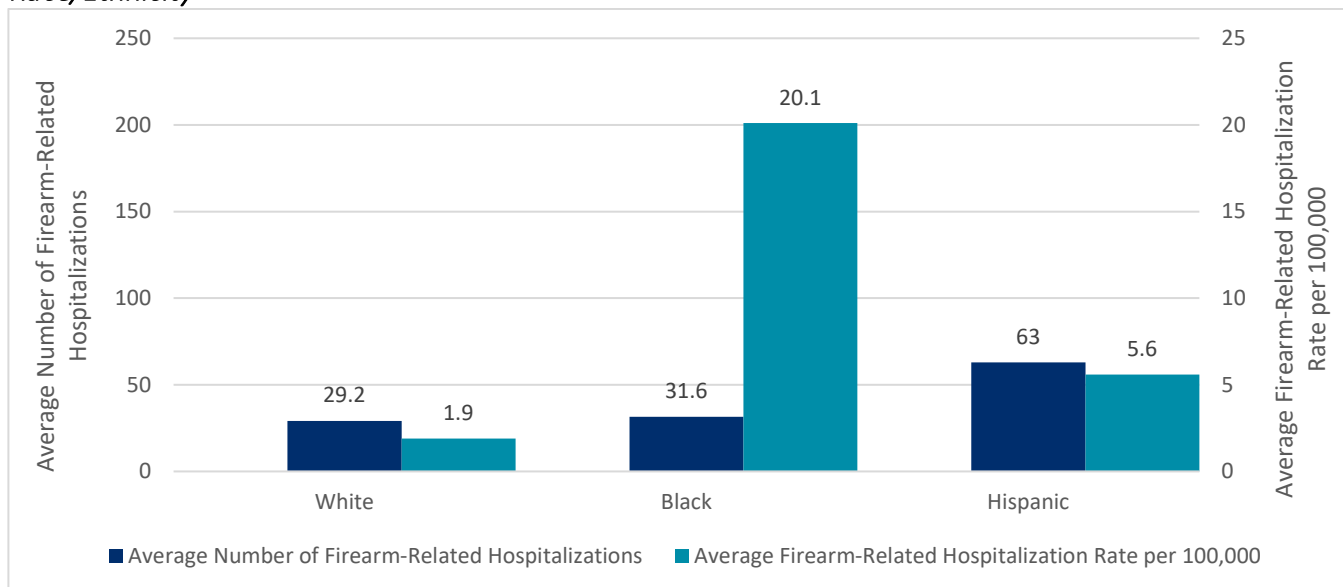


Note: Data are from the County of San Diego, Health and Human Services Agency.

Resident Demographics – Hospitalizations per 100,000 Residents

The figure below includes the average firearm-related hospitalization rate over five years (2016 through 2020) by race/ethnicity. The average firearm-related hospitalization rates are highest among Black residents in San Diego County (20.1 per 100,000).

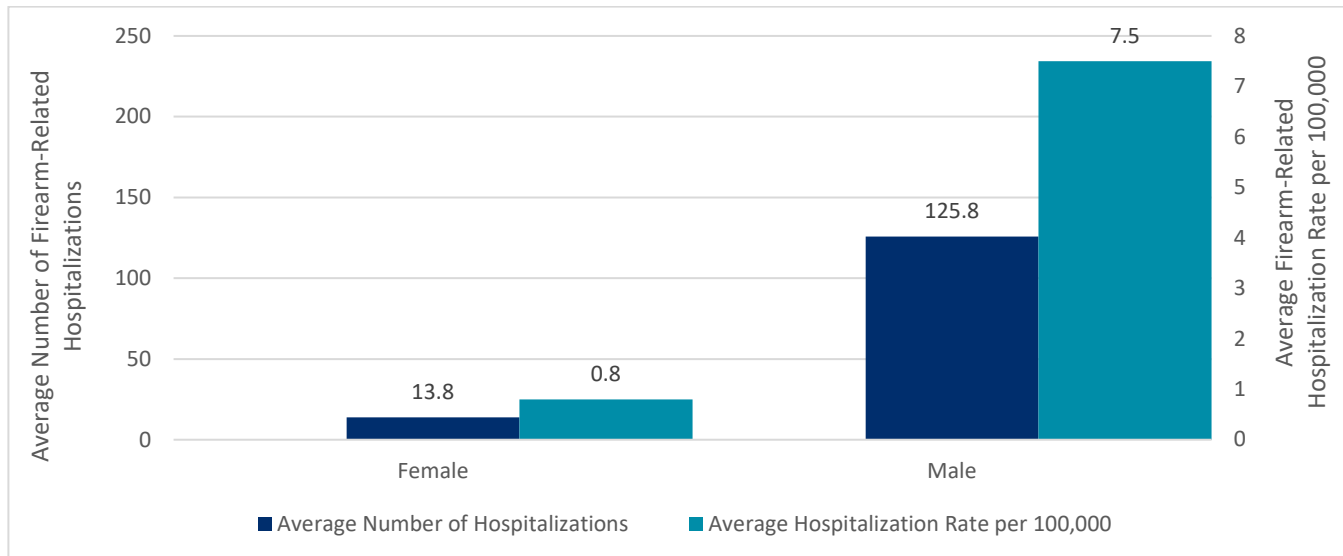
Figure 30. Average Annual Firearm-Related Hospitalizations and Rates per 100,000 from 2016-2020 by Race/Ethnicity



Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG. Data for all years were not available for the categories Native Hawaiian/Other Pacific Islander and Other/American Indian/Alaskan Native/multiracial.

The average firearm-related hospitalization rate for males is 7.5 per 100,000, whereas the rate is 0.8 per 100,000 for females.

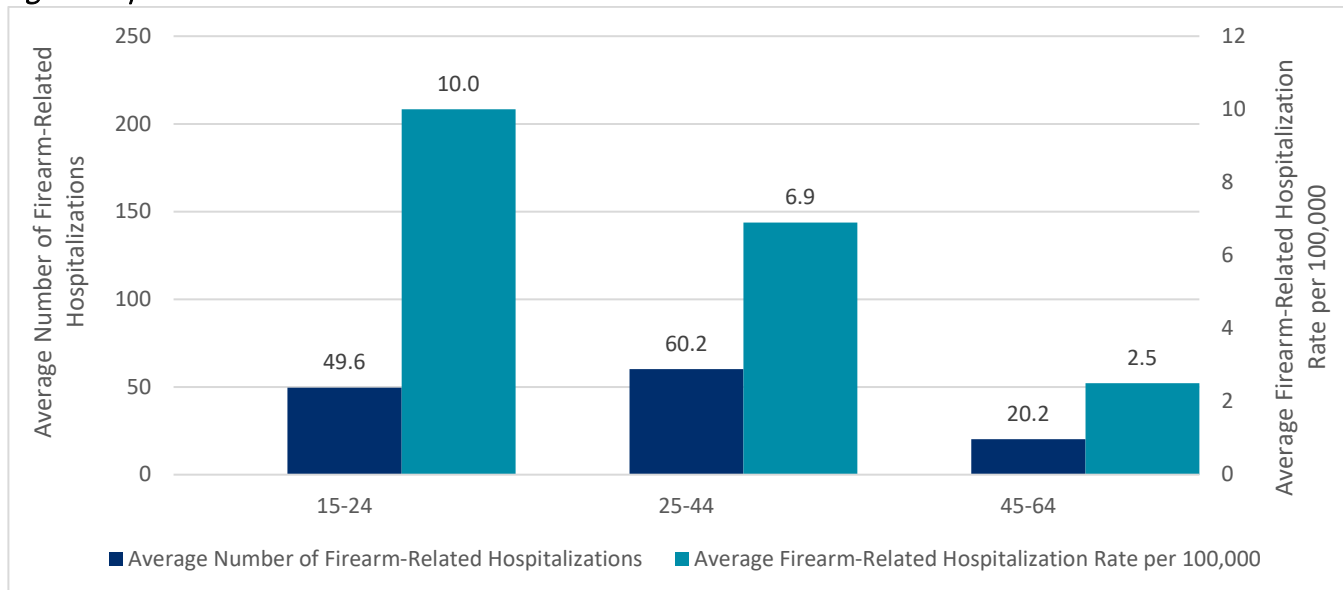
Figure 31. Average Annual Firearm-Related Hospitalizations and Rates per 100,000 from 2016-2020 by Gender



Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

The figure below includes the average number of firearm-related hospitalization rates over five years (2016 through 2020) by age. Note that ages 0 to 14, and 65 and older, were removed from this analysis due to suppressions/empty cases in the data. As illustrated below, the average firearm-related hospitalization rate was highest among ages 15 to 24 (10.0 per 100,000 residents).

Figure 32. Average Annual Firearm-Related Hospitalizations and Rates per 100,000 from 2016-2020 by Age Group



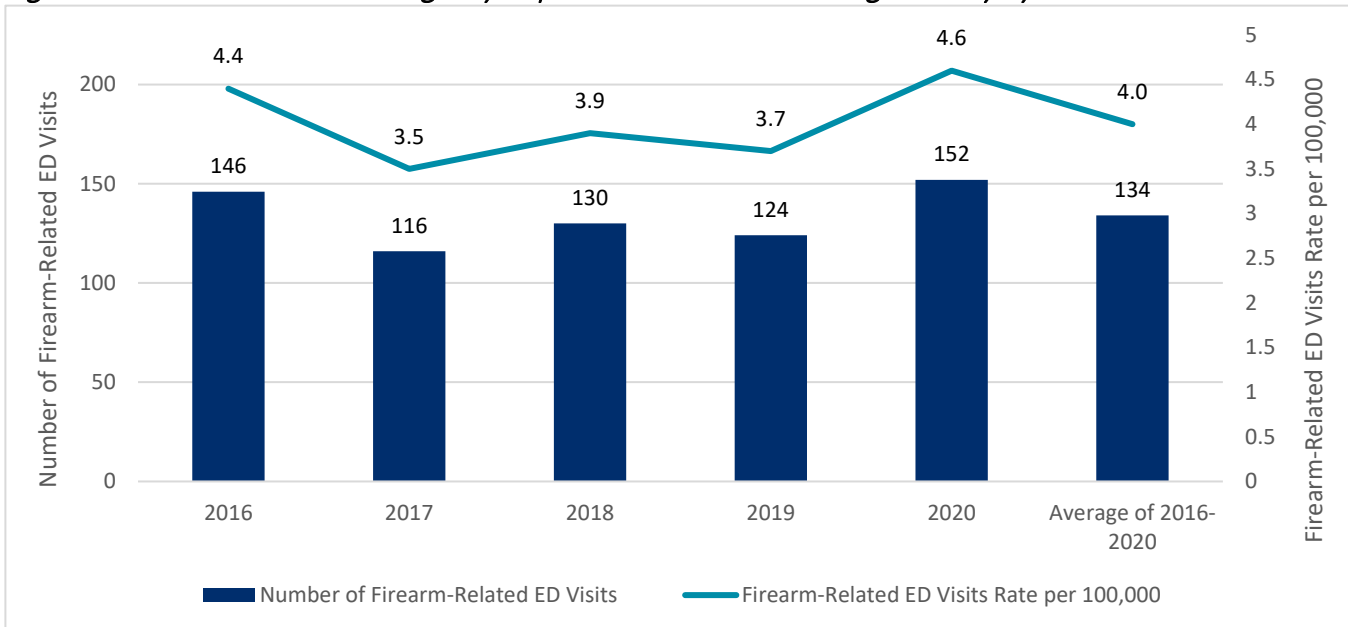
Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

Emergency Department Visits

Emergency Department Visits by Year per 100,000 Residents

From 2016 through 2020, there were 668 firearm-related emergency department visits in San Diego County (i.e., emergency department visits that were followed by discharge from the emergency department). As illustrated below, the firearm-related emergency department visit rate per 100,000 residents was 4.0 in 2020. These rates do not appear to be substantially changing over time, ranging from 4.4 per 100,000 residents in 2016 to 4.6 per 100,000 residents in 2020. The average firearm-related emergency department visit rate was 4.0 per 100,000 residents over five years.

Figure 33. Firearm-Related Emergency Department Visits in San Diego County by Year

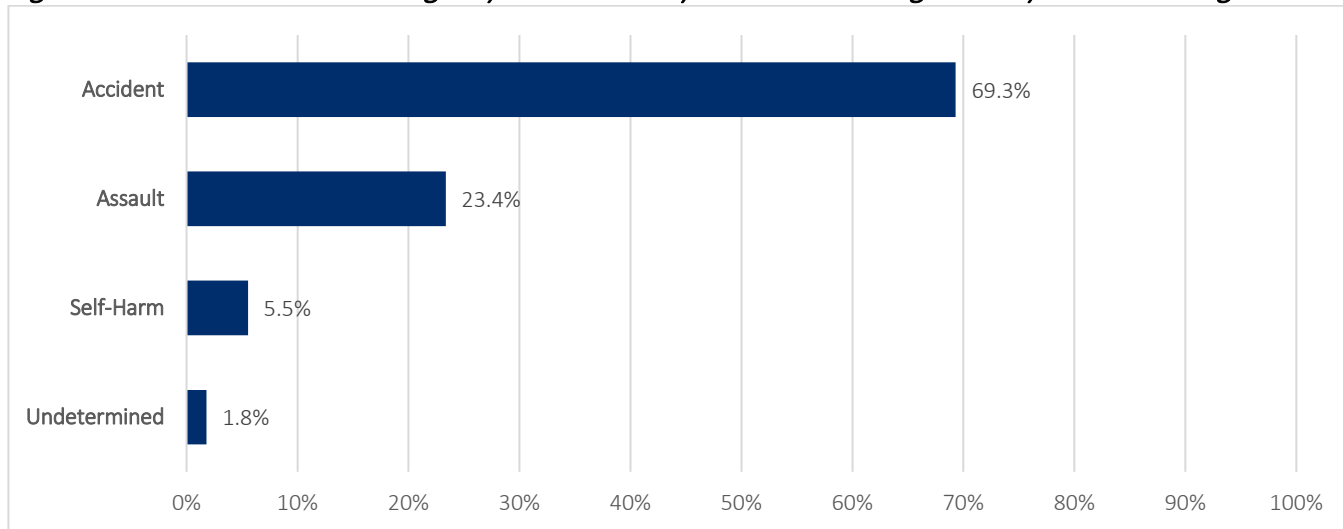


Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

Injury by Intent

There were 668 firearm-related emergency department visits; more than two-thirds (69.3%) were due to accidents, and less than a quarter were due to assaults (23.4%). See the figure below for additional details.

Figure 34. Firearm-Related Emergency Room Visits by Intent in San Diego County – 2016 Through 2020

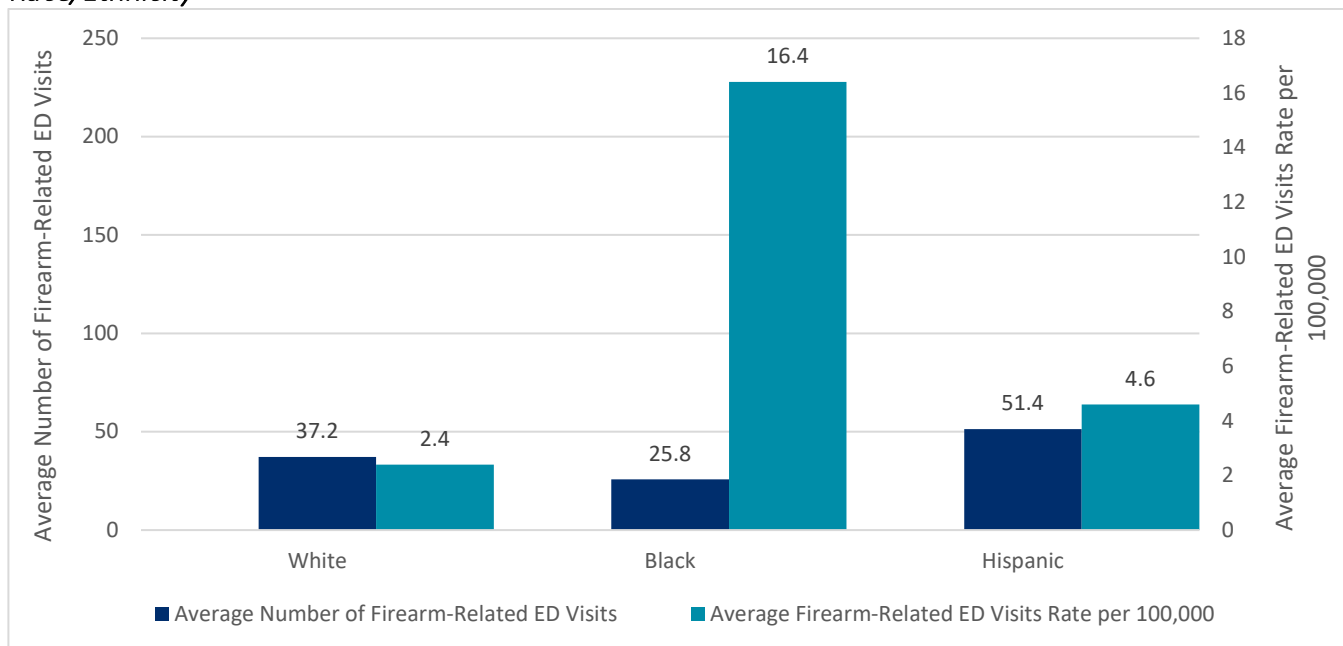


Note: Data are from the County of San Diego, Health and Human Services Agency.

Resident Demographics –Emergency Department Visits per 100,000 Residents

The figure below includes the average number of firearm-related Emergency Department Visits rates over five years (2016 through 2020) by race/ethnicity. The average firearm-related emergency department visit rates are highest among residents who identify as Black or Hispanic.

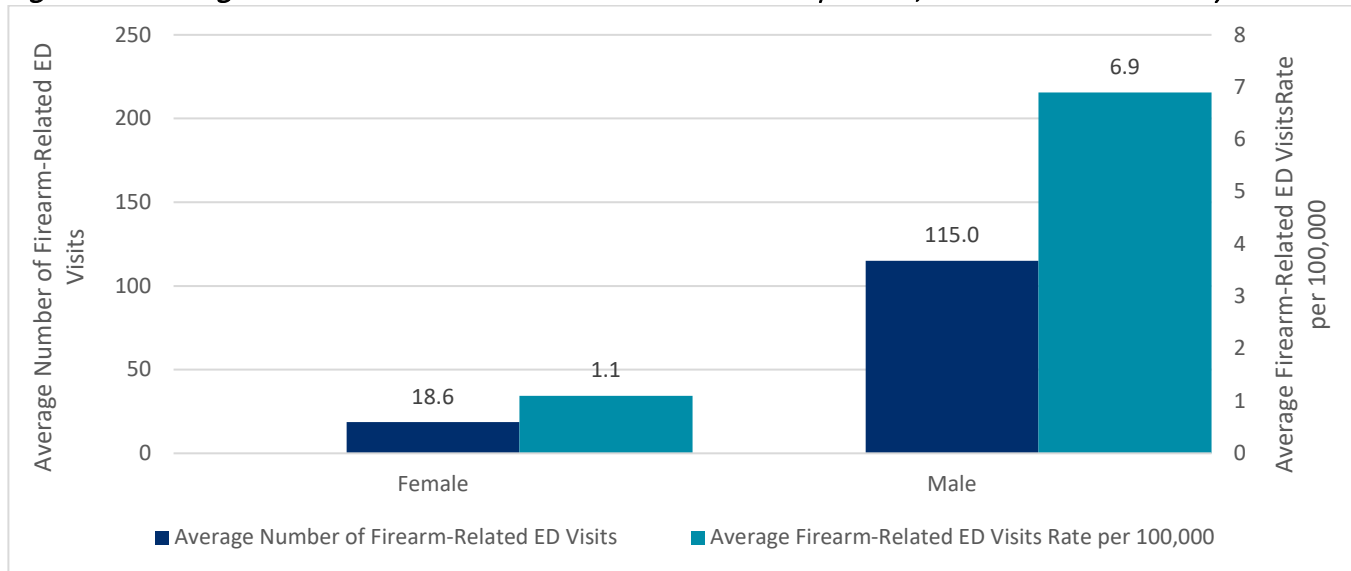
Figure 35. Average Annual Firearm-Related ED Visits and Rates per 100,000 from 2016-2020 by Race/Ethnicity



Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG. Data unavailable for other race/ethnicities.

The average firearm-related emergency department visit rate for males is 6.9 per 100,000, whereas the rate is 1.1 per 100,000 for females.

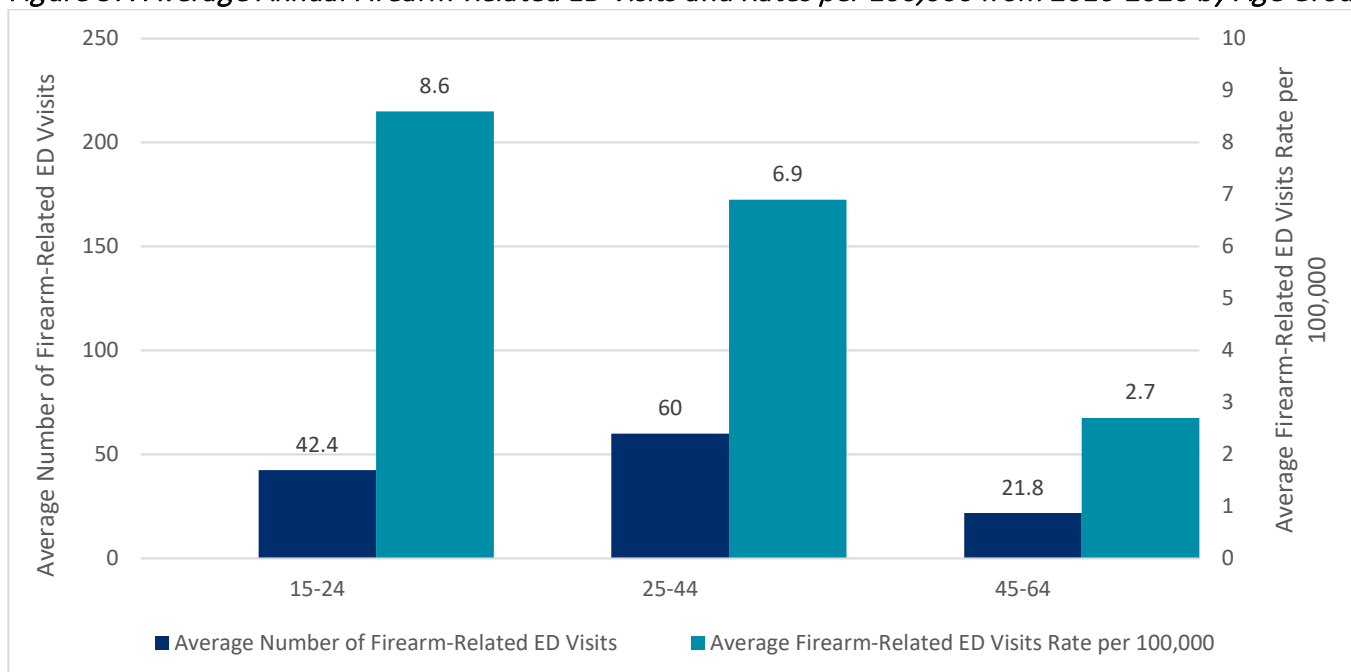
Figure 36. Average Annual Firearm-Related ED Visits and Rates per 100,000 from 2016-2020 by Gender



Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

The figure below includes the average number of firearm-related emergency department visits rates over five years (2016 through 2020) by age. Note that ages 0 to 14, and 65 and older, were removed from this analysis due to suppressions/empty cases in the data. The average firearm-related emergency department visit rate is highest among ages 15 to 24 (8.6 per 100,000).

Figure 37. Average Annual Firearm-Related ED Visits and Rates per 100,000 from 2016-2020 by Age Group



Note: Data are from the County of San Diego, Health and Human Services Agency. Population data used to calculate rates are from SANDAG.

Emergency Medical Services

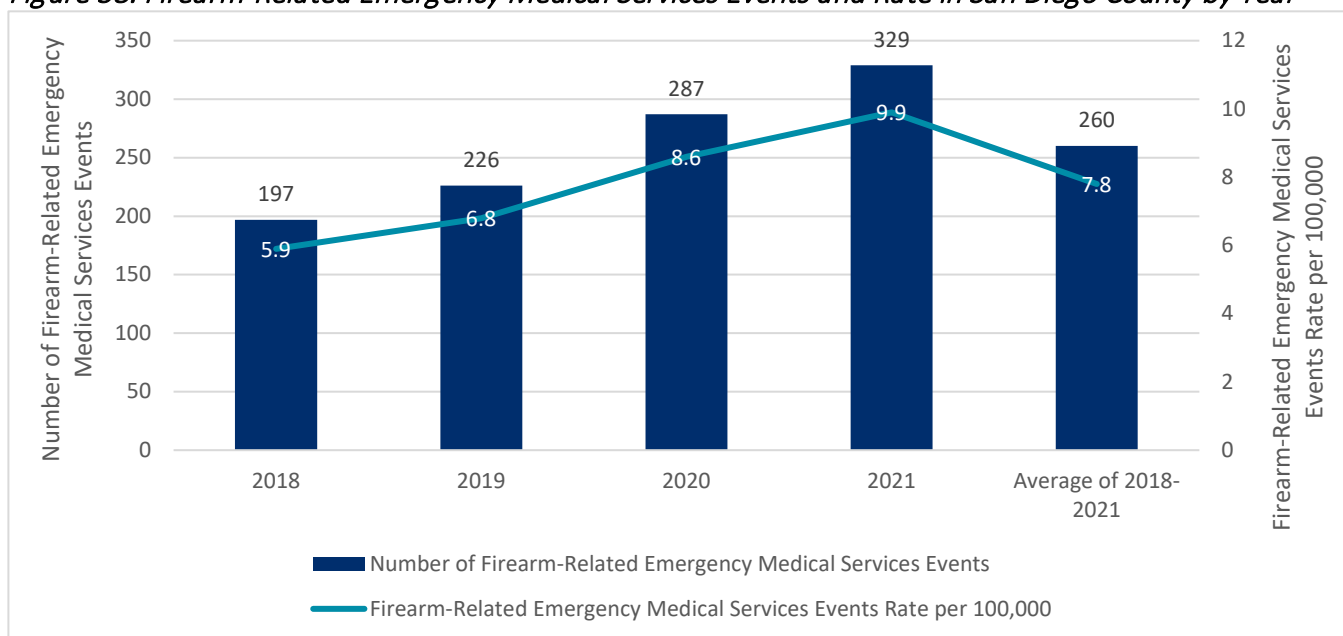
The data presented in this section is from the County of San Diego – Emergency Medical Services Office. The data source includes information for when medics and ambulances were dispatched to a location in which a firearm was involved in the injury/death. These data help to understand how often emergency medical services need to respond to gun violence injury/death occurrences throughout San Diego County. A limitation to keep in mind with these data is that there may be duplication in some circumstances. That is, at times, both an ambulance and a separate firetruck unit from a separate area will respond to the same call, and thus, both record the incident separately.

Incidents by Year per 100,000 People

The datasets provided to HARC include the years 2018 through September 2022. Across these dates, there were a total of 1,250 incidents in which emergency medical services responded to a firearm event. However, there were some cases in which the incident occurred outside of San Diego County, such as Imperial and Riverside County. When removing these incidents that were recorded as being outside of San Diego County, a total of 1,225 incidents remained from 2018 through September 2022. The year with the highest number of emergency medical services involving a firearm-related event was 2021 (329 incidents).

As illustrated below, the emergency medical services event rate per 100,000 people has increased by about 67.8% from 2018 to 2021, with 5.9 per 100,000 in 2018 compared to 9.9 per 100,000 in 2021. The average emergency medical services event rate is 7.8 per 100,000 people over these four years.

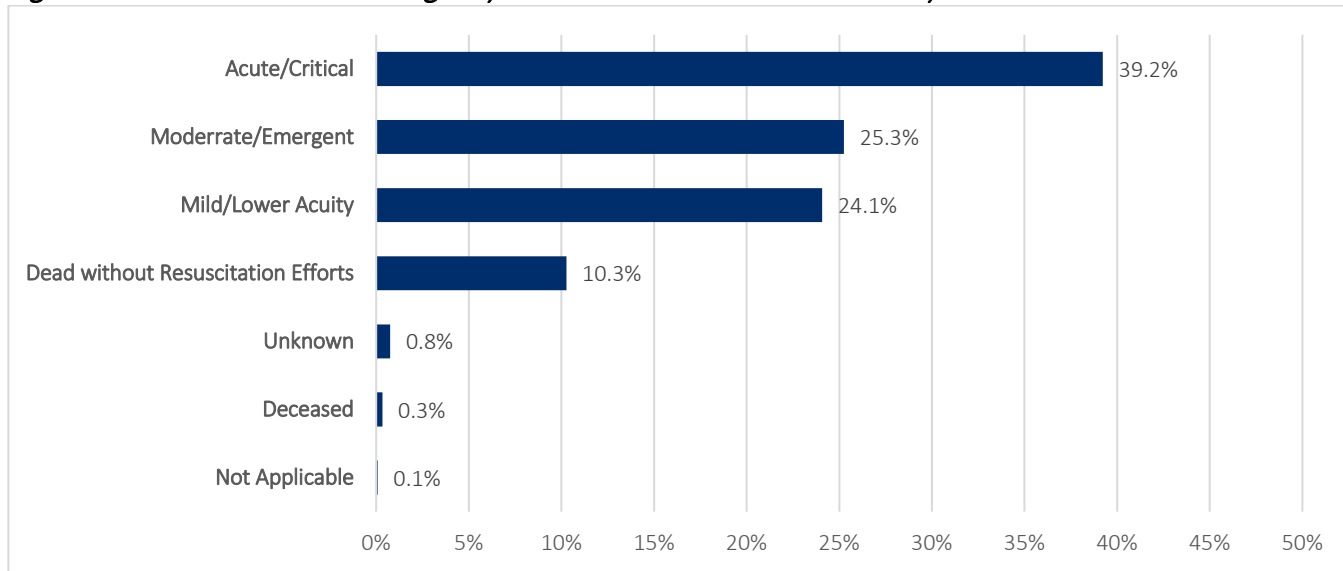
Figure 38. Firearm-Related Emergency Medical Services Events and Rate in San Diego County by Year



Note: Emergency medical services data are from the County of San Diego – Emergency Medical Services. Population data used to calculate rates are from SANDAG.

The level of severity of firearm-related incidents was also available in the dataset. As illustrated in the figure below, over a third (39.2%) were acute/critical. See the figure below for additional details.

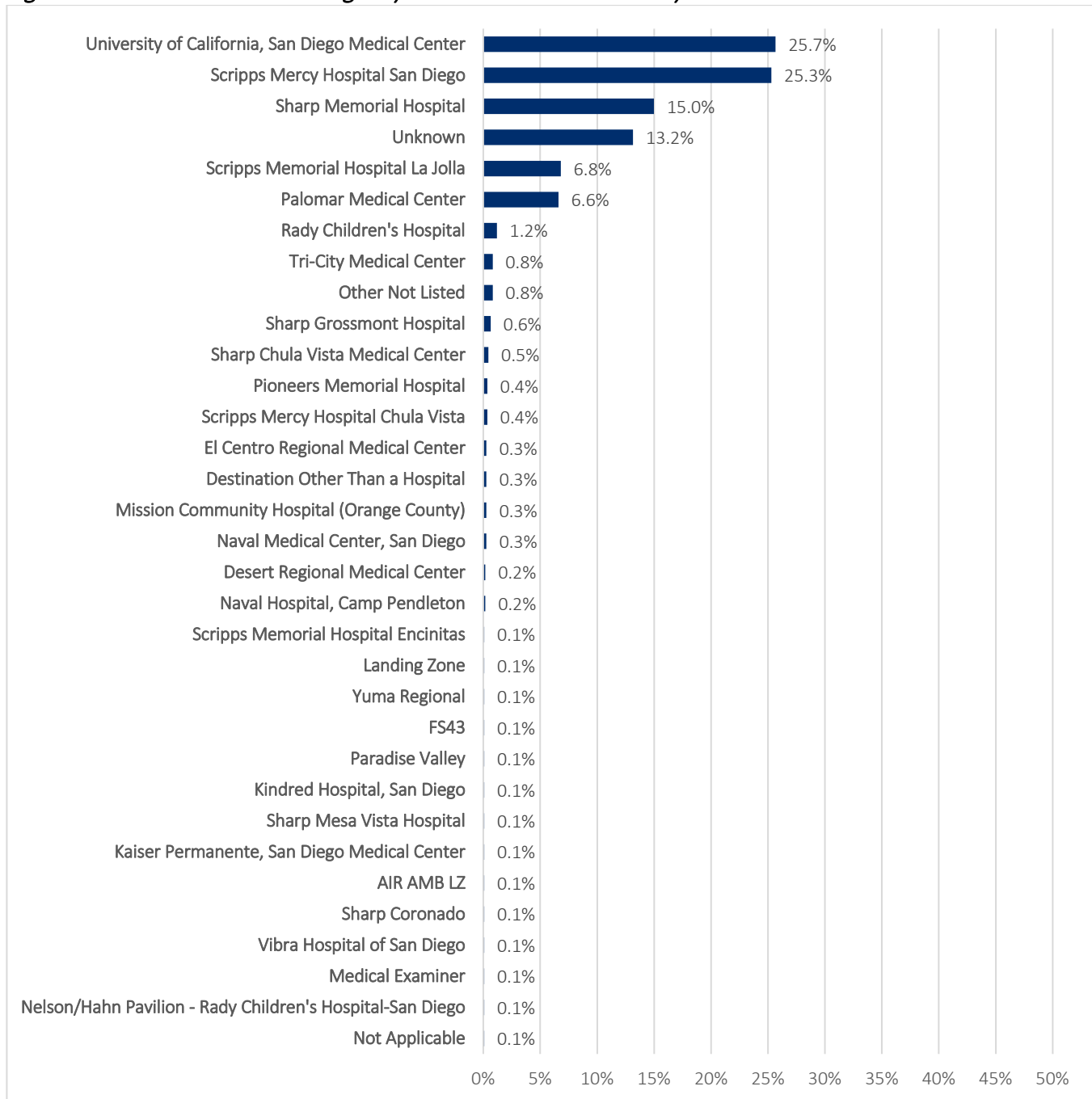
Figure 39. Firearm-Related Emergency Medical Services Events – Severity



Note: Data are from the County of San Diego – Emergency Medical Services ($n = 1,188$). “Unknown” was originally coded as “Null”; however, it is reported as “Unknown” here.

In previous sections, cases with an event geography that was outside of San Diego County were removed. However, in this section, cases outside of San Diego County were included to illustrate which hospitals residents are being transported to. As illustrated in the figure below, over a quarter of residents go to the University of California, San Diego Medical Center (25.7%), and another quarter go to Scripps Mercy Hospital San Diego (25.3%). Other hospitals include Sharp Memorial Hospital (15.0%) and Scripps Memorial Hospital La Jolla (6.8%). See the figure below for additional details.

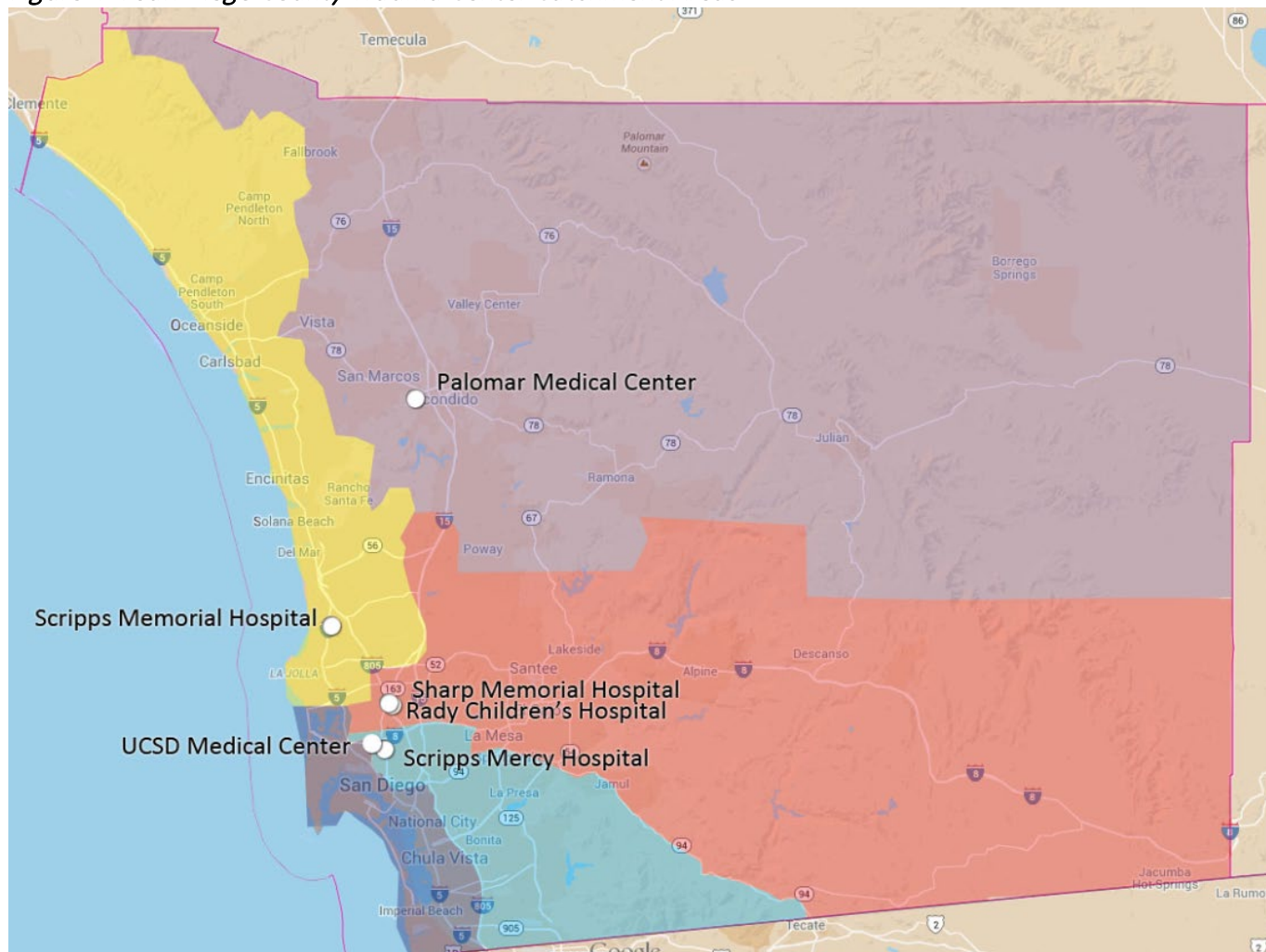
Figure 40. Firearm-Related Emergency Medical Services Events by Destination



Note: Data are from the County of San Diego – Emergency Medical Services. *n* = 1,087 cases. “Unknown” was originally coded as “Null”; however, it is reported as “Unknown” here.

To place the reporting of hospital destinations in a geographic context, below is a map of the San Diego County trauma “catchment areas.” The county has six trauma centers,²⁷ which are designated hospitals offering a specified level of trauma care. The specific hospital that an injured patient is transported to depends on the geographic area (catchment area) in which they were injured. The map below shows the five catchment areas for the adult trauma centers. Rady Children’s Hospital is the only pediatric trauma center for the entire county.

Figure 41. San Diego County Trauma Center Catchment Areas



Each color corresponds to a different catchment area for each trauma center. Source: Scripps Mercy Trauma. <https://www.mercytrauma.org/history>

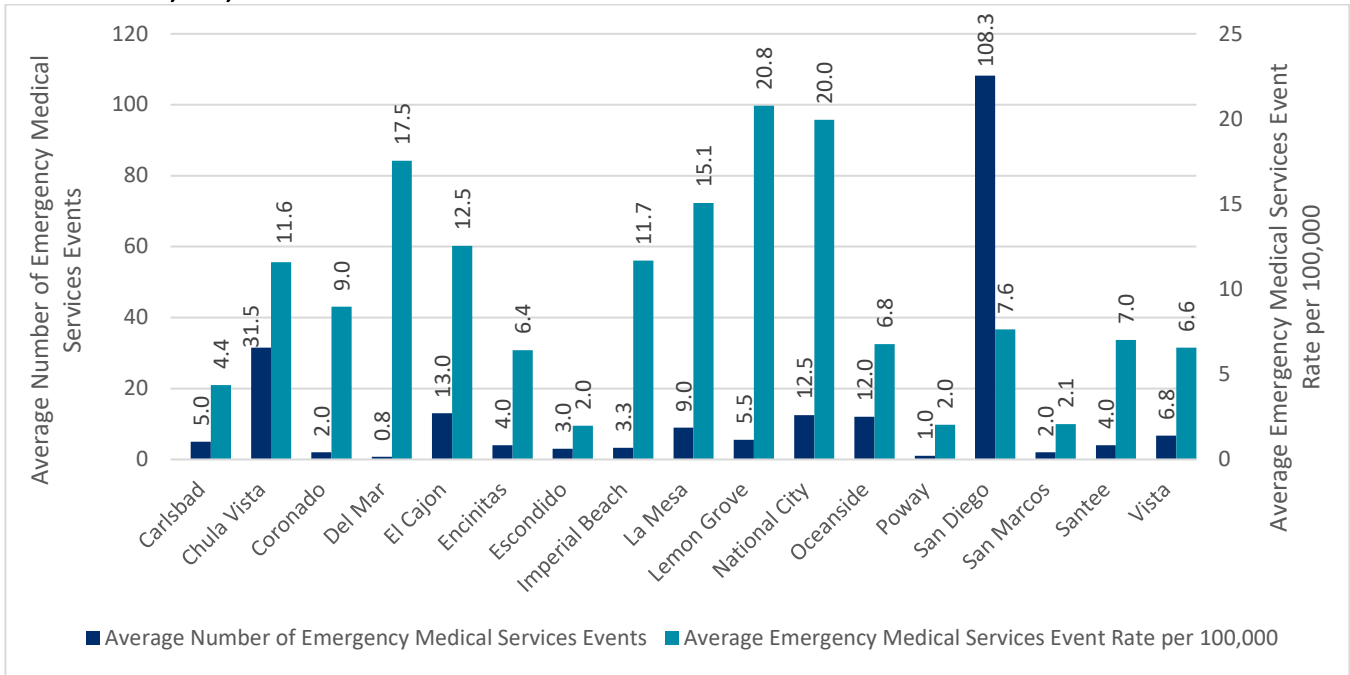
²⁷ These are Scripps Mercy Hospital, Scripps Memorial Hospital, UCSD Medical Center, Palomar Medical Center, Rady Children's Hospital, and Sharp Memorial Hospital.

Incidents by Geography per 100,000 People

The figure below details the average number of firearm-related emergency medical services events and rates per 100,000 over four years (2018 through 2021) by city. The cities with the highest average firearm-related emergency medical services event rates per 100,000 are Lemon Grove (20.8) and National City (20.0).

Note that, as with other variables, Del Mar appears to have a high rate; however, this is due to the city’s small population size.

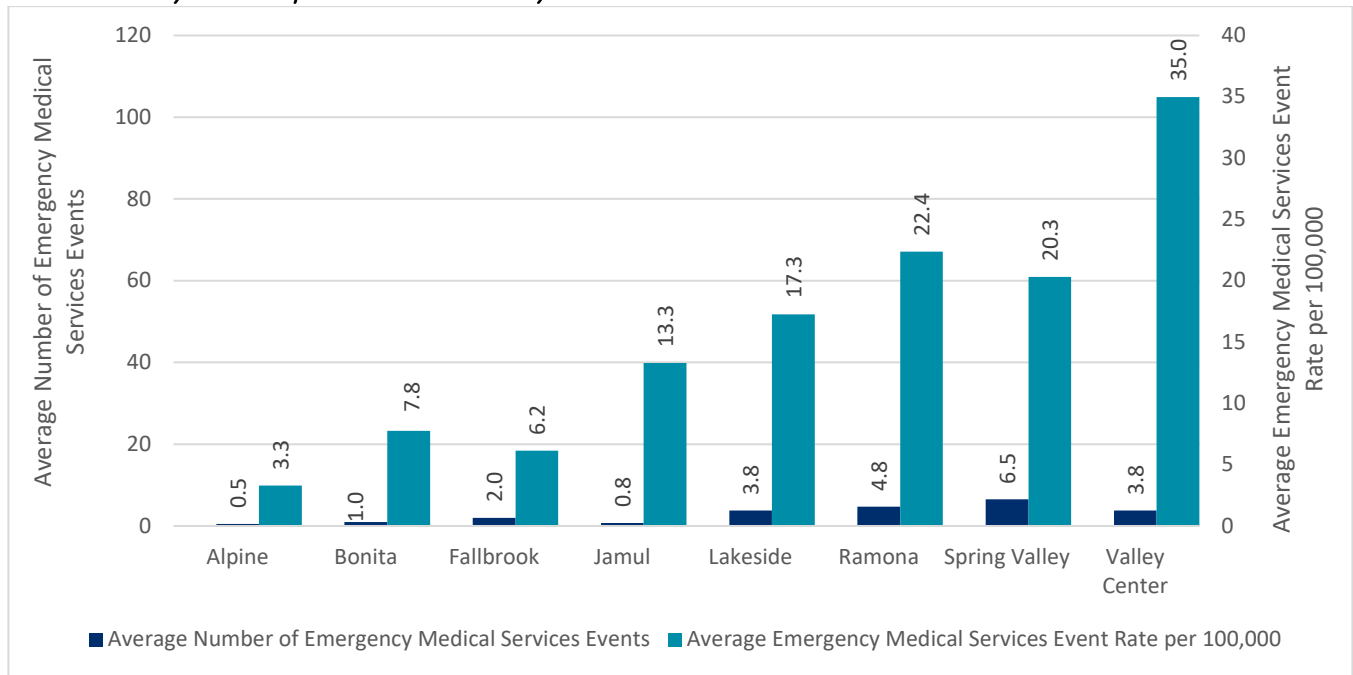
Figure 42. Average Annual Firearm-Related Emergency Medical Services Events and Rates per 100,000 for 2018-2021 by City



Note: Data are from the County of San Diego – Emergency Medical Services. Population data used to calculate rates are from SANDAG.

The figure below details the average number of firearm-related emergency medical services events and rates per 100,000 over four years (2018 through 2021) by unincorporated community. The unincorporated communities with the highest average firearm-related emergency medical services event rates per 100,000 are Valley Center (35.0), Ramona (22.4), and Spring Valley (20.3).

Figure 43. Average Annual Firearm-Related Emergency Medical Services Events and Rates per 100,000 for 2018-2021 by Unincorporated Community

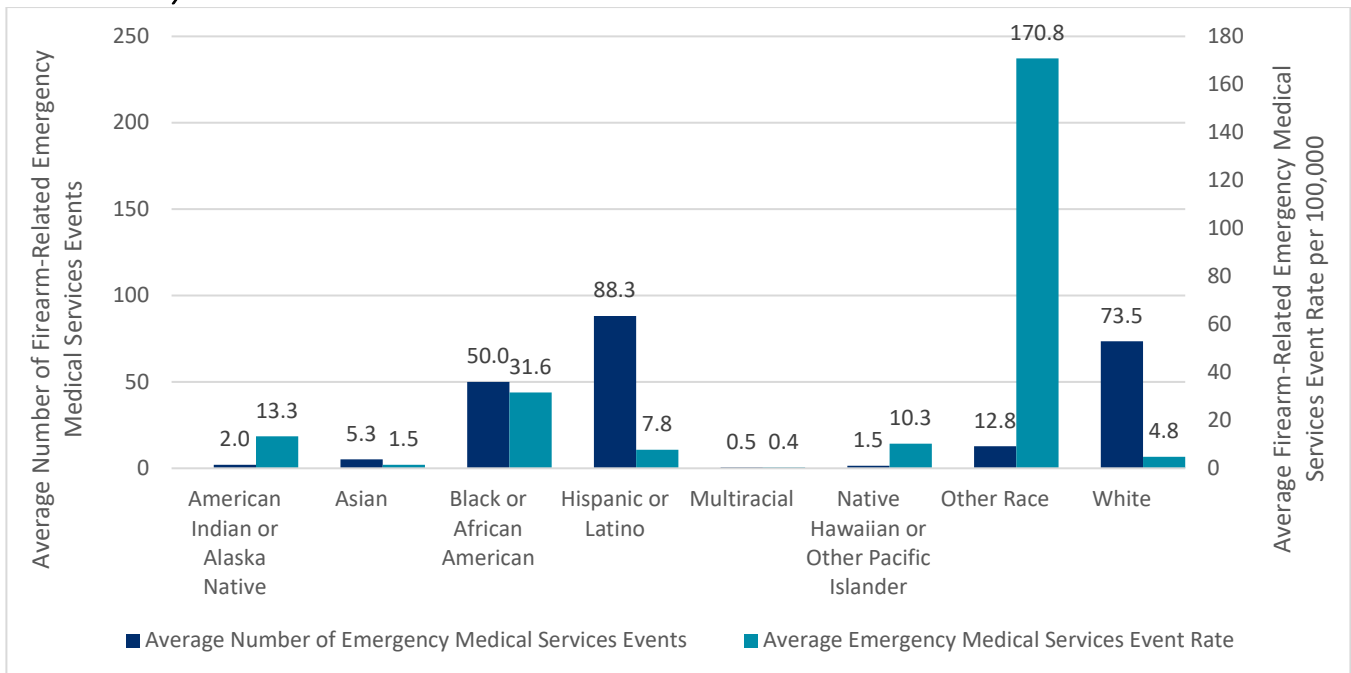


Note: Data are from the County of San Diego – Emergency Medical Services. Population data used to calculate rates are from U.S. Census American Community Survey.

Incidents by Demographics per 100,000 People

The figure below includes the average number of emergency medical services event rates over four years (2018 through 2021) by race/ethnicity. The average emergency medical services event rates are highest among those who identify as some “other race” (170.8 per 100,000) and Black or African American (31.6 per 100,000).

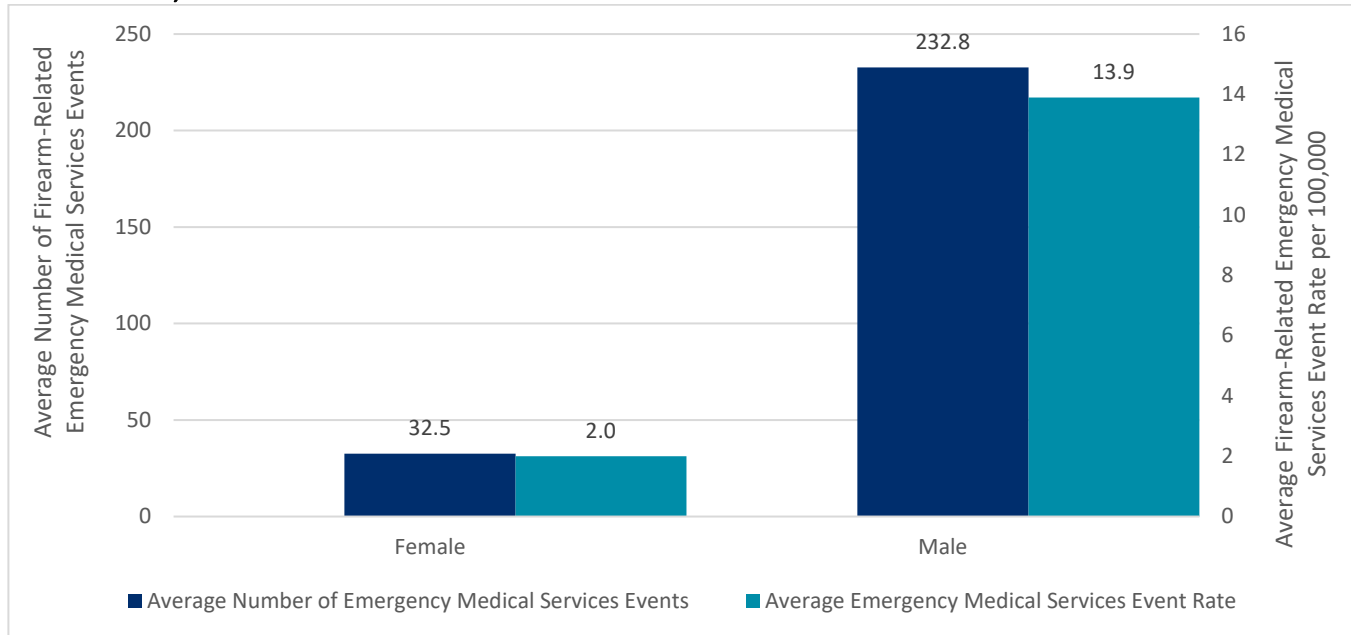
Figure 44. Average Annual Firearm-Related Emergency Medical Services Events and Rates per 100,000 for 2018-2021 by Race



Note: Emergency medical services data are from the County of San Diego – Emergency Medical Services. Population data used to calculate rates are from SANDAG.

The table below includes the average number of emergency medical services event rates over four years (2018 through 2021) by gender. The average emergency medical services event rates are higher among males (13.9 per 100,000) compared to females (2.0 per 100,000).

Figure 45. Average Annual Firearm-Related Emergency Medical Services Events and Rates per 100,000 for 2018-2021 by Gender



Note: Emergency medical services data are from the County of San Diego – Emergency Medical Services. Population data used to calculate rates are from SANDAG.

Age was not included in the demographic analyses per 100,000 for the emergency medical services data. HARC briefly examined the “narratives” reported by medical personnel, and the descriptions did not always match the recorded age. Thus, the analysis of age was not conducted here.

Suspected Crimes Involving Firearms

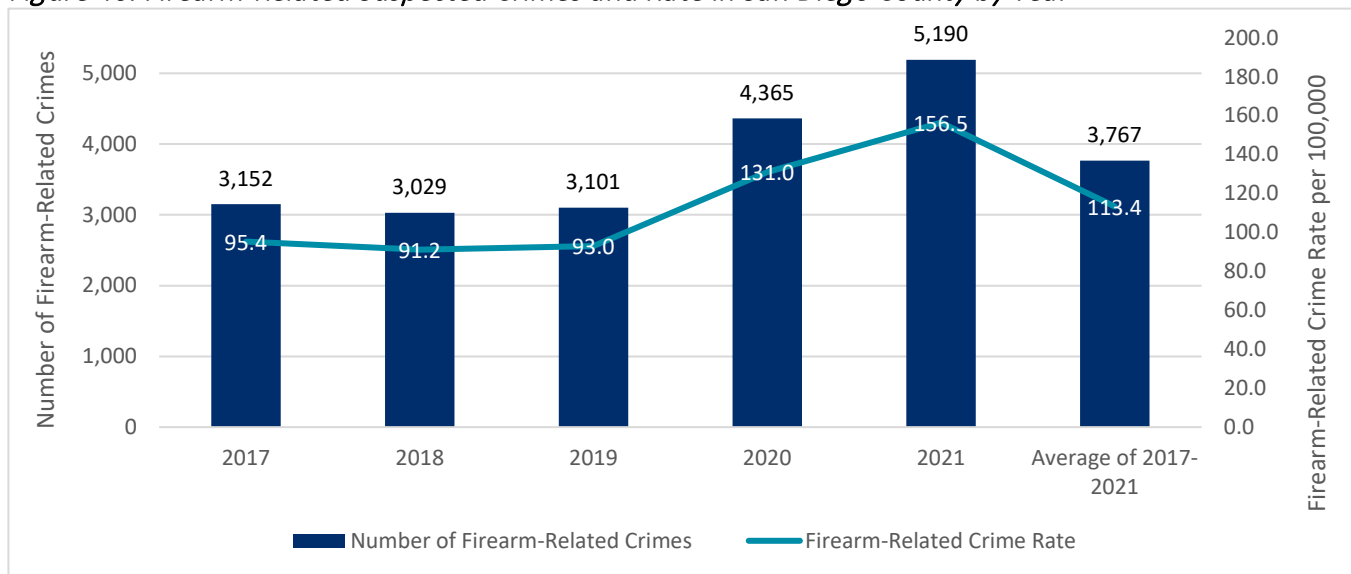
The data in this section are from ARJIS (Automated Regional Justice Information System) which is a joint powers authority tasked with sharing information among relevant agencies in San Diego and Imperial Counties. These data describe criminal justice data, including firearm-related criminal arrests and cases of suspected crimes, as reported by city police departments (Carlsbad, Chula Vista, Coronado, El Cajon, Escondido, La Mesa, National City, Oceanside, and San Diego) as well as other law enforcement agencies (San Diego County District Attorney’s Office, San Diego County Probation Department, San Diego Harbor Police, and the San Diego Sheriff’s Department, which cover the unincorporated areas of the county and contract services in the cities of Del Mar, Encinitas, Imperial Beach, Lemon Grove, Poway, San Marcos, Santee, Solana Beach, and Vista). These data help to describe crimes involving firearms in San Diego County.

Cases by Year per 100,000 People

From 2017 through 2022, the ARJIS dataset consisted of 23,542 individuals suspected of involvement in a crime related to firearms.²⁸ These 23,542 people condense down to 10,960 shared events involving firearms. For this section of data, the analysis is conducted across all 23,542 individuals. For simplicity, we refer to these data points as “cases” or “crimes.” Slightly more than a quarter of these cases (27.0% or 6,358 suspects) involved just one suspect. However, the remaining 73.0% (17,184 suspects) involved multiple suspects.

As illustrated below, the firearm crime rate per 100,000 people has increased by 64.0% from 2017 to 2021. The 2021 firearm crime rate was 156.5 per 100,000 people in San Diego County compared to 95.4 per 100,000 people in 2017. The average firearm crime rate is 113.4 per 100,000 people over these five years.

Figure 46. Firearm-Related Suspected Crimes and Rate in San Diego County by Year



Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG.

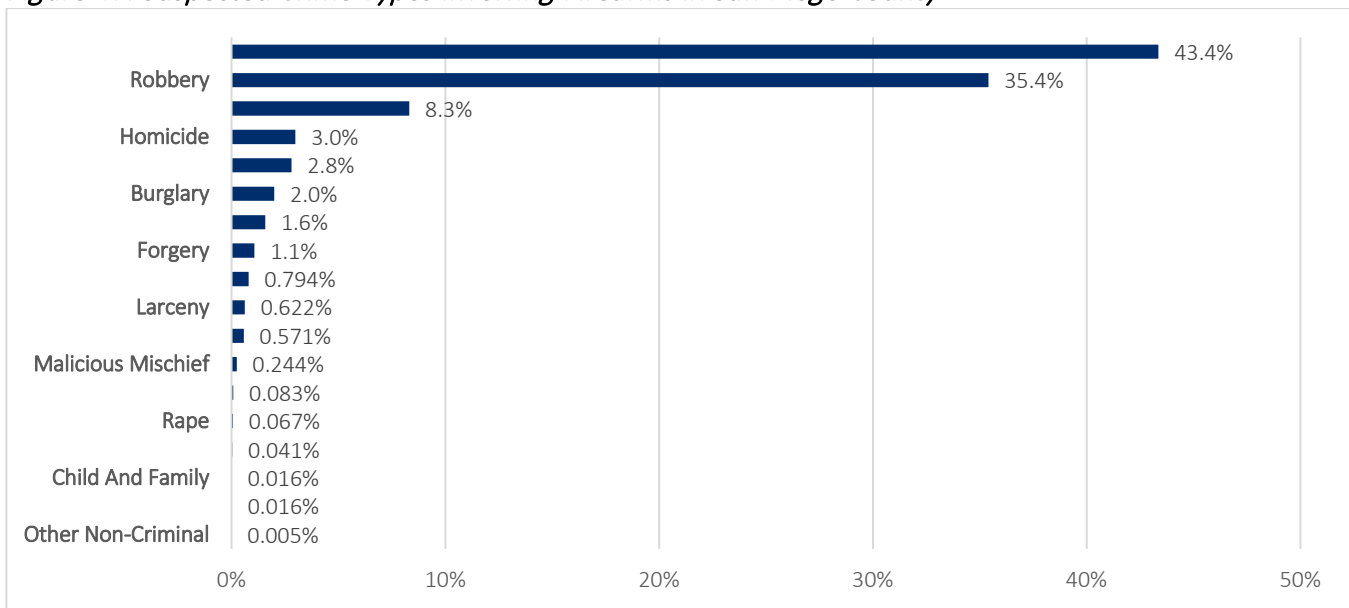
²⁸ Cases with unknown geographies or cases outside of San Diego County were filtered out of this count.

Highest Charge

A variety of charges may be made for a suspected crime, and thus the highest charge is made available. The majority of these crimes were felonies (94.8%), whereas only 5.2% were a misdemeanor, and four cases (less than one-tenth of a percent) were “other” highest charges.

The type of crime was available for 19,278 of these crimes. Among these suspected crimes, a plurality was assault (43.4%), and a third was robbery (35.4%). Some were also narcotics (8.3%) and homicides (3.0%). Some crime types involving firearms are not common (i.e., sex crimes, rape, embezzlement, child and family, arson, and other non-criminal) with less than one percentage point. See the figure below for additional crime types involving firearms.

Figure 47. Suspected Crime Types Involving Firearms in San Diego County

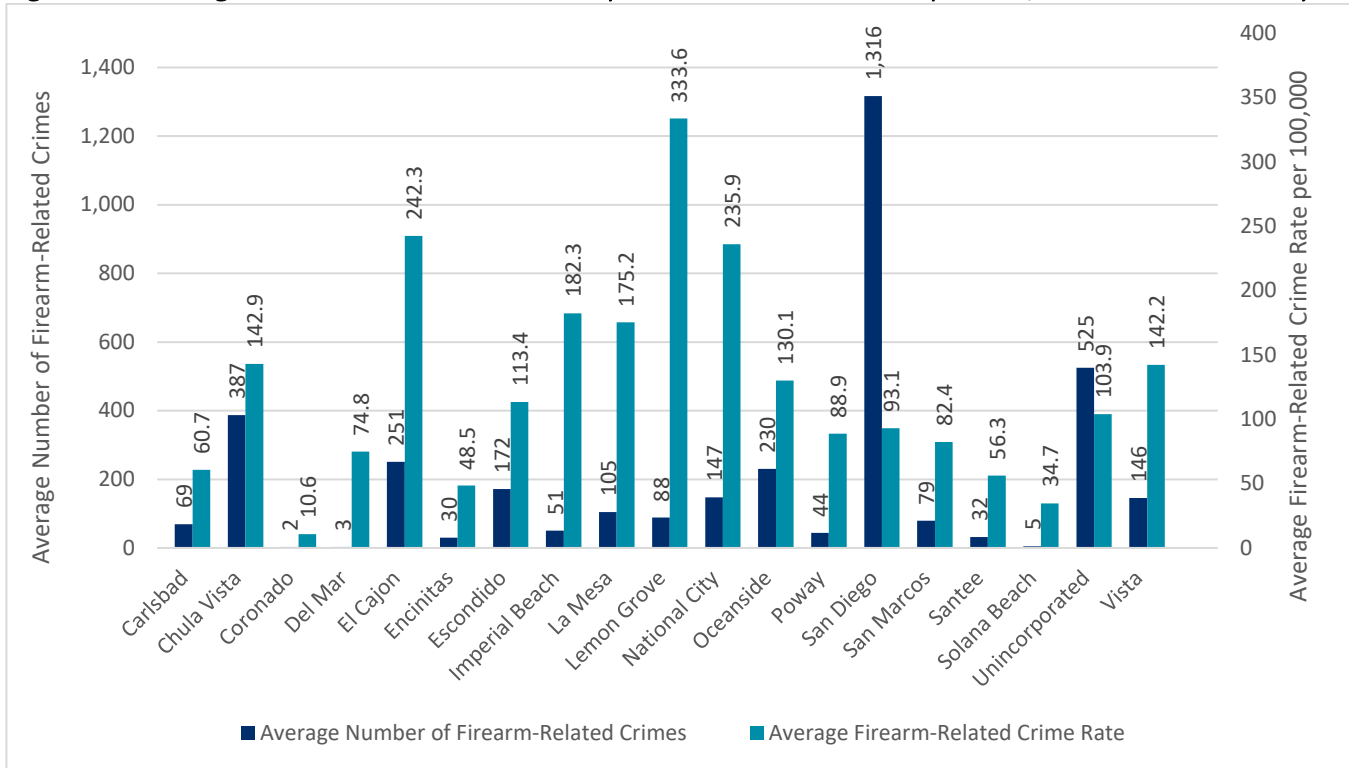


Note: Crime data are from ARJIS.

Geography of Suspected Crimes with Firearms per 100,000 People

The figure below details the average number of firearm-related suspected crimes and rates per 100,000 over five years (2017 through 2021) by city. The cities with the highest average firearm-related suspected crime rates per 100,000 are Lemon Grove (333.6), El Cajon (242.3), and National City (235.9).

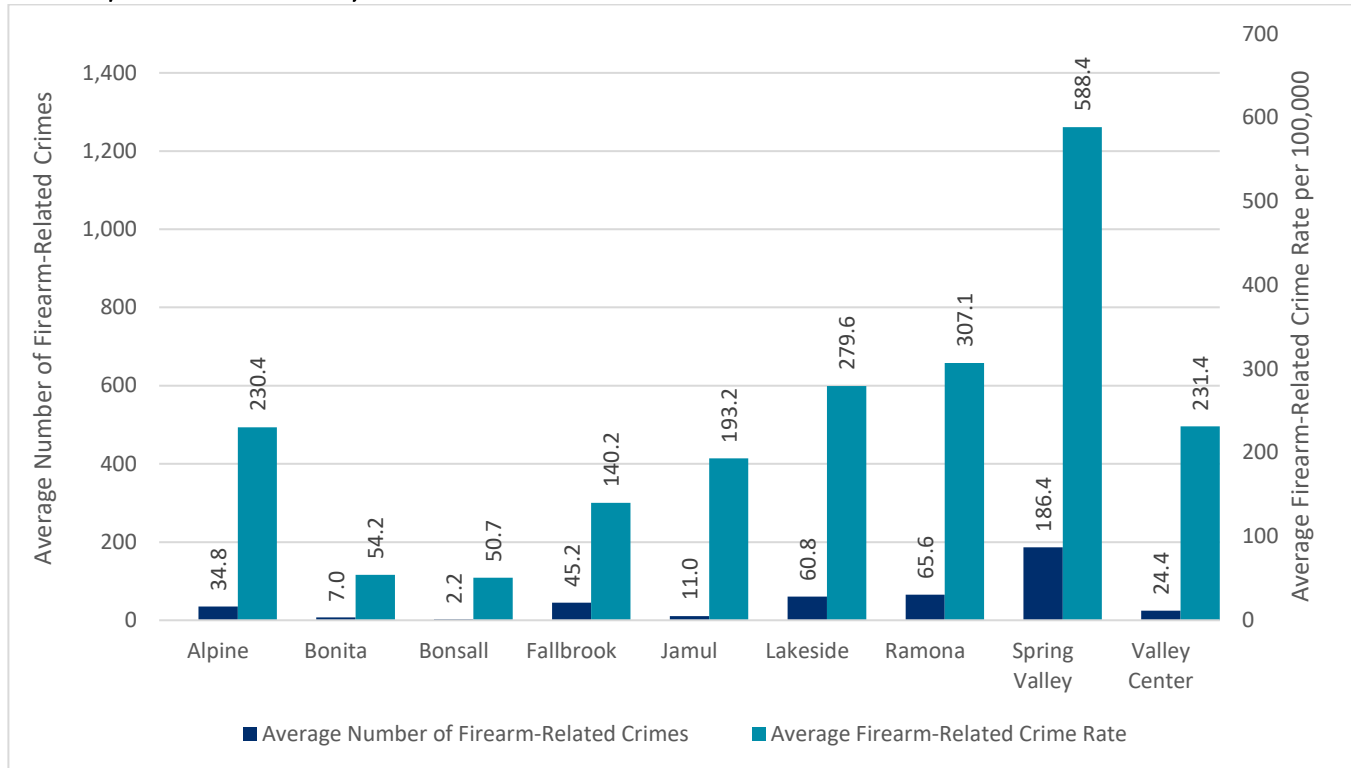
Figure 48. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 for 2017-2021 by City



Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG.

The figure below details the average number of firearm-related suspected crimes and rates per 100,000 over five years (2017 through 2021) by unincorporated community. The unincorporated communities with the highest average firearm-related suspected crime rates per 100,000 are Spring Valley (588.4), Ramona (307.1), and Lakeside (279.6).

Figure 49. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 for 2017-2021 by Unincorporated Community



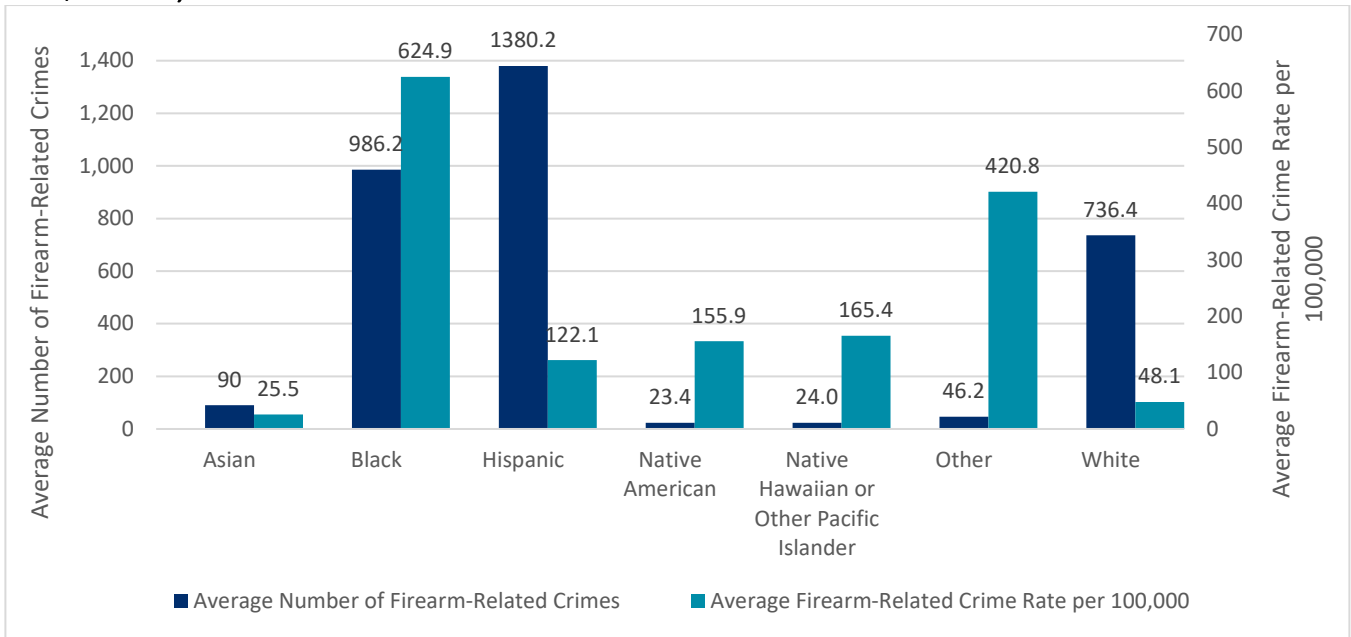
Note: Data are from ARJIS. Population data used to calculate rates are from the U.S. Census American Community Survey.

Suspected Crime with Firearms Demographics per 100,000 People

Suspects

The figure below includes the average firearm-related suspected crime rates over five years (2017 through 2021) by race/ethnicity among suspects. The average firearm-related suspected crime rates for suspects are highest among Black residents (624.9 per 100,000). See the figure below for additional details.

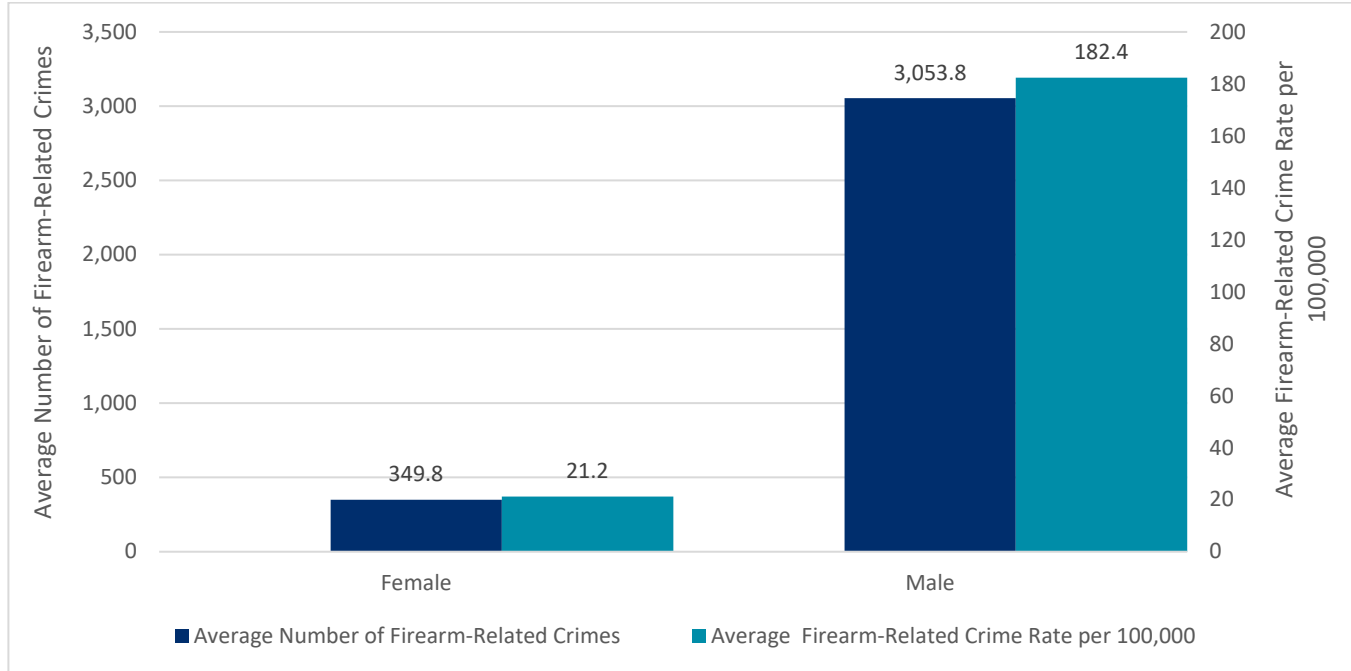
Figure 50. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 from 2017-2021 by Race/Ethnicity



Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG. "Other" includes "some other race."

The average firearm-related suspected crime rate for suspects among males is 182.4 per 100,000, whereas the rate is 21.2 per 100,000 for females.

Figure 51. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 from 2017-2021 by Gender



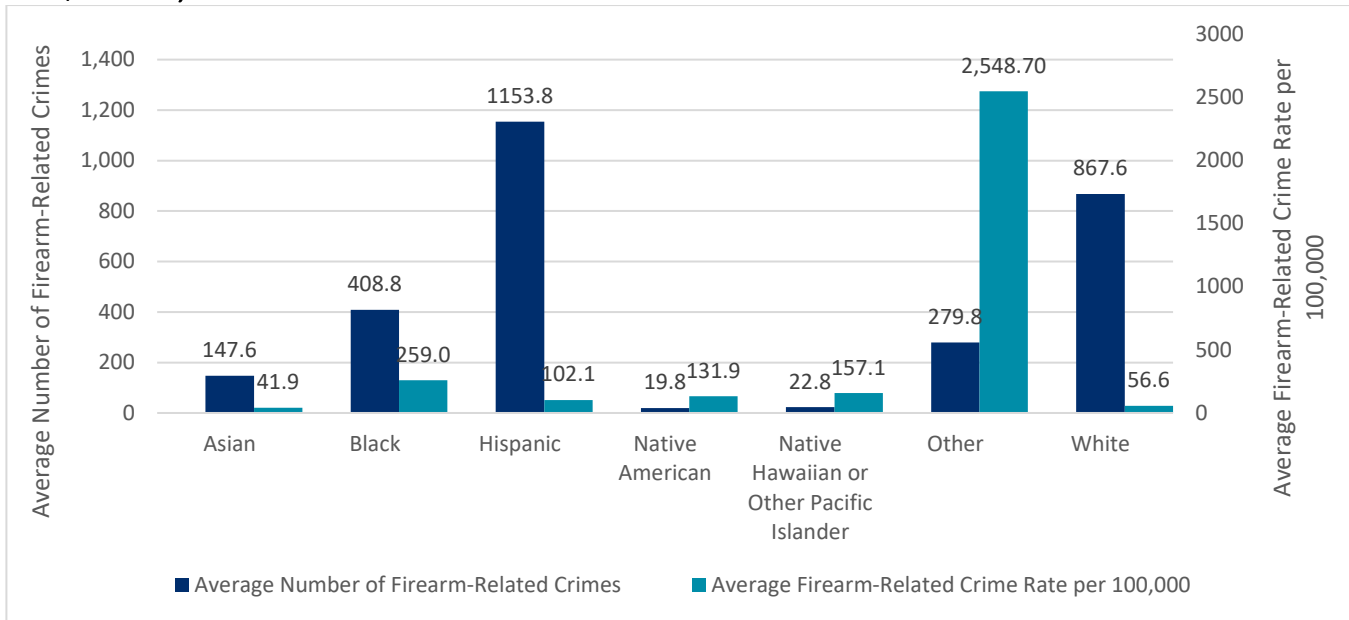
Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG.

Age was not included in the demographic analyses per 100,000 for the ARJIS data. Looking at the ages of suspects, there are a fair number of suspects aged zero and a fair number aged 120. Thus, the analysis of age was not conducted here.

Victim

The figure below includes the average firearm-related suspected crime rates over five years (2017 through 2021) by race/ethnicity among victims. The average firearm-related suspected crime rates for victims are highest among residents who identify with the “other” race (2,548.7 per 100,000), followed by Black residents (259 per 100,000).

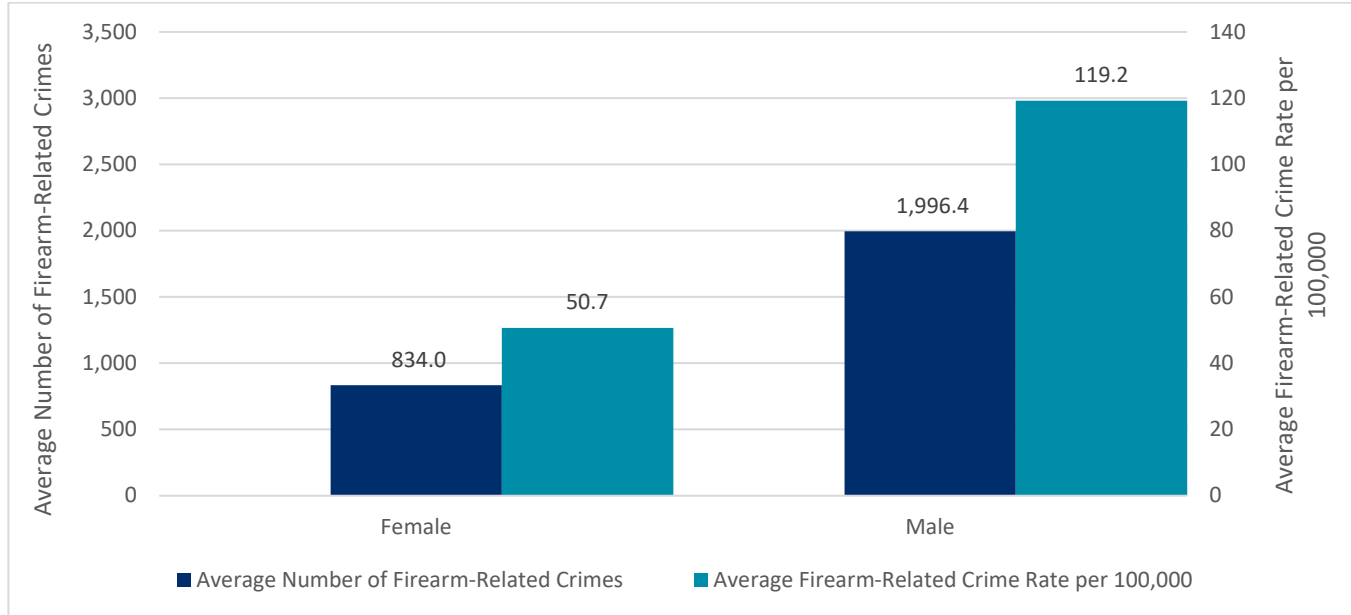
Figure 52. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 from 2017-2021 by Race/Ethnicity



Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG. “Other” includes “some other race.”

As illustrated in the figure below, the average firearm-related suspected crime rate for victims among males is 119.2 per 100,000, whereas the rate is 50.7 per 100,000 for females.

Figure 53. Average Annual Firearm-Related Suspected Crimes and Rates per 100,000 from 2017-2021 by Gender



Note: Data are from ARJIS. Population data used to calculate rates are from SANDAG.

Age was not included in the demographic analyses per 100,000 for the ARJIS data on victims. Looking at the ages of victims, there are a fair number of victims aged zero and a fair number aged 120. Thus, the analysis of age was not conducted here.

K-12 School Shootings

The data presented here are from the Naval Postgraduate School, Center for Homeland Defense and Security, Homeland Security Advanced Thinking Program.²⁹ This program is a national database compiling various sources (i.e., peer-reviewed studies, government reports, mainstream media, nonprofits, private websites, blogs, and crowd-sourced lists) pertaining to K-12 school shootings.

There were a total of eight K-12 school shootings in this database that occurred within San Diego County, although there was one additional K-12 school shooting that was missing from the database, and information about this event was pulled from the *San Diego Union-Tribune*.³⁰ Furthermore, this section does not include details pertaining to higher education shootings, of which, according to the *San Diego Union-Tribune*,³¹ only one has occurred.

Altogether, there have been a total of nine K-12 school shootings in San Diego County during the past 23 years (from 1979 to 2022). Five of these K-12 shootings were in the City of San Diego, and one each was in Carlsbad, El Cajon, Santee, and La Mesa. Among these nine shootings, four people died, and 30 were wounded. Each school and the time of occurrence are provided in the table below, along with a summary.

Table 4. K-12 School Shooting Details - San Diego County

Time of Occurrence (Year/Month/Day)	School	Summary of Event
1979-01-29	Grover Cleveland Elementary School	The shooter barricaded herself in the house across the street and shot at random students
2000-12-01	Junipero Serra High School	Accidental discharge and shot self in showing off gun
2001-03-02	Hoover High School	A student shot himself in a parking lot, distraught about a breakup
2001-03-05	Santana High School	Shooting spree
2001-03-22	Granite Hills High School	Planned attack, School Resource Officer at school shot at the shooter and detained him
2010-10-08	Kelly Elementary School	Fired shot at school playground, struck by a driver who saw shooting occurring
2019-07-19	Monroe Clark Middle School	A teenager fired BBs at a school building and then fled
2021-04-12	San Diego High School	Hostage standoff inside a dumpster near the football field
2022-05-30	Helix High School	An adult man shot in a school parking lot

²⁹ CHDS School Shooting Safety Compendium. Center for Homeland Defense and Security. <https://www.chds.us/ssdb/>

³⁰ Davis, K., & Monteagudo, M. (2012). Timeline: San Diego's school shootings. The San Diego Union-Tribune. <https://www.sandiegouniontribune.com/sdut-timeline-san-diegos-school-shootings-2012dec14-story.html>

³¹ Ibid.

Mass Shootings

Data presented in this section includes details of two mass shooting events made available by The Violence Project.³² A mass shooting has varying definitions, and thus, the definition used in this database is: “a multiple homicide incident in which four or more victims are murdered with firearms—not including the offender(s)—within one event, and at least some of the murders occurred in a public location or locations in close geographical proximity (e.g., a workplace, school, restaurant, or other public settings), and the murders are not attributable to any other underlying criminal activity or commonplace circumstance (armed robbery, criminal competition, insurance fraud, argument, or romantic triangle).”³³

According to this database, a total of two mass shootings have occurred in San Diego County since 1984. One of these was in San Ysidro in 1984, and the other was in El Cajon in 1993. Across these two mass shooting events, a total of 25 people were killed, and 21 were injured.

Table 5. Mass Shooting Details - San Diego County

Time of Occurrence (Year/Month/Day)	Location	People Killed	People Injured
1984-July-18	San Ysidro	21	19
1993-October-14	El Cajon	4	2

³² Peterson, J., & Densley, J. (2022). The Violence Project database of mass shootings in the United States (Version 5). <https://www.theviolenceproject.org>

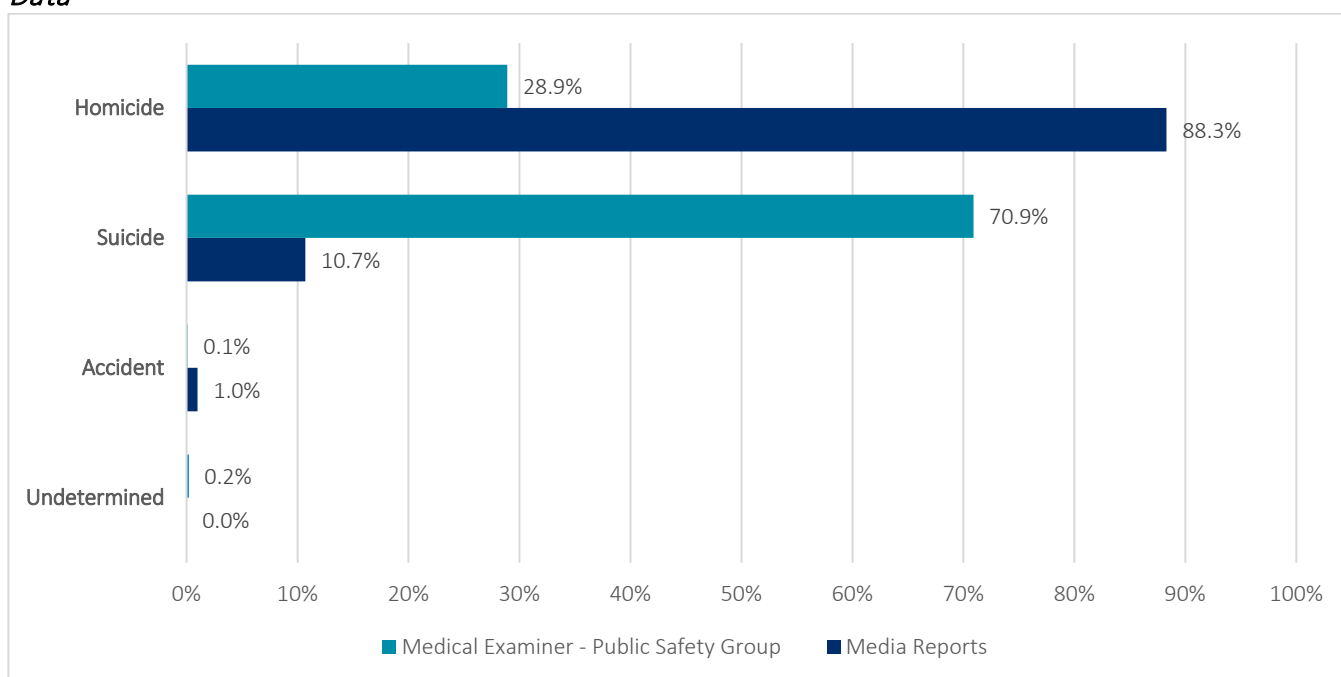
³³ Ibid.

Gun Violence in the Media

From 2017 through 2021, there were a total of 270 unduplicated news media stories describing a total of 299 gun violence deaths in San Diego County. Among these cases in the news media, the majority were homicides (88.3%), whereas 10.7% were suicides – these findings are nearly the inverse of data on death by intent according to the County of San Diego Medical Examiner’s Office data (28.9% were homicides and 70.9% were suicides; 2017-2022).

The media reports of gun-related deaths consisted of 1.0% accidental deaths, while the Medical Examiner’s Office data consisted of 0.1% of firearm-related accidental deaths.

Figure 54. Media Reports of Manner of Death Compared to Firearms Compared Medical Examiner’s Office Data



Note: Public Safety Group data are from the County of San Diego Medical Examiner’s Office (2017-2022) and media reports are from the Gun Violence Archive (2017-2021).

The table below details the rate of gun-related deaths by city, as reported in both the media and in the Medical Examiner’s data per 100,000 people. Additionally, the data are ranked from highest (1) rate to lowest (16) rate. For the most part, media stories were run at a rate in proportion to the rate that is reported in the Medical Examiner’s data, especially for the top five highest ranked.

One discrepancy worth noting is that National City is ranked second in the rate of firearm-related deaths in media stories per 100,000 people, while Medical Examiner’s data suggests that National City has one of the lower rates of firearm-related deaths per 100,000 people.

Table 6. Firearm-Related Deaths in Media Reports vs. Medical Examiner’s data per 100,000 by City 2017 through 2021

City	Rate of Firearm-Related Deaths in Media Stories per 100,000 People	Rank	Rate of Firearm-Related Deaths in Medical Examiner’s Data per 100,000 People	Rank
Lemon Grove	6.0	1	16.6	1
National City	3.2	2	2.6	13
El Cajon	3.1	3	10.8	2
La Mesa	3.0	4	7.7	4
Imperial Beach	2.9	5	6.5	5
Vista	2.7	6	9.2	3
San Diego	2.4	7	4.8	11
Oceanside	1.9	8	6.3	6
Chula Vista	1.6	9	2.4	15
Escondido	1.5	10	5.6	8
Carlsbad	1.4	11	5.6	8
Poway	1.2	12	6.1	7
Coronado	0.9	13	2.6	13
San Marcos	0.8	14	4.8	11
Encinitas	0.6	15	5.1	10
Solana Beach	0.0	16	1.4	16

Note: Death data are from the County of San Diego Medical Examiner’s Office. Population data are from SANDAG, and media reports are from the Gun Violence Archive.

Summary

Data from the County of San Diego Medical Examiner’s Office reveal that the majority of firearm-related deaths in San Diego County are suicides (70.9%), followed by homicides (28.9%). This high percentage of suicide deaths might be a surprise to the general public, given that suicides are underreported in local media while homicides are overreported, as illustrated in our media analysis.

The cities with the highest homicide rates per 100,000 people are Lemon Grove (6.0), National City (3.5), and Vista (3.1), and the unincorporated communities with the highest firearm-related homicide rates are Spring Valley (4.4), Alpine (4.0), and Valley Center (3.8). Firearm-related homicide rates for Black residents are 9.9 times greater than firearm-related homicide rates for White residents, and the homicide rate for multiracial residents is 4.0 times greater than that for White residents. Further, the homicide rate for Hispanic residents is 2.5 times greater than that for White residents. In contrast, firearm-related suicide rate for White residents is 5.9 times greater than for Black and 2.2 times greater than for Hispanic residents. Further, males have a firearm-related homicide rate that is 4.1 times greater than females and a firearm-related suicide rate that is 8.4 times greater than females.

The cities with the highest suicides rate per 100,000 are Lemon Grove (13.6), El Cajon (10.0), and La Mesa (7.7), and the unincorporated communities with the highest firearm-related suicide rates are Ramona (22.5), Valley Center (20.9), and Lakeside (17.5). Suicide rates are highest among those ages 65 and older,

while homicide rates are highest among those ages 25-44. In addition, those ages 65 and older are more likely to have died from suicide (35.2%) compared to homicide (5.8%), whereas those ages 25-44 are more likely to have died from homicide (49.7%) compared to suicide (25.6%). Thus, those impacted by firearm-related suicide tend to be White males 65 years or older, and those impacted by homicide tend to be Black, Hispanic, and multiracial males ages 25-44.

In addition, among all firearm-related deaths, 253 (or 19.3%) firearm-related deaths were indicated as being veterans. Among these veterans, 93.3% (or 236 veterans) died by suicide with a firearm, whereas 6.3% (or 16 veterans) died by homicide, and for just 0.4% (or one veteran) the intent was undetermined.

Regarding injuries from firearms, most hospitalizations are for assaults (51.6%), whereas most emergency department visits are for accidents (69.3%). The average firearm-related hospitalization rates per 100,000 are highest among Black residents (20.1). Males (7.5 per 100,000) and those ages 15-24 (10.0 per 100,000) also see the highest hospitalization rates due to firearm-related injuries.

Much like with hospitalizations, the average firearm-related emergency department visit rates are highest among Black residents (16.4 per 100,000). Males (6.9 per 100,000) and those ages 15 to 24 (8.6 per 100,000) also have the highest firearm-related emergency department visit rates.

Emergency medical services data showed that the cities with the highest average rates per 100,000 people for when emergency medical services were dispatched for a firearm-related injury or death are Lemon Grove (20.8) and National City (20.0). The unincorporated communities with the highest average firearm-related emergency medical services event rates per 100,000 are Valley Center (35.0), Ramona (22.4), and Spring Valley (20.3). Rates per 100,000 are highest among males (13.9) and those who identify as some "other race" (170.8) and those who identify as Black (31.6).

From 2017 to 2021, the firearm-related suspected crime rate per 100,000 people increased 64.0%. The majority of these reported crimes were felonies (94.8%), with 43.4% being assaults and 35.4% being robberies. From 2017-2021, the cities with the highest average firearm-related suspected crime rates per 100,000 people are Lemon Grove (333.6), El Cajon (242.3), and National City (235.9), and the unincorporated communities with the highest average firearm-related suspected crime rates are Spring Valley (588.4), Ramona (307.1), and Lakeside (279.6). The average firearm-related suspected crime rates for suspects are highest among males (182.4 per 100,000) and those who identify as Black (624.9 per 100,000) and another race (420.8 per 100,000). The average firearm-related suspected crime rates for victims are highest among males (119.2 per 100,000) and those who identify with another race (2,548.7 per 100,000) and those who identify as Black (259 per 100,000). These data should be interpreted with caution, as they show *suspected* crimes and not convicted crimes.

The varied data sources throughout this report help to paint a picture of gun violence across the San Diego region. There is nuance with some of the data sources in this report, and thus, each section should be read carefully. However, despite these nuances, this report helps shine a light on the prevalence and types of gun violence throughout San Diego County.

Gun violence is a public health concern affecting many people from all walks of life and many areas/components of the community. For example, there is likely a significant safety risk with thousands of residents leaving their firearms unlocked and loaded. Despite what is reported in the media, most firearm-related deaths are suicide and are more common among those who are White or from older age groups. While homicides occur less often, homicide rates are rising and are higher among younger age groups and people of color. Lastly, firearm-related crimes have also been increasing in San Diego County.

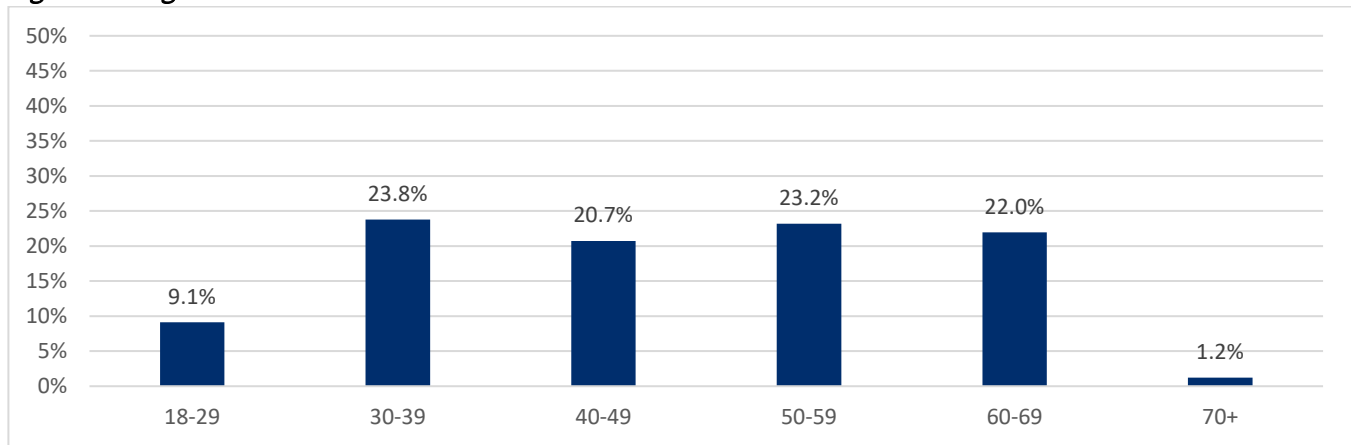
Results: Professional Survey

To gather the opinions of professionals who work with or for populations impacted by gun violence, a professional survey was created and disseminated through the county. Professionals had to answer three qualifying questions to participate in the survey: “Do you work in San Diego County?” “Are you 18 or older?” and “Do you provide professional services to people who are impacted by gun violence, or do you professionally support gun violence reduction efforts? (This can include a variety of professions, such as law enforcement, medical care, counseling, social work, research, education, etc.)?” A total of 206 professionals met all three criteria to participate in the survey. All surveys were completed in English.

Demographics of Professionals

The average age of professionals was 47, with the youngest being 23 and the oldest being 75. Survey participants were evenly distributed across most age groups, as illustrated below.

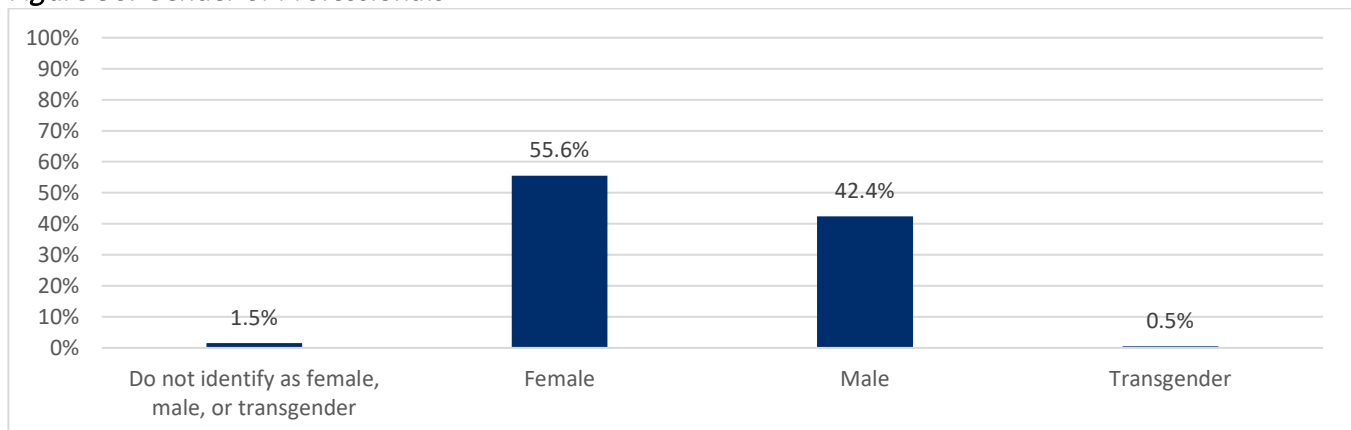
Figure 55. Age of Professionals



Note: $n = 164$.

More than half (55.6%) of professionals were female, whereas the remaining were male (42.4%), did not identify with the gender categories (1.5%), or were transgender (0.5%).

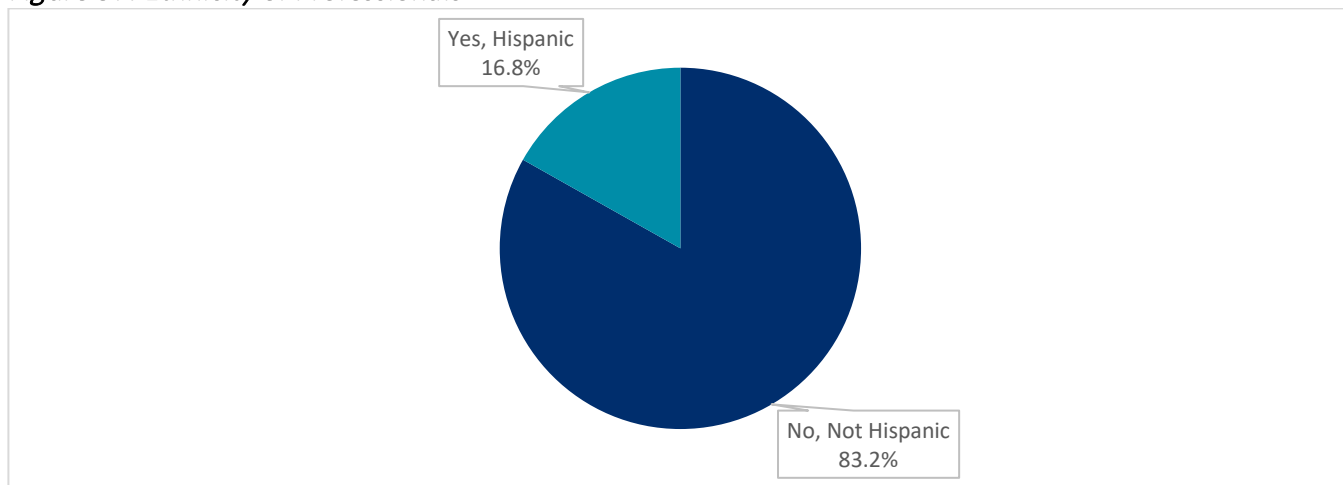
Figure 56. Gender of Professionals



Note: $n = 198$.

Professionals were asked, “Are you Hispanic, Latino, or Latina?” The majority (83.0%) were not Hispanic.

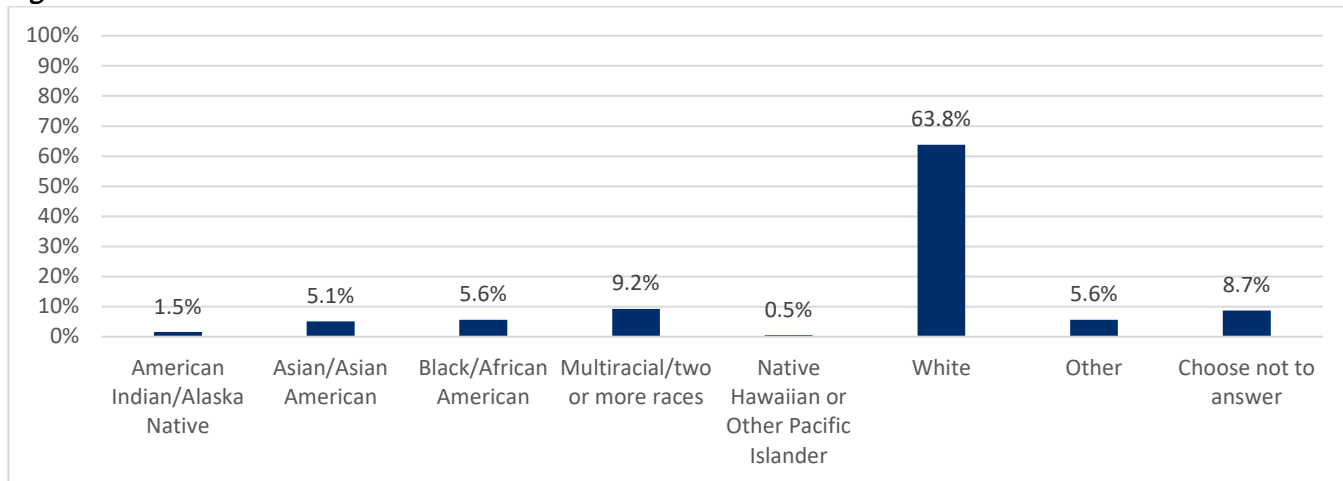
Figure 57. Ethnicity of Professionals



Note: $n = 196$.

Professionals were also asked, “Which one of these groups would you say best represents your race? For the purposes of this survey, Hispanic is not a race.” As illustrated below, about two thirds (63.8%) were White; the remaining race categories had less than 10% representation each.

Figure 58. Race of Professionals

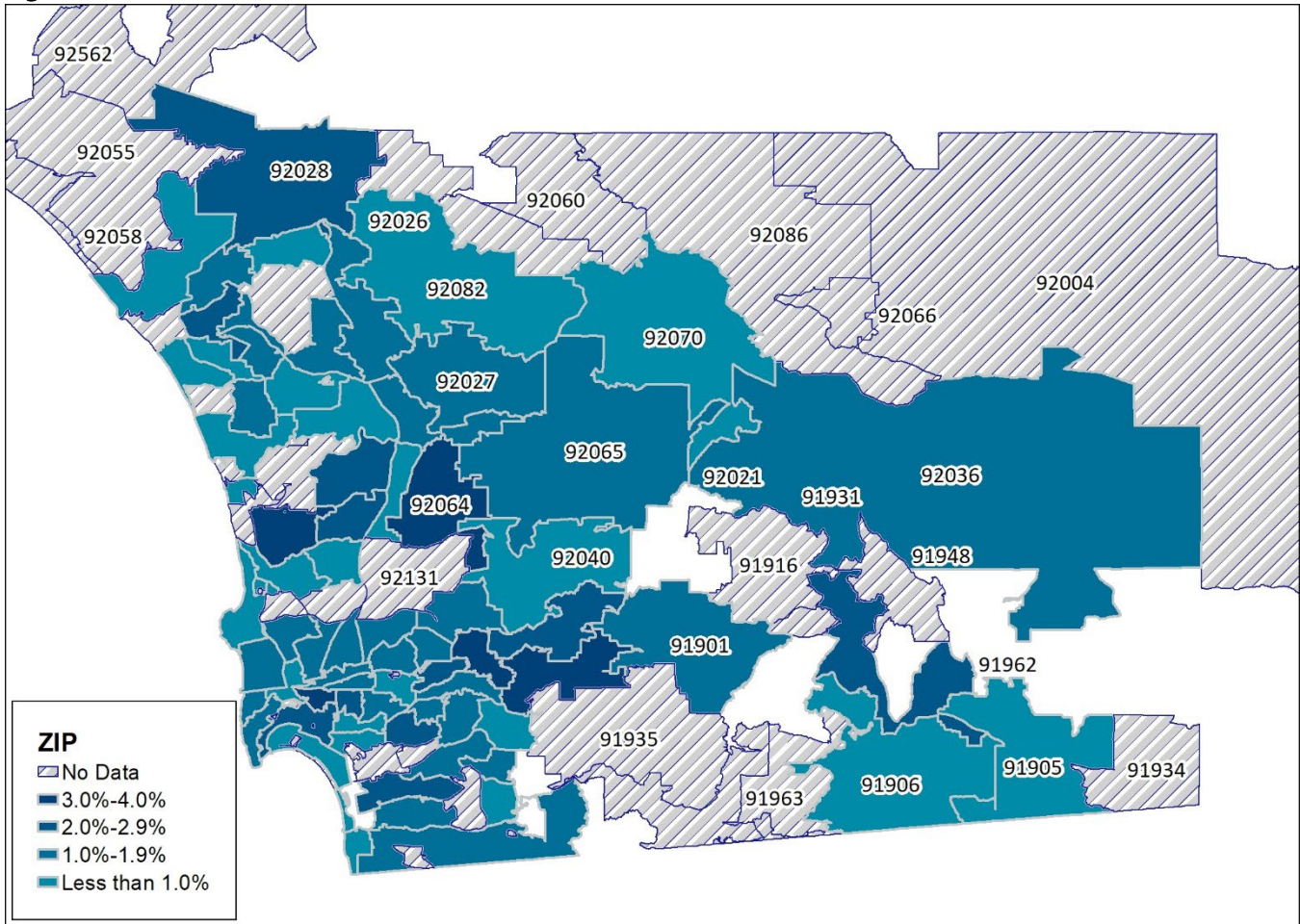


Note: $n = 196$.

Other responses for race included American ($n = 3$), Mexican/Latino/a ($n = 3$), Middle Eastern ($n = 1$), and South African ($n = 1$).

Professionals also provided their ZIP codes. A total of 180 ZIP codes were provided, and these are mapped below. Generally, between 1.0% and 4.0% of the available 180 ZIP codes were represented so there was no significant overrepresentation among the ZIP codes identified. These ZIP codes are included in the map below, with just a few ZIP codes labeled.

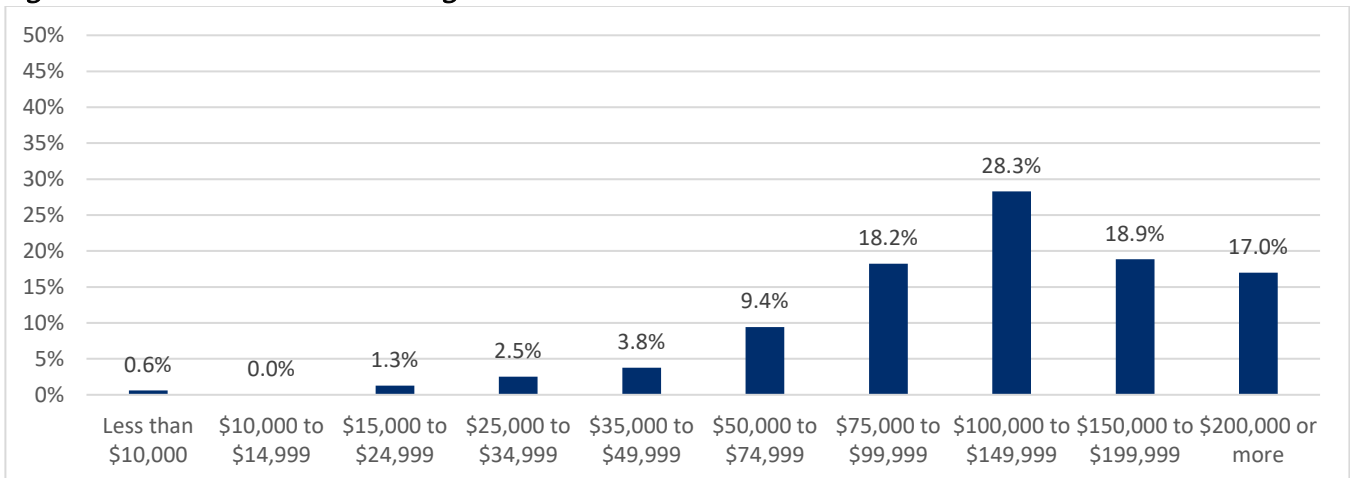
Figure 59. ZIP Code of Professionals



Note: n = 180.

Professionals were asked, “Last year, what was your total household income?” Most professionals were in households with an income of \$100,000 or more (64.2%), as illustrated in the figure below.

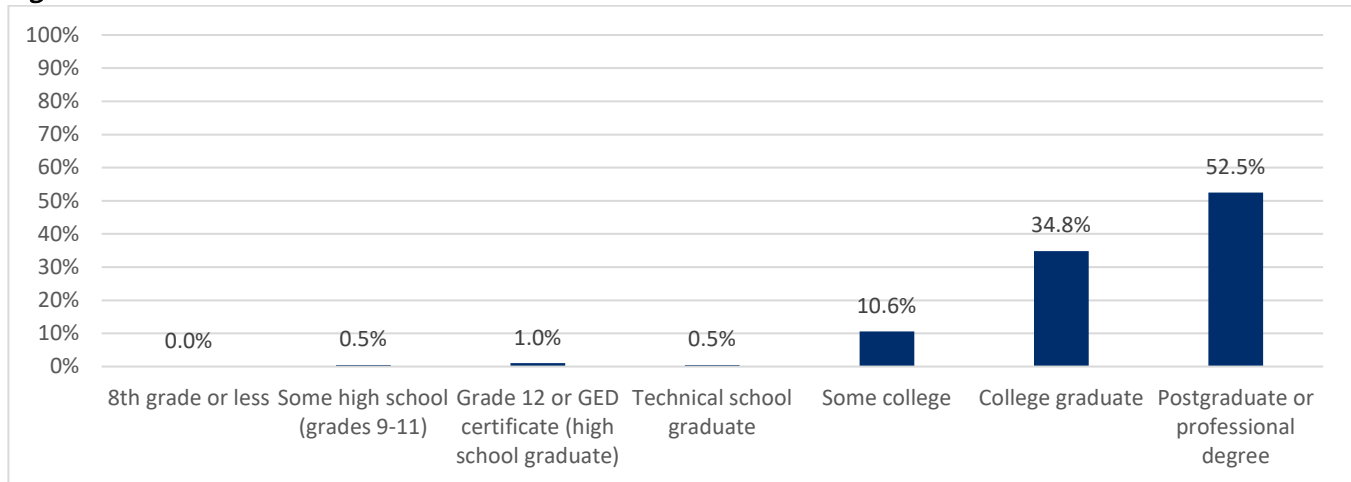
Figure 60. Household Income Categories of Professionals



Note: n = 159.

Professionals were also asked, “What is the highest grade or year of school you completed?” The professionals surveyed were highly educated. More than half (52.5%) have a postgraduate or professional degree, and another third (34.8%) are college graduates.

Figure 61. Educational Attainment of Professionals



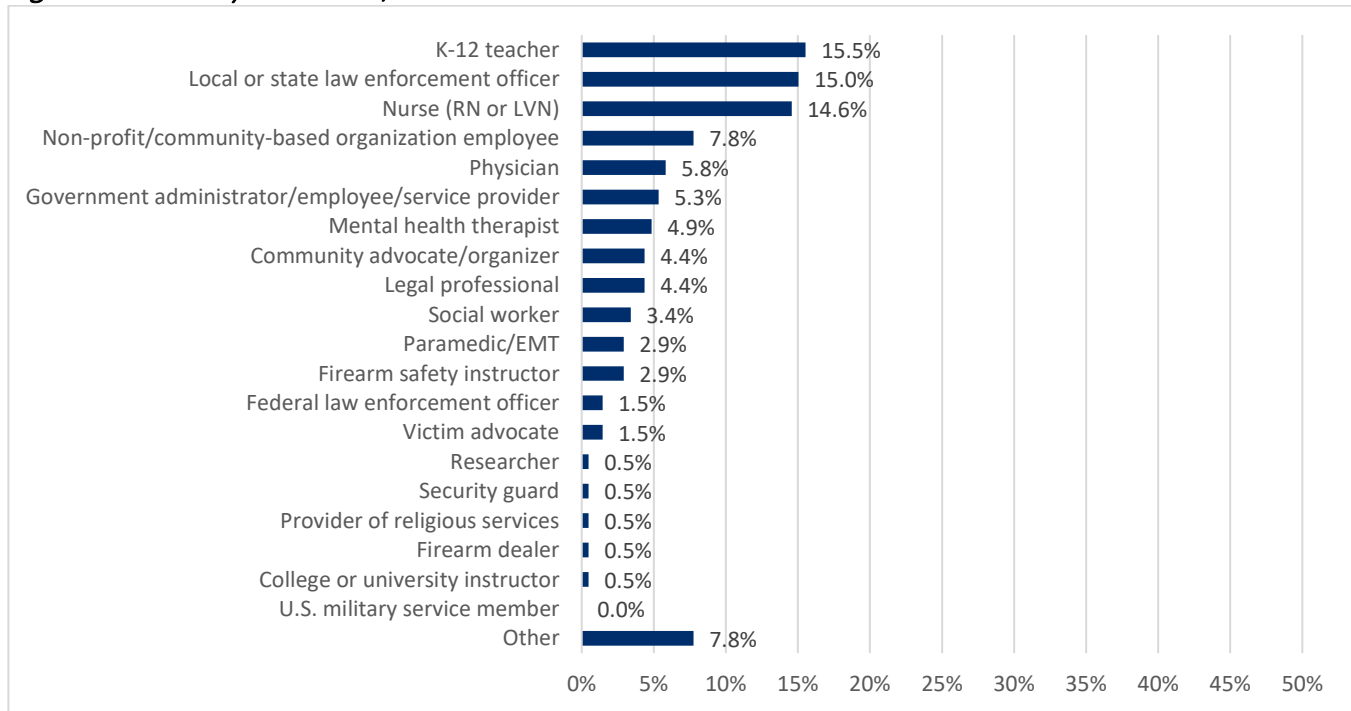
Note: *n* = 198.

Backgrounds of Professionals

Professionals were asked, “Are you employed by the County of San Diego?” Among the 204 who responded, the majority were not (75.0%) employed with the County of San Diego, leaving 25.0% employed with the County.

Professionals were also asked, “What is your **primary** profession/vocation?” and could only select one option. The top three professions include K-12 teacher (15.5%), local or state law enforcement officer (15.0%), and nurses (14.6%), either registered nurses or licensed vocational nurses.

Figure 62. Primary Profession/Vocation of Professionals

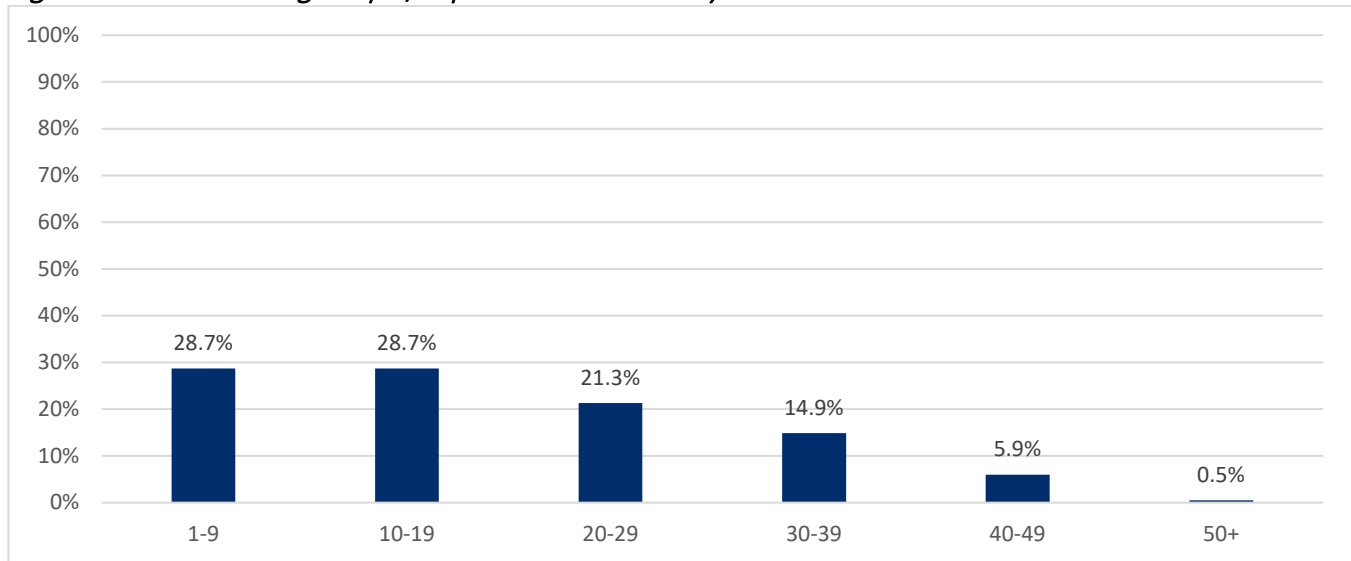


Note: *n* = 206.

“Other” responses for profession were categorized by industry and included education professional (*n* = 11), healthcare professional (*n* = 2), legal professional (*n* = 1), and mental health clinician (*n* = 1).

Professionals were asked, “For how many years have you been serving people or populations impacted by gun violence?” The average number of years serving people impacted by gun violence was 17.9, with a minimum of one year and a maximum of 50 years. Most commonly, professionals have been serving populations affected by gun violence for 1-9 years (28.7%), 10-19 years (28.7%), and 20-29 years (21.3%).

Figure 63. Years Serving People/Populations Affected by Gun Violence - Professionals

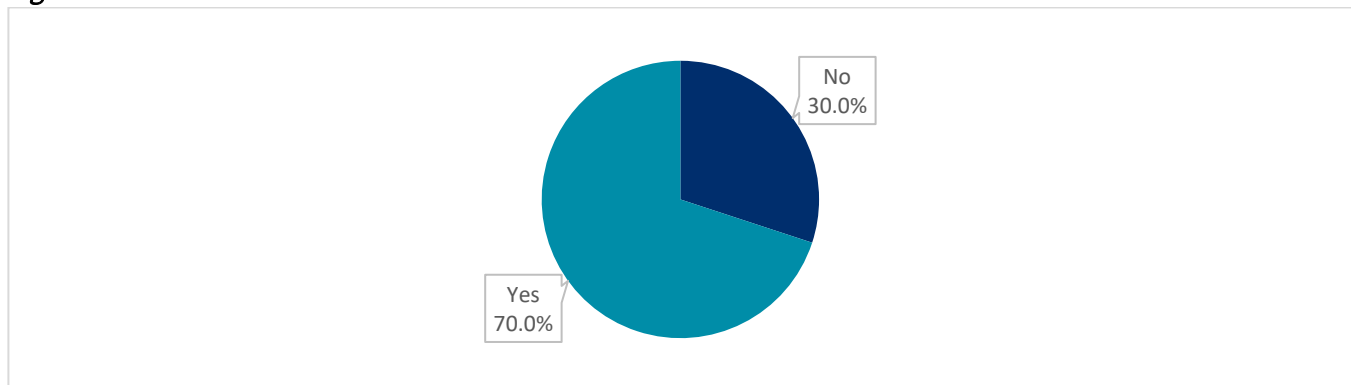


Note: n = 202.

Professionals’ Services Related to Gun Violence

Professionals were asked, “Do you provide direct services to people impacted by gun violence?” The majority (70.0%) of professionals do provide these services, whereas 30.0% do not provide these services.

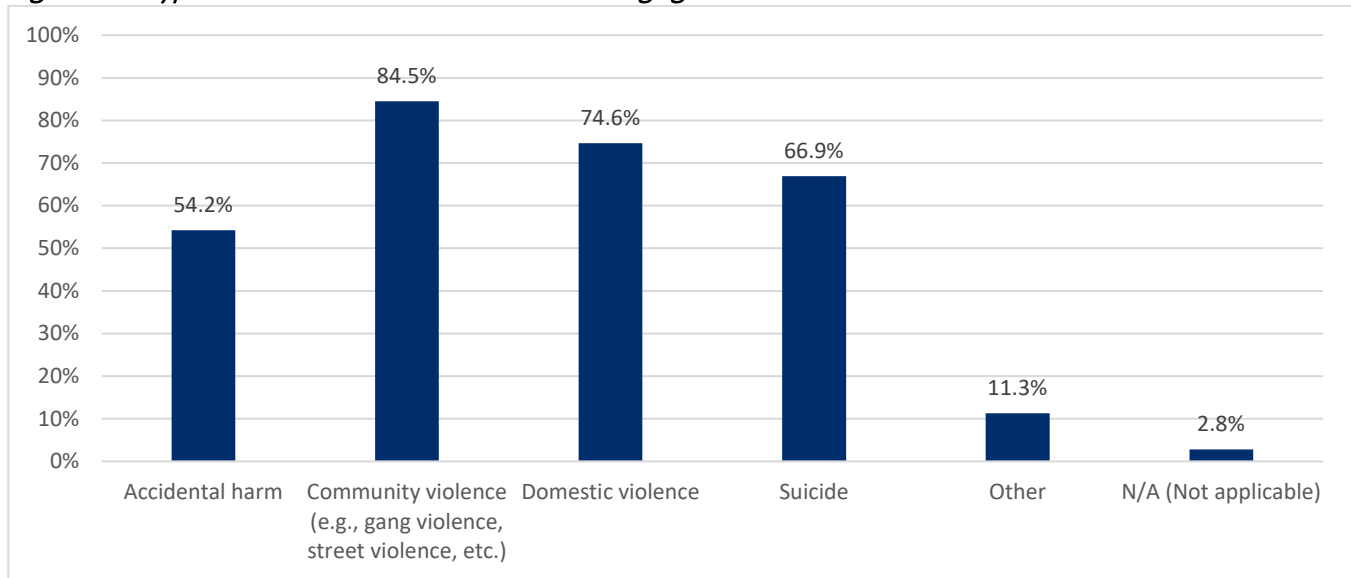
Figure 64. Provides Direct Services Related to Gun Violence



Note: n = 203.

Professionals who do provide direct services related to gun violence were further asked, “What type of gun violence does your work engage with?” and could select all that apply. As illustrated below, services related to community violence (84.5%) and domestic violence (74.6%) were the most common. Although suicide (66.9%) and accidental harm (54.2%) were also common.

Figure 65. Types of Gun Violence Professionals Engage With

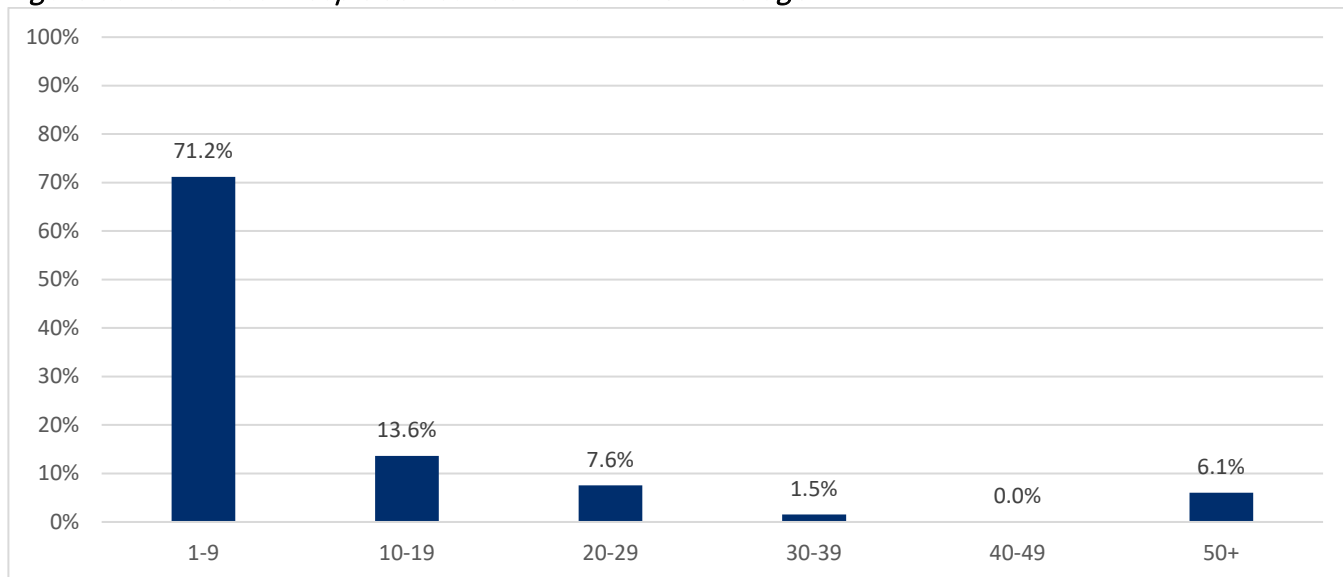


Note: $n = 142$.

“Other” responses for type of work were grouped into broader categories and included school violence ($n = 3$), healthcare ($n = 2$), law enforcement ($n = 2$), supporting gun violence victims ($n = 2$). There was also one reference for each of the following: education, homelessness, people with disabilities, community, recovering addicts, and youth.

Professionals who provide direct services were asked, “On average, how many people (who are impacted by gun violence) do you as an individual serve each month?” The average number of people served each month was 12, with a minimum of one, and a maximum of 250. As illustrated in the figure below, most (71.2%) professionals serve between one to nine people each month.

Figure 66. Number of People Served Each Month – On Average



Note: $n = 132$.

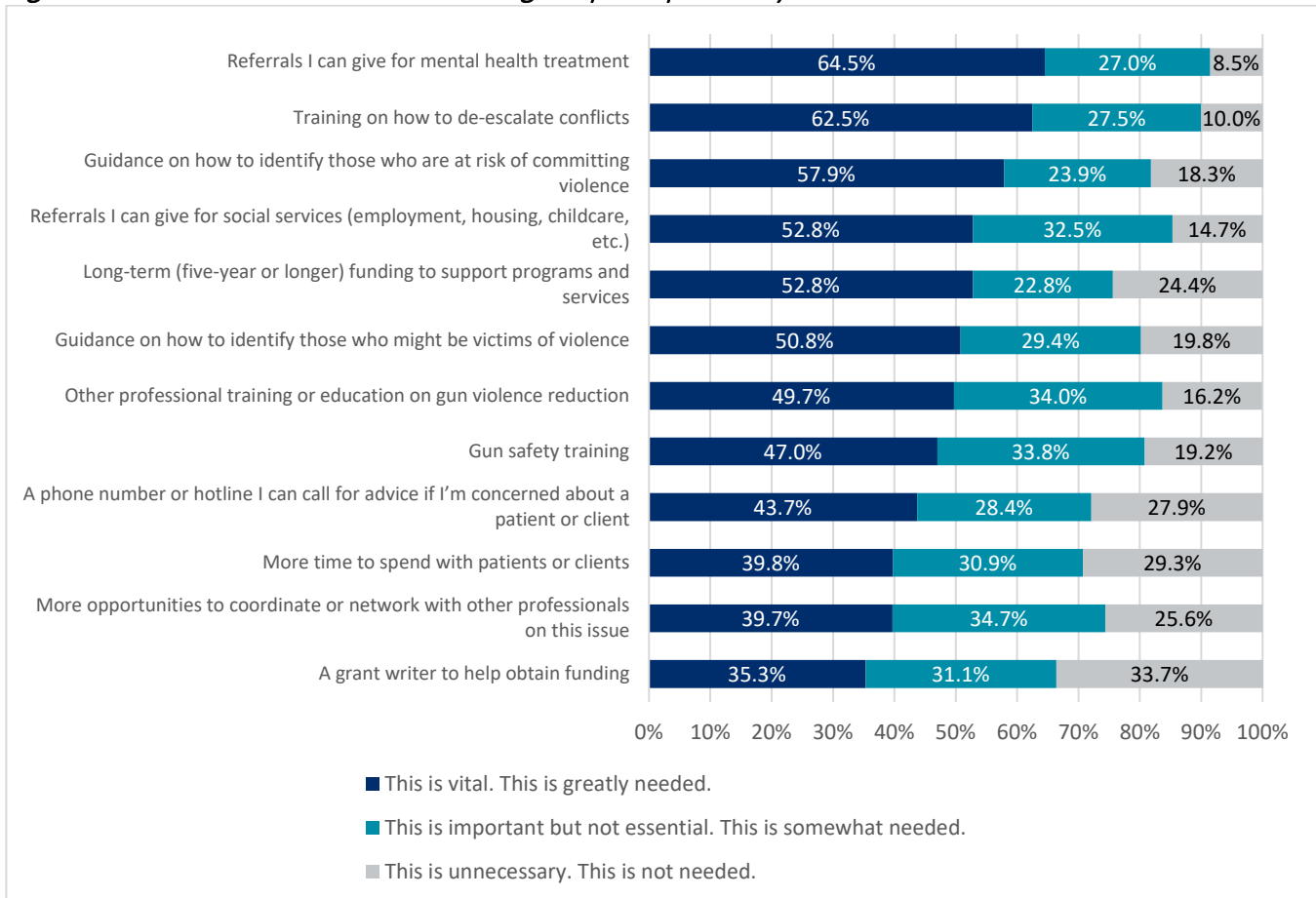
Professionals were also asked, “Some professions seek to serve as many clients as possible. If you are serving fewer people than you’d like to, what is the reason?” Reasons for serving fewer people than preferred included little need/minimal gun violence in my area ($n = 4$), understaffed ($n = 3$), and it being hard to reach those with the need ($n = 2$). There was also one reference for each of the following: education, fear of retaliation, funding, healthcare access, quality of service, and visibility on larger resource platforms.

Professional Needs

Professionals were asked about their professional needs: “Which of the following do you as a professional need to better serve people impacted by gun violence?” As illustrated in the figure below, many needs were identified among professionals. Some of the top needs (i.e., “This is greatly needed”) include referrals to give for mental health treatment (64.5%), training on how to de-escalate conflicts (62.5%), and guidance on how to identify those who are at risk of committing violence (57.9%).

Other greatly needed areas included referral for social services (52.8%), long-term funding to support programs (52.8%), and guidance on how to identify those who might be victims of violence (50.8%).

Figure 67. Needs of Professions for Serving People Impacted by Gun Violence



Note: “Referrals I can give for mental health treatment” *n* = 200; “Training on how to de-escalate conflicts” *n* = 200; “Guidance on how to identify those who are at risk of committing violence” *n* = 197; “Referrals I can give for social services (employment, housing, childcare, etc.)” *n* = 197; “Long-term (five-year or longer) funding to support programs and services” *n* = 197; “Guidance on how to identify those who might be victims of violence” *n* = 197; “Other professional training or education on gun violence reduction” *n* = 197; “Gun safety training” *n* = 198; “A phone number or hotline I can call for advice if I’m concerned about a patient or client” *n* = 197; “More time to spend with patients or clients” *n* = 191; “More opportunities to coordinate or network with other professionals on this issue” *n* = 199; and “A grant writer to help obtain funding” *n* = 190.

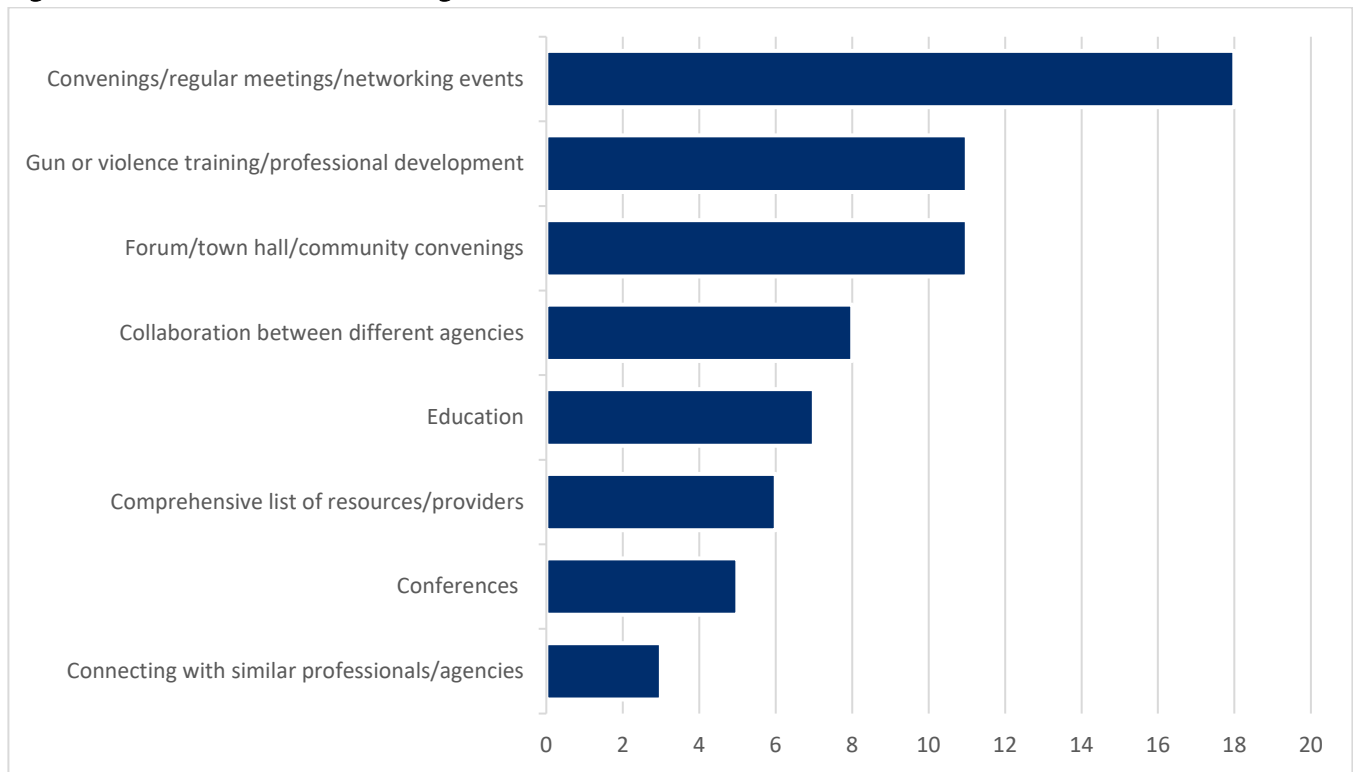
Some of the previous questions led to follow-up questions:

- “You said that more opportunities to coordinate or network with other professionals is needed. What might that look like?”

- “You said that professional training or education on gun violence reduction is needed. What kind of training or education would be helpful?”
- “What other resources, services, or programs are needed to help you or your organization better serve people impacted by gun violence?”

Professionals were asked, “You said that more opportunities to coordinate or network with other professionals is needed. What might that look like?” As illustrated below, the most common responses included convenings/regular meetings ($n = 12$), gun or violence training/professional development ($n = 11$), collaboration between different agencies ($n = 8$), education ($n = 7$), forum/town hall ($n = 7$), comprehensive list of resources/providers ($n = 6$), conferences ($n = 5$), events for networking ($n = 6$), community convenings ($n = 4$), connecting with similar professionals/agencies ($n = 3$).

Figure 68. Professional Networking Needs



Note: $n = 98$

Professionals were also asked, “You said that professional training or education on gun violence reduction is needed. What kind of training or education would be helpful?” As illustrated below, the training or education specified included de-escalation training ($n = 16$), gun safety training ($n = 15$), identifying those at-risk for violence ($n = 11$), education for the community ($n = 10$), education for professionals such as teachers and social workers ($n = 9$), youth education ($n = 7$), gun violence prevention ($n = 5$), mental health support for victims and providers ($n = 4$), and self-defense ($n = 4$).

Figure 69. Professional Training or Education Needs

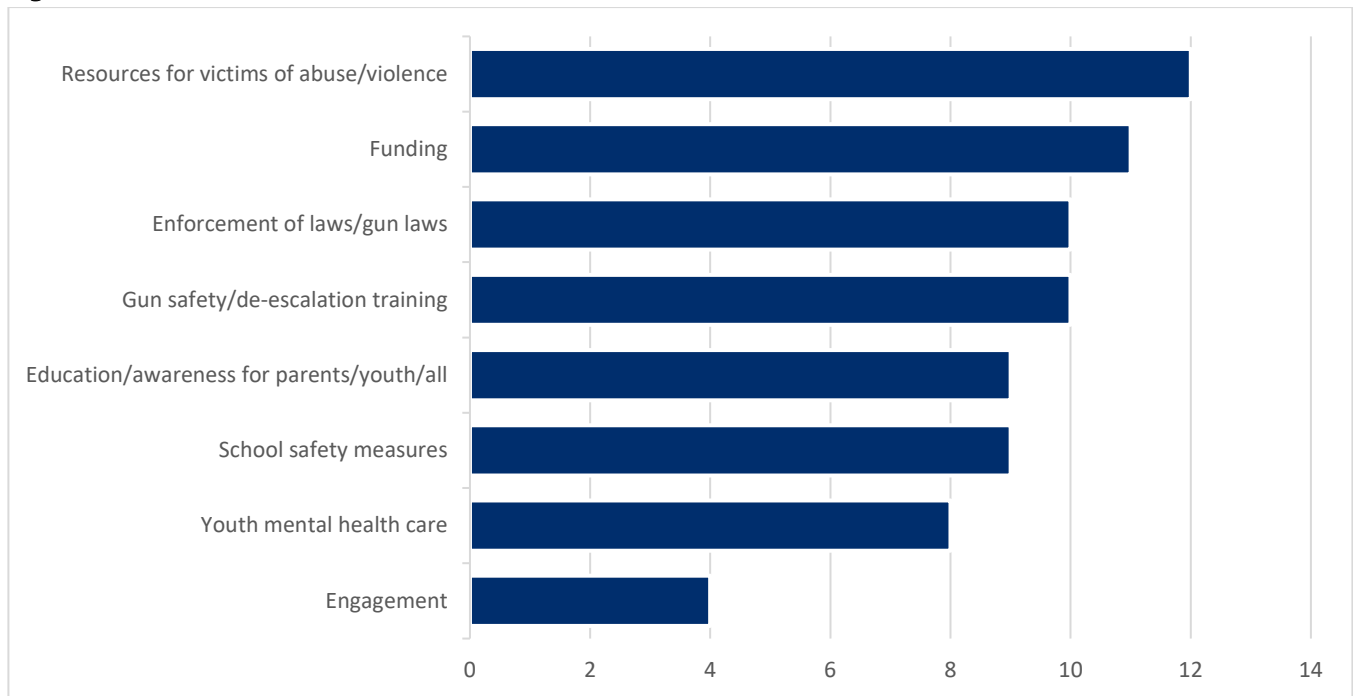


Note: $n = 109$

Other responses included active school shooter training ($n = 3$), police training ($n = 3$), workplace safety training ($n = 3$), identifying those at risk of being victims ($n = 2$), training on gun violence restraining orders ($n = 2$), and trauma-informed responses ($n = 2$). There was also one mention for each for unpacking White supremacy and violence reduction training.

Professionals were also asked, “What other resources, services, or programs are needed to help you or your organization better serve people impacted by gun violence?” As illustrated below, responses included resources for victims of abuse and violence ($n = 12$), funding ($n = 11$), enforcement of laws/gun laws ($n = 10$), gun safety/de-escalation training ($n = 10$), education/awareness for parents, youth, and all ($n = 9$), school safety protective measures ($n = 9$), youth mental health care ($n = 8$), and engagement ($n = 4$).

Figure 70. Professional Resource Needs

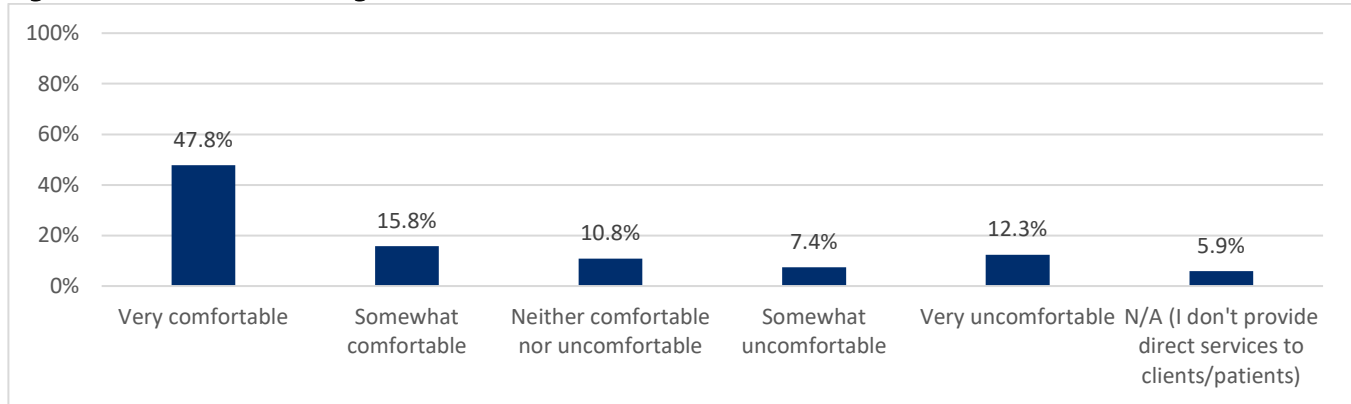


Note: $n = 118$

Other responses included data ($n = 3$), greater police presence ($n = 3$), improved relationship between police and the community ($n = 3$), uplifting communities in general ($n = 3$), gun safety training at schools ($n = 2$), staff time to reduce/prevent violence ($n = 2$), and support for children who want to report threats of violence ($n = 2$). There was one mention for each of the following: faster processing of carry permits, free gun locks, gang intervention training, substance use treatment, suicide prevention, and wraparound resources for youth and families.

All professionals were asked, “How comfortable do you feel asking patients/clients about guns (for example, if there is a gun in the home or if they safely store their gun)?” As illustrated in the figure below, a plurality of professionals are very comfortable (47.8%) in asking their clients about guns; however, a fair amount are also somewhat uncomfortable (7.4%) or very uncomfortable (12.3%).

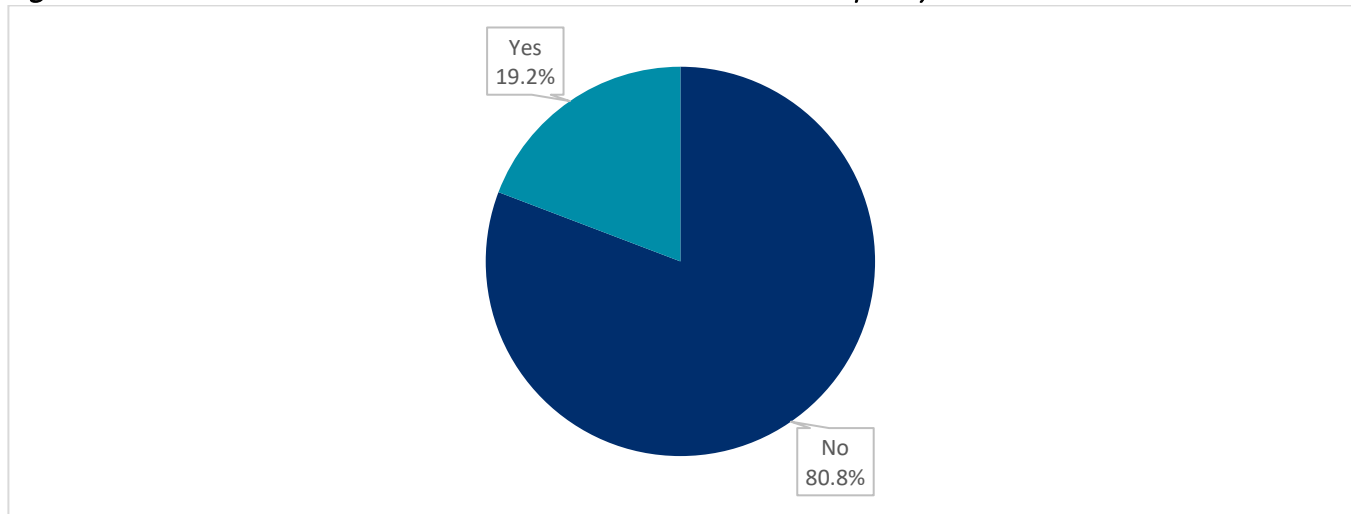
Figure 71. Comfort in Asking Clients About Guns



Note: *n* = 203.

Professionals were also asked, “Have you ever used a firearm in self-defense (to protect yourself or someone else) in a professional capacity or while on the job?” A total of 19.2% have had to use their firearm in self-defense in a professional capacity.

Figure 72. Ever Used a Firearm in Self-Defense in a Professional Capacity



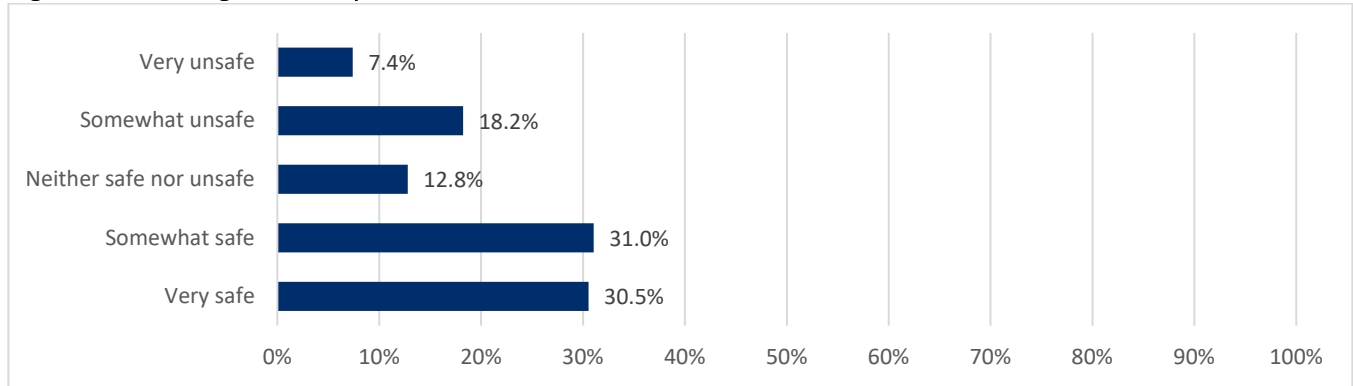
Note: *n* = 203.

Perceptions of Gun Violence – Professionals

Professionals were asked a variety of questions to understand their perceptions of gun violence. These questions were prefaced with the following statement: “These next questions will ask about your thoughts and perceptions about gun violence. Gun violence includes any violence caused by firearms, including community violence, domestic violence, suicide, and accidental harm.” Professionals were asked, “When thinking about gun violence, how safe do you feel where you work (for example, in a hospital, at a school, in a community which you serve, etc.)?” About a third (30.5%) feel very safe, and about another third

(31.0%) feel somewhat safe at their work, when thinking about gun violence. However, some also feel somewhat unsafe (18.2%) or very unsafe (7.4%).

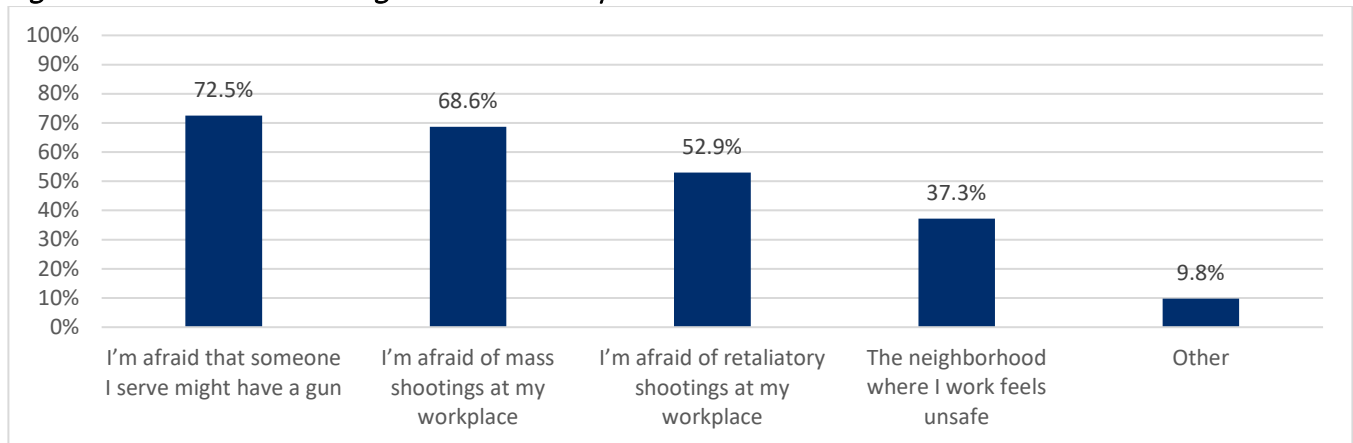
Figure 73. Feelings of Safety at Work



Note: n = 203.

Professionals who said “very unsafe” or “somewhat unsafe” were further asked, “You said you feel very or somewhat unsafe where you work. What is the reason for this?” and could select all that apply. Most often, professionals were worried about someone they serve having a gun (72.5%) or there being a mass shooting at their workplace (68.6%). More than half (52.9%) also stated fear of retaliatory shootings. “Other” reasons professionals feel unsafe included one mention for each of the following: dealing with crime and criminals as part of their job, “gun violence is everywhere,” and working in a gun-free work zone.

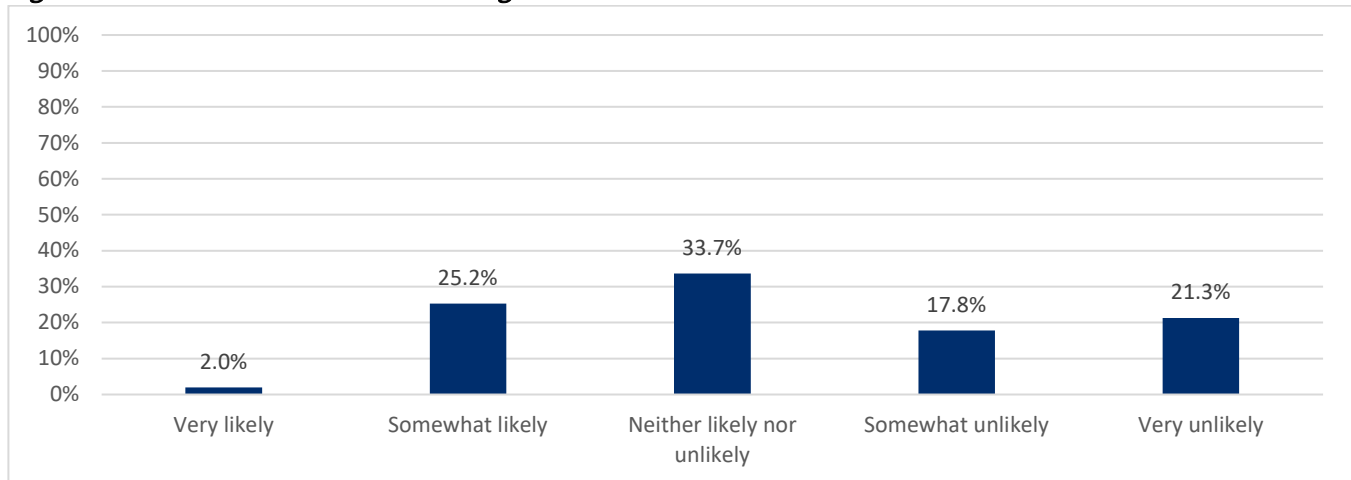
Figure 69. Reasons for Feeling Unsafe at Workplace



Note: n = 51.

Professionals were also asked, “How likely do you think that you will be a victim of gun violence in the future?” As illustrated below, 25.2% said “somewhat likely,” and only 2.0% said “very likely.” One third (33.7%) said “neither likely nor unlikely,” and 21.3% said “very unlikely.”

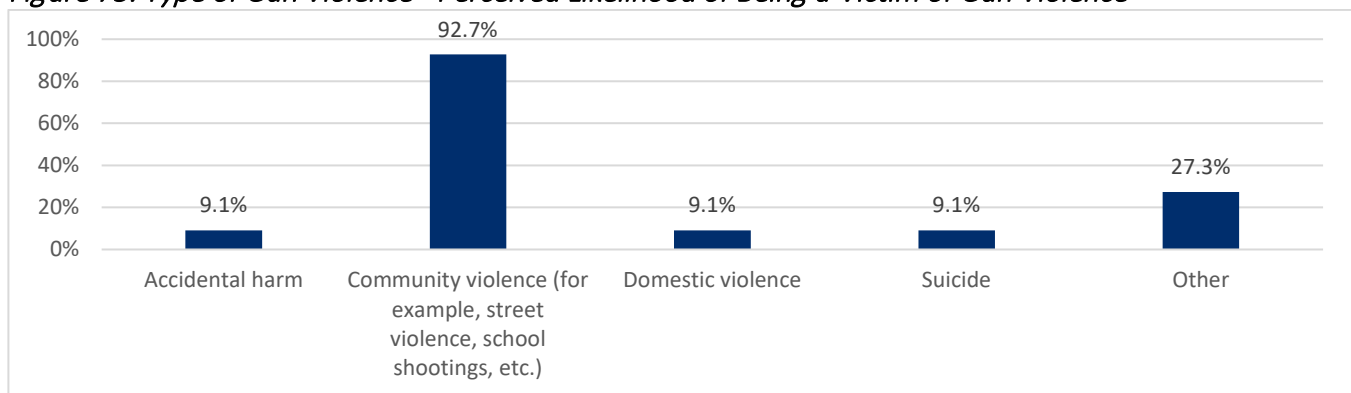
Figure 74. Perceived Likelihood of Being a Victim of Gun Violence



Note: *n* = 202.

Those who said “very likely” or “somewhat likely” were further asked, “You said that you think you could possibly be the victim of gun violence in the future. What type of gun violence?” The vast majority of professional who feel they could be a victim of gun violence indicated that it was likely to be community violence (92.7%), as illustrated below.

Figure 75. Type of Gun Violence - Perceived Likelihood of Being a Victim of Gun Violence



Note: *n* = 55.

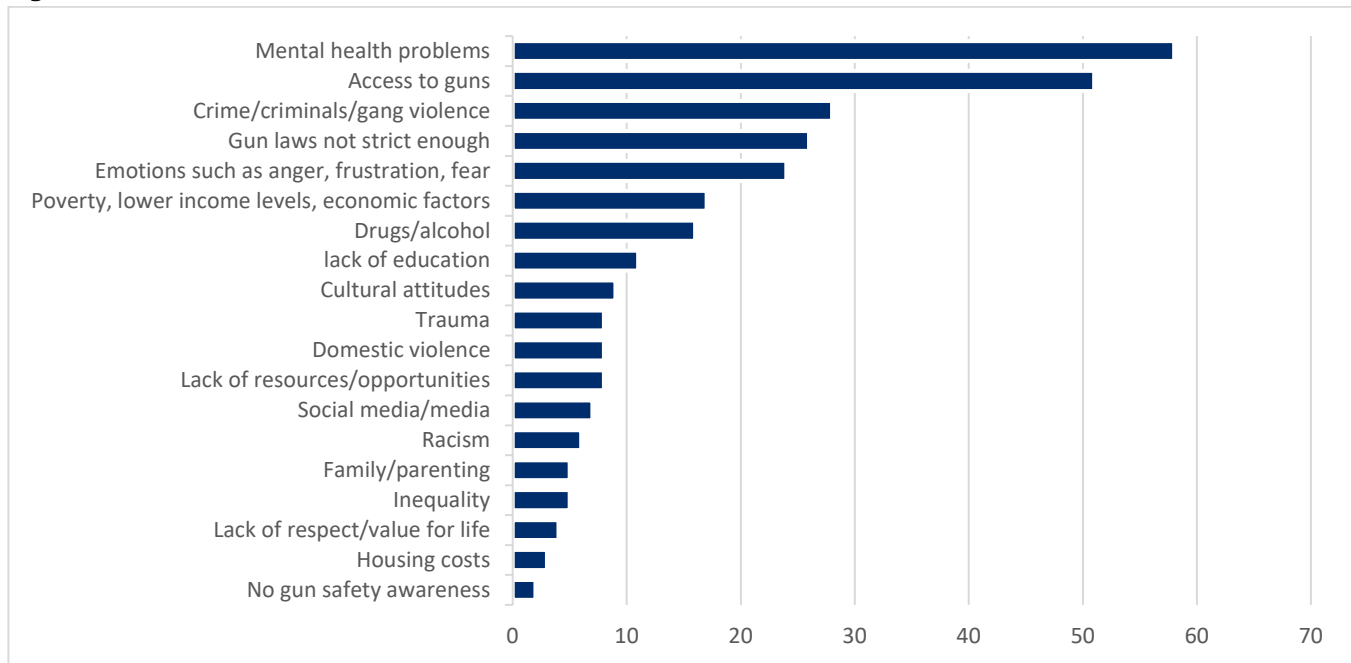
The most common “other” response to this question was targeted violence due to their profession (i.e., law enforcement, healthcare, education, etc.), with a total of 11 responses. Other responses with one mention each included the following: active shooter, church shooting, criminal activity, mass shooting, and police violence.

Perceived Causes and Solutions – Professionals

Professionals were asked, “What do you think are the main causes of gun violence?” and could write in their response, which were qualitatively analyzed to identify common, recurring themes. As illustrated

below, professionals tended to state that mental health problems ($n = 58$) and access to guns ($n = 51$) are the main causes of gun violence. Professionals also identified crime/criminals/gang violence ($n = 28$), gun laws not being strict enough ($n = 26$), and emotions like anger, frustration, and fear ($n = 24$).

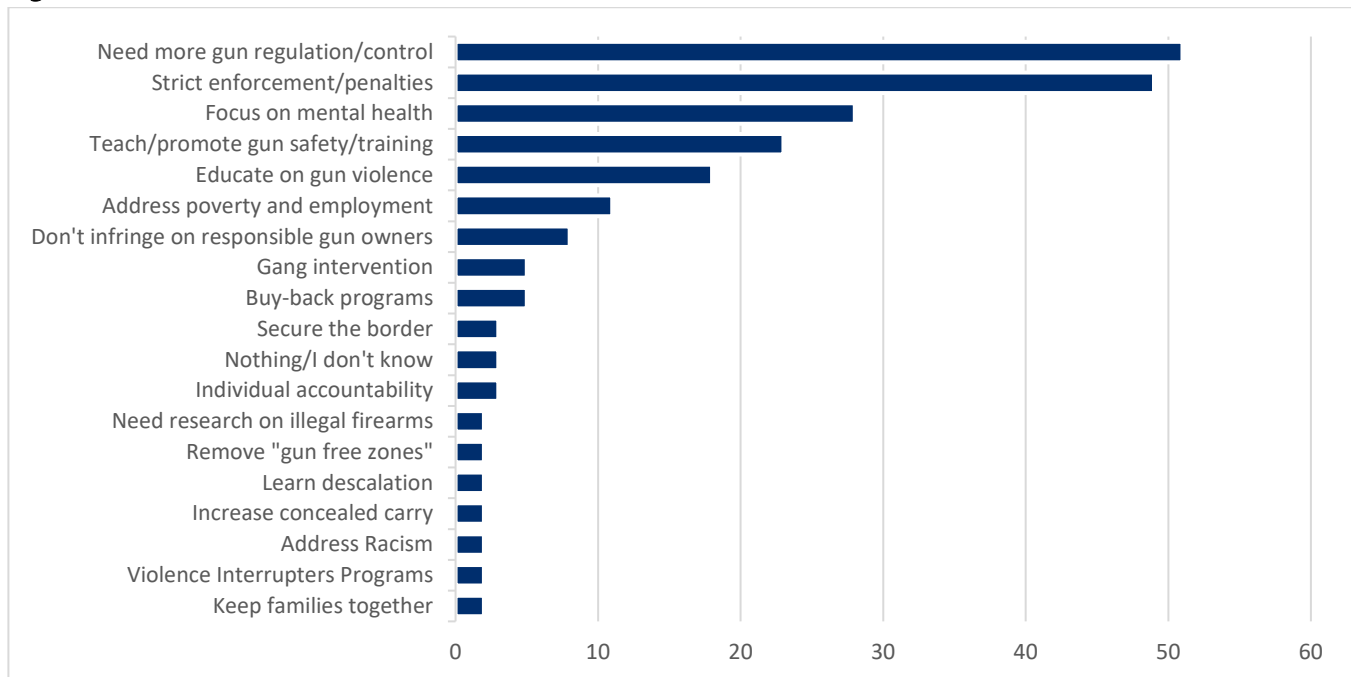
Figure 76. Perceived Main Causes of Gun Violence - Professionals



Note: $n = 180$ and references $n = 302$.

Professionals were asked, “What do you think are the best solutions for gun violence reduction? This could include short-term solutions, long-term solutions, policy solutions, or anything else” and could write in their response. As illustrated in the figure below, professionals frequently pointed to needing more gun regulation/control ($n = 51$) as well as strict enforcement/penalties for people using firearms in an unlawful manner ($n = 49$). Professionals also identified the need to focus on mental health more ($n = 28$) and to also teach/promote gun safety/training ($n = 23$).

Figure 77. Perceived Solutions to Gun Violence - Professionals

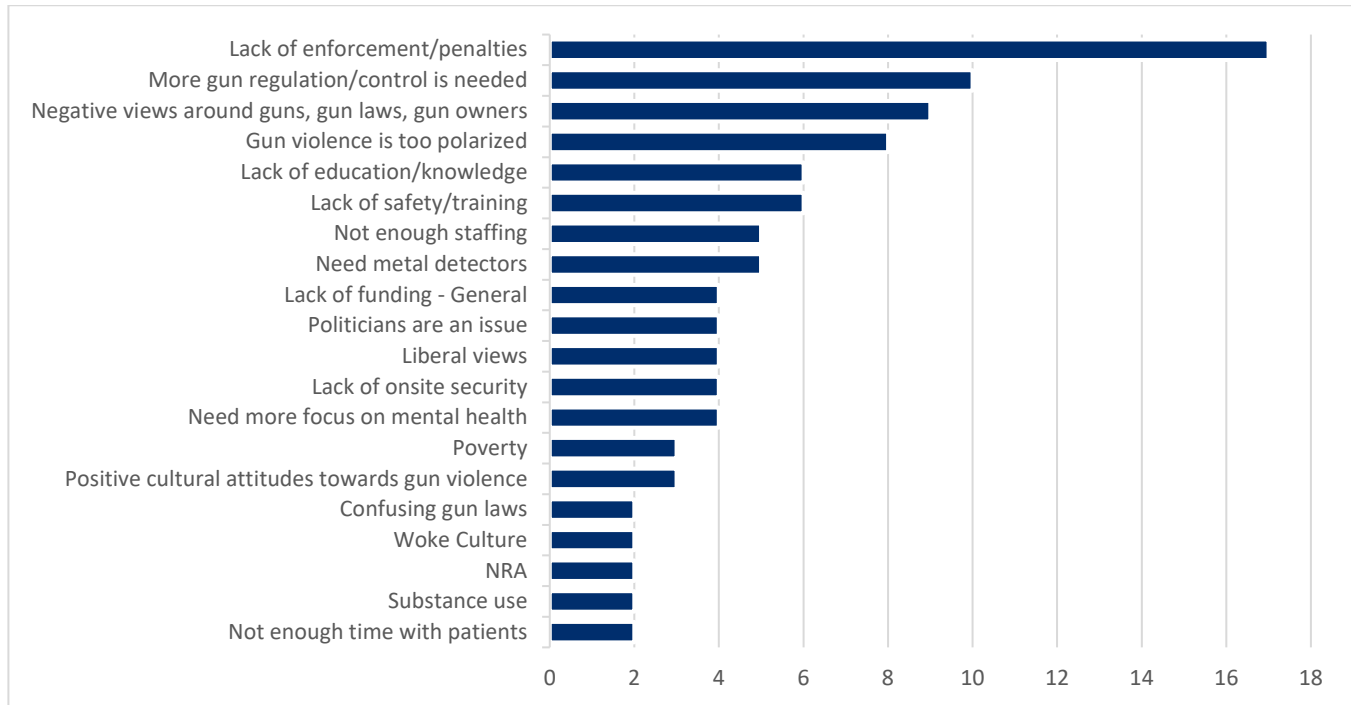


Note: $n = 175$ and references $n = 229$. There was also just one reference for each of the following: Change negative perceptions of defensive gun usage, increase number of police officers, housing, metal detectors, more proactive law enforcement, need more professionals carrying firearms, restorative justice, and shutting down the NRA.

Barriers to Reducing Gun Violence

Professionals were asked, “What are some of the main challenges or barriers faced by you as a professional or your organization to reducing gun violence?” and could write in their response. The most common response by professionals was the lack of enforcement/penalties for unlawful usage of firearms ($n = 17$). Others also explained that more gun regulation/control is needed ($n = 10$); there are too many negative views around guns, gun laws, and gun owners ($n = 9$); and gun violence is too polarized ($n = 8$).

Figure 78. Main Challenges Faced in Reducing Gun Violence - Professionals

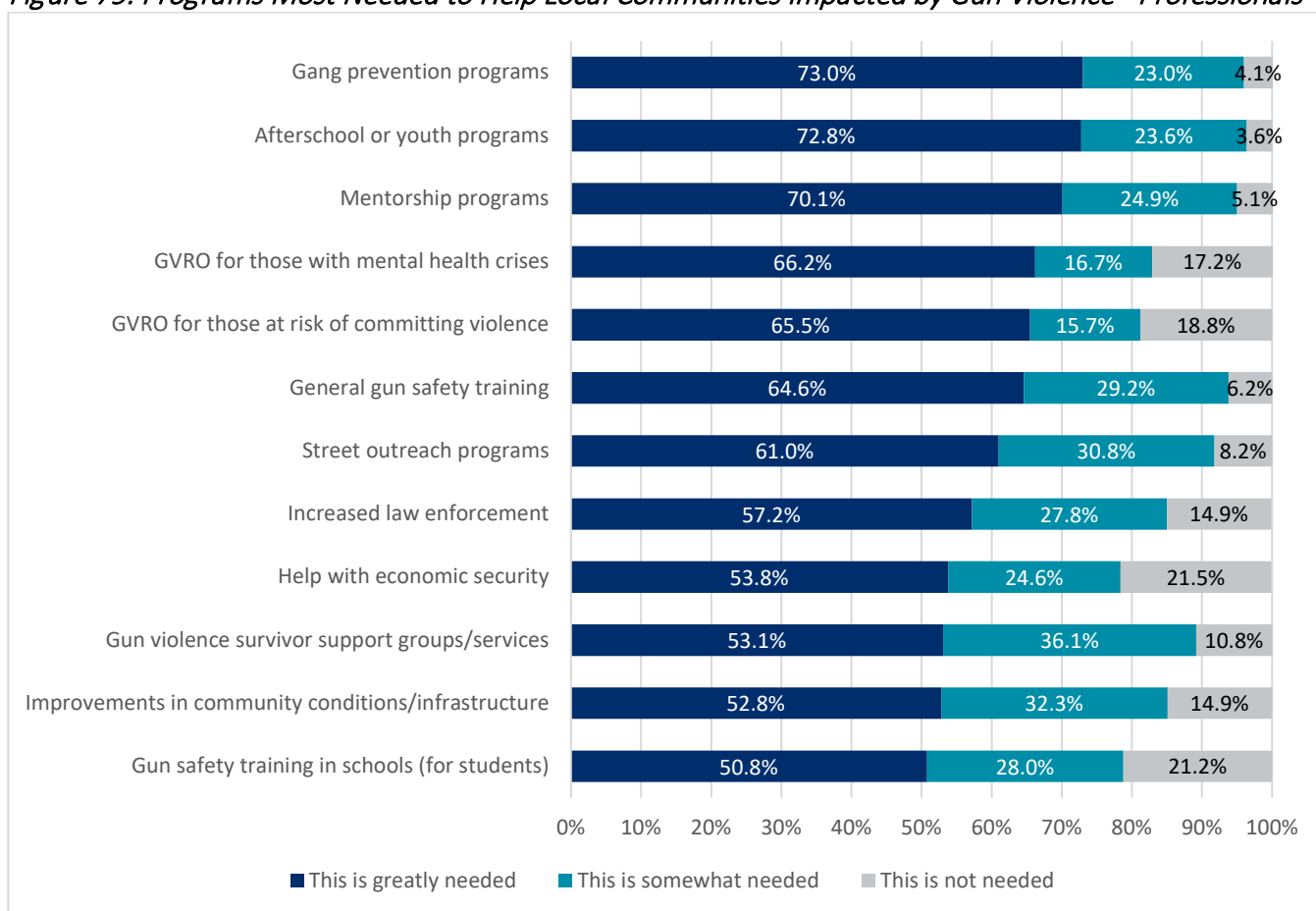


Note: $n = 161$ and references $n = 127$. There was also one reference for each of the following: Addressing myths/misinformation about gun violence, cannot do much, defending oneself, difficulty in getting concealed carry, fear of punishment for reporting, focusing on rights, gang intervention, general - change is needed, gun free zones, illegal gun possession, lack of funding for community-based programs, lack of funding for education, lack of funding for mental health, lack of real concern, lack of respect towards law enforcement, lack of support from stakeholders, need more intervention programs, need to learn who is most likely to commit violence, no training for active shooters, not wanting gun regulation, other important things to address, poor parenting, proper reporting of gun violence by the media, we don't serve students very well, and being worried about guns being taken away.

Community Needs – Professionals

To assess community needs, professionals were asked, “Below is a list of different services that are intended to reduce gun violence. What services, programs, or resources do you think are most needed to help local communities impacted by gun violence?” As illustrated in the figure below, professionals indicated a variety of services are greatly needed. Among the top services needed for communities, as identified by professionals, are gang prevention (73.0%), afterschool or youth programs (72.8%), and mentorship programs (70.1%). Others also stated that GVROs (gun violence restraining orders) for those with mental health crises (66.2%) and those at risk of committing violence (65.5%) were greatly needed.

Figure 79. Programs Most Needed to Help Local Communities Impacted by Gun Violence - Professionals

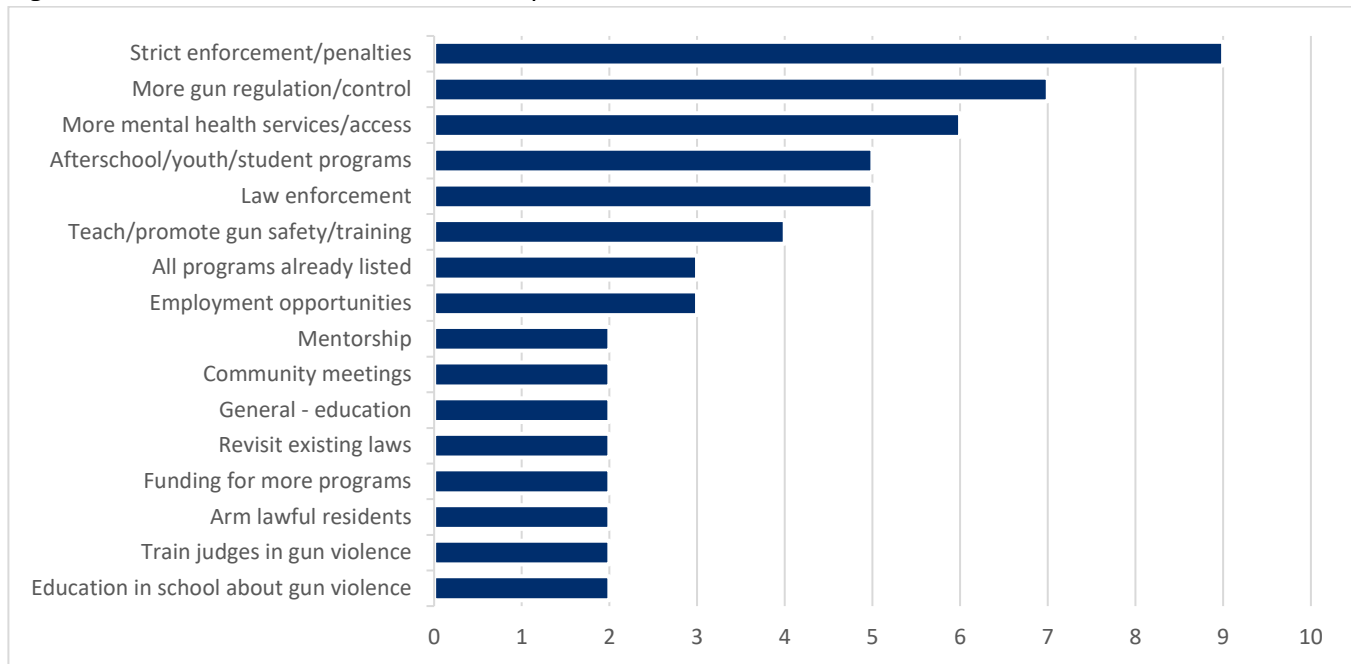


Note: Mental health counseling $n = 199$; Suicide prevention programs $n = 195$; Domestic violence support center/services $n = 198$; Substance use counseling or treatment $n = 199$; Gun violence survivor support groups/services $n = 194$; General gun safety training $n = 195$; Gun safety training in schools (for students) $n = 193$; Help with economic security (employment, housing, childcare, etc.) $n = 195$; Improvements in community conditions/infrastructure (such as better street lighting, more parks, etc.) $n = 195$; Gang prevention programs (alternatives to joining gangs) $n = 196$; Afterschool or youth programs $n = 195$; Mentorship programs $n = 197$; Street outreach programs $n = 195$; Increased law enforcement $n = 194$; GVRO for those with mental health crises $n = 198$; and GVRO for those at risk of committing violence $n = 197$.

After seeing the list of potential programs, professionals were then asked, “What other resources, services, or programs are needed to help local communities impacted by gun violence?” and could write in their response. As illustrated below, professionals most often stated that there is a need to have strict

enforcement/penalties for unlawful gun usage ($n = 9$), a need for more gun regulation/control ($n = 7$), and the need for more mental health services/access ($n = 6$). See the figure below for additional details.

Figure 80. Other Resources Needed to Impact Gun Violence



Note: $n = 79$ and references $n = 82$. Some ($n = 8$) were also unsure or didn't know, and then there was one reference for each of the following: 5150 follow-up; active shooter training; better police training; domestic violence services; focus on individual problems, not guns; GVRs are unnecessary; interventions in neighborhoods; onsite and armed security; preventative services, private organizations should provide services, not government; restraining order education; share more about gun violence; support grassroots organizations; traditional values; trauma-informed care; and victim advocacy programs.

Resources Available - Professionals

Professionals were asked, “Do you know of any local organizations, groups, or networks that are working on gun violence reduction in the County?” These organizations are presented alphabetically in the table below.

Table 7. Resources Available

Organization/Program	Number of References
#NotMeSD	3
BeSafe	1
Brady Campaign	1
California Rifle and Pistol Association (CRPA)	2
Community Assistance Support Team (CAST)	2
Community Wraparound	2
County Gun Violence Working Group	1
Diamond Safety Training	1
District or City Attorney	2
East County Community Foundation	1
Everytown Gun Safety	2
General - Gun Shops	3
Giffords Foundation	1
Gun Violence Prevention Coalition	1
Improving Criminal Justice Response (ICJR)	1
March for our Lives	1
Moms Against Gun Violence	1
Mom's Demand Action	5
National Rifle Association (NRA)	2
No Shots Fired	4
No/N/A/I Don't Know	23
North County Education Compact	1
Open Heart Leaders	1
Other comments	2
Paving Great Futures	1
Project Aware	1
Restorative Justice Mediation Program	1
SAFE	1
San Diegan Against Gun Violence	1
San Diegans Gun Violence Prevention	7
San Diego Big Brothers Big Sisters	1
San Diego County Office of Education	1
San Diego Gun Owners	13
San Diego Police Department	4
Sandy Hook Promise	2
SAY (Social Advocates for Youth) San Diego	1
Scripps Workplace Violence Task Force	1

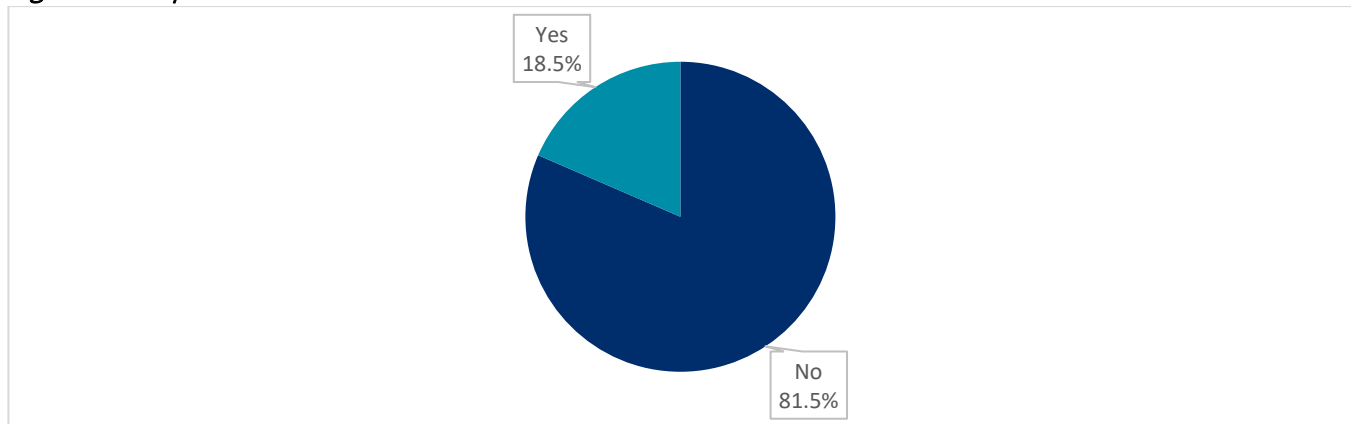
Organization/Program	Number of References
Shaphat Outreach	4
Sharp Mesa Visa Hospital	1
Suicide Prevention Council	1
Tariq Khamisa Foundation	1
TEAM Enough	1
Union of Pan Asian Communities (UPAC)	1

Note: $n = 77$ and references $n = 108$.

Gun Violence Experience – Professionals

Professionals were asked, “Have you experienced gun violence in the last five years in the course of carrying out your professional duties? (This can include being threatened with a gun, being shot at, or being shot while on the job.)” About one fifth (18.5%) have experienced gun violence while on the job.

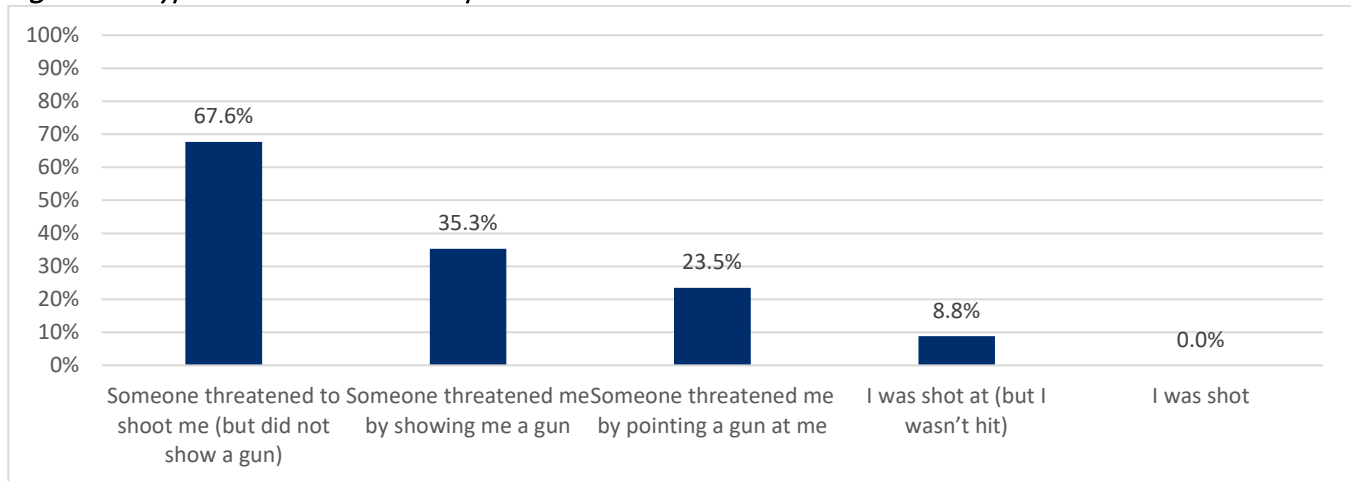
Figure 81. Experienced Gun Violence While on the Job



Note: $n = 200$.

Those who said “Yes” were then asked, “What type of gun violence have you experienced in the last five years while on the job? Select all that apply.” The most common type of gun violence experienced among professionals was someone threatening to shoot them (but did not show a gun) (67.6%). About a third (35.3%) of professionals indicated that someone threatened them by showing them a gun.

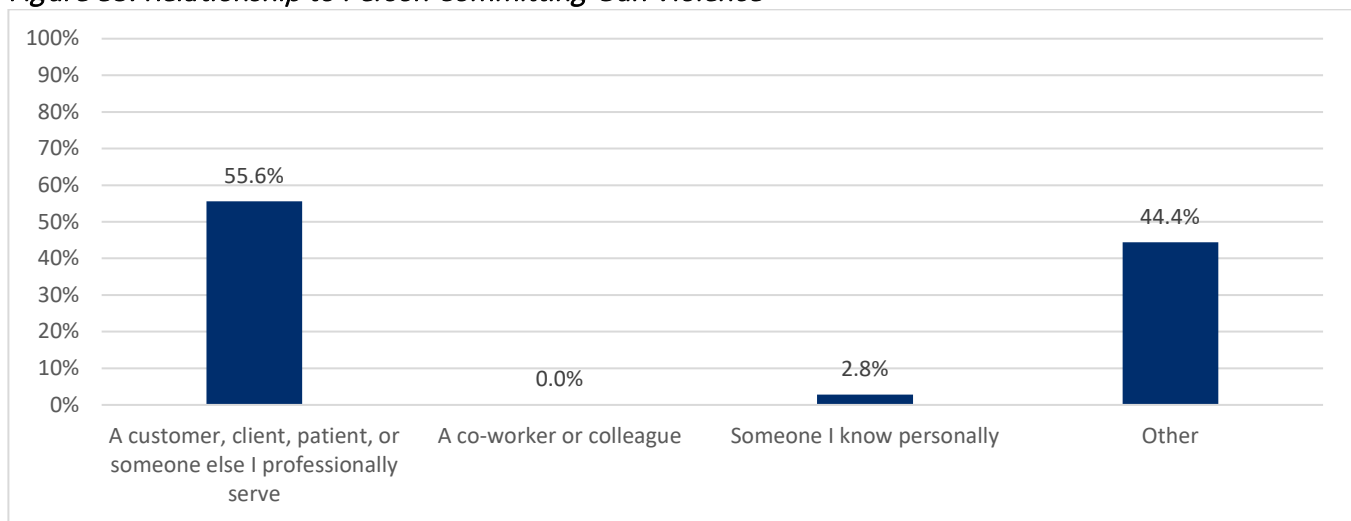
Figure 82. Type of Gun Violence - Experienced Gun Violence While on the Job



Note: *n* = 34.

Professionals were further asked, “What relationship do you/did you have to the person who committed the gun violence against you? The person who committed the violence was....” Slightly more than half (55.6%) of professionals stated that the person was a customer, client, patient, or someone else professionally served. That said, a plurality of professionals indicated “other.” Those that mentioned “other” wrote crime suspect (*n* = 7), law enforcement (*n* = 3), stranger (*n* = 3), legal case involvement (*n* = 2), protestor (*n* = 1), and consulting relationship (*n* = 1).

Figure 83. Relationship to Person Committing Gun Violence

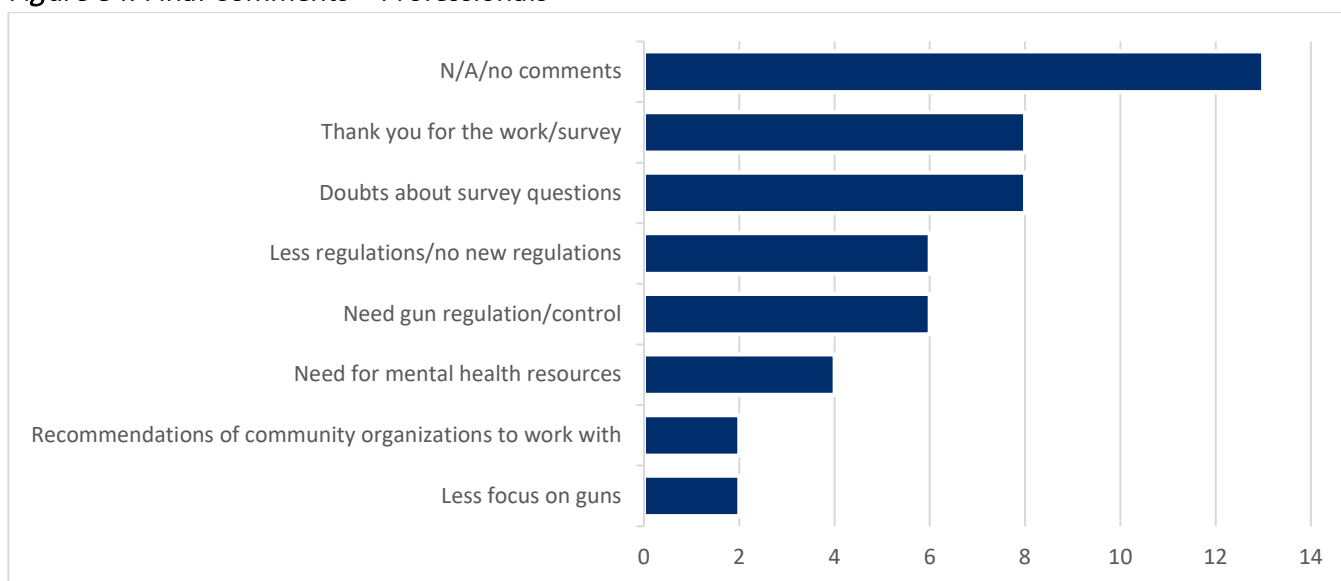


Note: *n* = 36.

Final Comments - Professionals

Professionals were asked “Do you have any other comments you would like to share?” at the end of the survey. As illustrated below, some indicated N/A/no comments ($n = 13$), others offered gratitude for the survey ($n = 8$), and then others had doubts/concerns over the survey questions ($n = 8$). See the figure below for additional details.

Figure 84. Final Comments – Professionals



Note: $n = 57$ and references $n = 58$. There was also one reference for each of the following: don't support "woke" policies, gang members do what they need to survive, guns are a part of life, gun laws do not work for criminals, look at gun violence at the block/street level, need more long-term change, need to hold people responsible for their decisions, share the results with the City Attorney's Office, and tailored approach to different forms of gun violence.

Summary

A total of 206 professionals took the survey, a majority of whom were either K-12 teachers, local or state law enforcement officers, nurses, or non-profit/community-based organization employees. Nearly two thirds (61.5%) feel very safe or somewhat safe at their work in regard to gun violence; however, one fifth (25.6%) do not feel safe. Nearly half (47.8%) feel very comfortable or somewhat comfortable discussing guns with their clients/patients; however, about one fifth (19.7%) remain very uncomfortable or somewhat uncomfortable discussing guns. About one fifth (18.5%) also report having experienced gun violence while on the job (including being threatened or being shot at). Overall, gun violence either threatens the on-job safety of or has directly impacted about one quarter of surveyed professionals.

When asked what were the causes of gun violence, professionals most often mentioned mental health, gun access, criminal/gang violence, insufficient gun laws, and aggressive emotions. When asked what are possible solutions, professionals most often mentioned gun control, strict enforcement of gun laws, focusing on mental health, and gun safety training. Professionals thus portrayed gun violence through the lens of both proximate issues (e.g., access to guns) as well as systemic or structural challenges (e.g., mental health).

Professional and community needs closely align with the identified causes and solutions. Professionals most often selected that they themselves need mental health treatment referrals, de-escalation training, identification of those at high risk, and social services referrals. Regarding the most needed services or resources for community members, professionals most often selected gang prevention programs, afterschool or youth programs, mentorship programs, GVROs, and general gun safety training.

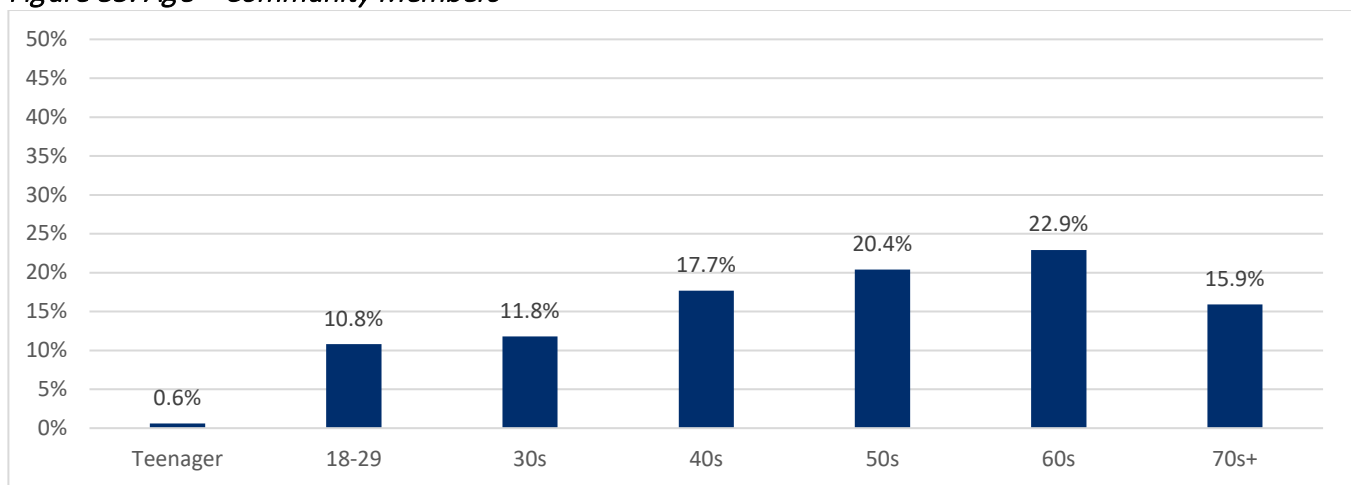
Results: Community Survey

A total of 1,242 residents living in San Diego County participated in the survey. The vast majority of surveys were completed in English (99.4%), and very few were completed in Spanish (0.4%), Filipino (0.1%), or Chinese (simplified) (0.1%).

Demographics of Community Members

The average age of community members was 52.3 years, with the youngest being 15, and the oldest being 89. Community members were often in their 60s (22.9%) or 50s (20.4%). See the figure below for additional details.

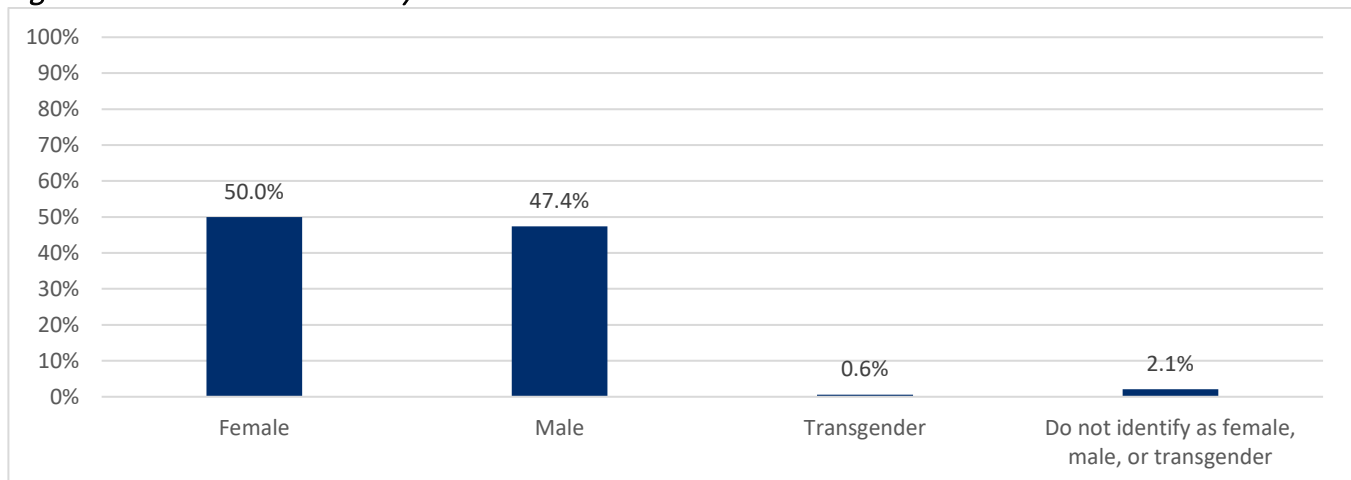
Figure 85. Age – Community Members



Note: $n = 1,120$.

Half of community members were female (50.0%), whereas the remaining were male (47.4%), did not identify with the gender categories (2.1%), or were transgender (0.6%).

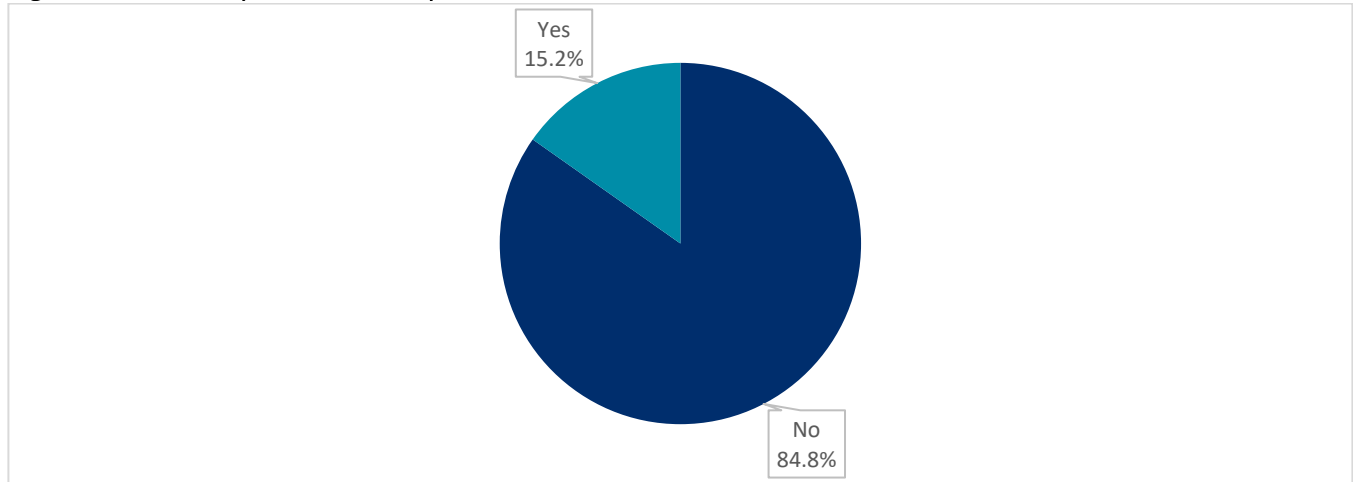
Figure 86. Gender – Community Members



Note: $n = 1,203$.

Community members were asked, “Are you Hispanic, Latino, or Latina?” The majority (84.8%) were not Hispanic.

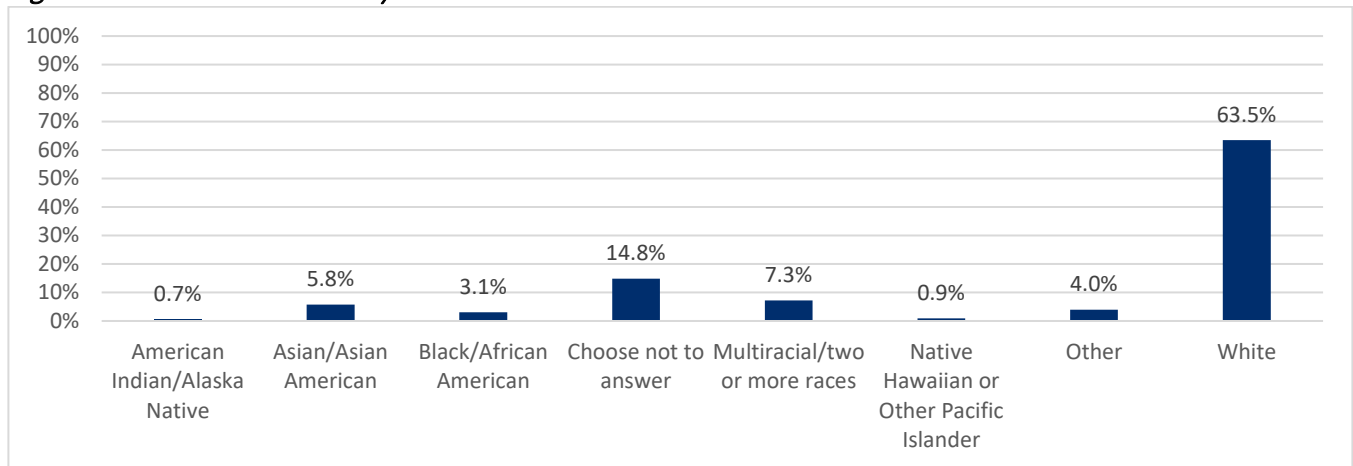
Figure 87. Ethnicity of Community Members



Note: $n = 1,195$.

Community members were also asked, “Which one of these groups would you say best represents your race? For the purposes of this survey, Hispanic is not a race.” As illustrated below, about two thirds (63.5%) were White. The remaining race categories had less than 10% representation each, and 14.8% chose not to answer.

Figure 88. Race of Community Members



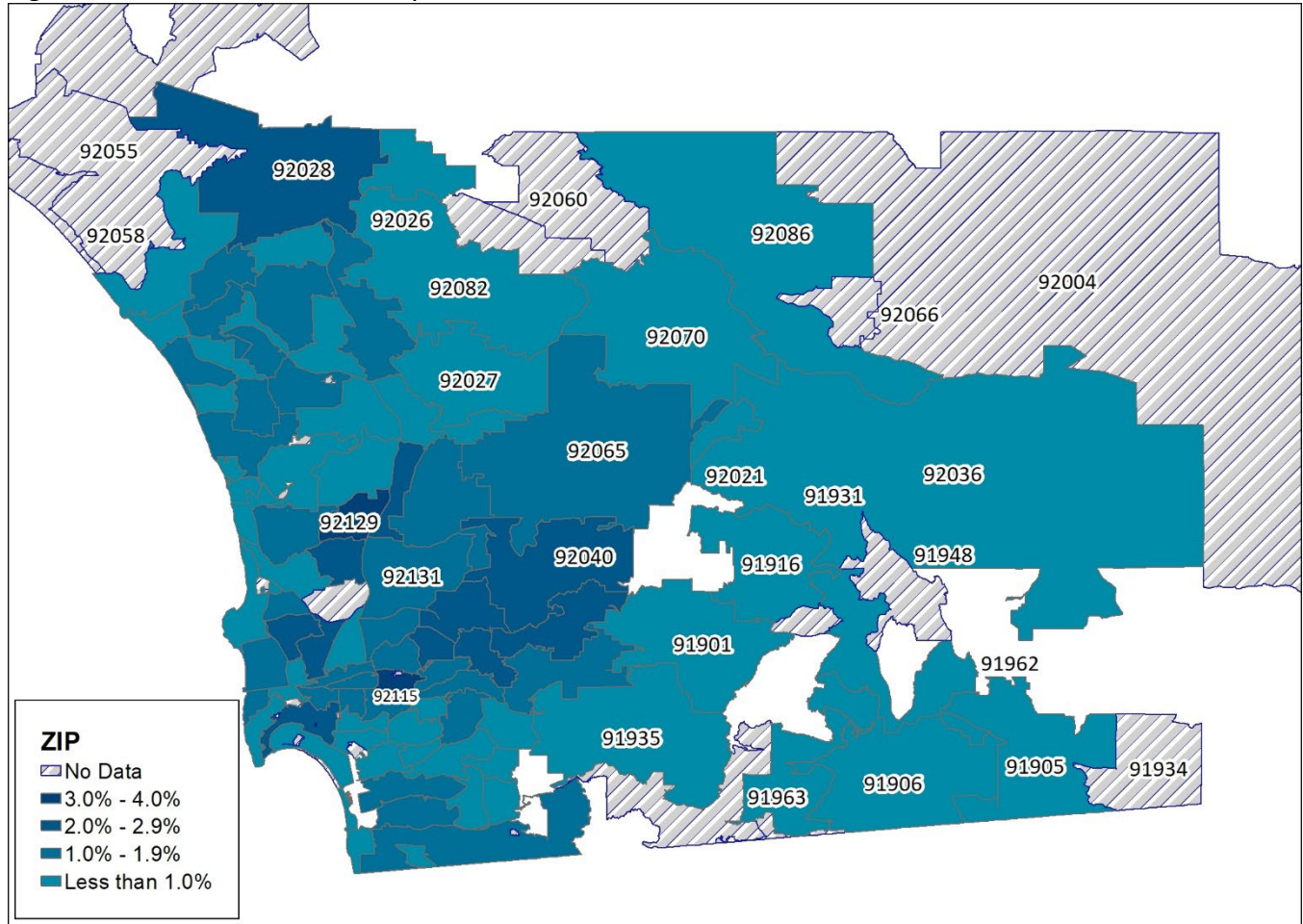
Note: $n = 1,199$.

Other responses for race included the following: Hispanic/Mexican/Mexican-American/Latina ($n = 10$), American ($n = 7$), Middle Eastern/Arab-American ($n = 5$), Caucasian ($n = 3$), and then one reference each for Filipino, Indigenous people of Mexico, mixed, multi-ethnic, non-racial American, Puerto Rican, South African, Swedish, and “Nunay.”

Community members also provided their ZIP codes. A total of 1,171 ZIP codes were provided, and these are mapped below. Generally, between 1.0% and 4.0% of the available 1,171 ZIP codes were represented

so there was no significant overrepresentation among the ZIP codes identified. These ZIP codes are included in the map below, with just a few ZIP codes labeled.

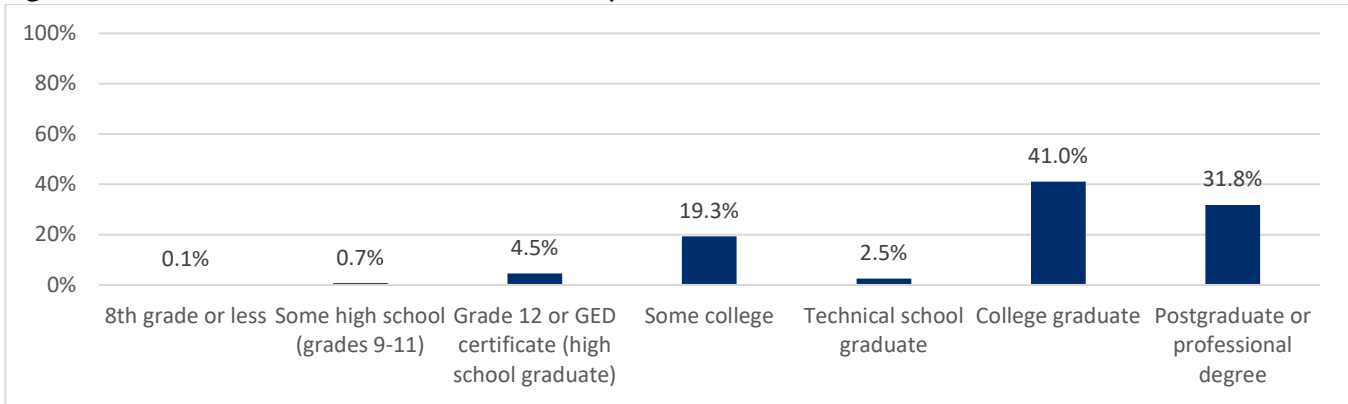
Figure 89. ZIP Code of Community Members



Note: $n = 1,171$.

Community members were also asked, “What is the highest grade or year of school you completed?” The sample of community members were highly educated. A plurality (41.0%) are college graduates, and close to a third (31.8%) have a postgraduate or professional degree.

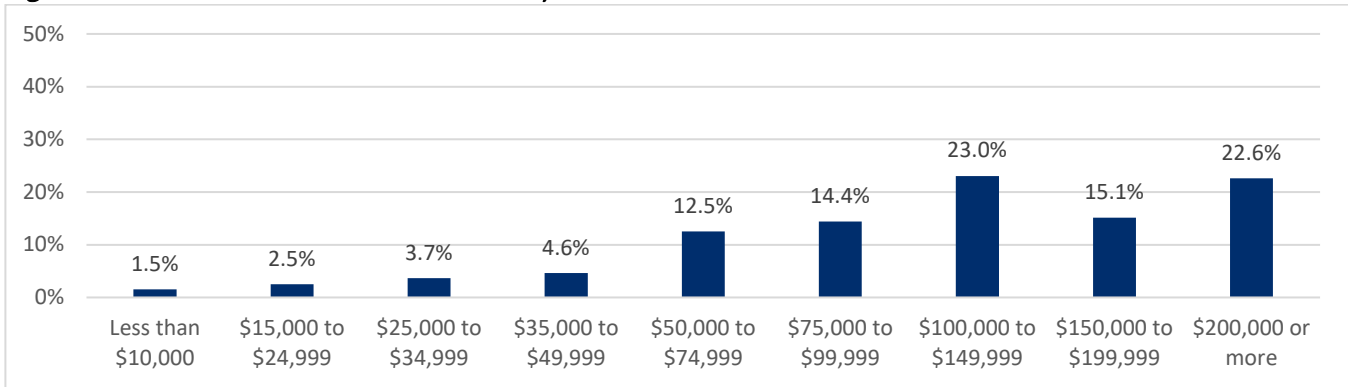
Figure 90. Educational Attainment – Community Members



Note: n = 1,211.

Community members were asked what their total household income was in the last year. The average household income of community members was \$136,589, with a minimum of \$0 and a maximum of \$1,000,000. Community members often resided in households making \$100,000 to \$149,999 (23.0%), \$200,000 or more (22.6%), or \$150,000 to \$199,999 (15.1%).

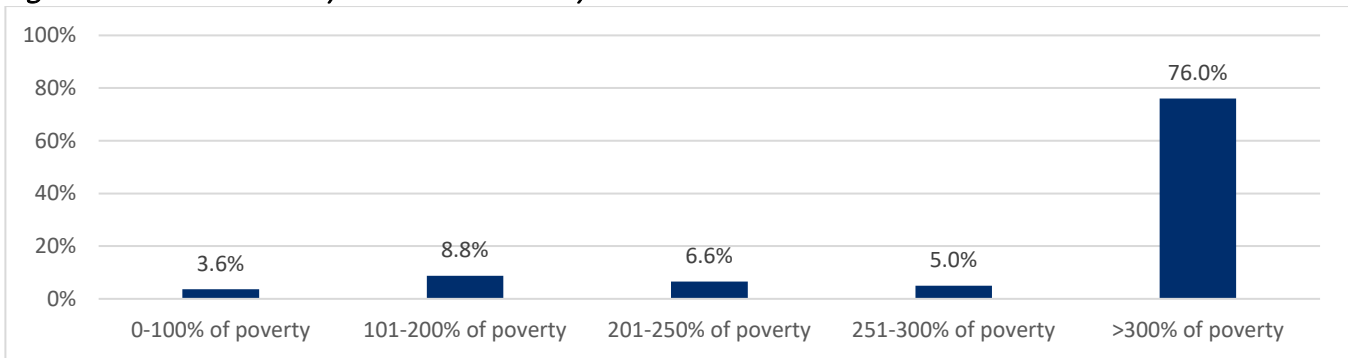
Figure 91. Household Income – Community Members



Note: n = 846.

Community members were also asked about their household size to determine FPL (federal poverty level). There was an average of 3 people in the household. Using household size and household income, the majority of community members were living in 300% or more of FPL (76.0%). Only about 3.6% were living below the FPL, whereas another 8.8% were 101%-200% of FPL.

Figure 92. Federal Poverty Level – Community Members



Note: $n = 822$.

Comparison with U.S. Census data shows that community survey participants were demographically unrepresentative of the county population. Whereas 15.2% of survey participants were Hispanic and 63.5% were White, in the county as a whole, the population is 34.8% Hispanic and 49.5% White.³⁴ Further, while 72.8% of survey participants have a college degree or higher, only 40.2% of the general county population has a college degree or higher. Similarly, while 3.6% of survey participants live below the federal poverty level, 10.6% of the general county population live below the poverty level. The community survey thus oversampled those who were non-Hispanic, White, well-educated, and living above the poverty level.

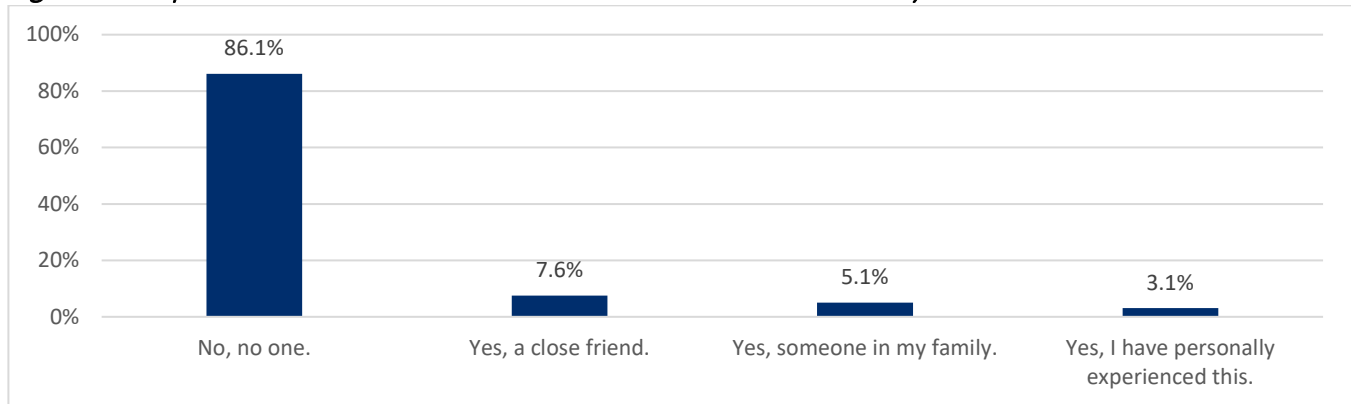
³⁴ 2021 American Community Survey 1-Year Estimate. U.S. Census Bureau.
https://data.census.gov/profile/San_Diego_County,_California?g=050XX00US06073

Gun Violence Experiences

Impact and Severity

Community members were asked, “Have you, a family member, or a close friend experienced gun violence in the last five years? (This can include being threatened with a gun, being shot at, or being shot)” and could select all that apply. The majority of community members reported not experiencing and not having a family member or close friend experience gun violence (86.1%). Conversely, 7.6% had a close friend, 5.1% have a family member, and 3.1% has personally experienced gun violence in the last five years.

Figure 93. Experienced Gun Violence in the Last Five Years – Community Members



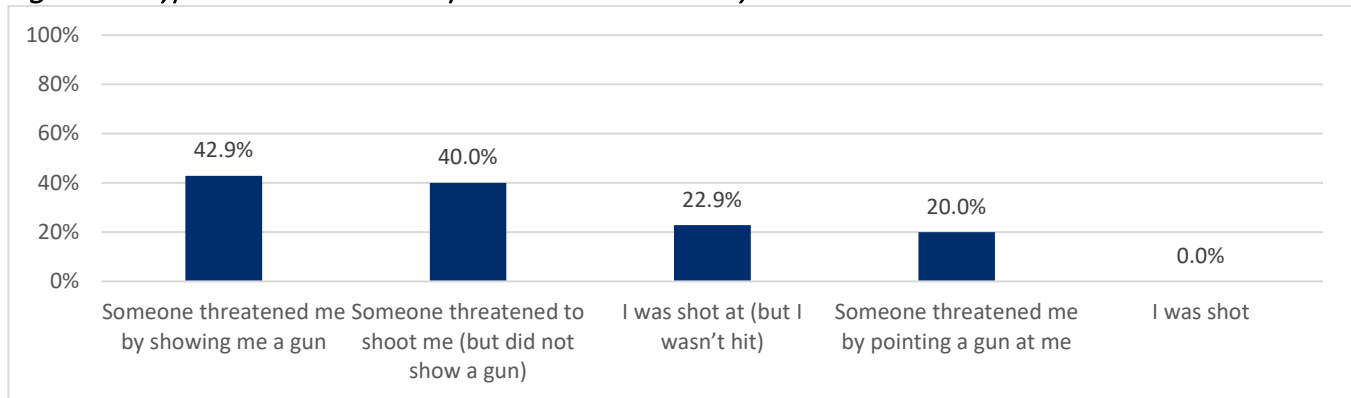
Note: $n = 1,241$.

Follow-up questions were given to the 3.1% who had personally experienced gun violence in the past five years:

- “What type of gun violence have you experienced in the last five years? Select all that apply.”
- “What relationship do you/did you have to the person who committed the gun violence against you? The person who committed the violence was....”

As illustrated in the figure below, the two most common types of gun violence experienced were someone threatening by showing a gun (42.9%) and someone threatening to shoot (but did not show a gun) (40.0%). Some community members were shot at (but not hit) (22.9%), whereas others were threatened with a gun being pointed at them (20.0%). No community members reported being shot.

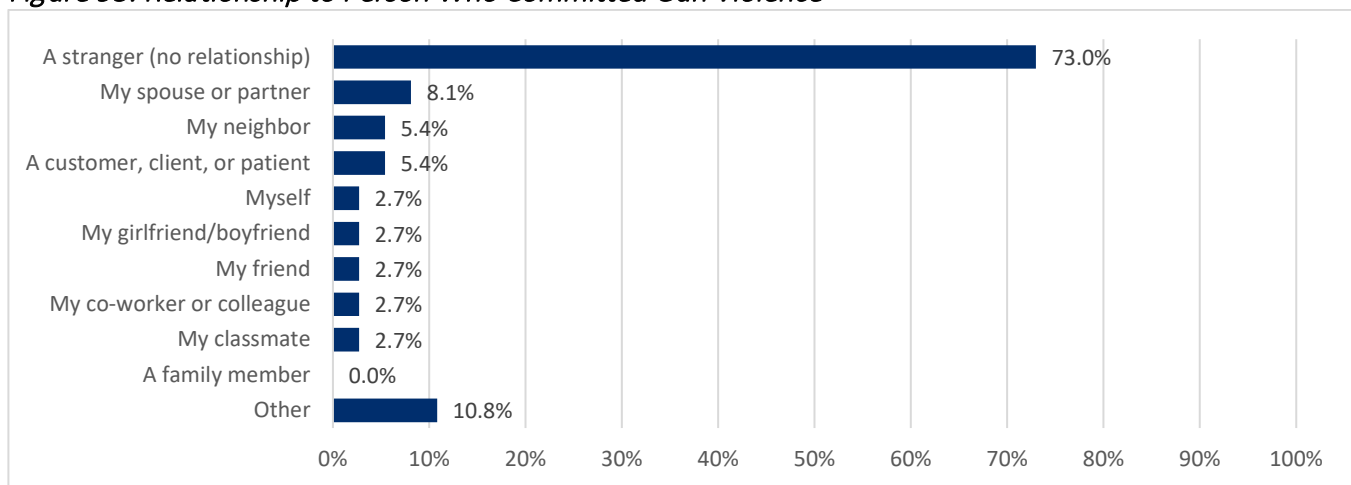
Figure 94. Type of Gun Violence Experienced – Community Members



Note: n = 35.

The majority of community members who experienced gun violence reported that they had no relationship with the person who committed the violence (73.0%). For the “other” option, there were three responses indicating a relationship: “All gun violence affects me and my family,” “an ex of my ex,” and “student.”

Figure 95. Relationship to Person Who Committed Gun Violence



Note: n = 37.

The final follow-up question for community members who had an experience with gun violence in the last five years included the following: “Are there any comments that you would like to share about your experience with gun violence?” About a third (66.1%) said, “no” whereas 33.9% had additional comments to share about their experience with gun violence. Comments often provided short descriptions of the gun violence experienced. These included I wish I/they had a gun to defend myself/themselves (n = 5), involvement by gangs (n = 4), suicide (n = 4), I/we are traumatized (n = 3), family was shot (n = 2), family was victim of mass shooting (n = 2), slow police response (n = 2), destructive social impact (n = 2), self-defense of

home/family ($n = 2$), killed by mentally ill person ($n = 2$), and killed by police ($n = 2$). There was one mention for each of the following: student threatened to shoot me, someone was killed, involvement by criminals, I was on duty (law enforcement), domestic violence murder, domestic violence gun threat, friend killed, family member killed, domestic violence murder-suicide, police responded quickly/made arrest, defended self with gun, I regularly witness gun violence, shot in crossfire, and killed in school shooting.

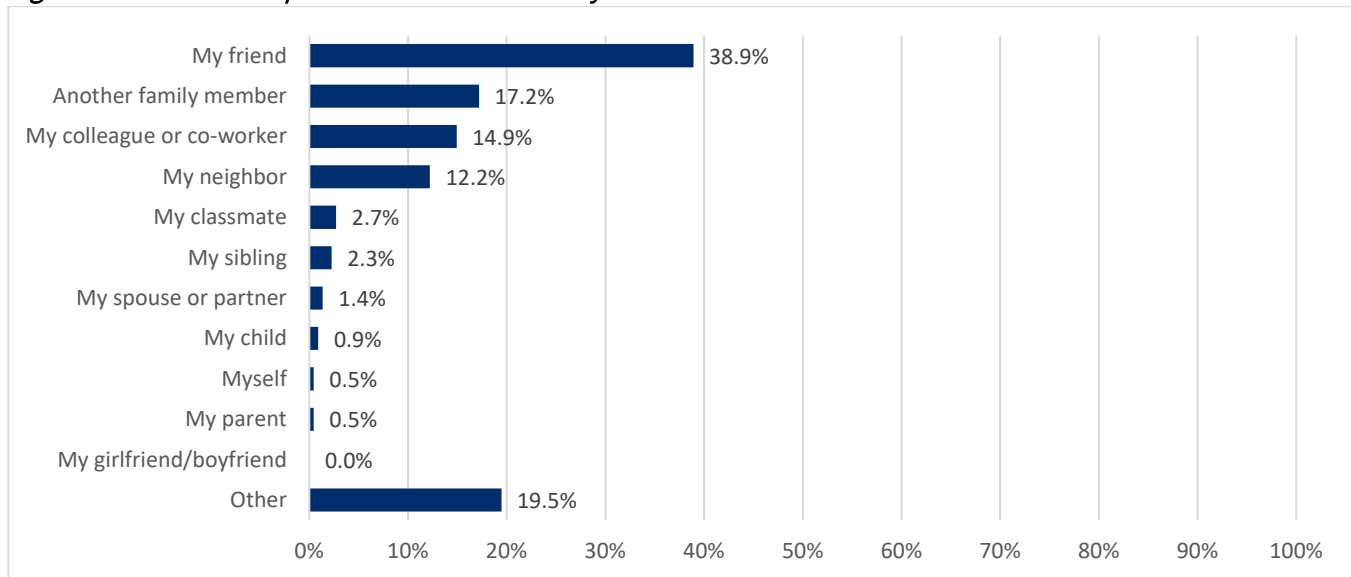
Knows Others Injured or Killed

Community members were also asked if they know anyone at all that has been impacted by gun violence, aside from themselves, family, and close friends. Specifically, community members were asked, “Have you personally known anyone at all who has been injured or killed by a firearm in the last five years? This can include community violence, domestic violence, suicide, attempted suicide, or accidental harm.”

Among the 1,242 community members responding, about one-fifth (17.9%) of community members knew someone who had been injured or killed by a firearm in the last five years. These residents were further asked, “What was your relationship to the person or persons who was injured or killed?” and could select all that apply.

Residents often reported that the person who was injured or killed was a friend (38.9%), another family member (17.2%), a colleague or co-worker (14.9%), or a neighbor (12.2%).

Figure 96. Relationship to Person Who Was Injured or Killed

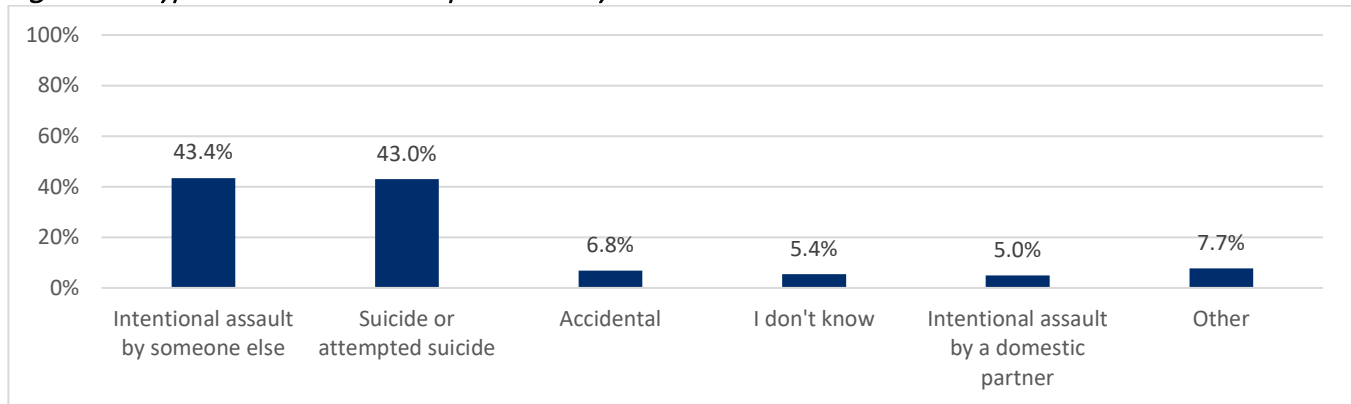


Note: $n = 221$.

There were some community members who also said “other” (19.5%). These responses typically included other specifications ($n = 14$) such as people they had seen grow up, people around the county, best friend’s family members, colleague’s family members, etc. Some of the other responses also included friend/family friend ($n = 13$), acquaintance ($n = 6$), friend’s adult child/friend’s son ($n = 3$), patient ($n = 3$), and uncle ($n = 2$).

These residents who knew someone who had been injured or killed by a firearm in the last five years were also asked, “What type of gun violence was this?” The type of gun violence was often intentional assault (43.4%) or suicide or attempted suicide (43.0%). See the figure below for additional details.

Figure 97. Type of Gun Violence Experienced by the Person Known



Note: *n* = 221.

A total of 7.7% of community members reported “other” for the type of gun violence experienced by the known person. Among these other responses, community members reported the type of gun violence was usually gang/drive-by shooting (*n* = 5), police shooting (*n* = 4), and undocumented immigrant shooting (*n* = 2). There was one reference each for someone with a mental disorder, someone under the influence, a mass shooting, and a school shooting.

Firearm Ownership

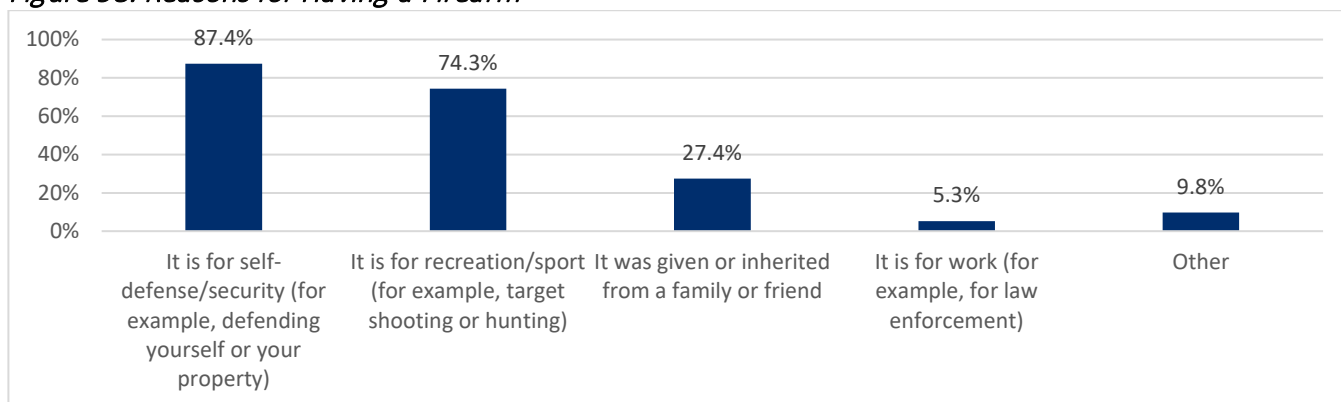
Community members were given the following prompt, “The next few questions are about gun ownership. This survey is anonymous, and the responses will not contain identifying information. If you provide your contact for the gift card raffle, this information will be confidential with HARC researchers (it won’t be shared). Also, the responses from all surveys will be combined at the group level and will not be reported individually.”

Community members were then asked, “Is there a firearm in your home (such a handgun, shotgun, rifle, etc.)?” Among the 1,229 community members that responded, a total of 52.5% reported, yes, they have a firearm in the home.

The percentage of community survey participants with a gun in the home (52.5%) is higher than the percentage reported by the California Health Interview Survey (15.8%), which was a representative, random-sample survey of county residents. It can then be concluded that the community survey oversampled residents with a gun in the home.

Those who said, yes, there is a firearm in their home were further asked, “Why do you have a firearm in your home?” and could select all that apply. The majority of community members reported they have a firearm for self-defense/security (87.4%) or for recreation/sport (74.3%). Less common reasons included being given/inherited (27.4%) and for work (5.3%).

Figure 98. Reasons for Having a Firearm

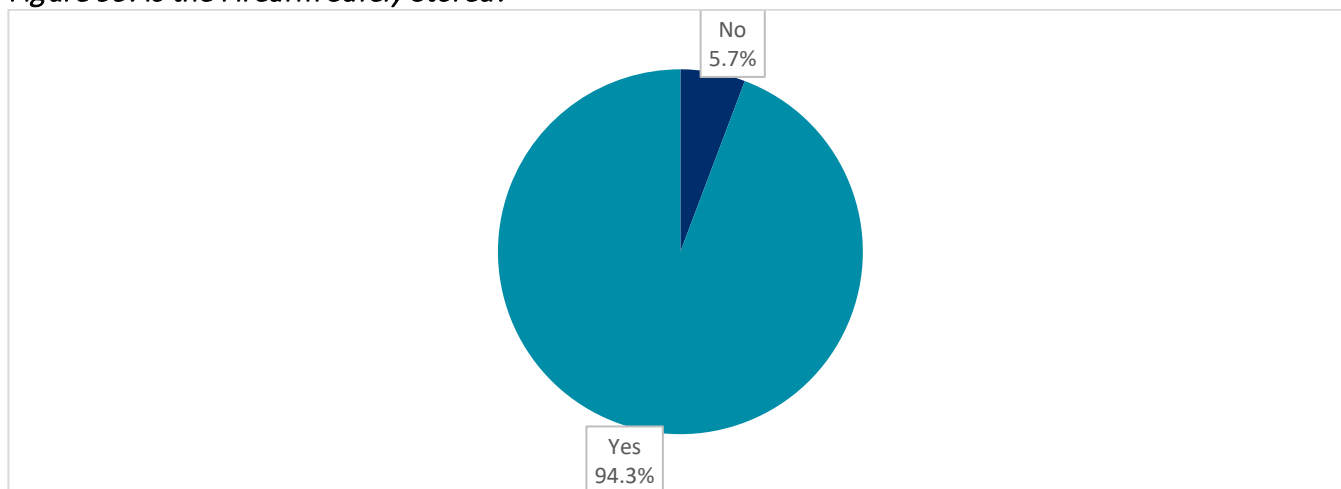


Note: *n* = 643.

A total of 9.8% reported some other reason. The reasons provided included the following: constitutional rights (*n* = 23), defense (*n* = 10), collection (*n* = 5), law enforcement/previous work (*n* = 3), belongs to partner/family (*n* = 3), firearms trainer (*n* = 3), competition/sport/hunting/recreation (*n* = 3), “none of your business” (*n* = 2), and a general statement that they purchased one (*n* = 2). There was one reference each for wanted one, had to buy a gun in order to get ammo, have a lot of firearms, inoperable firearm, inherited firearm, and tradition.

Community members were also asked, “Is the firearm in your home safely stored (such as in a safe or locked container)?” Most community members reported, yes, the firearm is safely stored (94.3%). About 5.7% reported that their firearm is not safely stored.

Figure 99. Is the Firearm Safely Stored?



Note: *n* = 644.

Firearm Self-Defense

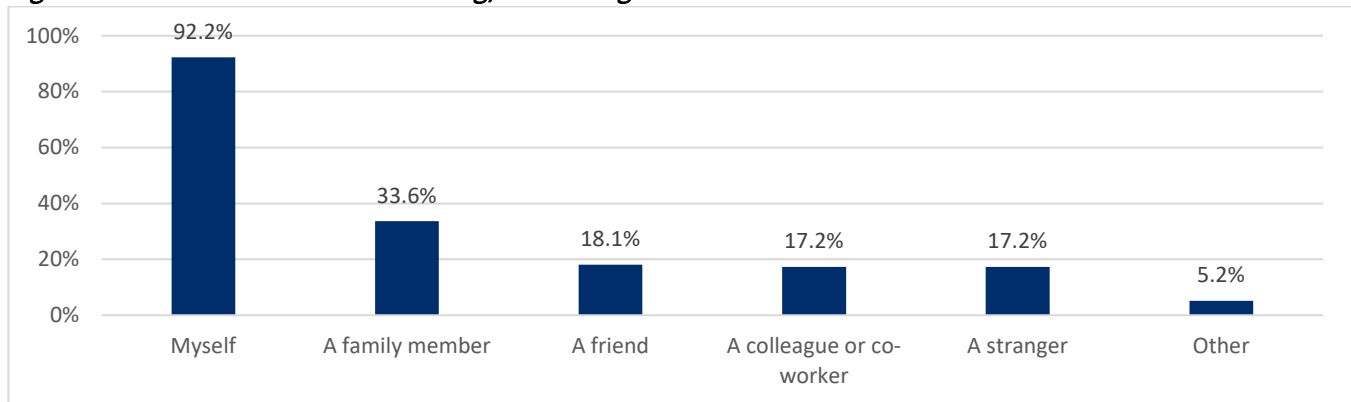
Community members were asked, “Have you ever used a firearm in self-defense (to protect yourself or someone else)?” Among the 1,236 that responded, a total of 9.5% said, yes, they’ve used a firearm in self-defense. Those who said, yes, they have used a firearm in self-defense, were asked a series of questions:

- “Who were you defending or protecting? Please select all that apply.”

- “Did you discharge the firearm or was it just presented?”
- “Did you report this incident to law enforcement?”
- “What was the reason for self-defense with a firearm?”

Community members most often reported defending themselves (92.2%) with a firearm. Less common responses included a family member (33.6%), friend (18.1%), colleague (17.2%), or a stranger (17.2%). See the figure below for details.

Figure 100. Who Were You Defending/Protecting?

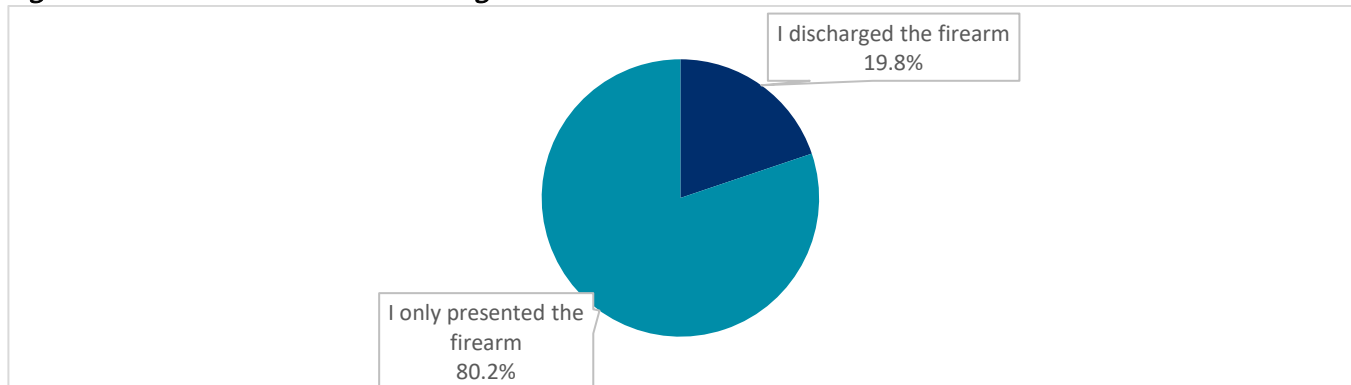


Note: $n = 116$.

A total of 5.2% also said, “other.” These other responses included military purposes ($n = 3$), law enforcement ($n = 1$), and livestock ($n = 1$).

Among community members who used a firearm in self-defense, the majority (80.2%) only presented the firearm. About 19.8% discharged the firearm.

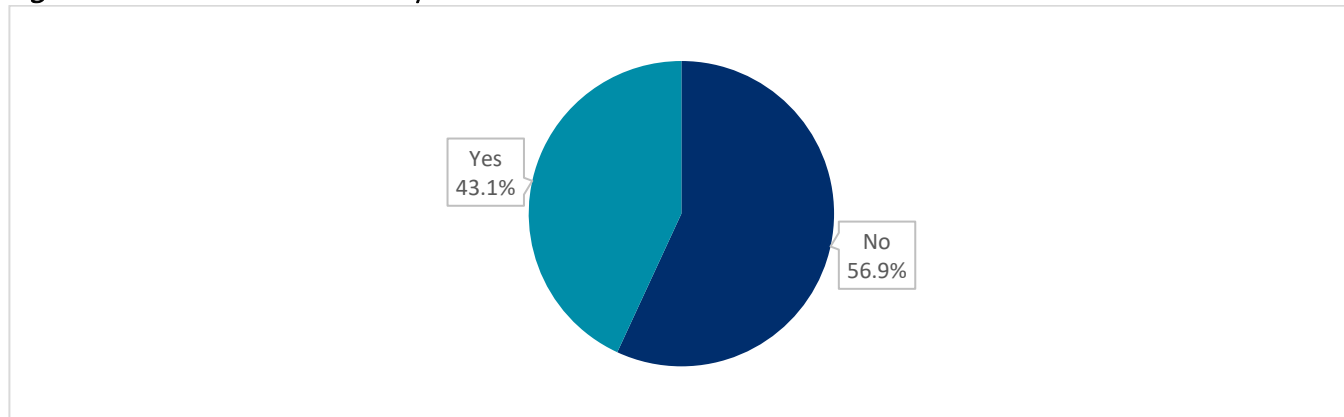
Figure 101. Was the Firearm Discharged or Presented?



Note: $n = 111$.

Among the community members who used a firearm in self-defense (presenting or discharging the firearm), 43.1% reported this incident to law enforcement. The majority (56.9%) have not reported self-defense with a firearm to law enforcement.

Figure 102. Was the Incident Reported to Law Enforcement?



Note: $n = 116$.

Lastly, those who said, yes, they have used a firearm in self-defense were asked, “What was the reason for self-defense with a firearm?” The responses included home invasion/attempted home invasion ($n = 25$), being attacked/assaulted/attempted assault ($n = 15$), a criminal was loose/I felt threatened ($n = 10$), military combat ($n = 9$), robbery/attempted robbery ($n = 6$), the attacker was armed ($n = 5$), law enforcement duties ($n = 5$), knife attack ($n = 5$), armed robbery/attempted armed robbery ($n = 5$), people being “aggressive”/surrounding me ($n = 4$), car jacking/attempted car jacking ($n = 3$), and dog attack ($n = 2$). There was one mention each for attacker shot at me, vandalism, attempted kidnapping, “self-defense,” mountain lion attack, felt threatened by Black Lives Matter protests, harassed by someone, explosive device at house, “de-escalation,” someone drove their car toward children, intervened in domestic dispute, and someone was stealing my property.

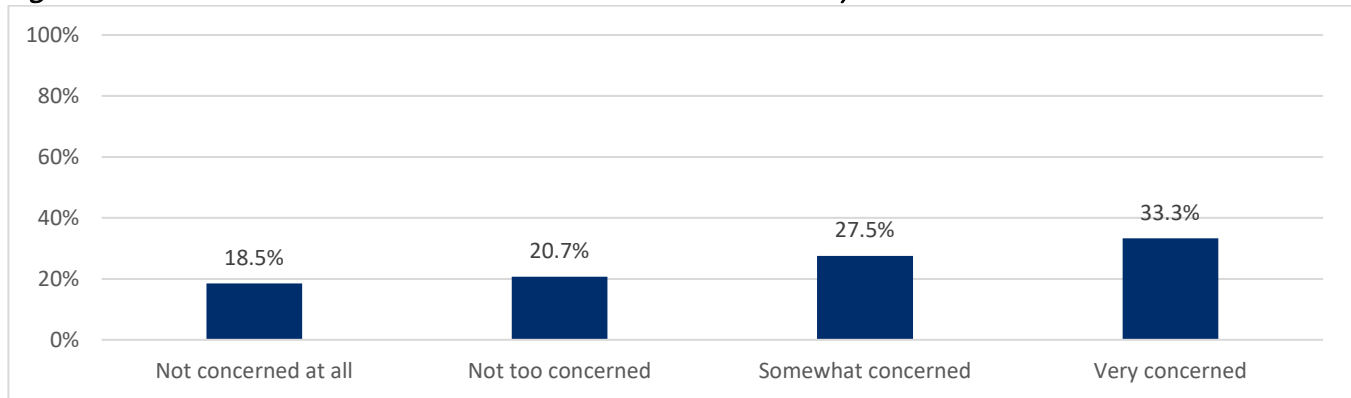
Perceptions of Gun Violence – Community Sample

Concerns and Safety – Community Members

Community members were given the following prompt, “These next questions will ask about your thoughts and perceptions about gun violence. Gun violence includes any violence caused by firearms, including community violence, domestic violence, suicide, and accidental harm.”

Community members were then asked, “How concerned are you about gun violence in your community (where you live, work, worship, go to school, etc.)?” About a third were “very concerned” (33.3%) about gun violence in their community, and another quarter (27.5%) were “somewhat concerned.”

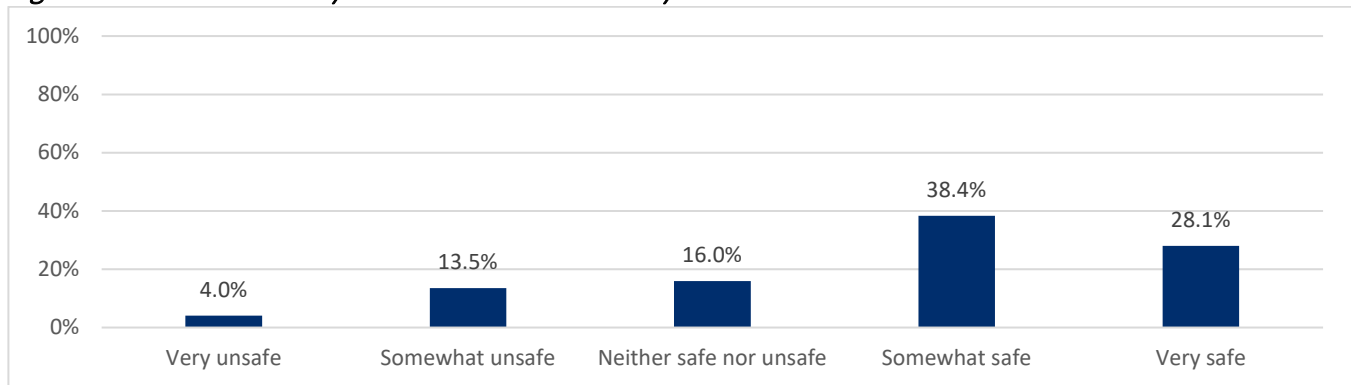
Figure 103. Level of Concern for Gun Violence in One’s Community



Note: *n* = 1,240.

Community members were also asked about their safety: “When thinking about community gun violence (such as street violence or gang violence), how safe do you feel in your community?” Over a quarter (28.1%) reported feeling “very safe,” and another 38.4% reported feeling “somewhat safe.”

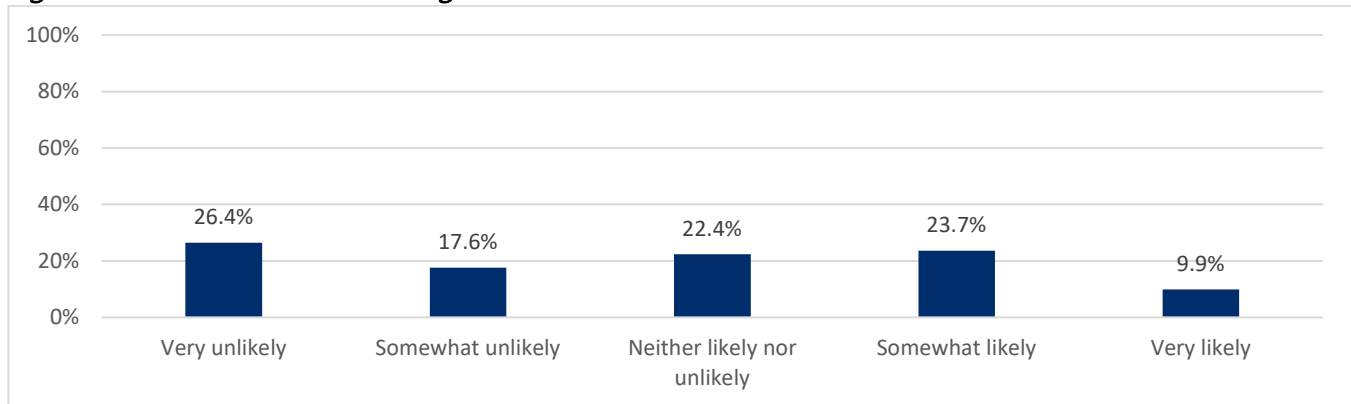
Figure 104. Level of Safety in One’s Own Community



Note: *n* = 1,240.

Community members were asked, “How likely do you think that you or someone you know would be a victim of gun violence in the future?” Responses to this question were approximately evenly distributed. About 44.0% reported either “very unlikely” or “somewhat unlikely,” whereas 33.6% reported either “somewhat likely” or “very likely.”

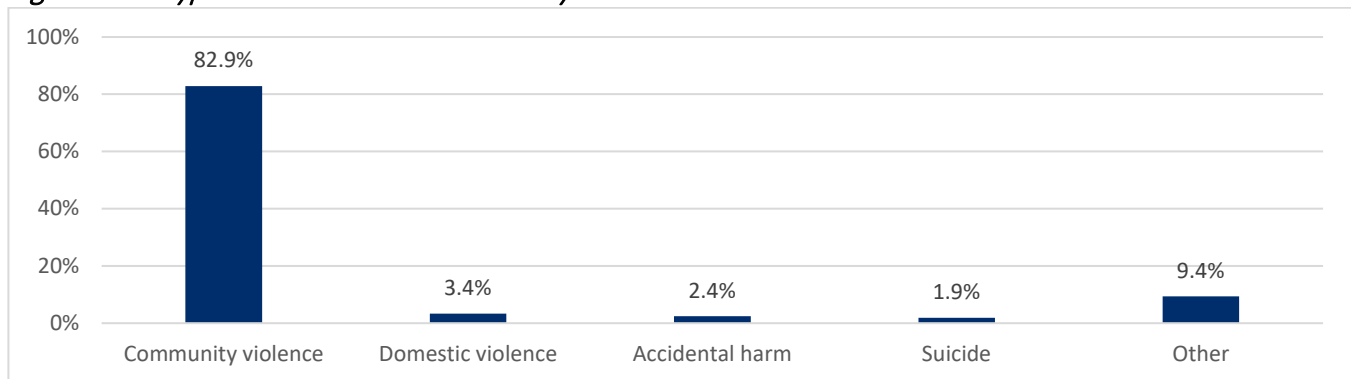
Figure 105. Likelihood of Becoming a Victim of Gun Violence



Note: *n* = 1,238.

Community members who said “very likely” or “somewhat likely” were asked the following: “You said that you think you or someone you know could possibly be the victim of gun violence in the future. What type of gun violence?” The majority of community members reported community violence (82.9%) as a possibility of becoming a victim of gun violence.

Figure 106. Type of Gun Violence to Possibly Be a Victim Of



Note: *n* = 415.

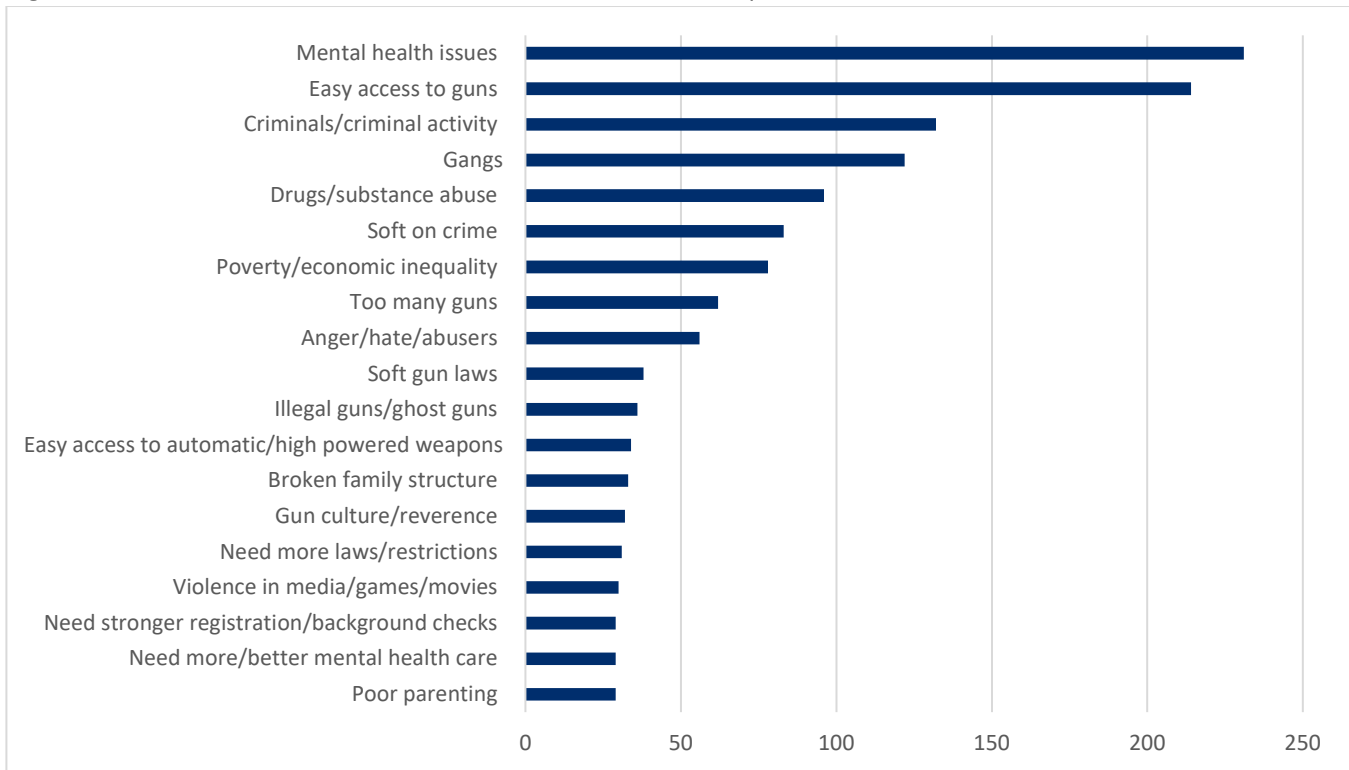
A total of 9.4% of residents said “other.” These responses often included variations of community violence (*n* = 14), police violence/brutality (*n* = 5), general gun violence (*n* = 5), all of the response options (*n* = 4), hate violence (*n* = 2), domestic violence (*n* = 2), unknown/not sure (*n* = 2), criminal activity (*n* = 2), and one reference each for mass shootings, home invasion, robbery, illegal possession of firearms, and corrupt government.

Perceived Causes and Solutions – Community Members

Community members were asked, “What do you think are the main causes of gun violence?” There were many reasons provided for the causes of gun violence, including mental health issues (*n* = 231), easy access to guns (*n* = 214), criminals/criminal activity (*n* = 132), gangs (*n* = 122), drugs/substance abuse (*n* = 96), soft on crime (*n* = 83), poverty/economic inequality (*n* = 78), too many guns (*n* = 62), anger/hate/abusers (*n* = 56), soft gun laws (*n* = 38), illegal guns/ghost guns (*n* = 36), easy access to automatic/high powered weapons (*n* = 34), broken family structure (*n* = 33), gun culture/reverence (*n* = 32), need more laws/restrictions (*n* = 31), violence in media/games/movies (*n* = 30), need stronger registration/background checks (*n* = 29), need more/better mental health care (*n* = 29), and poor parenting (*n* = 29).

For a list of all responses, see Appendix Q.

Figure 107. Perceived Causes of Gun Violence – Community Members



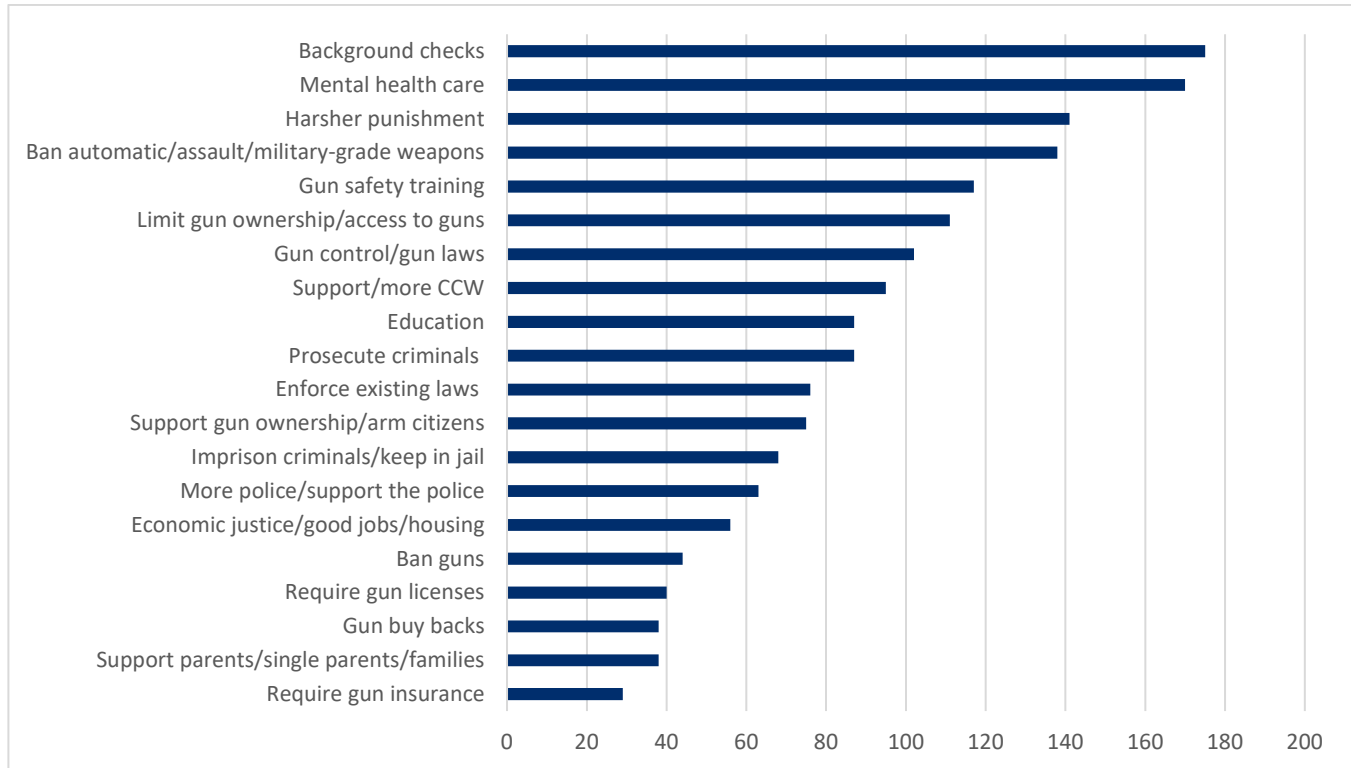
Note: *n* = 1,202.

Community members were asked, “What do you think are the best solutions for gun violence reduction? This could include short-term solutions, long-term solutions, policy solutions, changes in your community, or anything else.” There were many solutions suggested for reducing gun violence, including background checks (*n* = 175), mental health care (*n* = 170), harsher punishment (*n* = 141), ban automatic/assault/military-grade weapons (*n* = 138), gun safety training (*n* = 117), limit gun ownership/access to guns (*n* = 111), gun control/gun laws (*n* = 102), more/support concealed carry weapons (CCW; *n* = 95), prosecute criminals (*n* = 87), education (*n* = 87), enforce existing laws (*n* = 76), support gun ownership/arm citizens (*n* = 75), imprison criminals/keep in jail (*n* = 68), more police/support the police (*n* = 63), economic justice/good jobs/housing (*n* = 56), ban guns (*n* = 44), require gun license (*n*

= 40), support parents/single parents/families ($n = 38$), gun buy backs ($n = 38$), and require gun insurance ($n = 29$).

For a list of all responses, see Appendix O.

Figure 108. Perceived Solutions to Gun Violence – Community Members



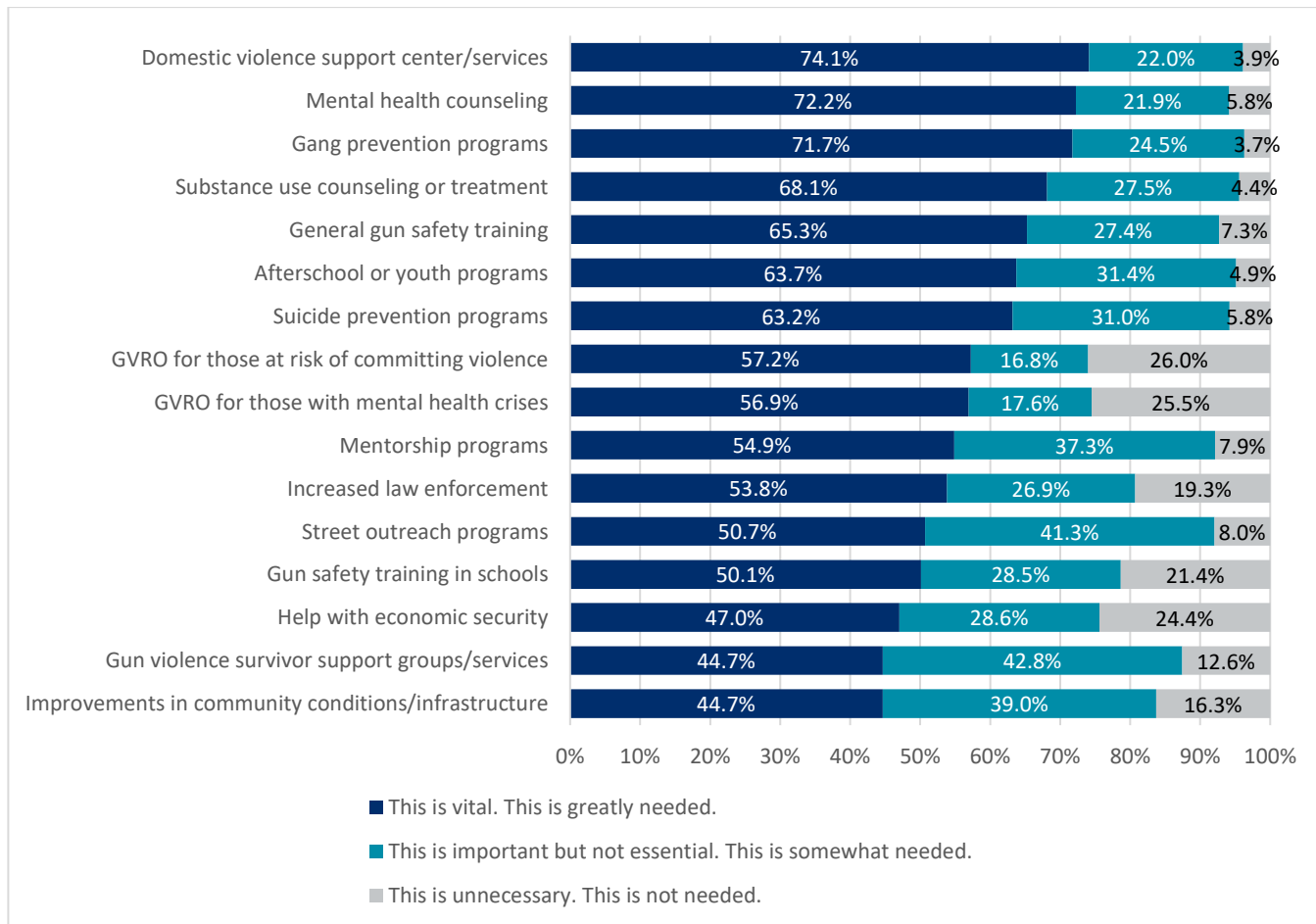
Note: $n = 1,198$.

Community Needs – Community Members

Community members were asked about needed programs for impacted communities. They were given the following prompt and question: “Below is a list of different services that are intended to reduce gun violence. What services, programs, or resources do you think are **most needed** to help **local communities** impacted by gun violence?” As illustrated in the figure below, many needs were identified among community members. Some of the top needs (i.e., “This is greatly needed”) include domestic violence support center/services (74.1%), mental health counseling (72.2%), and gang prevention programs (71.7%).

Substance use counseling or treatment (68.1%), general gun safety training (65.3%), afterschool or youth programs (63.7%), and suicide prevention programs (63.2%) were also greatly needed programs.

Figure 109. Programs Most Needed to Help Local Communities Impacted by Gun Violence – Community Members

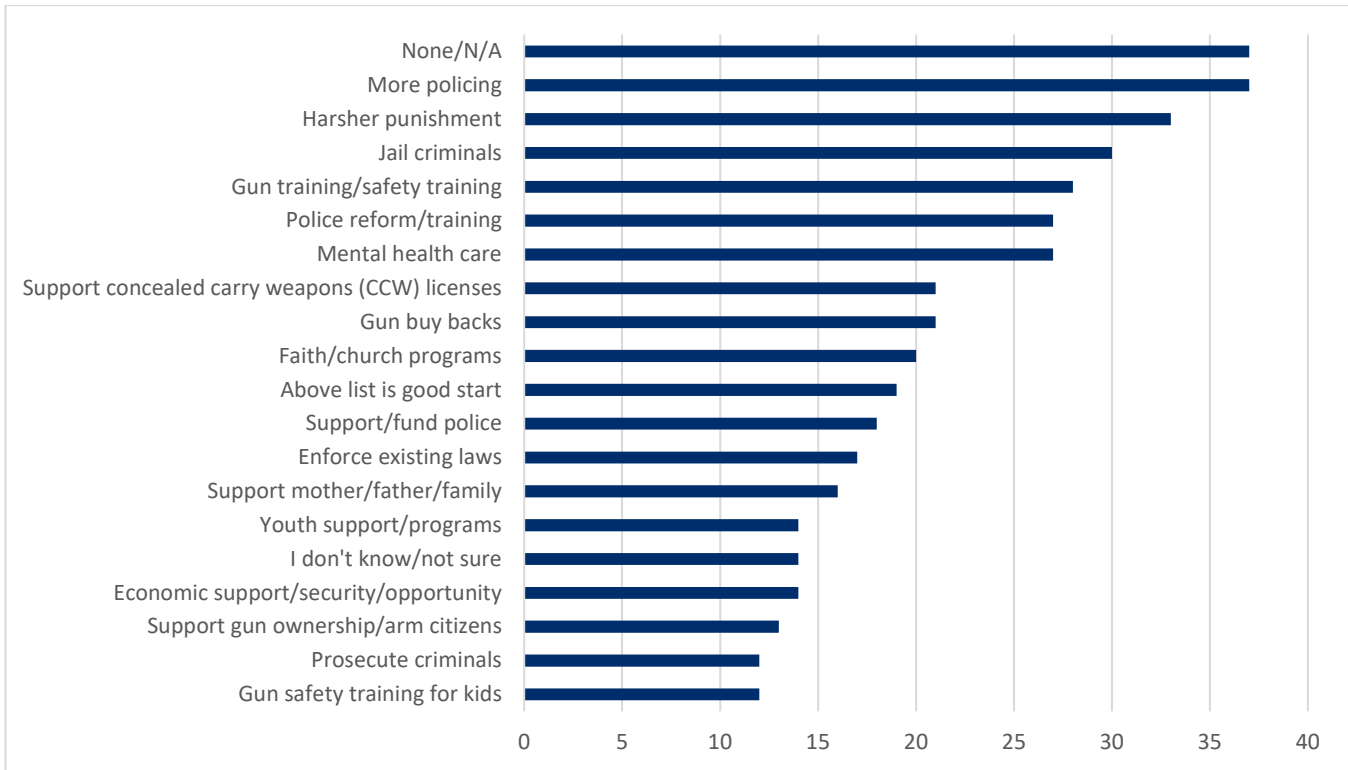


Note: Domestic violence support center/services $n = 1,210$; Mental health counseling $n = 1,214$; Gang prevention programs $n = 1,214$; Substance use counseling or treatment $n = 1,201$; General gun safety training $n = 1,206$; Afterschool or youth programs $n = 1,213$; Suicide prevention programs $n = 1,206$; GVRO for those at risk of committing violence $n = 1,211$; GVRO for those with mental health crises $n = 1,212$; Mentorship programs $n = 1,208$; Increased law enforcement $n = 1,209$; Street outreach programs $n = 1,207$; Gun safety training in schools $n = 1,203$; Help with economic security $n = 1,206$; Gun violence survivor support groups/services $n = 1,202$; and Improvements in community conditions/infrastructure $n = 1,209$.

After rating the above listed resources, community members were asked the open-ended question, “What other resources, services, or programs are needed to help local communities impacted by gun violence?” There were many resources mentioned, including more policing ($n = 37$), harsher punishment ($n = 33$), jail criminals ($n = 30$), gun training/safety training ($n = 28$), mental health care ($n = 27$), police reform/training ($n = 27$), gun buy backs ($n = 21$), support concealed carry weapons (CCW) licenses ($n = 21$), faith/church programs ($n = 20$), support/fund police ($n = 18$), enforce existing laws ($n = 17$), support mother/father/family ($n = 16$), economic security/opportunity ($n = 14$), youth support/programs ($n = 14$), support gun ownership/arm citizens ($n = 13$), gun safety training for kids ($n = 12$), and prosecute criminals ($n = 12$). Additionally, other responses included none/N/A ($n = 37$), I don't know/not sure ($n = 14$), and that the previously listed programs/services is a good start ($n = 19$).

For a list of all responses, see Appendix P.

Figure 110. Other Resources to Help Communities Impacted by Gun Violence – Community Members



Note: *n* = 656.

Resources Available – Community Members

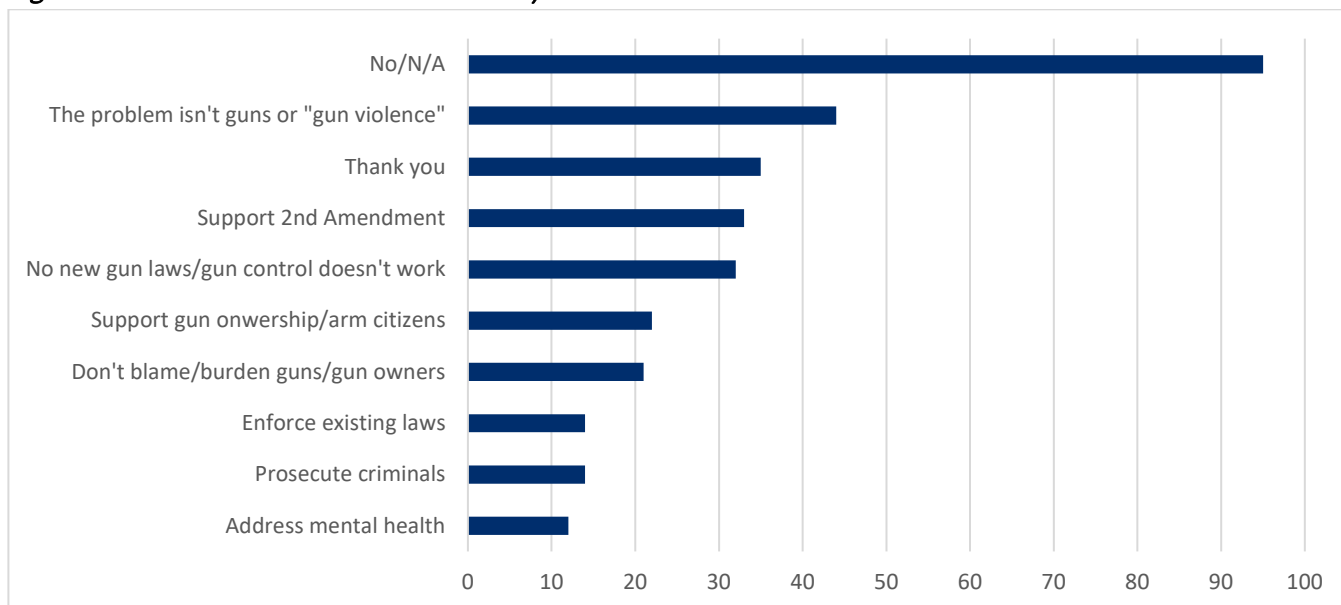
Community members were asked, “Do you know of any local organizations, groups, or networks that are working on gun violence reduction in your community? If so, please mention the **exact** organization names.” The most common responses included San Diego County Gun Owners (*n* = 66), Moms Demand Action (*n* = 36), the National Rifle Association (*n* = 17), the California Rifle and Pistol Association (*n* = 11), and San Diegans for Gun Violence Prevention (*n* = 8). For a full list of responses, see Appendix T.

Final Comments – Community Members

At the end of the Community Survey, community members were asked, “Do you have any other comments you would like to share?” There were 580 comments (95 of which were “no”/N/A). Comments varied widely, ranging from expressions of fears and hopes to suggestions for policy changes. The most common comments were that the problem isn't guns or "gun violence" (*n* = 44), thank you (*n* = 35), support 2nd Amendment/gun rights (*n* = 33), no new gun laws/gun control doesn't work (*n* = 32), support gun ownership/arm citizens (*n* = 22), don't demonize/blame guns or burden gun owners (*n* = 21), prosecute criminals (*n* = 14), enforce existing laws (*n* = 14), and address mental health (*n* = 12).

For a list of all responses, see Appendix R.

Figure 111. Final Comments – Community Members



Note: $n = 580$.

Summary

A total of 1,242 community members participated in the community survey. The survey oversampled those who identify as White (63.5%), non-Hispanic (84.8%), those with a college degree or higher (72.8%), and those living 300% or above the federal poverty level (76.0%). There was also an oversampling of those who have a firearm in the home (52.5%). The sample of community members thus tended to be more White, better educated, wealthier, and more likely to have a gun in the home than the general county population.

Most survey participants (66.5%) feel very safe or somewhat safe in their communities in regard to gun violence. However, 60.8% nonetheless are very concerned or somewhat concerned about gun violence in their communities. Although gun violence has not directly impacted the majority of survey participants, nearly one fifth (17.9%) of community members knew someone who had been injured or killed by a firearm in the last five years. In addition, 3.1% reported that they have personally experienced gun violence (including the threat of violence) in the last five years.

Community members identified a range of causes of gun violence, including mental health issues, easy access to guns, criminals/gangs, drug abuse, being “soft on crime,” and poverty/economic inequality. Community members also identified a range of solutions, including background checks, mental health care, harsher punishment, weapons bans, and gun safety training.

Community members were asked what services, programs, or resources are most needed to help local communities impacted by gun violence. Among the top services needed are domestic violence support center/services, mental health counseling, gang prevention programs, and substance use counseling/treatment. Whereas in the professional survey mentorship and youth programs rated higher, in the community survey domestic violence support services and substance abuse treatment rated higher.

Results: Listening Sessions

An important component of public efforts to reduce gun violence is the incorporation of public views into the analysis. Public views are more than reflections of simple beliefs or opinions; they reflect diverse types of life experiences and expertise. To account for and incorporate this local knowledge, this section presents the analysis of a series of “listening sessions” where residents provided public comments on the topic of gun violence.

This section contains qualitative data gathered from the listening sessions (in addition, quantitative data on the listening sessions are provided in Appendix H). Public comments were organized into “themes,” and the most common themes are discussed and accompanied by illustrative quotes. Although the frequency of each theme is provided (for example, 17 mentions, or $n = 17$), these frequencies are not the sole indicator of a theme’s importance. To reflect both the weight and substance of a theme, direct quotations are provided throughout the narrative. These quotations are a key part of the data and reflect the power of people’s own words.

The listening sessions had a total of 322 attendees. Residents who attended the listening sessions expressed a diversity of views, often based on first-hand experience. Major themes included focusing on “all violence” (and not “gun violence”), focusing on root causes, and providing sustained investments in community-based organizations and social support systems, especially for underserved youth. The results are organized under the following categories: defining the problem, causes, solutions, and youth listening sessions.

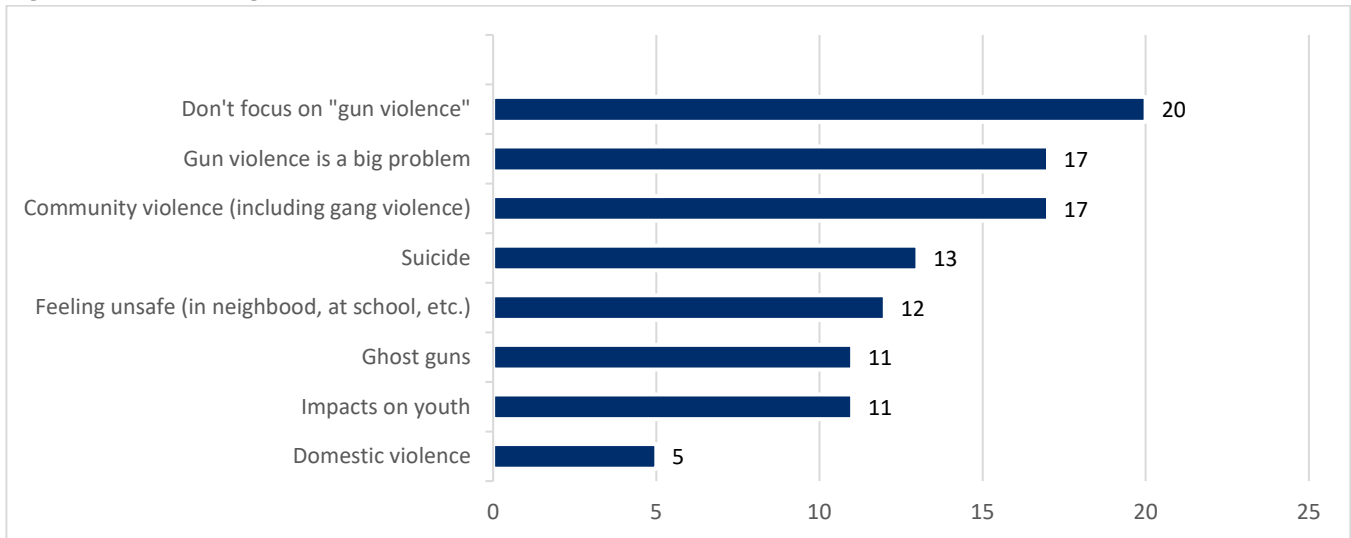
Public Listening Session Comments

While listening sessions were structured by nine fixed questions (see Appendix D), attendees were encouraged to make comments on what concerned them most, whether or not it directly answered the question at hand. Thus, the comments did not neatly fall into the categories of all nine questions (as would happen in an interview or a focus group). As such, the comments are represented here under three broad categories: how the problem of gun violence is defined, what are the causes, and what are solutions. Rather than being reported session by session, comments are grouped together from all sessions.

The Problem

To define the problem of gun violence, there were several main themes, as illustrated below.

Figure 110. Defining the Problem of Gun Violence



Note: $n = 111$. Only dominant themes are represented.

The most common theme was that the focus should be on all types of violence rather than “gun violence” ($n = 20$). For some, this was mentioned only in passing, while for others it was the main substance of their comment. These comments often centered on the idea that a gun is an inert object, nothing more than a “tool,” and that the source of danger is not the weapon itself but those who wield it:

“[W]e need to define what ... the problem is [of] gun violence in our community. The reason why is because the gun by itself, it won't harm anybody. It takes a finger to pull that trigger.”

-County resident

This view was also sometimes accompanied by a call to focus on the underlying, root causes (rather than proximate causes) of violence:

“It's not just gun violence.... Almost anything can be a weapon. I think we need to look at this from a broader perspective of violence prevention... [to] really [address] those behavioral health, mental health conditions, and societal conditions. What are the underlying factors in society that trigger the violence?”

-County resident

Another major theme was assertions that gun violence is a matter of concern ($n = 17$). Various reasons were given for why gun violence is a “big problem”: for example, the loss of a loved one, the frequency of shootings in one’s neighborhood, or fear that gun violence is rising. Others emphasized that correct emphasis is placed when one focuses on “gun violence,” given that firearms have unique risks:

“I worked in suicide intervention and prevention and in intimate partner violence and sexual violence intervention and prevention.... I just keep thinking that in all of these types of violence, when you're

responding to somebody in a crisis situation, the presence of the gun is always the worst-case scenario.... When someone is suicidal or when someone is in an abusive relationship, the presence of the gun is always the most concerning piece."

-County resident

Similarly, many attendees mentioned that they felt unsafe because of gun violence. This included comments about a general feeling of insecurity in public places such as schools and shopping centers ($n = 5$) as well as in one's own neighborhood ($n = 7$). Several residents discussed how some youth feel they have no choice but to carry a gun out of a need to protect themselves:

"I've been mentoring for about five years. When I go back to my neighborhood, and I try to talk to some of the young people about putting the guns up.... A lot of them are ready to stop, but they just [rather] be caught with [the gun] than without because you could put your gun down and [then] just get killed.... It's hard to tell them, 'Just put your guns up,' because they'd rather be caught with it than without it because people are dying left and right."

-Youth mentor

The problem of gun violence here is not simply a question of changing individual behavior (e.g., "giving up a gun") but also changing the social and material world that compels youth to carry a gun in the first place.

Related to this was the theme of community violence ($n = 6$) and gang violence ($n = 11$). Attendees spoke of the pervasiveness of gangs:

"[In] my community, [gun violence] is major. You can't go a week without ... hearing gunshots.... I live right down the street here, very local, grew up [in] southeast San Diego.... It's been a problem [since] I was a kid. I grew up in a household where there [were] guns. My older brother was in gangs, and traditionally, I'm supposed to be in a gang too, so I know that for a fact that [there're] cycles that can be broken."

-Southeast San Diego resident

While some spoke of gang violence in general (as an abstract concern), others spoke of it in personal terms, as an element of one's social surroundings that had to be avoided or overcome:

"It's something that [is] affecting our community, it's affecting our families, it's affecting our children, and we need solutions. It needs to stop. Our children need to be allowed to live and grow up. I think it's always been a problem, but I feel like [it] definitely has increased.... [T]o be honest, it's devastating. We have to do something about it."

-County resident

Impacts on youth was another major theme ($n = 11$), including comments on how common gun violence is among teens:

"I'm a former gang member myself. I've been working in our community [in gang violence intervention].... I think even in North County, we need to put more emphasis on helping our community youth. Because if you look at the numbers, most of them are youth that are getting involved in things with guns."

-North County resident

Other attendees defined the problem in relation to un-serialized guns ("ghost guns"), which can be purchased outside of legal channels and constructed at home ($n = 11$). Attendees spoke of the ready accessibility of ghost guns:

"[I]n 2019, 2020, there was [a sharp rise in] sales [of] ghost guns. One of our own youths from here, at 17 years old, he was able to order a gun online.... [M]ost sales are happening online right now.... He has access to order it. He put it on YouTube just to show everyone how easy it was. He ordered it, he put it together. He says, 'Here it is. I have it. I have it.'"

-Youth mentor

Other attendees spoke of the need to prosecute "criminals" ($n = 5$). These comments characterized gun violence as a problem caused by "criminals" rather than "law-abiding citizens." These comments included a call to not burden gun owners as well as the sentiment that new gun laws would be ineffective:

"It seems to me that the biggest problem that we have with guns is not law-abiding citizens who have guns legally, who train and practice to use them, who follow the law. It's people with guns that act in their criminal behavior. On top of that, [i]t seems like no matter how many laws are created, the criminals still keep doing what they're doing with the illegal guns that they have."

-County resident

Other attendees defined the problem by mentioning specific types of gun violence. In addition to community violence (as shown above), attendees emphasized the need to address domestic and intimate partner violence ($n = 5$):

"With intimate partner violence, somebody knowing that there's a lethal weapon involved with the person who's controlling them and the presence and the danger that presents even ... when someone is leaving an abusive relationship is just so escalated by the fact that they're leaving and so escalated by the fact that there's a gun."

-County resident

Attendees also mentioned the need to address suicide ($n = 13$):

"Our suicide rate has been up. It's underreported.... The data will clearly show you that suicide [is up] because there's no hope. Hopelessness."

-Southeastern San Diego resident

Other attendees mentioned a lack of trust with or not feeling safe around law enforcement ($n = 4$). These comments were concerned with either officer-involved shootings specifically or racial profiling and police misconduct in general:

“I’ve been driving since I was very young ... and I have been harassed repeatedly by the police.... There’s been ... cases where they would make up reasons [for] pulling me over.... I believe there is a big factor of police violence—and just alone police harassment—that does create that disconnect ... between the police and these communities that they’re in.”

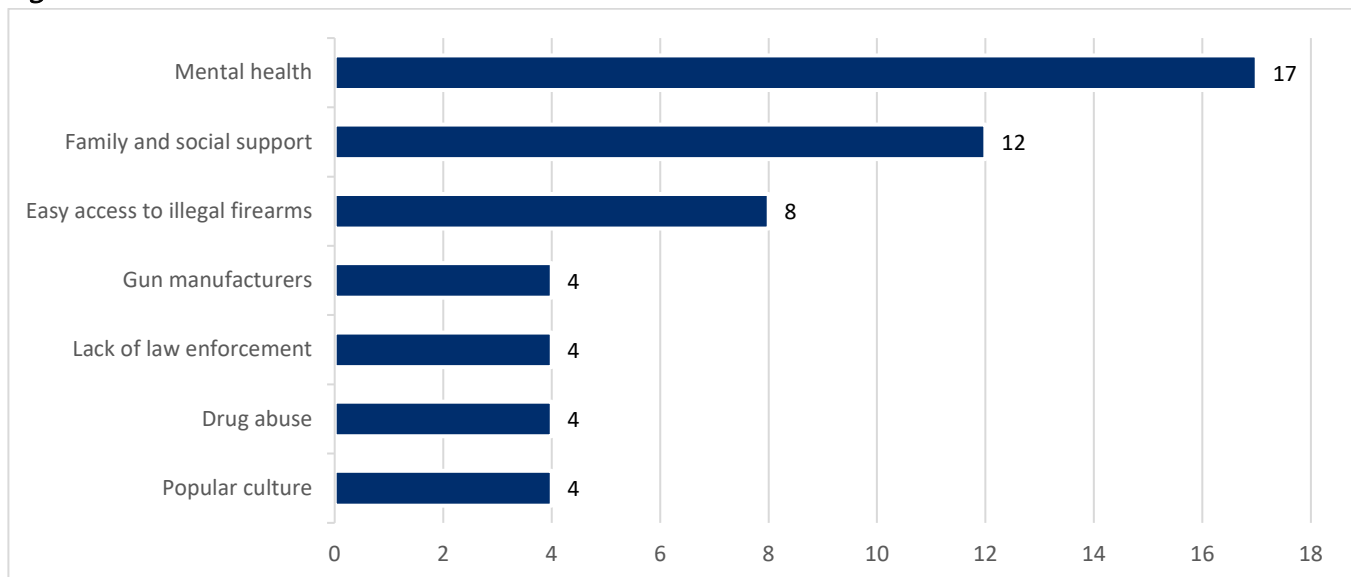
-County resident

As these themes show, the problem of gun violence was not characterized as a monolithic issue but as an array of concerns. For a list of all themes, see Appendix I. Many resident objected to the focus on “gun violence” rather than all types of violence. Other residents defined the problem as one of community violence that impacted youth and as a problem of domestic violence and suicide.

Causes

Residents often spoke at length about the causes of gun violence. These explanations varied widely, as illustrated below.

Figure 111. Causes of Gun Violence



Note: $n = 53$. Only dominant themes are represented.

The most commonly mentioned cause of gun violence was mental health ($n = 17$). A few comments were general calls to address “mental health” as a cause of mass shootings, while other comments reflected first-hand experience (e.g., among one’s patients or community members). Some spoke to the immediate need for mental health care, especially for youth in underserved communities:

“[I]f we talk to the young people, and ... they start to trust you enough to tell you what's going on with them, they will tell you how angry, or how upset, or how displeased they are with the situation that they live in, the situation that they're growing up in. I'm just thinking like, I hope that the plan from the County, from the government, from the community, is that we need to do triage just like we would do for any community that's been through war.... We need to do triage with our young people, in the schools, outside the schools. We need to figure out how to help them mentally, physically, and spiritually because there is a gap right now”

-Southeast San Diego resident

The above comment speaks to how mental health can be an indicator of not only individual but also social challenges. In this vein, attendees also spoke of gun violence’s communitywide psychological toll:

“From my experience as a mental health professional, I would like to emphasize the importance of intergenerational trauma. If we fail to adequately address this crisis, we are setting our future generations for ongoing deep trauma socially, individually as families and communities.... There’s a corollary—the social cost of dealing with a traumatized population.”

-County resident

Related to these comments on mental health, the next most mentioned cause of gun violence was lack of family or social support ($n = 12$). These comments were made in reference to impacts on youth—those who lack role models, personal guidance, or other resources. Some attendees spoke to the need for strong parental support. For example, one youth spoke of the hardship of growing up in a single-parent household:

“I remember being 11 [years old].... I ditched school... I was doing things I wasn’t supposed to because my mom had to work. I didn’t have a dad.... I know I’m not the only one that grew up like that. I’m pretty sure that other juveniles are going through the same thing that I went through, and they’re being raised by gang members. They’re being raised by people with guns, people with drugs.... They look up to those people, so they want to be like those people. That’s what they do. That’s all they’ve got.”

-Southeast San Diego youth

Another attendee emphasized that a lack of family support can result in youth violence:

“I work with a lot of kids and teens, and ... time and time again, they resort to violence or to guns because of their peers they surround themselves with and as well because parents—mom, dad—both are missing [with] one [parent] working two, three jobs... By the time they get home, it’s hard to be the parent they’re trying to be.”

-County resident

Another commonly raised cause was easy access to illegal firearms ($n = 8$). Sometimes attendees mentioned ghost guns (see above) or concerns about illegal gun sales. One attendee spoke about the prevalence of guns not only within one’s neighborhood but also one’s family:

“I believe that there's many different causes [of] gun violence.... [such as] how easy it is to have access to guns... I grew up ... around guns and around family who are gang members.... [T]he one person who had access to guns in my house taught us how to shoot a gun, but told us you need to respect a gun and you need to respect people around you. This is for your protection or when you get older. I don't agree with that as I'm an adult, but that's what I was taught.... There's easy access to getting these guns, especially in certain neighborhoods.”

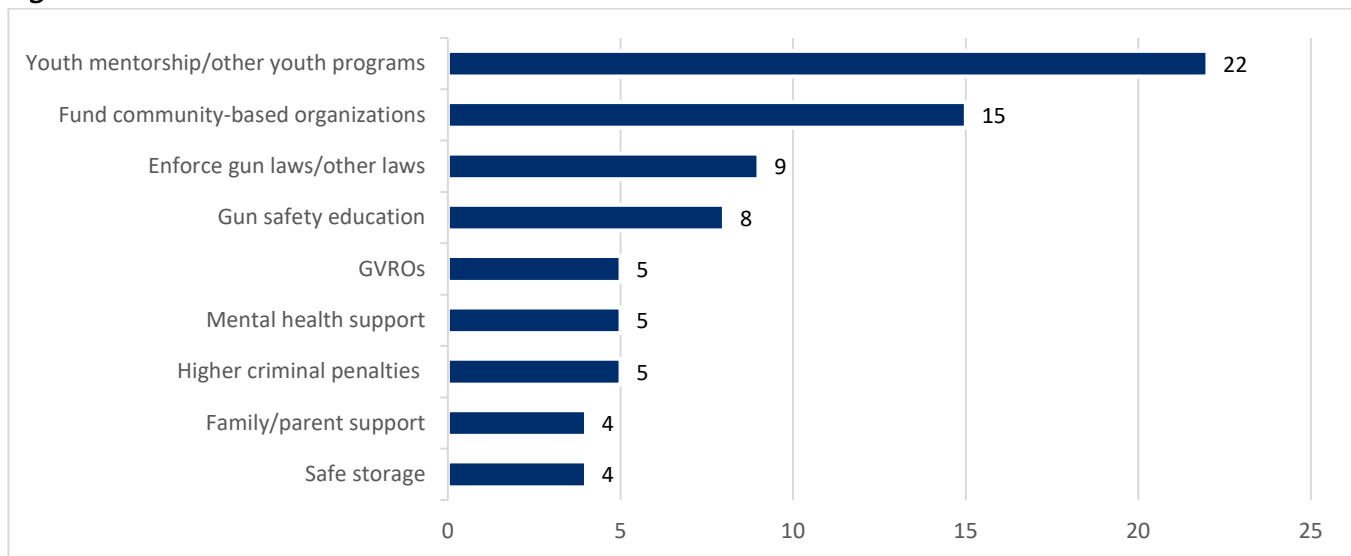
-Southeastern San Diego resident

Several other themes were raised as causes of gun violence, including popular culture (e.g., glorification of violence in music; $n = 4$), drug abuse (e.g., THC; $n = 4$), a lack of law enforcement ($n = 4$), and gun manufacturers ($n = 4$). For a list of all themes, see Appendix J.

Solutions

Given that many residents defined gun violence as a problem of community violence and the causes as a lack of social support for youth, residents discussed solutions that closely revolved around these topics. However, as illustrated below, several other approaches were also discussed.

Figure 112. Solutions for Gun Violence



Note: $n = 65$. Only dominant themes are represented.

The most prominent solution proposed was adoption of social programs that either provide youth mentorship ($n = 11$) or other youth support ($n = 11$). For example, some attendees called for gang violence intervention programs, while others called for investments in schools and youth programs.

Some ex-gang members spoke about their experiences serving as youth mentors. At one listening session, attended by participants of a gang intervention program, several mentors spoke of their willingness to partner with local government in reaching more youth:

"I believe that all the mentors here are the solution. The reason why is because we lived it and survived it... [T]he answer is right in front of you in these people that lived it. The thing is, we need help from the County or the city or whatever it is, to let them know that we're willing to be the solution and train people to be a solution in the future, that are people that want out [of gangs], that they can be mentors themselves, and then the solution will grow."

-Youth mentor

Some attendees expressed both a ready willingness to partner with the County as well as doubt about whether their calls for partnership would be heard:

"I've been in the space of helping to prevent gun violence for the past decade plus.... [D]efinitely, I'm glad this is becoming an issue at the county level now, and there are solutions that have existed. There are community grassroot groups that have existed that have worked diligently on this issue and could solve this issue but have been extremely underfunded, not funded at all, or overlooked.... If we really want to put a dent and help solve this problem, we need to put our money where our mouth is as a county and really be honest about what our efforts are doing and not just box check.... We need to make it a line item in the county and city level to fund specific groups that are out there doing this work diligently and not 'here's some [funds] now, hopefully you can succeed,' but some long-term—minimum five years of funding. I'm here ... and I'm willing to discuss this with whomever and point out where we can be effective.... I'm saying this because it personally impacts me. I am tired of burying loved ones.... Until we conquer the root issues that cause this, it will continue: Lack of resources, opportunities, a lack of proper education to impoverish communities."

-Gun violence prevention professional

Attendees often emphasized the role of community-based efforts, especially youth programs:

"The better solution... would be to put money towards education of the youth, counseling of parents of the youth.... I think the County could take resources, rather than wasting time adopting new [gun] laws... and put those—the time and effort—toward working with people in the community, non-profits, churches, [etc]."

-Retired teacher

As illustrated above, support for mentorship and youth programs was often tied to the next most mentioned solution: funding of these programs ($n = 16$). This key thread, woven through many comments, included explicit calls for funding community-based organizations. Some attendees mentioned specific groups while other attendees spoke of youth programs in general:

"I'm going to start with the punchline, and that is money. Money is needed in order to correct some of these deficiencies. When we talk about how the schools are performing or underperforming, how social

programs and programs for youth can't do what they have to do because they're just inundated with so many different victims of violence that they just can't help them all, and they can't help everybody with their wraparound services.... Those folks who came from very limited means [and below the poverty level].... That's where some of that money needs to flow."

-North County resident

Several other themes emerged regarding proposed solutions. Several attendees spoke of the need to enforce existing laws ($n = 9$). These comments included expressions of support for law enforcement, the need to enforce existing gun laws (rather than pass new laws), and the need to more consistently or frequently prosecute alleged criminals. These comments were often framed as an alternative to passing new gun laws:

"I think the County, first of all, needs to get off the kick of thinking that we need more gun-related laws because California is already very highly regulated. Those laws could be even more effective if they would properly prosecute criminals who violate those laws."

-County resident

The above theme mirrors the theme of calling for more effective deterrence through higher criminal penalties ($n = 5$).

A related theme was an expression of support for gun rights ($n = 14$). These included comments supporting a constitutionally protected right to gun ownership. One comment well captured this attitude:

"I am coming to you as someone whose family has been personally impacted by gun violence, yet I am here today to voice my support for gun rights. I strongly believe in having the ability to protect myself and having the power to stop someone from enforcing their will on me."

-County resident

Other attendees proposed gun safety education ($n = 8$). These suggestions included education on safe gun storage, training on "how to own and operate a firearm," and "[educating] children on what to do if they see a gun."

Several other solutions were raised. These included mental health support ($n = 5$), GVROs (gun violence restraining orders; $n = 5$), support for families and parents ($n = 4$), and safe storage ($n = 4$). For a list of all themes, see Appendix K.

Some attendees expressed skepticism about or critiques of the gun violence reduction study ($n = 11$). Some of these comments, as mentioned above, were critical of the focus on "gun violence" rather than other types of violence. Other comments critiqued the study's ultimate impact on the community, reflecting concern that no long-term changes would result. This included the argument that data are only useful if they lead to solutions:

“We had a disparity study in our community 20 years ago, and recently we had the same disparity studies that didn't change anything.... Racism is a [public] health issue, but they put no money behind the resolution. How do we trust that this [study] is going to garner what the community is coming out tonight to see a change in their disparity, a change in their resources?”

-County resident

These critiques, whether of the premise or outcome of the study, often prefaced attendees' remarks, reflecting a concern about whether their other comments would be meaningfully heard (i.e., understood and acted upon).

Other themes arose that did not fall under the above categories. For example, these themes included suggestions to improve listening sessions ($n = 4$) and openness to dialogue ($n = 4$). For a list of all such other themes, see Appendix L.

Youth Listening Session Comments

The youth listening sessions were structured by five questions. However, as with the public listening sessions, attendees were encouraged to make whatever comments they wished, whether or not they addressed the questions. These two sessions were relatively small (30 or fewer in attendance), and thus were more conversational in structure than the public listening sessions. Sessions were also shorter in length (30-45 minutes). Thus, there were fewer comments to analyze than for the public listening sessions. Four main themes arose from the youth sessions: being personally affected by gun violence, the need to talk about and engage the issue, being desensitized to gun violence, and effects on mental health.

Personally Affected by Gun Violence

Youth attendees spoke of gun violence as a pressing issue that has affected them personally ($n = 10$). Youth mentioned the presence of gun violence in their communities and the visible efforts of schools to prevent on-campus shootings (e.g., lockdowns and police searches). Gun violence was spoken of as a threat that seems almost always present. One youth attendee explained it as follows:

“Just last week there was a shooting threat at [my high school], and while it was found to be an unfounded threat, the danger still exists, and the week before on a path that so many kids walk home on, there was someone shot and killed. The danger that looms in students' minds weighs them down academically and emotionally, and there has to be something done about it.”

-High school student

Need to Talk About/Engage the Issue

Another major theme was the need to talk about and engage the issue of gun violence ($n = 10$). This included expressions of support for spaces in school where students could discuss gun violence, both to address students' emotional needs (e.g., coping with trauma) and to provide forums for students to deliberate on school and other policies. For example, one student spoke of the need for school staff who could tend to students or provide aftercare following an incident or threat. Another youth attendee spoke of the need to “have a seat at the table” and to “[be] taken seriously” by policy makers. Another attendee articulated this sentiment further:

“I just feel like a seat at the table is necessary in these conversations. Adults will claim, ‘Oh, it’s my kid in there.’ That’s like they’re [playing] to [the] emotions of the crowd. It’s us in there. Why are we mature enough to be prepped for the totally real idea of being gunned down in a school, but we’re not mature enough to be able to talk about a subject [for which] our lives realistically lie in the balance?”

-High school student

Being Desensitized to Gun Violence

Several students spoke of how youth become desensitized to gun violence ($n = 5$). Some students described lockdowns or shooting threats as being so common as to be routine. One youth attendee spoke of this disquieting normalization—verging on expectation—of gun violence:

“[D]uring lunch one day somebody lit off a firecracker, and I didn’t see it. It was from behind me, and instinctually when it exploded, my first thought was like, ‘Oh, this is it. This is [a shooting].’ ... [I]n instinctually, that’s where my mind went. What really got me was that I was like, ‘That was normal.’ ... That whole rollercoaster of emotions just came and went, and I never thought of it again. It becomes one of those things where it’s like what you almost expect when you go to school [i.e., gun violence].... [T]he fact that you don’t care really just messes with you.”

-High school student

Effects on Mental Health

Youth attendees also discussed the effects of gun violence on students’ mental health ($n = 5$). Students mentioned the “great fear” of gun violence, the stigma attached to mental health challenges, and the need for schools to tend to student’s mental health. One youth attendee described a school program as an example of what should be replicated:

“We have a psychologist on campus to talk to students about grief and [other issues]. [In o]ur classrooms, we would sit in circles to ... talk about our feelings.... When people tell me that, at their school, they block it out, [that] there’s nobody to help them, it’s really sad to me because I’ve never experienced that.... I feel every school should have a safe space no matter what.”

-High school student

For a list of other points raised in the youth listening session, see Appendix M.

Overall, youth attendees spoke of gun violence as a common and pressing concern, which manifests in school shooting threats and community violence. Youth spoke of feeling desensitized and other mental health impacts. Youth attendees also emphasized the need to engage each other and those in authority to raise awareness and to influence policy.

Summary

The topic of guns and gun violence elicits varying and sometimes conflicting views. Comments reflected not only diverse opinions but also diverse social backgrounds and experiences, including those from frontline health and behavioral health workers; street outreach workers and youth mentors; those with lived

experience, including former gang members and individuals who have lost loved ones to acts of violence; teachers and parents; youth; gun owners and firearm instructors; and those representing advocacy groups. To gather these comments, seven public listening sessions (two virtual and five in person) and two youth listening sessions (in person) were held at locations throughout the county. The results from the listening sessions present a sketch of how the problem of, causes of, and solutions to gun violence are understood and debated among county residents.

Upon an analysis of the listening session recording transcripts, several prominent themes arose. In regard to defining the problem of gun violence, the most prominent theme was a call to focus on all types of violence rather than “gun violence,” a critique often framed around concerns that the project was biased against or would burden gun owners. Another prominent theme was a focus on gangs and community violence. Other common ways of defining the problem were its impacts on youth, feelings of insecurity in public, concerns about ghost guns, the need to prosecute criminals, a focus on domestic violence, and a focus on suicide. Overall, these themes characterized gun violence as a pressing concern that especially affects youth and underserved communities.

Several themes were raised in regard to gun violence’s causes. Some residents stressed the role of mental health challenges, including trauma, while others emphasized the lack of family and other social support for children and adolescents. Others mentioned more proximate causes, including illegal access to guns, popular culture, drug abuse, a lack of law enforcement, and gun manufacturers. The greatest attention was placed on the need to address root causes, such as the lack of social support for underserved youth.

Of most concern for residents were solutions. The most commonly mentioned solution was support for youth mentorship and other youth programs. This was closely followed by calls for funding for community-based organizations. These were in addition to other solutions, such as enforcing existing laws, GVROs, gun safety education, and higher criminal penalties. Another prominent theme was expression of support for gun rights. Many comments focused on the chronic and pressing need to adequately fund on-the-ground, grassroots efforts addressing community violence.

The major youth listening session themes were how youth are personally affected by gun violence, the need for youth to engage in these debates, desensitization to gun violence, and the need to address the mental health impacts of gun violence.

As illustrated above, viewpoints ranging from support for gun rights to calls to fund community-based programs. Above all, the topic of guns and gun violence was understood and discussed by residents as a matter not only of laws and regulations but also of community resources and social relations. Some attendees stressed domestic violence and suicide, whereas most framed the problem as one of community violence. Among the most common themes were gang intervention, mental health, family support, and youth mentorship. Perhaps the most significant overarching theme, tied to these and others, was the need for community-based social support for underserved youth.

Recommendations

The development of these recommendations involved three steps. First, the study's data (secondary data, survey data, and listening session data) were analyzed to identify the areas of greatest needs. Second, a review of the literature was conducted to identify evidence-based "best practices." Third, conversations were held with County departments, community partners, and Advisory Group members to advise the recommendations.

Recommendations are organized into strategic areas of focus and emphasize actions that can be undertaken, funded, or coordinated by the County. These recommendations are an array of responses, as there is no one policy or practice that will "solve" the issue of gun violence. Rather, a coordinated, well-resourced, and multifaceted public health approach is needed.

Addressing gun violence as a public health issue requires measures that are proven to make guns, those who use them, and the wider community safer. This includes addressing immediate or proximate causes of violence (such as promotion of gun locks, which reduce unintended harm from gun use) as well as deeper, root causes (such as adoption of gang prevention programs, which address underlying causes of violence). These recommendations also seek to address individual, relational, community, and societal impacts, while also focusing on primary, secondary, and tertiary prevention. Primary prevention strategies are those designed to stop violence before it starts, such as programs that create healthy relationships and that increase protective factors. Secondary prevention strategies are those used during an immediate response to violence, such as street outreach and violence interrupter programs that de-escalate conflict. And tertiary prevention strategies are long-term responses to violence, including those that address trauma resulting from violence, such as hospital-based violence intervention programs and community wraparound services that provide mental health counseling and other support services.

These recommendations are not tactical in nature but rather general guidelines. Above all, recommendations stress the need to establish sustained partnerships with community-based organizations to incorporate diverse and sustained community input and to tailor interventions to conditions on-the-ground.

The recommendations are organized into four strategic areas of focus: awareness and advocacy, community engagement and collaboration, community healing and trauma-informed practice, and planning and evaluation.

Awareness and Advocacy

Background

Building public awareness of effective violence prevention strategies and connecting individuals to culturally tailored resources are key to reducing gun violence. Evidence shows that recognizing warning signs for risk factors related to violence, implementing strategies to keep individuals safe, and connecting people to support services can reduce violence. There are opportunities to offer universal prevention

education as well as education and resources that are tailored towards high-risk populations and those who live, work, and interact with populations most at risk for violence.

For suicide prevention, a key approach is reducing access to lethal means (such as a firearm, hanging, medication overdose, etc.). In San Diego County, during the five-year period of 2017-2021, the most common suicide method was firearm (37.0%), followed by asphyxia due to hanging or suffocation (32.3%), and drugs (11.8%).³⁵ Firearms are also the most lethal; suicide attempts with firearms result in death 89.6% of the time (compared to 52.7% for hanging³⁶ and about 10.0% for drugs³⁷). Research shows that one of the best ways to prevent suicide is to provide a mechanism for lethal means reduction, which could mean using gun locks or allowing individuals experiencing a mental health crisis to temporarily and voluntarily transfer their firearm for the duration of the crisis. Such mental health crises can be short in duration, and the majority of those who survive a suicide attempt do not go on to die by suicide.³⁸

Lethal means reduction can also help address domestic violence survivors' immediate and long-term safety. Firearms are the most common means of domestic violence homicide in San Diego County (comprising 45% of domestic violence homicides).³⁹ Further, if an abuser has access to a gun, the likelihood that the victim would be killed increases by fivefold.⁴⁰ Prevention of such violence includes increasing awareness of support centers and other resources as well as measures to remove the risk of firearms (such as domestic violence restraining orders).

To reduce community violence, best available evidence shows that street outreach programs (also known as violence interrupter programs) can be effective in mediating conflicts, promoting norms of non-violence, and connecting youth to community support that builds buffers against violence. One such program in

³⁵ Department of the Medical Examiner, 2017-2021; percentages include only those suicides where both the death and the incident/event causing death occurred within the county

³⁶ Conner A, Azrael D, & Miller M. (2019). Suicide case-fatality rates in the United States, 2007 to 2014: A nationwide population-based study. *Annals of Internal Medicine*.

³⁷ Bauchner, H., Rivara, F. P., Bonow, R. O., Bressler, N. M., Disis, M. L. N., Heckers, S., ... & Robinson, J. K. (2017). Death by gun violence—a public health crisis. *JAMA Psychiatry*, 74(12), 1195-1196.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2657419>

³⁸ Harvard Injury Control Research Center. (n.d.). Means Matter. Retrieved from <https://www.hsph.harvard.edu/means-matter/> Cited in National Action Alliance for Suicide Prevention, Lethal Means Stakeholder Group.

(2020). Lethal means & suicide prevention: A guide for community & industry leaders. Washington, DC: Education Development Center. https://theactionalliance.org/sites/default/files/lethal_means_and_suicide_prevention-a_guide_for_community_and_industry_leaders_final_1.pdf

³⁹ Domestic Violence Homicide In San Diego County: A 22 Year Overview. (2019). County of San Diego Domestic Violence Fatality Review Team.

[https://www.sdca.org/Content/helping/December%202019%20DVFR%20Bulletin%20\(Final%20for%20Release\).pdf](https://www.sdca.org/Content/helping/December%202019%20DVFR%20Bulletin%20(Final%20for%20Release).pdf)

⁴⁰ Campbell JC, Webster D, Koziol-McLain J, Block C, Campbell D, Curry MA... & Laughon K. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*.

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

Chicago was followed by a 19% decrease in shootings and a 31% decrease in homicides.⁴¹ Another program in Baltimore resulted in about a 52% decrease in firearm violence during the program's operation.⁴²

Recommendations

1. Increase awareness of violence prevention strategies and resources for those at highest risk.
 - a. Develop new or promote existing educational content to share **suicide prevention** strategies and resources with high-risk populations which may include gun owners, veterans, and older adults.
 - b. Develop new or promote existing educational content to share **domestic/intimate partner violence prevention** strategies, victim services resources, and information on protective/restraining orders.
 - c. Engage and coordinate directly with stakeholders in southeastern and northern San Diego County, including community and governmental leaders, community-based and grassroots organizations, and non-profit organizations, to identify new and existing opportunities to enhance **street outreach programs** designed to change community norms about gun violence through dialogue, education, and mediation.
2. Partner with agencies to promote **gun lock distribution** programs that offer gun locks at no cost to the public.
3. Provide **gun safety awareness training for County staff** who perform home visits and community outreach to share information on safe storage laws, navigating through unsafe scenarios, and educating clients on gun safety practices and violence prevention strategies.
4. Support programs that allow individuals experiencing a mental health crisis to **temporarily and voluntarily transfer their firearm**.
5. Promote implementation of a standardized, evidence-based **suicide screening tool** for use by healthcare providers to screen patients for suicide risk regardless of whether the patient is seeking care for psychiatric symptoms.

⁴¹ Henry, D., Knoblauch, S., and Sigurvinsdottir, R. Sept. 2014. "The Effectiveness of Intensive CeaseFire Intervention on Crime in Four Chicago Police Beats: Quantitative Assessment." https://cvg.org/wp-content/uploads/2019/09/McCormick_CeaseFire_Quantitative_Report_091114.pdf

⁴² Phalen, P., Bridgeford, E., Gant, L., Kivisto, A., Ray, B., and Fitzgerald, S. 2020. "Baltimore Ceasefire 365: Estimated impact of a recurring community-led ceasefire on gun violence." *American Journal of Public Health* 110(4):554-559. <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2019.305513>

Community Engagement and Collaboration

Background

Community engagement, collaboration, and stakeholder coordination must be at the heart of an effective strategy to reduce gun violence. Research shows that to facilitate engagement and collaboration, a multi-sector approach is needed to identify, develop, evaluate, and monitor meaningful strategies to reduce gun violence across the spectrum, from prevention and intervention to long-term recovery.⁴³ Multi-sector collaboration would also support outcomes that no one sector can achieve alone and presents an opportunity for adopting the most strategic and efficient approach to achieving goals.⁴⁴ Partners may include professionals from public health, healthcare, law enforcement, education, behavioral health, community and public leadership, businesses, community- and faith-based organizations, firearm owners, and advocacy groups. There must also be mechanisms in place for community input and leadership as communities must determine what outcomes are most important and what strategies are most acceptable.

Recommendations

1. Coordinate and support an **ongoing Gun Violence Reduction Community Advisory Group** to engage residents in gun violence reduction efforts. The Advisory Group should include those with diverse perspectives, experiences, and expertise, with participation open to community youth leaders.
2. **Facilitate collaboration** across agencies, organizations, and sectors to promote connection, build capacity, and share resources.
 - a. Coordinate **networking events/roundtables** for community organizations working to reduce gun violence to increase connection and enhance resource and information sharing.
 - b. Develop a **centralized communication and collaboration platform**, such as a website, for public agencies, community-based organizations, and other entities working to reduce gun violence in San Diego County. This could include a roster of resources, events, and local organizations.

Community Healing and Trauma-Informed Practice

Background

The prevalence of trauma in communities experiencing a high incidence of gun violence as well as the impacts of untreated trauma and re-traumatization must be acknowledged, and trauma-informed practices should be employed to build community capacity for self-healing. Best available evidence shows that risk for violence for young people can be reduced through involvement in activities that help young people grow

⁴³ Bieler, S., Kijakazi, K., La Vigne N., Vinik, N., and Overton, S. April 2016. "Engaging Communities in Reducing Gun Violence: A Road Map for Safer Communities." The Urban Institute, The Joyce Foundation, and the Joint Center for Political and Economic Studies. <https://www.urban.org/sites/default/files/publication/80061/2000760-Engaging-Communities-in-Reducing-Gun-Violence-A-Road-Map-for-Safer-Communities.pdf>

⁴⁴ "Violence Prevention Through Multisectoral Collaboration: An International Version of the Collaboration Multiplier Tool to Prevent Interpersonal Violence" (n.d.). The Prevention Institute. https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/collaboration-multiplier-tool8592ec0e-de31-4231-89c7-0dcfc3977cb2.pdf?sfvrsn=83d5a006_1&download=true

and through strong connections to caring adults.⁴⁵ Youth mentoring and afterschool programs are two such ways to expose youth to positive adult role models and to help youth learn acceptable and appropriate behaviors that are protective against involvement in violence. These programs also sometimes include gang prevention and rehabilitation. One youth support program in the South Bronx, New York, (which also incorporated street outreach) resulted in a 63% reduction in shooting victimizations (compared to a 17% reduction in the study's control/comparison). Another program in East New York was followed by a 50% decrease in gun injury rates (compared to a 5% decrease in the control/comparison).⁴⁶ Another program in Sacramento, California, (utilizing both mentorship and street outreach) resulted in a 29% reduction in gun violence in the targeted neighborhood.⁴⁷ The effectiveness of such programs is likely well understood by those who work daily in violence prevention. These kinds of programs (gang prevention, afterschool or youth, and mentorship programs) were the gun violence solutions rated most highly by surveyed professionals in San Diego County.

Hospital-community partnerships are also a promising practice that help violence survivors and their families connect to needed services, including counseling, mentoring, and follow-up assistance, to overcome trauma and stop violence from reoccurring. Violence injury victims are at higher risk of becoming perpetrators or being revictimized.⁴⁸ Hospital-based programs can reduce revictimization and rates of entry or re-entry into the criminal justice system and thereby break interpersonal and intergenerational cycles of violence. One such program, which involved counseling violence injury patients on their trauma, showed that only 1% of these patients later returned to the hospital with similar injuries (compared with 32% before the program's adoption).⁴⁹

Collaborations between hospitals, community partners, and the County have been established under the San Diego Trauma Research and Education Foundation (TREF);⁵⁰ such collaborations could be expanded, according to the recommendations below, with a focus on gun violence prevention.

Recommendations

1. Explore opportunities to enhance and implement **community-centered approaches to gun violence prevention** in neighborhoods facing high risk factors for gun violence.
 - a. Engage and coordinate directly with **stakeholders in southeastern San Diego County** including community and government leaders, community-based and grassroots

⁴⁵ "A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors." 2016. National Center for Injury Prevention and Control. CDC. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

⁴⁶ Delgado, S., Alsabahi, L, Wolff, K., Alexander, N., Cobar, P., and Butts, J. 2017. "The Effects of Cure Violence in the South Bronx and East New York, Brooklyn." John Jay College of Criminal Justice. <https://johnjayrec.nyc/2017/10/02/cvinsobronxeastny/>

⁴⁷ Corburn, J., Nidam, Y., & Fukutome-Lopez, A. (2022). The Art and Science of Urban Gun Violence Reduction: Evidence from the Advance Peace Program in Sacramento, California. *Urban Science*, 6(1), 6. <https://www.mdpi.com/2413-8851/6/1/6/pdf?version=1644546789>

⁴⁸ National Criminal Justice Association. Oct 2021. An Overview: Community Violence Intervention Strategies. https://370377fc-459c-47ec-b9a9-c25f410f7f94.filesusr.com/ugd/cda224_c5b96183fb614e9692f99513646abd0d.pdf

⁴⁹ WBUR. 2021. "Documenting the Impacts of Hospital Interventions after Gun Injury." <https://www.wbur.org/hereandnow/2021/04/07/life-after-the-gunshot-trauma>

⁵⁰ See <https://www.tref.org/>

organizations, and non-profit organizations, to identify new and existing opportunities to enhance youth-focused programs and services that address underlying root causes of violence and provide youth opportunities to thrive.

- b. Engage and coordinate directly with **stakeholders in northern San Diego County** including community and government leaders, community-based and grassroots organizations, and non-profit organizations, to identify new and existing opportunities to enhance youth-focused programs and services that address underlying root causes of violence and provide youth opportunities to thrive.
2. Establish a **partnership between trauma hospitals**, law enforcement, and community-based organizations to connect firearm-injury patients and their families to support services that may include mental health support, financial assistance, and other services needed to support their recovery.

Planning and Evaluation

Background

Planning and evaluation are key components of any successful strategy to identify and demonstrate commitment to outcomes, show progress or need for course correction, and ensure transparency. To facilitate planning and evaluation, many jurisdictions are centering gun violence reduction work in civilian-led (rather than law-enforcement-led) Offices of Violence Prevention. Centralizing this work provides the infrastructure and resources to ensure interventions are sustainable and are elevated as integral elements of public safety practice. These offices focus on building partnerships, engaging community stakeholders in decision-making, and supporting a range of programs to reduce violence. In addition to centralizing prevention and intervention work, it is also critical to continually assess whether implemented strategies are a good fit within the community context and whether activities are achieving intended outcomes. Sharing data across agencies and community-based organizations is a critical step alongside meaningful engagement with community stakeholders.

Perhaps the most important factor in ensuring sustainability of efforts is long-term and adequate funding, especially for community-based organizations that are critical to both provide and connect people to services.

Recommendations

1. Plan for longevity, sustainability, and **an enduring commitment to gun violence reduction**.
 - a. Provide the infrastructure and resources needed to create sustainable interventions and government-community partnerships related to violence prevention and intervention by **identifying a central office or unit** within the County structure to lead County gun violence reduction efforts.
 - b. In coordination with the Gun Violence Reduction Advisory Group, work with County and community partners to identify representatives from communities experiencing the highest incidence of violence to **establish a collaborative structure** that facilitates the development

of strategic plans to address gun violence in their communities. This might occur through public roundtables or workgroups, with the goal of fostering relationships between County staff and community leaders.

2. Identify and monitor **meaningful metrics** to ensure accountability.
 - a. Establish a **monitoring and evaluation framework** for efforts implemented to reduce gun violence. This would include both evaluating the impact of County efforts and researching emerging practices of gun violence reduction from other contexts or jurisdictions.
 - b. **Share local data** on gun violence in the County with stakeholders, the media, and the general public.
 - c. **Coordinate town halls/listening sessions** to evaluate residents' perceptions of success of implemented gun violence reduction efforts. Results can be used to gauge the trajectory of violence reduction efforts.

3. Develop a long-term strategy to **address the funding of violence prevention** and intervention efforts and work collaboratively with County departments, cities, and community stakeholders to identify, promote, and apply for grant funds to support programs and services in San Diego County.

Summary

These recommendations fall within the wider framework of the public health approach, while addressing each level of the social-ecological model (individual, relational, community, and societal) and the violence prevention model (primary, secondary, and tertiary). These recommendations are to be taken as general guidelines, to be adapted to on-the-ground conditions and implemented alongside community partners. While some recommendations are more immediate, the overall timeframe for recommendations is mid- to long-term. To maintain long-term progress, it is necessary to establish dedicated capacity (such as a central unit to lead gun violence reduction efforts), regularly monitor and evaluate data, increase and maintain community engagement, and secure adequate program funding. Such a framework both seeks immediate interventions and aspires to long-term solutions to root causes. These recommendations are a starting point for the County to pursue long-term assessment and advancement of gun violence reduction throughout the region. Although suicide and assault by firearm are significant challenges, there remains substantial public interest, across various communities, in resolving these issues, and multiple opportunities exist for the County to be both a leader and partner in the reduction of harm resulting from gun use.

Conclusion

This gun violence reduction needs assessment has provided an overview of gun violence in San Diego County and has explored possible solutions to prevent violence and mitigate impacts. The needs assessment has drawn from existing data sources as well as the first-hand experiences and beliefs provided via the community and professional surveys and listening sessions. These results point to the conclusion that everyone has a role to play in the prevention of gun violence; that addressing systemic and historic inequities is central to addressing gun violence; and that prevention and intervention strategies should be tailored to specific populations.

Gun violence impacts people of all ages, genders, and racial/ethnic backgrounds in every area of the county, yet gun violence does not impact people equally. Some populations and communities are disproportionately impacted. Veterans are more likely to die of firearm-related suicide than homicide. Older White males are more likely to be victims of firearm-related suicide, while younger Black and Hispanic males are more likely to be victims of firearm-related homicide and injury.

Public opinions about gun violence vary widely, yet it remains an issue that is of concern or directly impacts a large portion of those surveyed. About one-fifth (17.9%) of community members knew someone who had been injured or killed by a firearm in the last five years. Although most survey participants (66.5%) feel “very safe” or “somewhat safe” in their communities in regard to gun violence, 60.8% nonetheless are “very concerned” or “somewhat concerned” about gun violence. Many of those who attended listening sessions advocated for focusing on all types of violence rather than “gun violence.” These comments were often phrased in reference to preserving gun rights and calls to focus on structural or root causes. Attendees also emphasized the issues of gang/community violence and the needs of underserved youth, such as the need for greater familial/social support and educational/economic opportunities. Commonly mentioned solutions, across the surveys and listening sessions, included mental health counseling, enforcing existing laws, funding community-based organizations, domestic violence support services, and youth mentorship and other youth programs.

Through an analysis of these data and conversations with County staff and community partners, a series of recommendations has been developed. These recommendations focus on actionable items appropriate to the County’s jurisdiction as well as opportunities to build on existing efforts. These recommendations focus on four broad categories: advocacy and awareness, community engagement and collaboration, community healing and trauma-informed practice, and planning and evaluation. These recommendations include suggestions such as developing and distributing targeted educational materials (such as for suicide prevention); regularly collecting, evaluating, and sharing local data on gun violence with the public; adopting and enhancing screening tools to identify at-risk individuals so early interventions can be provided; and establishing partnerships in communities most impacted by gun violence to identify new and existing opportunities to enhance youth-focused programs and services, among other proposals. While gun violence is a multifaceted problem demanding a variety of approaches, there are nonetheless opportunities for the County to initiate new work and build on current efforts, especially those guided by groups on-the-ground working toward solutions.

Appendix A: Professional Survey

San Diego County Gun Violence Reduction Professional Survey

The County of San Diego and HARC (a research nonprofit) are working together to conduct a community needs assessment about gun violence reduction. By “gun violence” we mean any type of violence (or threat of violence) involving a firearm. This includes community violence (for example, street violence, gang violence, etc.), domestic violence, suicide, or accidental harm.

This survey is designed for professionals (for example, physicians, police officers, counselors, outreach specialists, researchers, educators, etc.) who work with or for people impacted by gun violence. We are interested in learning how communities have been affected by gun violence and potential solutions to overcoming gun violence.

If you are not a professional (as described above), you may take a different survey designed for members of the general public (San Diego County residents only) [here](#).

Data from survey results will be included in a report to the County Board of Supervisors and will advise future actions and investment in gun violence reduction efforts.

This survey is completely anonymous. Responses will not contain identifying information, and all survey responses will be combined at the group level and will not be reported individually.

The survey is expected to take no more than 20 minutes, but take as long as you need. Your answers can be saved and completed at another time.

Feel free to skip any question if you feel it does not apply to you.

If you have any questions or concerns, you may contact HARC at dpolk@HARCdata.org.

[i.] Do you work in the County of San Diego?

- Yes [*continues to the survey*]
- No [*exits survey*]

[ii] Are you 18 or older?

- Yes [*continues to the survey*]
- No [*exits survey*]

[iii] Do you provide professional services to people who are impacted by gun violence, or do you professionally support gun violence reduction efforts? (This can include a variety of professions, such as law enforcement, medical care, counseling, social work, research, education, etc.)?

- Yes [*continues to the survey*]

- No [*exits survey*]

[1.] What is your primary profession/vocation? [a] Yes, I have personally experienced this.

- Local or state law enforcement officer (e.g., municipal police department, County Sheriff, CA Highway Patrol, etc.)
- Federal law enforcement officer (e.g., Border Patrol, FBI, etc.)
- Security guard
- U.S. military service member
- K-12 teacher
- College or university instructor
- Researcher
- Social worker
- Mental health therapist
- Physician
- Nurse (RN or LVN)
- Paramedic/EMT
- Non-profit/community-based organization employee
- Community advocate/organizer
- Government administrator/employee/service provider
- Legal professional (e.g., judge, attorney)
- Victim advocate
- Firearm safety instructor
- Firearm dealer
- Provider of religious services (e.g., pastor, priest, rabbi, imam)
- Other (Please specify): _____

[2.] Are you employed by the County of San Diego?

- Yes
- No

[3.] For how many years have you been serving people or populations impacted by gun violence?
(Drop-down menu)

[4.] Do you provide direct services to people impacted by gun violence?

- [a] Yes
- [b] No

[If "Yes" above for Question 4..]

[5.] What type of gun violence does your work engage with? Select all that apply.

- Community violence (e.g., gang violence, street violence, etc.)
- Domestic violence
- Suicide
- Accidental harm

- Other (Please specific): _____
- N/A (Not applicable)

[If "Yes" above for Question 4...]

[6.] On average, how many people (who are impacted by gun violence) do you as an individual serve each month?

(Drop-down menu)

[If "Yes" above for Question 4...]

[7.] Some professions seek to serve as many clients as possible. If you are serving fewer people than you'd like to, what is the reason? [a] Accidental (for example, unintended or a mistake)

(Open response)

[8.] Which of the following do you as a professional need to better serve people impacted by gun violence?

	This is vital. This is greatly needed.	This is important but not essential. This is somewhat needed.	This is unnecessary. This is not needed.
Training on how to de-escalate conflicts			
Gun safety training			
Other professional training or education on gun violence reduction			
Long-term (five-year or longer) funding to support programs and services			
A grant writer to help obtain funding			
More time to spend with patients or clients			
More opportunities to coordinate or network with other professionals on this issue			
Guidance on how to identify those who are at risk of committing violence			
Guidance on how to identify those who might be victims of violence			

A phone number or hotline I can call for advice if I'm concerned about a patient or client			
Referrals I can give for social services (employment, housing, childcare, etc.)			
Referrals I can give for mental health treatment			

[If marked "greatly needed" or "somewhat needed" for coordination with professionals ...]

[9.] You said that more opportunities to coordinate or network with other professionals is needed. What might that look like?

(Open response)

[If marked "greatly needed" or "somewhat needed" for other training/education...]

[10.] You said that professional training or education on gun violence reduction is needed. What kind of training or education would be helpful?

(Open response)

[11.] What other resources, services, or programs are needed to help you or your organization better serve people impacted by gun violence?

(Open response)

[12.] How comfortable do you feel asking patients/clients about guns (for example, if there is a gun in the home or if they safely store their gun)?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable
- N/A (I don't provide direct services to clients/patients)

[13.] Have you ever used a firearm in self-defense (to protect yourself or someone else) in a professional capacity or while on the job?

- Yes
- No

These next questions will ask about your thoughts and perceptions about gun violence. Gun violence includes any violence caused by firearms, including community violence, domestic violence, suicide, and accidental harm.

[14.] When thinking about gun violence, how safe do you feel where you work (for example, in a hospital, at a school, in a community which you serve, etc.)?

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe

[If selected "Very unsafe" or "Somewhat unsafe" above for Question 14...]

[15.] You said you feel very or somewhat unsafe where you work. What is the reason for this?

Select all that apply.

- I'm afraid of mass shootings at my workplace
- I'm afraid of retaliatory shootings at my workplace
- I'm afraid that someone I serve (a client, patient, etc.) might have a gun
- The neighborhood where I work feels unsafe
- Other (please specify): _____

[16.] How likely do you think that you will be a victim of gun violence in the future?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

[If selected "Very likely" or "Somewhat likely" above for Question 16...]

[17.] You said that you think you could possibly be the victim of gun violence in the future. What type of gun violence?

- Community violence (for example, street violence, school shootings, etc.)
- Domestic violence
- Suicide
- Accidental harm
- Other (Please specify): _____

[18.] What do you think are the main causes of gun violence?

(Open response)

[19.] What do you think are the best solutions for gun violence reduction? This could include short-term solutions, long-term solutions, policy solutions, or anything else.

(Open response)

[20.] What are some of the main challenges or barriers faced by you as a professional or your organization to reducing gun violence?

[Open response]

[21.] Below is a list of different services that are intended to reduce gun violence. What services, programs, or resources do you think are most needed to help local communities impacted by gun violence?

	This is vital. This is greatly needed.	This is important but not essential. This is somewhat needed.	This is unnecessary. This is not needed.
Mental health counseling			
Suicide prevention programs			
Domestic violence support center/services			
Substance use counseling or treatment			
Gun violence survivor support groups/services			
General gun safety training			
Gun safety training in schools (for students)			
Help with economic security (employment, housing, childcare, etc.)			
Improvements in community conditions/infrastructure (such as better street lighting, more parks, etc.)			
Gang prevention programs (alternatives to joining gangs)			
Afterschool or youth programs			
Mentorship programs			
Street outreach programs			
Increased law enforcement			
Gun violence restraining order (GVRO) or “red flag law” for those with mental health crises			
Gun violence restraining order (GVRO) or “red flag law” for those at risk of committing violence			

[22.] What other resources, services, or programs are needed to help local communities impacted by gun violence?

(Open response)

[23.] Do you know of any local organizations, groups, or networks that are working on gun violence reduction in the County? If so, please mention the exact organization names.

[Open response]

[24.] Have you experienced gun violence in the last five years in the course of carrying out your professional duties? (This can include being threatened with a gun, being shot at, or being shot while on the job.)

- Yes
- No

[If "Yes, I have personally experienced this" above for Question 24...]

[25.] What type of gun violence have you experienced in the last five years while on the job? Select all that apply.

- Someone threatened to shoot me (but did not show a gun)
- Someone threatened me by showing me a gun
- Someone threatened me by pointing a gun at me
- I was shot at (but I wasn't hit)
- I was shot

[If answered "Yes" above in Question 24...]

[26.] What relationship do you/did you have to the person who committed the gun violence against you? The person who committed the violence was...

- Someone I know personally
- A co-worker or colleague
- A customer, client, patient, or someone else I professionally serve
- Other (Please specify): _____

[27.] Are you Hispanic, Latino, or Latin?

- Yes
- No

[28.] Which one of these groups would you say best represents your race? For the purposes of this survey, Hispanic is not a race.

- [a] White
- [b] Black/African American
- [c] Asian/Asian American
- [d] American Indian/Alaska Native
- [e] Native Hawaiian or Other Pacific Islander

- [f] Multiracial/two or more races
- [g] Choose not to answer
- [h] Other (please specify): _____

[29.] How do you describe yourself?

- [a] Male
- [b] Female
- [c] Transgender
- [d] Do not identify as female, male, or transgender

[30.] What zip code do you live in?

[Open response]

[31.] What is the highest grade or year of school you completed?

- [a] 8th grade or less
- [b] Some high school (grades 9-11)
- [c] Grade 12 or GED certificate (high school graduate)
- [d] Technical school graduate
- [e] Some college
- [f] College graduate
- [g] Postgraduate or professional degree

[32.] Last year, what was your total household income?

(Drop-down menu)

[33.] What is your age in years?

[Drop-down menu of number of years]

[34.] Do you have any other comments you would like to share?

[Open response]

That concludes the survey! Thank you so much for your time and responses. We truly appreciate it.

If you'd like to sign up to receive updates on gun violence reduction efforts from the County, please click [here](#).

If you have any questions or concerns regarding the survey and/or needs assessment, you may contact dpolk@HARCdata.org.

Appendix B: Community Survey

San Diego County Gun Violence Reduction Community Survey

Thank you for your interest in this survey! The County of San Diego and HARC (a research nonprofit) are conducting a community needs assessment about gun violence reduction. **By “gun violence” we mean any type of violence (or threat of violence) involving a firearm. This includes community violence (for example, street violence, gang violence, etc.), domestic violence, suicide, or accidental harm.**

This survey is for San Diego County residents only.

[Note in Somali] If you would like to take this survey in Somali, please click here. [/Note in Somali]

If you are a professional (for example, a physician, police officer, counselor, etc.) who works with people impacted by gun violence, you may take the professional survey [link follows] [here](#).

This survey should take no more than 20 minutes, but take as long as you need. Your answers can be saved and completed at another time.

You will have a **chance to win one of five \$50 Visa gift cards**. At the end of the survey, please provide your name and contact for a chance to win.

This survey contains questions about **personal experience with gun violence**, including how gun violence has impacted friends or family. Please be advised to proceed if you are ready to discuss this topic at this time.

This survey is completely anonymous. Responses will not contain identifying information, and all survey responses will be combined at the group level and will not be reported individually.

If you leave your contact information for the gift card lottery, then your responses are confidential with HARC, and your individual responses will not be shared.

If you've been a victim of gun violence, and need help, please reach out to these services or organizations:

San Diego County Resource Hotline: 211 (<https://211sandiego.org/>)

National Domestic Violence Hotline: 800-799-7233 (<https://www.thehotline.org/>)

San Diego Access and Crisis Line: 888-724-7240
(<https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html>)

If you have any questions or concerns, you may contact HARC at dpolk@HARCdata.org.

[i.] Do you live in the County of San Diego?

- Yes [*continues to the survey*]
- No [*exits survey*]

Experiences

[1.] Have you, a family member, or a close friend experienced gun violence in the last five years? (This can include being threatened with a gun, being shot at, or being shot.) Please select all that apply.

- [a] Yes, I have personally experienced this.
- [b] Yes, someone in my family.
- [c] Yes, a close friend.
- [d] No, no one.

[If "Yes, I have personally experienced this" above for Question 1...]

[2.] What type of gun violence have you experienced in the last five years? Select all that apply.

- [a] Someone threatened to shoot me (but did not show a gun)
- [b] Someone threatened me by showing me a gun
- [c] Someone threatened me by pointing a gun at me
- [d] I was shot at (but I wasn't hit)
- [e] I was shot

[If answered "Yes, I have personally experienced this" above in Question 1...]

[3.] What relationship do you/did you have to the person who committed the gun violence against you? The person who committed the violence was...

- [a] My spouse or partner
- [b] A family member
- [c] My girlfriend/boyfriend
- [d] My neighbor
- [e] My classmate
- [f] My co-worker or colleague
- [g] A customer, client, or patient
- [h] My friend
- [i] A stranger (no relationship)
- [j] Myself
- [k] Other (Please specify): _____

[If answered "Yes, I have personally experienced this" above in Question 1...]

[4.] Are there any comments that you would like to share about your experience with gun violence?

- [a] Yes: [*Open response*] _____
- [b] No

[5.] Have you known anyone, such as family, friend, co-worker, or neighbor, who has been injured or killed by a firearm in the last five years? This can include community violence, domestic violence, suicide, or accidental harm.

- [a] Yes
- [b] No

[If "Yes" above for Question 5...]

[6.] What was your relationship to the person or persons who was injured or killed? Please select all that apply. The person (or persons) was...

- [a] My child
- [b] My parent
- [c] My sibling
- [d] My spouse or partner
- [e] Another family member
- [f] My girlfriend/boyfriend
- [g] My friend
- [h] My colleague or co-worker
- [i] My classmate
- [j] My neighbor
- [k] Myself
- [l] Other (Please specify): _____

[7.] What type of gun violence was this?

- [a] Accidental (for example, unintended or a mistake)
- [b] Suicide or attempted suicide
- [c] Intentional assault by a domestic partner (for example, a spouse, boyfriend/girlfriend, etc.)
- [d] Intentional assault by someone else (for example, a friend, a stranger, etc.)
- [e] I don't know
- [f] Other (Please specify): _____

The next few questions are about gun ownership. This survey is anonymous, and the responses will not contain identifying information. If you provide your contact for the gift card raffle, this information will be confidential with HARC researchers (it won't be shared). Also, the responses from all surveys will be combined at the group level and will not be reported individually.

[8.] Is there a firearm in your home (such a handgun, shotgun, rifle, etc.)?

- [a] Yes
- [b] No

[If "Yes" above for Question 7...]

[9.] Why do you have a firearm in your home? Please select all that apply.

- [a] It is for recreation/sport (for example, target shooting or hunting)

- [b] It is for self-defense/security (for example, defending yourself or your property)
- [c] It is for work (for example, for law enforcement)
- [d] It was given or inherited from a family or friend
- [e] Other (Please specify): _____

[If "Yes" above for Question 7...]

[10.] Is the firearm in your home safely stored (such as in a safe or locked container)?

- [a] Yes
- [b] No

[11.] Have you ever used a firearm in self-defense (to protect yourself or someone else)?

- [a] Yes
- [b] No

[12.] Who were you defending or protecting? Please select all that apply.

- [a] Myself
- [b] A family member
- [c] A friend
- [d] A colleague or co-worker
- [e] A stranger
- [f] Other (please specify): _____

[13.] Did you discharge the firearm or was it just presented?

- [a] I discharged the firearm
- [b] I only presented the firearm

[14.] What was the reason for self-defense with a firearm?

[Open response]

[15.] Did you report this incident to law enforcement?

- [a] Yes
- [b] No

Perceptions

These next questions will ask about your thoughts and perceptions about gun violence. Gun violence includes any violence caused by firearms, including community violence, domestic violence, suicide, and accidental harm.

[16.] How concerned are you about gun violence in your community (where you live, work, worship, go to school, etc.)?

- [a] Very concerned
- [b] Somewhat concerned
- [c] Not too concerned
- [d] Not concerned at all

[17.] When thinking about community gun violence (such as street violence or gang violence), how safe do you feel in your community?

- [a] Very safe
- [b] Somewhat safe
- [c] Neither safe nor unsafe
- [d] Somewhat unsafe
- [e] Very unsafe

[18.] How likely do you think that you or someone you know would be a victim of gun violence in the future?

- [a] Very likely
- [b] Somewhat likely
- [c] Neither likely nor unlikely
- [d] Somewhat unlikely
- [e] Very unlikely

[If selected "Very likely" or "Somewhat likely" above for Question 16...]

[19.] You said that you think you or someone you know could possibly be the victim of gun violence in the future. What type of gun violence?

- [a] Community violence (for example, street violence, school shootings, etc.)
- [b] Domestic violence
- [c] Suicide
- [d] Accidental harm
- [e] Other (Please specify): _____

[20.] What do you think are the **main causes** of gun violence? This can include structural, root causes or immediate, everyday causes.

[Open response]

[21.] What do you think are the best **solutions** for gun violence reduction? This could include short-term solutions, long-term solutions, policy solutions, changes in your community, or anything else.

[Open response]

[22.] Below is a list of different services that are intended to reduce gun violence. What services, programs, or resources do you think are most needed to help local communities impacted by gun violence?

[Instruction for paper version: *Please mark an “X” in the appropriate category for each resource.*]

	This is vital. This is greatly needed.	This is important but not essential. This is somewhat needed.	This is unnecessary. This is not needed.
Mental health counseling			
Suicide prevention programs			
Domestic violence support center/services			
Substance use counseling or treatment			
Gun violence survivor support groups/services			
General gun safety training			
Gun safety training in schools (for students)			
Help with economic security (employment, housing, childcare, etc.)			
Improvements in community conditions/infrastructure (such as better street lighting, more parks, etc.)			
Gang prevention programs (alternatives to joining gangs)			
Afterschool or youth programs			
Mentorship programs			
Street outreach programs			
Increased law enforcement			
Gun violence restraining order (GVRO) or “red flag law” for those with mental health crises			
Gun violence restraining order (GVRO) or “red flag law” for those at risk of committing violence			

[23.] What **other resources, services, or programs** are needed to help local communities impacted by gun violence?

[Open response]

[24.] Do you know of any local organizations, groups, or networks that are working on gun violence reduction in your community? If so, please mention the **exact** organization names.

[Open response]

Demographics

[25.] Are you Hispanic, Latino, or Latina?

- [a] Yes
- [b] No

[26.] Which one of these groups would you say best represents your race? For the purposes of this survey, Hispanic is not a race.

- [a] White
- [b] Black/African American
- [c] Asian/Asian American
- [d] American Indian/Alaska Native
- [e] Native Hawaiian or Other Pacific Islander
- [f] Multiracial/two or more races
- [g] Choose not to answer
- [h] Other (please specify): _____

[27.] How do you describe yourself?

- [a] Male
- [b] Female
- [c] Transgender
- [d] Do not identify as female, male, or transgender

[28.] Have you ever served in the U.S. military?

- [a] Yes
- [b] No

[29.] What zip code do you live in?

[Open response]

[30.] What is the highest grade or year of school you completed?

- [a] 8th grade or less
- [b] Some high school (grades 9-11)
- [c] Grade 12 or GED certificate (high school graduate)
- [d] Technical school graduate
- [e] Some college
- [f] College graduate
- [g] Postgraduate or professional degree

[31.] Last year, what was your total household income?

[Open response]

[32.] What is your age in years?

[Drop-down menu of number of years]

[33.] How many people, including yourself, live in your household?

[Drop-down menu of number of adults]

[Drop-down menu of number of children]

[34.] Do you have any other comments you would like to share?

[Open response]

That concludes the survey! Thank you so much for your time and responses. We truly appreciate it.

If you've been a victim of gun violence, and need help, please reach out to these services or organizations:

San Diego County Resource Hotline: 211 (<https://211sandiego.org/>)

National Domestic Violence Hotline: 800-799-7233 (<https://www.thehotline.org/>)

San Diego Access and Crisis Line: 888-724-7240
(<https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html>)

If you'd like to sign up to receive updates on gun violence reduction efforts from the County, please click [here](#).

If you have any questions or concerns regarding the survey and/or needs assessment, you may contact dpolk@HARCdata.org.

For a chance to win one of five \$50 Visa gift cards, please enter your name, phone number, and e-mail below. Your name and contact information will not be linked to your survey responses. Winners will be selected at random. We will contact you if you are selected by the end of March 2023.

Name: _____

Phone number: _____

E-mail: _____

Appendix C: General Listening Session Questions

1. **How big of a problem** would you say gun violence is in your community?
2. There are different kinds of gun violence: community violence (such as gang and street violence), domestic violence, suicide, and accidental harm. **What kind of gun violence** are you most concerned about and why?
3. There can be long-term, foundational causes of violence as well as more immediate, everyday causes of violence. What do you think are the **main foundational structural causes** of gun violence in your community?
4. What do you think are the more **immediate, everyday causes** of gun violence in your community?
5. What do you think are some **possible solutions** to gun violence in your community?
6. What do you think are the main **barriers or obstacles** to gun violence reduction in your community?
7. What are some **examples of local groups**, services, programs, or resources that are working toward gun violence reduction in your community? What makes these efforts successful?
8. In thinking about groups, services, programs, or resources in your community, what do these **local groups need**? What resources, coordination, or support do these local groups need?
9. **What groups**, programs, services, or resources **would you like** to see in your community? What does your community need that it doesn't have?

Appendix D: Code of Civil Discourse

THE CODE OF CIVIL DISCOURSE

We believe that the respectful and constructive airing of different points of view is critical to successful dialogue.

We pledge to engage in respectful and constructive civil discourse, therefore:



We will promote an **inclusive** environment where diverse perspectives are shared and considered;



We will listen attentively and ask questions to **understand** others' positions;



We will show **respect** for ideas and views presented, even where we disagree;



We will explain our positions by **fairly** presenting the reasons for them; and,



We will avoid personal attacks or other tactics that distract **attention** from the salient issues.

Source: National Conflict Resolution Center. <https://ncrconline.com/mediation-conflict-resolution/the-code-of-civil-discourse/>

Appendix E: Youth Listening Session Questions

1. **How big of a problem** would you say gun violence is in your community?
2. What **role** do you think **youth** have to play in gun violence reduction efforts?
3. In thinking about the causes of gun violence, how can schools, families, local governments, nonprofits, and others **better support youth**?
4. In thinking about gun violence reduction, what **groups**, programs, services, or resources **would you like** to see in your school or community?
5. What do you think are some **possible solutions** to gun violence in your community?

If time permits, further questions are below.

6. There are different kinds of gun violence: community violence (such as gang and street violence), domestic violence, suicide, and accidental harm. **What kind of gun violence** are you most concerned about and why?
7. What do you think are the **main causes** of gun violence in your community?

Appendix F: Post-Listening Session Mini Survey

San Diego County Gun Violence Reduction Needs Assessment Community Listening Session - Attendee Survey -

1. How did you **hear about** these listening sessions?

2. How could these listening sessions **be improved**?

3. How would you like to **be engaged** in this project moving forward?

4. Please feel free to share any comments about your **experience or opinions** regarding gun violence in San Diego County.

5. What is your **zip code**? _____

6. How do you describe yourself?

- | | |
|------------------------------|---|
| <input type="radio"/> Male | <input type="radio"/> Transgender |
| <input type="radio"/> Female | <input type="radio"/> Do not identify as female, male, or transgender |

7. Which best describes your racial/ethnic identity? (Please select one.)

- | | |
|--|---|
| <input type="radio"/> White (not of Hispanic origin) | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Latino/Hispanic | <input type="radio"/> American Indian/Alaska Native |
| <input type="radio"/> Asian/Asian American | <input type="radio"/> Multiracial/two or more races |
| <input type="radio"/> Black/African American | <input type="radio"/> Other: |

8. What is your **age**, in years? _____

Appendix G: Mini Survey Results

Attendees of the listening sessions (excluding the two youth listening sessions) were invited to complete a brief, eight-question survey. This “mini survey” captured basic information such as demographics (age, race, gender) and residence (zip code) and allowed attendees to write-in their suggestions and opinions. The results of the mini survey reflect only a rough picture of those who attended. Not all attendees took the mini survey. In one sparsely attended session, no attendees took the survey, while in another well-attended session, nearly half took the survey. The mini survey was optional, and the logistics of each event differed (e.g., the time available at the venue afterward, table space available to write on, etc.). Although imprecise, the results nonetheless provide useful context.

The mini survey asked for basic demographic information as well as several open-ended questions.

Table 1 below lists the attendance and number of completed mini surveys for each public listening session. Approximately 322 San Diego County residents attended the 7 listening sessions that offered a mini survey, and 70 attendees completed the mini survey, which was a 26.5% survey completion rate. Mini surveys were not distributed at the two youth listening sessions.

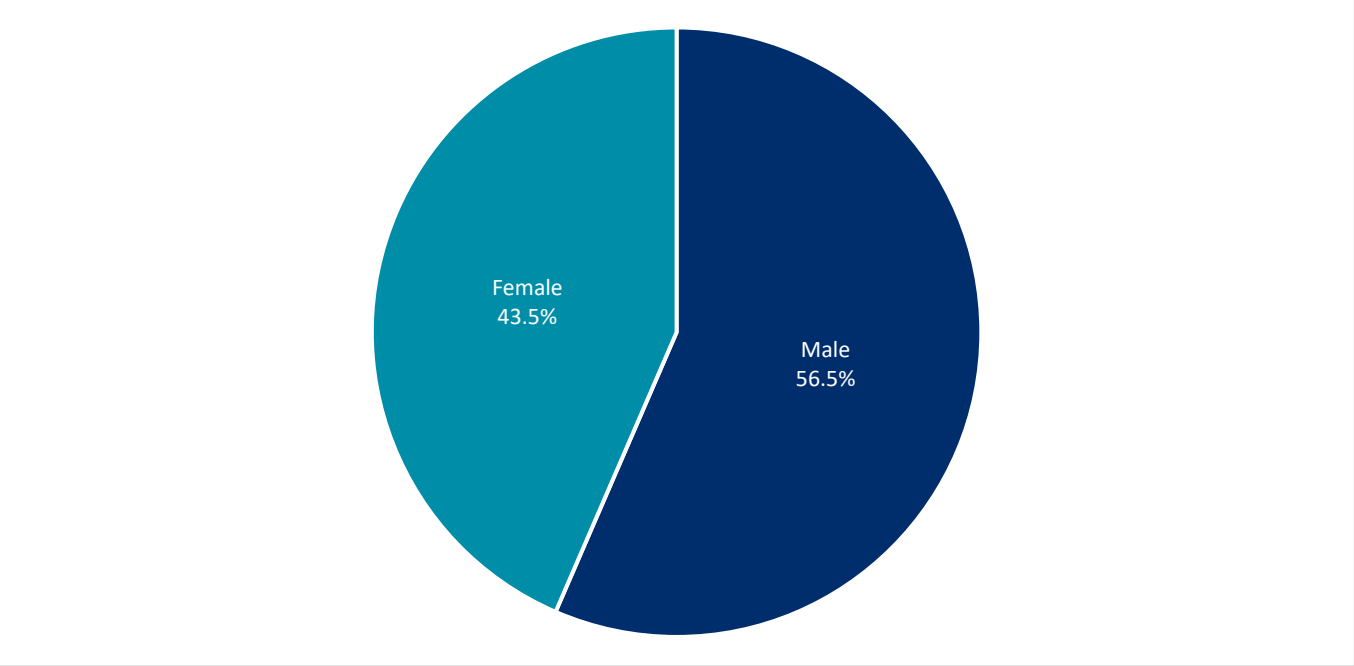
Table 1. San Diego Gun Violence Listening Sessions

Date	Location	Number of attendees	Number of attendees that completed survey
November 16, 2022	Virtual	5	0
November 17, 2022	Jackie Robinson YMCA (San Diego)	9	0
November 28, 2022	Remnant Church (San Diego)	65	22
December 1, 2022	Virtual	40	9
December 5, 2022	Civic Center Public Library (Chula Vista)	22	9
December 7, 2022	One Safe Place (San Marcos)	25	15
December 15, 2022	Ronald Reagan Community Center (El Cajon)	98	15
December 20, 2022	UC San Diego Park & Market	30	0
January 5, 2023	San Diego School of Creative and Performing Arts	28	0
	Total	322	70

Participant Gender

The majority of the participants that completed the mini survey were male (56.5%).

Figure 1. Survey Participant Gender



Note: *n* = 69

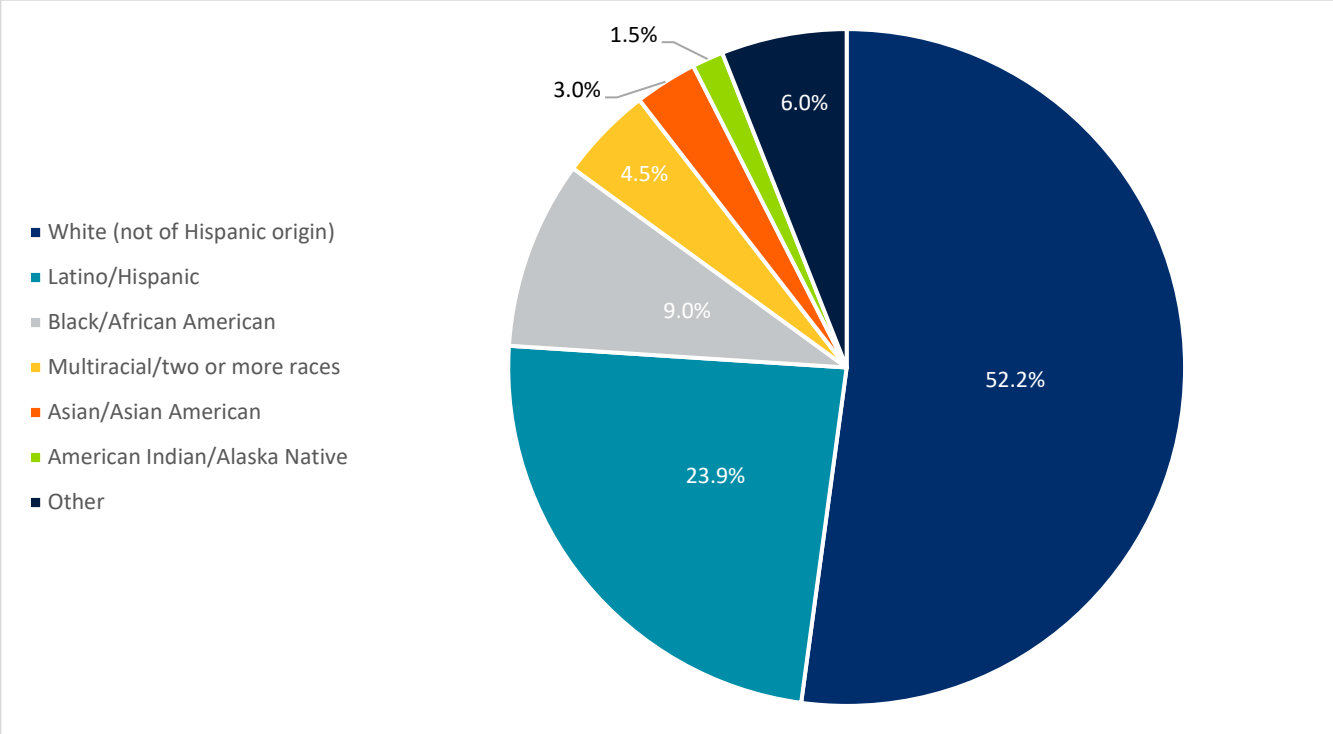
Racial/Ethnic Identity

Mini survey participants were asked their racial/ethnic identity. More than half of participants (52.2%) were White (not of Hispanic origin). Nearly one fourth (23.9%) were Latino/Hispanic, and 9% were Black/African American.

About 6.0% of mini survey participants responded with “other,” and specified their responses with the following: Arab (*n* = 1), Russian (*n* = 1), Mexicano (*n* = 1), Chicano (*n* = 1).

The other participants identified as multiracial/two or more races (4.5%), Asian/Asian American (3.0%), and American Indian/Alaska Native (1.5%).

Figure 2. Survey Participant Racial/Ethnic Identity

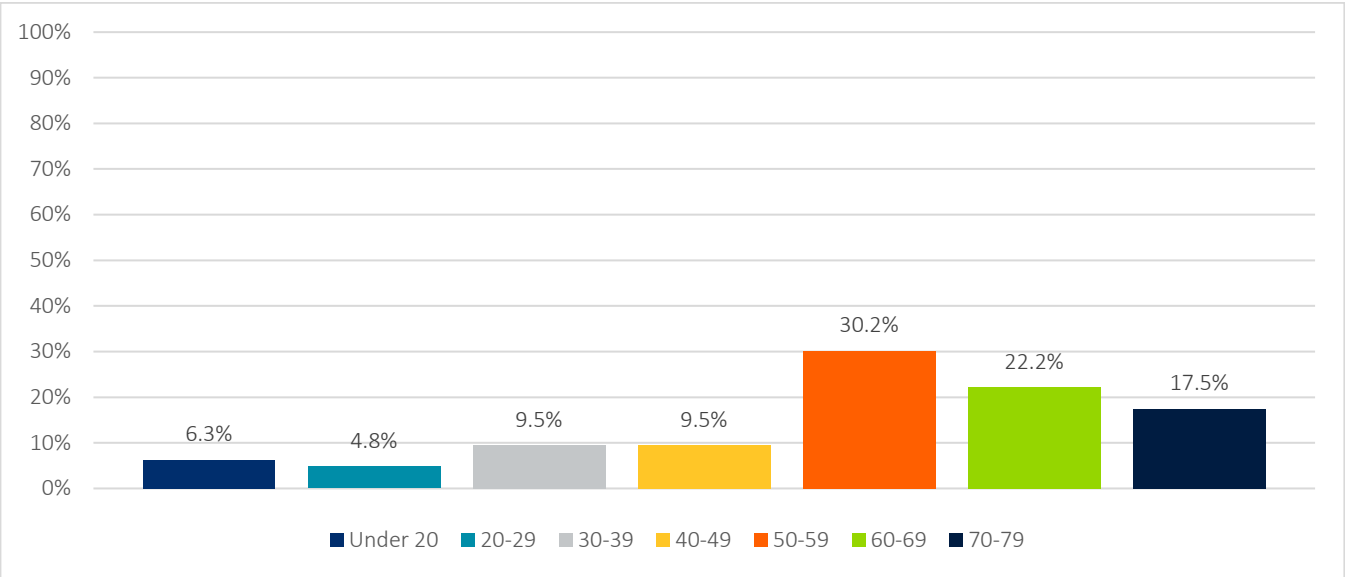


Note: *n* = 67

Participant Age

More than two thirds of mini survey participants were 50 years or older (69.9%), with participants in the ages 50-59 composing 30.2%. Approximately 9.5% of mini survey participants were aged 30-39 or 40-39. Less than 5% were aged 20-29, and 6.3% were under 20 years old.

Figure 3. Survey Participant Ages



Note: n = 63

Participant City of Residence

Mini survey participants were asked the zip code of their residence. These zip codes were then grouped by city. Below is a list of the mini survey participants' city of residence, from most common to least common.

For a list of zip codes, please see Appendix N.

Table 2. City of Residence

City	Number of responses
San Diego	28
Chula Vista	6
El Cajon	6
Del Mar	3
Oceanside	3
National City	2
Escondido	2
Lakeside	2
Santee	2
Solana Beach	2
San Marcos	2
Vista	2
La Mesa	1
Encinitas	1
Ramona	1
Total	63

Participant's Feedback

The mini survey asked participants a series of prompts: "How did you hear about these listening sessions?" "How could these listening sessions be improved?," "How would you like to be engaged in this project moving forward?" and "Share any additional comments about your experience or opinions regarding gun violence in San Diego County." Qualitative analyses revealed the common themes of each question. Responses that could not be categorized with a theme were categorized as "other" and listed below.

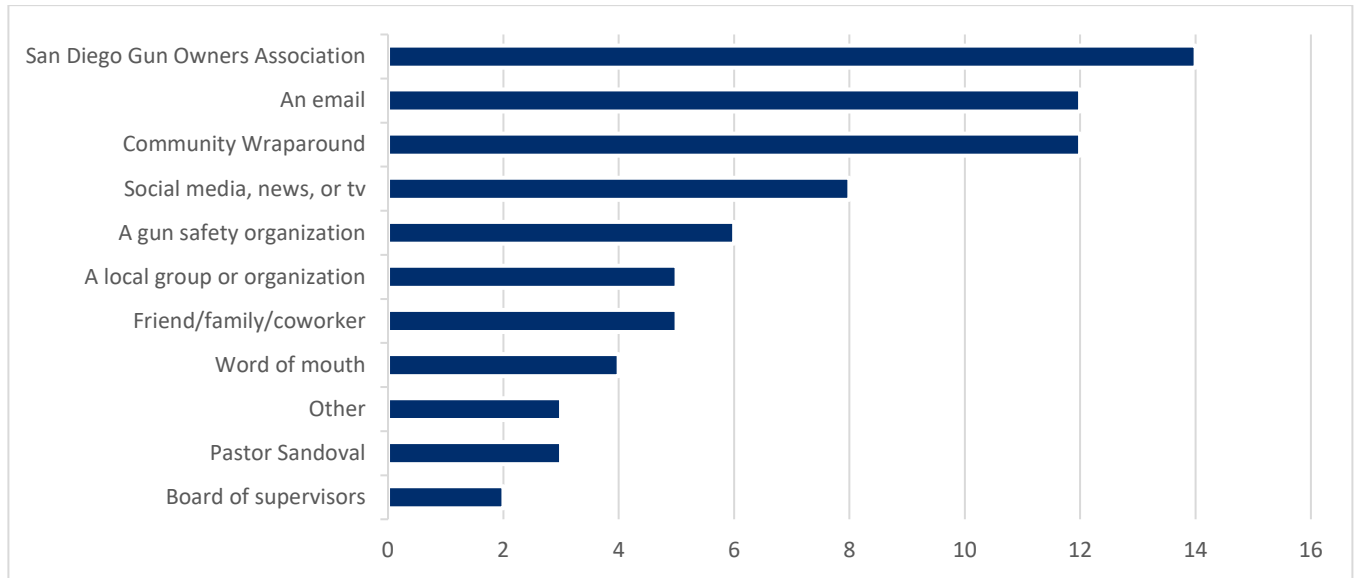
How did you hear about these listening sessions?

Mini survey participants' responses for how they heard about the listening sessions varied. The most common responses were the San Diego Gun Owners Association ($n = 14$), Community Wraparound ($n = 12$), and from an email ($n = 12$).

Other responses included social media, news or TV ($n = 8$), a gun safety organization ($n = 6$), a friend/family/coworker ($n = 5$), a local group or organization ($n = 5$), and word of mouth ($n = 4$).

Less common responses included Pastor Sandoval (an Advisory Group member and session host; $n = 3$), Board of Supervisors ($n = 2$), and “other” ($n = 3$). The responses specified in “other” include: “a program,” “gun violence,” and another Advisory Group member and session host.

Figure 4. How did you hear about these listening sessions?



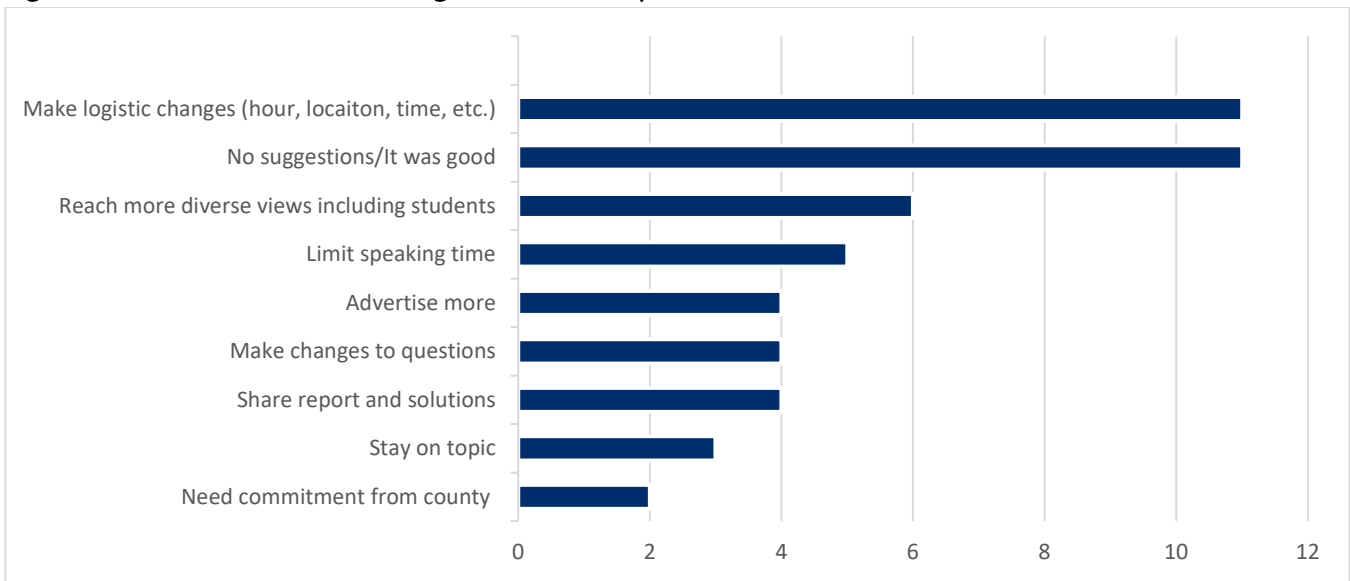
Note: $n = 69$. Some responses may have more than one theme.

How could these listening sessions be improved?

When asked how the listening sessions could be improved, many mini survey participants answered that there are no suggestions or that the listening session was good as it is (n = 11). Other mini survey participants made suggestions to change the logistics such as the time, location, and duration of the event (n = 11).

A few other suggestions included to reach more diverse views, including students (n = 6) and to limit speaking time (n = 5). Less common suggestions included to make changes or edits to questions (n = 4), to advertise more (n = 4), to share the report and solutions (n = 4), to stay on topic during the listening session (n = 3), and commitment from the county (n = 2).

Figure 5. How could these listening sessions be improved?



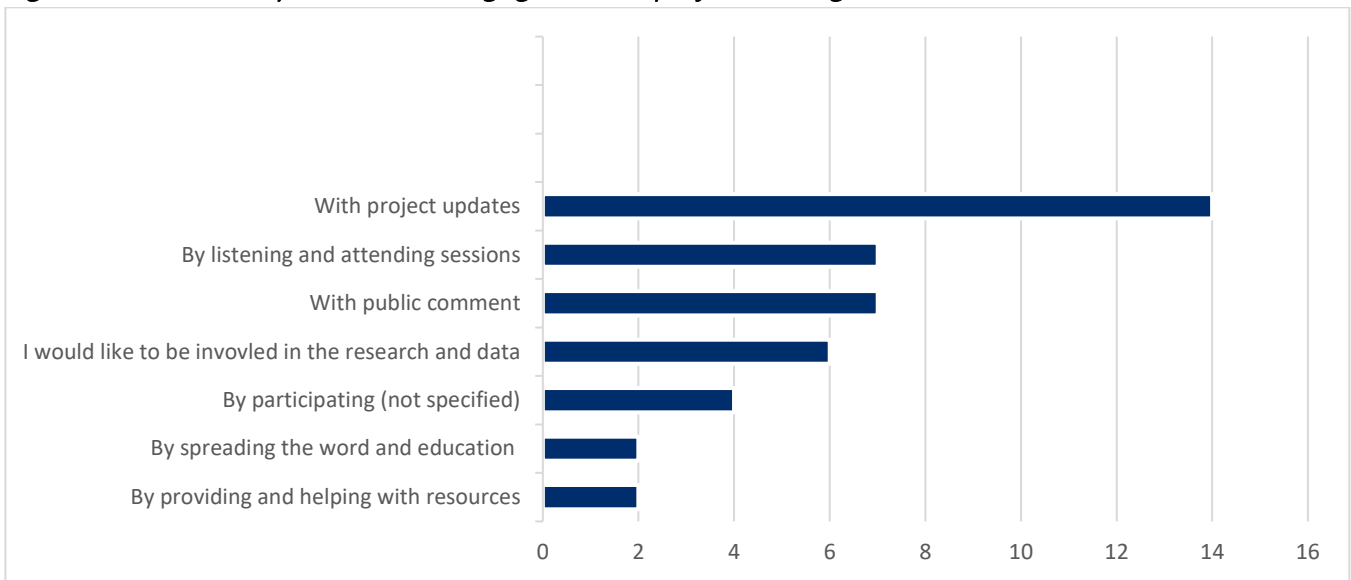
Note: n = 49. Some responses may have more than one theme.

How would you like to be engaged in this project moving forward?

Mini survey participants were asked how they would like to be engaged in the project. Some answered that they would like to receive project updates ($n = 14$).

Others responded that they would like to be engaged by having public comment opportunities ($n = 7$), by listening and attending sessions ($n = 7$), and by being involved in the research and data ($n = 6$). Less common responses included by participating ($n = 4$), by providing and helping with resources ($n = 2$), and by education and “spreading the word” ($n = 2$).

Figure 6. How would you like to be engaged in this project moving forward?



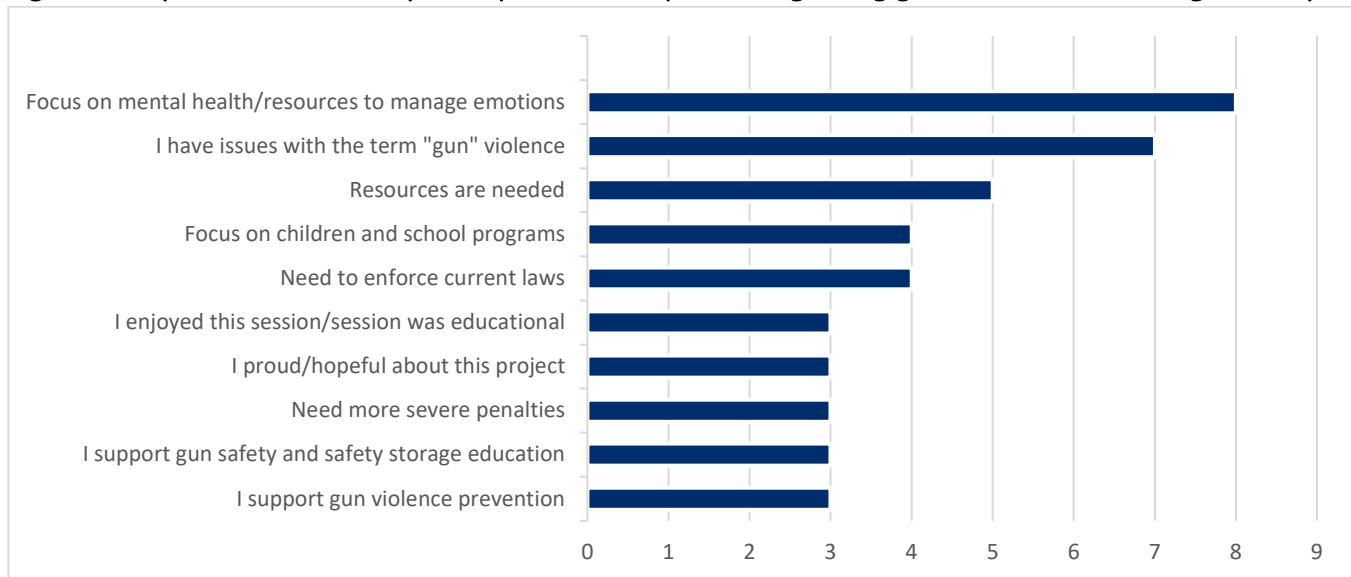
Note: $n = 45$. Some responses may have more than one theme.

Additional Comments or Opinions regarding Gun Violence

Lastly, listening sessions attendees were asked to share any comments about their experience or opinions in the post-listening session mini survey. Responses varied and some common themes, reflecting those above, are as follows:

- Focus on mental health resources or resources to manage emotions (*n* = 8)
- I have issues with the term “gun” violence (*n* = 7)
- Resources are needed (*n* = 5)
- We need to enforce current laws (*n* = 4)
- Focus on children and school programs (*n* = 4)
- I support gun safety and safe storage education (*n* = 3)
- I am proud or hopeful about this project (*n* = 3)
- We need more severe penalties (*n* = 3)
- I enjoyed this session, or this session was educational (*n* = 3)

Figure 7. Any comments about your experience or opinions regarding gun violence in San Diego County



Note: *n* = 51. Some responses may have more than one theme.

Appendix H: Public Listening Session Themes: Defining the Problem of Gun Violence

Theme	<i>N</i>
Don't focus on "gun violence"	20
Gun violence is a big problem	17
Community violence (including gangs)	17
Suicide	13
Impacts on youth	11
Feel unsafe in neighborhood	7
Domestic violence	5
Feel unsafe in public (e.g., schools, stores)	5
Criminals are the problem	5
Semi-automatic weapons	2
Men/boys are often the perpetrators	2
Mass shootings	2

Appendix I: Public Listening Session Themes: Causes of Gun Violence

Theme	<i>N</i>
Mental health/trauma	17
Lack of family/social support	12
Ease of access to illegal guns	8
Popular culture	4
Drug abuse	4
Lack of law enforcement	4
Gun manufacturers	4
Lack of economic opportunities	3
Hate	2

Appendix J: Public Listening Session Themes: Solutions to Gun Violence

Theme	<i>N</i>
Funding of community-based organizations	16
Youth mentorship	11
Other support programs for youth	11
Enforce the laws (including gun laws)	9
Gun safety education	8
Higher criminal penalties	5
Mental health support	5
GVROs	5
Support for parents/families	4
Safe storage	4
Education on gun violence reduction resources	3
Federal gun control	3
Gun buybacks	3
Restrictions on gun lobbying	2
Suicide prevention programs	2
No more gun laws	2
More concealed carry weapons (CCW) licenses	2
Police training	2
Violence interruption/street outreach	2
Background checks	2
No guns in schools	2
Improve County contract procurement process	2
Aftercare for victims	2
Gun sale restrictions	2
Hospital-based violence intervention	2

Appendix K: Public Listening Session Themes: Other Themes

Theme	<i>N</i>
Support for gun rights	14
Critiques or skepticism of gun violence reduction study	11
Improve listening sessions	4
Openness to dialogue	4

Appendix L: Youth Listening Session Themes

Theme	<i>N</i>
Gun violence personally affects me	10
We must talk about/engage the issue	10
Gun violence is a big problem	8
Desensitization to gun violence	5
It affects mental health	5

Appendix M: Mini Survey Participant Residence by Zip Code

Zip Code	City	Number of responses
92103	San Diego	5
92020	El Cajon	4
92105	San Diego	4
91910	Chula Vista	3
92014	Del Mar	3
92101	San Diego	3
92114	San Diego	3
91950	National City	2
92025	Escondido	2
92040	Lakeside	2
92056	Oceanside	2
92071	Santee	2
92075	Solana Beach	2
92078	San Marcos	2
92081	Vista	2
92104	San Diego	2
91911	Chula Vista	1
91913	Chula Vista	1
91915	Chula Vista	1
91941	La Mesa	1
92019	El Cajon	1
92021	El Cajon	1
92024	Encinitas	1
92057	Oceanside	1
92065	Ramona	1
92102	San Diego	1
92110	San Diego	1
92111	San Diego	1
92115	San Diego	1
92116	San Diego	1
92117	San Diego	1
92120	San Diego	1
92122	San Diego	1
92127	San Diego	1
92129	San Diego	1
92184	San Diego	1
Total		63

Appendix N: Community Survey Responses for Solutions

Response	<i>N</i>
Background checks	175
Mental health care	170
Harsher punishment	141
Ban automatic/assault/military-grade weapons	138
Gun safety training	117
Limit gun ownership/access to guns	111
Gun control/gun laws	102
Support/more concealed carry weapons (CCW) licenses	95
Prosecute criminals	87
Education	87
Enforce existing laws	76
Support gun ownership/arm citizens	75
Imprison criminals/keep in jail	68
More police/support the police	63
Economic justice/good jobs/housing	56
Ban guns	44
Require gun licenses	40
Support parents/single parents/families	38
Gun buy backs	38
Require gun insurance	29
Waiting period for gun sales	28
Youth programs/support/mentoring	28
Safe storage	28
GVROs	27
Border control	27
Gun safety training for youth	27
Higher minimum age to buy gun	23
Constitutional carry/open carry	21
Support 2nd Amendment	20
Challenge glorification of guns/violence	19
Police reform	19
Address drugs	16
Ban high-capacity magazines	16
Require gun registration	16
Reduce gang violence/crack down on gangs	16
More healthcare	15
Address domestic violence	15
Safety net/social services	14
Make easier to identify/report threats	14

Resources for affected communities	13
God/faith/spiritual education	13
Limit ammo purchases	12
Fewer guns	12
Limit number of guns owned	12
Enforce gun laws	12
Drug treatment	11
Restrict access to illegal guns	11
Address racism/misogyny	11
Death penalty	11
Don't demonize guns/gun owners	11
Gang prevention/violence intervention programs	11
Control illegal gun sales	11
Federal gun laws	11
Get rid of "gun free zones"	10
Sue gun manufacturers/make liable	10
Ban ghost guns	10
Gun owners liable for crimes committed with gun	9
Fewer gun laws	9
More research on guns/violence	9
Repeal/change 2nd Amendment	8
Promote community cohesion/involvement	8
3 strikes law	8
Conflict resolution in workplace/schools	8
Inmate rehabilitation	8
School safety measures	7
Gun laws don't work	7
Gun tax	7
Ban guns for criminals	7
Get rid of/limit gun lobby	6
Address homelessness	6
"Violence" not "gun violence"	6
Make parents liable for kids' gun crime	6
Education on emotional coping strategies	6
Ban/restrict concealed carry weapons (CCW) licenses	5
Don't know	5
Community policing	5
Give school staff guns	5
Gun safety outreach	5
Community-based education	5
Built trust between police/community	4
No gun shows	4
More lenient punishment	4

Childcare/after school programs	4
Suicide prevention program	4
Fire judges/prosecutors who don't enforce laws	4
Remove no-cash bail	4
Teach kids emotional regulation	4
Gun database	4
Require making guns safer	4
Alternative emergency response calls	3
Drug legalization	3
No more gun laws	3
Educate gun owners	3
Education about guns	3
Deport immigrant criminals	3
People need to be responsible	3
Repeal Prop 47 and 57	3
Self-defense classes	3
Stop DEI/"equity rhetoric"	3
Teach diversity/tolerance	3
teach kids positive values	3
Ban guns for mentally ill	2
Coordination b/w govt dept	2
Crack down on drugs/cartel	2
Limit high-capacity guns	2
Better gun violence education	2
Family values/morals	2
Improve environment/infrastructure	2
Don't publicize mass shooters	2
Defund the police	2
De-escalation training	2
Better politicians	2
Change marriage laws	2
Drug education	3
Challenge "gun culture"	2
N/A/no comment	2
No guns that appeal to children	2
destroy guns used for crime	2
Religion in public school	2
Repeal CA gun roster	2
"School choice"	2
Republicans	2
Required training for concealed carry weapons (CCW) licenses	2
Discipline children	2
Address bullying	2

Sue the NRA	2
take guns away from problematic owners	2
Address social media's detrimental impact	2
Community volunteer/participation	2
Track at-risk people	2
Build better doors and walls	1
Concealed carry weapons (CCW) class in high school	1
Change news coverage	1
Close boyfriend loophole	1
Collaboration across gov't agencies	1
Community watch programs	1
Congressional term limits	1
Crime prevention	1
Criminal database	1
Critical thinking skills	1
Culture of love	1
"Castle doctrine"	1
Deport undocumented criminals	1
Don't count suicide as "violence"	1
Don't excuse criminal activity	1
Don't forfeit gun if mental health care	1
Don't let "thugs" raise kids	1
Don't listen to the news	1
Don't portray criminals as victims	1
Don't vote for Republicans	1
Educate on 2 nd Amendment	1
Educate on value of police	1
Educate people about self defense	1
Educate public on GVROs	1
Expand CA Bureau of Firearms staff	1
Faster police response times	1
fewer police with guns	1
Fine gun shops	1
fingerprint technology on gun	1
Get rid of wokeness	1
Give vouchers to buy gun	1
Gov't surveil terrorists	1
Gun safety taught by parents	1
Gun training for County contractors	1
Harsher punishment of political corruption	1
Have women elected to office	1
Ignore the issue of gun violence	1
Involve the community	1

Keep guns from kids	1
Lower population	1
Education on safe storage, GVROs for police	1
Mandatory ROTC	1
Mandatory voting/civic classes	1
March for Our Lives recommends	1
Media reporting defense gun use	1
Mental health support for police	1
metal detectors in public	1
More calming spaces/nature	1
More gun recreation sites	1
More public funding for solutions	1
"Criminalize road rage"	1
No ADF influence	1
No ammo registration	1
No ban on high-capacity ammo	1
No city worker vax mandate	1
No CRT in schools	1
No gun control for "law-abiding citizens"	1
"Disarm hate" & "Extreme risk" laws	1
No handgun roster	1
Make criminal penalties clear	1
No restriction on gun types	1
No restrictions on semiautomatic rifles	1
No solution	1
Oakland Ceasefire program	1
Pay social workers more	1
Pay teachers more	1
A plan to address root causes	1
Perpetrator pays for funeral	1
Police in schools	1
Pro-gun laws	1
promote youth shooting sport	1
Protect children from sexual predators	1
Protect children's parks	1
Protect due process	1
PSAs	1
Public education by health providers	1
Publicize harsh punishment	1
Quick execution process	1
Raid homes for illegal guns	1
Reform GVROs	1
Regulate gun biz	1
Regulate police gun use	1

Reinstitute fairness doctrine	1
Abortion access	1
Remove Nathan Fletcher	1
Anti-gang laws	1
anti-gun campaigns	1
Reporting system for when gun shots are heard	1
Ban Polymer80 Inc. from selling guns	1
Require Doctor's note for gun	1
Require gun owners to know whereabouts of gun	1
Require register home-made guns	1
Ban realistic toy guns	1
Respect other people	1
Restorative justice	1
Restrict sales at gun shows	1
Safe outlets for anger	1
School staff training to handle threats	1
Ban silencers	1
Stop and frisk	1
Ban some guns	1
stop producing guns	1
Stop states from allowing permit-less guns	1
Store high-capacity guns at armory	1
Better healthcare/support for veterans	1
Better parole/probation	1
Take threats more seriously	1
Better police patrols	1
Bipartisan compromise	1
teach kids self-respect	1
Teach lifestyle consequences	1
Teach problem solving	1
Tear down gun industry	1
Birth control	1
Teach respect for guns/life	1
Treat human life as sacred	1
Treatment to curb recidivism	1
Unseat pro-gun control public officials	1
Welfare reform	1
Victims fund from gun fees	1
Mental health screening police/military	1

Appendix O: Community Survey Responses for Other Resources/Programs/Services

Response	<i>N</i>
None/N/A	37
More policing	37
Harsher punishment	33
Jail criminals	30
Gun training/safety training	28
Mental health care	27
Police reform/training	27
Gun buy backs	21
Support concealed carry weapons (CCW)	21
Faith/church programs	20
Above list is good start	19
Support/fund police	18
Enforce existing laws	17
Support mother/father/family	16
Economic support/security/opportunity	14
I don't know/not sure	14
Youth support/programs	14
Support gun ownership/arm citizens	13
Gun safety training for kids	12
Prosecute criminals	12
Border control	11
Housing	10
Concerns with GVROs	10
Self defense training	9
Limit guns/gun ownership	9
Education	9
Ban guns	9
Gun control	9
Organizations	7
Healthcare	7
Don't focus on "gun violence"	7
Background checks	7
Jobs/job training	6
School security/safety drills	6
Anti-bullying/anti-hate programs in school	6
Conflict resolution training	6
Stop glorification of violence	6
Community centers/programs	6

Safe storage/gun lock	5
Mental health first-responders	5
Support/teach the 2nd Amendment	5
Address homelessness	4
Community outreach/outreach to at-risk communities	4
Community policing	4
Cut welfare	4
No additional programs	4
No/less gov't bureaucracy	4
Better politicians/leaders	4
Rehabilitate criminals	4
Ban assault/automatic/weapons of war	4
Death penalty	4
Address drugs	4
Teach children to love/respect	4
Violence intervention/prevention programs	4
Require gun license	3
GVROs	3
Youth shooting sports	3
No gun-free zones	3
Social programs/social services	3
Better monitor gun purchases	3
Gang police units	3
Don't let criminals have guns	3
Arm school staff	3
Gun tax	3
Constitutional carry/open carry	3
Fix the courts	3
Limit/defund NRA	2
No GVROs	2
Defund the police	2
Deport the undocumented	2
Disarm police	2
Penalties for false GVRO reporting	2
Police crackdown on gangs	2
Focus on criminals	2
Don't demonize guns/gun owners	2
Educate public on laws	2
Public education on gun violence prevention	2
Food security	2
Raise awareness safe gun ownership/storage	2
Apolitical school education	2
Remove politicians	2

Apprentice/internship programs	2
Return cash bail	2
Gun violence research	2
Ask impacted communities what they need	2
Built infrastructure	2
Gun owner insurance	2
PSAs on TV/radio	2
Street surveillance cameras	2
Lower taxes	1
Make gun manufacturers liable for gun deaths	2
Support for domestic violence survivors	2
Mandatory gun ownership	2
Community-based organizations	2
Gun self-defense training in school	2
System for reporting threats	2
Tax corporations/wealthy	2
Crackdown on cartels	2
Crisis hotlines	2
Waiting periods	2
Greater ghost gun penalties	1
Gun transfer if suicidal	1
Gun violence prevention community meetings	1
Have people work/go to school	1
Raise price of ammo	1
Hold authorities accountable if ignore threats	1
Home security	1
Identify threats	1
Incapacitate mentally ill	1
Incentive for community college	1
Incentivize gun ownership/training/concealed carry weapons (CCW)	1
Increase age limit for gun ownership	1
"Neighbors talking to neighbors"	1
"Pro-gun laws"	1
Keep guns from mentally ill	1
Keep gun violence issue in the news	1
Knock and talks	1
Less gov't regulations	1
Less police	1
1 strike law	1
Location detector for shots fired	1
2 strikes law	1
3 strikes law	1
Make gun stores liable	1

Make guns more expensive	1
Make Mexico secure southern border	1
Make parents liable for kid's gun use	1
Advertise gun violence safety programs	1
Maybe a free car	1
Ban abortion	1
Ban gun marketing to children	1
Metal detectors in public venues	1
Better jobs	1
More well-managed public spending	1
More social workers	1
Neighborhood watch	1
No "woke" prosecutors	1
Ban guns from men	1
No CRT	1
No gun buy back	1
Better reporting of those not able to have gun	1
No guns on campuses	1
Childcare	1
No new gun laws	1
Civics education	1
Collaborate with pro-gun groups	1
Oakland Ceasefire program	1
Community/social pressure against gun use	1
Consensus-building programs	1
Penalty for gun stores for illegal sales	1
People need hope	1
Constitutional law classes for elected officials	1
Counter influence of Soros	1
Police search all suspicious cars	1
Political will	1
Prevent gun trafficking	1
Prevention is important	1
Private programs, not gov't programs	1
Proactive policing	1
Promote traditional marriage	1
Criminal justice reform	1
Protests	1
Discipline kids	1
Public education on fetal alcohol spectrum disorder	1
Don't early release felons	1
Public funding	1
Don't fund ineffective programs	1

Racial justice	1
Don't infringe on gun rights	1
Record/report failed background checks	1
Don't turn to gov't for solutions	1
Remove illegal guns	1
Don't use term "gang"	1
Repeal "pro-criminal" state laws	1
Report domestic violence/hate incidents	1
DVROs	1
Require gun safety features	1
Require mental health/drug treatment	1
Restorative justice programs	1
Educate parents	1
Review/revise gun owner permitting	1
Roads and infrastructure	1
Safe schools	1
Safe storage training for parents	1
Educate public on gun stats	1
Safety/gun violence presentation for school kids	1
Emotional management training in school	1
Security at parks	1
Empathy training for teachers/kids	1
Proposals from Everytown	1
Speed up concealed carry weapons (CCW) license application process	1
Spend tax money responsibly	1
Stop and frisk	1
Factual information for victims	1
Public warning signs on danger of guns	1
Federal gun tracking system	1
Federal NRA funding	1
Fewer community organizers	1
Financial incentive for stores to not sell guns	1
Support for families of victims	1
Find root causes of gangs	1
Support hunting/marksmanship	1
Focus on accurate stats	1
Protections against fraud/waste	1
Survey is misleading	1
Sustainable funding	1
Free market capitalism	1
Get money out of politics	1
Get rid of liberals	1
Tell gun violence reduction success stories	1

Tip line with reward for illegal guns	1
Too many to list	1
Training for mass shooting	1
Treat PTSD of shooting victims	1
Treat transgender people for mental illness	1
Tutorials on how to get a gun/ concealed carry weapons (CCW)	1
Universal basic income	1
Unions	1
Girl Scouts/Boy Scouts	1
Waiting period waiver for self defense	1
Gov't involvement	1
Warning signs at gun shops	1
Stop wokeness	1

Appendix P: Community Survey Responses for “Causes”

Response	<i>N</i>
lack of gun education/education	28
Racism	28
People are the problem, not guns	25
Domestic violence	23
Men/masculinity	23
No fathers in the home	23
No values/morals in society	22
Lack of responsibility/accountability	20
No value for human life	19
Need more armed citizens/coral snakes	16
Improper storage	16
Cartel/across the border	15
Violence culture/culture	15
Suicide/suicidal	13
Politicians/politics/politics and guns interconnected	13
Illegal immigrants	12
Lack of empathy/emotional intelligence	11
Alcohol abuse	11
Not enough police	11
Socioeconomic/lack of opportunity	10
Depression	9
Easy access to guns when upset	9
Democrats/liberals	9
White supremacy	8
Lack of community	8
Lack of gun legislation	8
Lack of hope	7
Police presence/use of firearms	7
Need to enforce red flag laws	7
Poor coping skills	6
Inequity/perceived inequity	6
Homeless	6
Media misinformation/overhype	6
Structural issues	6
Lack of consequences	6
Need to protect gun owners	6
Structural issues	6
Lack of consequences	6
Poor conflict resolutions skills	5

Bad people/evil people	5
Conflict in society	5
Too many laws	5
No cash bail release	5
Ignorance	4
Lack of community resources	4
Sex/human trafficking	4
Entitlement	3
Black people/black on black crime	3
Too many gun free zones	3
Corrupt government	3
People are violent by nature	2
Kids getting lost and into trouble	2
Social media	2
Poor leadership	2
Republicans	2
No role models	1
Need rehabilitation, not punishment	1
Need easier access to guns	1
Need data on gun violence	1

Appendix Q: Community Survey Responses for “Other Comments”

Response	N
No/N/A	95
The problem isn't guns or "gun violence"	44
Thank you	35
Support 2 nd Amendment/gun rights	33
No new gun laws/gun control doesn't work	32
Support gun ownership/arm citizens	22
Don't demonize/blame/burden guns/gun owners	21
Prosecute criminals	14
Enforce existing laws	14
Address mental health	12
Guns help with self defense	11
Gun safety training	11
Focus on root causes	10
Harsher punishment	10
Gun control	10
More police/support the police	9
Gun violence is a big problem	7
I live in fear of gun violence	6
I hope for change	6
Concerns with GVROs	6
Look at cultures/countries with less gun violence	6
Gun safety education in school/to kids	6
Limit gun ownership/access	6
Support the family/role of parents	5
Importance of religion/faith	5
Address homelessness	5
Make change to survey	5
Ban military/assault weapons/ammunition	5
Support/more concealed carry weapons (CCW)	5
Keep criminals in jail	4
Control the border	4
Address drug problem	4
Address economic inequality/poverty/jobs	4
Gun-free zones don't work	3
Good luck	3
Invest in people/communities	3
Ban guns	3
Suicide/self-defense is not "gun violence"	3
I want to know survey findings/resulting policies	3
Support the Constitution	3

This survey is biased	3
Criminals are the problem	3
School gun violence is shameful/intolerable	3
Don't release inmates early	2
Gun control is racist	2
Concealed carry weapons (CCW) license for someone who files restraining order	2
Don't take guns away from "law abiding citizens"	2
Defund the police	2
Gun violence is a public health crisis	2
Address police brutality/abuse	2
Education	2
I'm against Prop 47	2
Mentally ill shouldn't have guns	2
Imprison criminals	2
Register guns	2
Youth programs	2
Support gun violence research	2
support safe storage	2
Support Sheriff's Dept.	2
Tax ammunition	2
We need to stand up to NRA	2
Liberals/Democrats are the problem	2
Gun violence devastated our family	2
Guns result in gun violence	2
Listen to/Have empathy for "the other side"	2
I disagree with the Left	2
School safety is my priority	2
2 nd Amendment is anachronistic	2
Bring back 3 strikes law	2
This is a waste of money	2
My family members/friends were in mass shootings	2
Background checks	1
Ban some guns	1
Being a victim made me want a gun	1
Death penalty	1
Democrats want to raise taxes	1
Destroy all guns	1
Disappointed with gov't	1
Don't ban guns	1
Don't fund ineffective programs	1
Don't infringe on my rights	1
Don't support NRA	1

I don't trust the police	1
Educate public on public dangers of gun ownership	1
Exasperated nothing is done	1
Fix the problem without spending more money	1
"Let's Go Brandon"	1
Focus on safety, not gun rights	1
Gang prevention programs	1
Get partisan politics out of law/policymaking	1
Get school community volunteers	1
Government needs to find a solution	1
Governor Newsome is a failure	1
Gov't serves the people, not rule people	1
Gun ownership is human right	1
Gun ownership protects freedom	1
Gun protected my family	1
Gun safety events at gun stores	1
Gun violence is gender violence	1
Guns protect the working class	1
GV caused by bad upbringing	1
Have data drive decisions	1
Have effective solutions/recommendations	1
Help victims of crime	1
I don't feel safe	1
I fear erosion of gun rights	1
I feel hopeless to stop mass shootings	1
Keep dangerous weapons at shooting ranges	1
Keep up the good work	1
Leaders don't have courage to challenge 2A	1
Legal gun owners aren't the problem	1
Let ex-convicts own guns	1
Jail/fire gov't officials/politicians	1
I've been in law enforcement 20+ years	1
Look at link between white supremacists and gun violence	1
Make county a leader in combating gun violence	1
Make ghost gun possession felony	1
Mental health is problem in rural areas	1
Inmate rehabilitation	1
No guns for household with mental illness	1
Need new politicians	1
No cops on campuses/schools	1
"MAGA"	1
No one solution for gun violence	1

No solution without giving up guns	1
I'm afraid police will harm me/my family	1
Nothing will change	1
Nowhere is safe from gun violence	1
Only legislation will solve this	1
Overtun Citizens United	1
Paying for security at synagogues is a great burden	1
Penalize gun manufacturers	1
People are numb to gun violence	1
People need basic needs met	1
Please fairly report all data	1
police reform	1
Prevent people from lending their gun	1
Promote communication as alternative to violence	1
If guns are outlawed, only criminals will have guns	1
Protect domestic violence survivors	1
Protect youth in schools	1
"Sorry for being a White male"	1
I worry about minority families	1
Replicate effective programs	1
Report mental health risks to police	1
Right-wing fascism is a problem	1
Safe storage hinders self defense	1
San Diego is not a nice place to live anymore	1
Saving lives is more important than gun ownership	1
Seek input of those with lived experience	1
Sheriff's Dept. didn't investigate a local shooting	1
"The Constitution is not a crime"	1
Some gun control measures weren't listed on survey	1
South Denver Moms Demand Action has good recommendations	1
Stop all violence	1
Stop SANDAG mileage tax	1
Subsidize gun ownership for low-income communities	1
"Wild west"/"vigilante justice" is scary	1
I want to not live in fear of gun violence	1
Support GVROs	1
Accidental discharge is not "gun violence"	1

Support Sheriff's concealed carry weapons (CCW) application process	1
Address bullying	1
Some questions are too personal	1
Need affordable housing	1
I volunteer for GV prevention	1
I support gun rights but not for automatic weapons	1
Survey questions not relevant	1
Against Prop 57	1
Teach children values/character	1
Teach kids gun safety at home	1
Teach self-defense classes	1
I love San Diego County	1
Society should obey laws	1
I fostered children impacted by gun violence	1
This is my number one issue	1
This problem must be solved	1
This survey is a joke	1
Amend the Constitution	1
This survey isn't about health	1
Thoughts and prayers aren't enough	1
Understand difference between AR 15 and assault weapon	1
Use Nextdoor and school districts for project outreach	1
Use other methods (focus groups, church meetings, etc.)	1
Utah is example of success of arming teachers	1
Value human life	1
Vote Republican	1
Warnings on violent video games	1
We deserve to feel safe	1
We need federal action	1
We need new solutions	1
Arm/train teachers	1
We need true "community"	1
we suffer with fewer police	1
We're all at risk of GV	1
The problem is automatic weapons	1

Appendix R: Literature Review References

“Community.” 2023. Prevent Firearm Suicide.

<https://preventfirearmsuicide.efsgv.org/interventions/community/>

“Community-Based Violence Interruption Programs Can Reduce Gun Violence.” 2023. Center for American Progress. <https://www.americanprogress.org/article/community-based-violence-interruption-programs-can-reduce-gun-violence/>

“Individual.” 2023. Prevent Firearm Suicide.

<https://preventfirearmsuicide.efsgv.org/interventions/individual/>

“Relationship.” 2023. Prevent Firearm Suicide.

<https://preventfirearmsuicide.efsgv.org/interventions/relationship/>

“Societal.” 2023. Prevent Firearm Suicide. <https://preventfirearmsuicide.efsgv.org/interventions/societal/>

Anderson, J. 26 June 2018. “We Need to Talk About “Gun Violence”: Reflections on Terminology and Contexts of Violence.” Somatosphere. <http://somatosphere.net/2018/we-need-to-talk-about-gun-violence-reflections-on-terminology-and-contexts-of-violence.html/>

Barton, C. 11 Aug 2021. “New York to Roll Out Pioneering Violence Prevention Program That Involves Financial Incentives.” The Trace. <https://www.thetrace.org/2021/08/new-york-advance-peace-gun-violence-prevention-program/>

Bauchner, H., Rivara, F. P., Bonow, R. O., Bressler, N. M., Disis, M. L. N., Heckers, S., ... & Robinson, J. K. (2017). Death by gun violence—a public health crisis. *JAMA Psychiatry*, 74(12), 1195-1196.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2657419>

Brownlee, C. 30 Dec 2022. “Gun Violence in 2022, By the Numbers.” The Trace.

<https://www.thetrace.org/2022/12/gun-violence-deaths-statistics-america/>

Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: a public health model to reduce gun violence. *Annual review of public health*, 36, 39-53. <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122509>

Byrdsong, T. R., Devan, A., & Yamatani, H. (2016). A ground-up model for gun violence reduction: A community-based public health approach. *Journal of evidence-informed social work*, 13(1), 76-86.

<http://ceapittsburgh.org/wp-content/uploads/2020/01/A-Ground-Up-Model-for-Gun-Violence-Reduction.pdf>

CA Department of Public Health. 2020. "Suicide Death Among Veterans in California."
[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20\(CalVDRS\)/SuicidesAmongVeteransCA2020_DataBrief.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/SuicidesAmongVeteransCA2020_DataBrief.pdf)

CDC. 2023. "CDC Firearm Prevention." <https://www.cdc.gov/violenceprevention/firearms/index.html>

CDC. 2023. "Public Health Approach."
<https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>

Clayton, A. 12 Feb 2022. "Historic funding could transform gun violence prevention efforts. But can smaller groups get hold of it?" The Guardian. <https://www.theguardian.com/us-news/2022/feb/15/historic-funding-gun-violence-prevention-smaller-groups>

Corburn, J., Boggan, D., & Muttaqi, K. (2021). Urban safety, community healing & gun violence reduction: the advance peace model. *Urban Transformations*, 3(1), 1-12.
<https://urbantransformations.biomedcentral.com/articles/10.1186/s42854-021-00021-5>

Corburn, J., Nidam, Y., & Fukutome-Lopez, A. (2022). The Art and Science of Urban Gun Violence Reduction: Evidence from the Advance Peace Program in Sacramento, California. *Urban Science*, 6(1), 6.
<https://www.mdpi.com/2413-8851/6/1/6/pdf?version=1644546789>

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Delgado, S., Alsabahi, L, Wolff, K., Alexander, N., Cobar, P., and Butts, J. 2017. "The Effects of Cure Violence in the South Bronx and East New York, Brooklyn." John Jay College of Criminal Justice.
<https://johnjayrec.nyc/2017/10/02/cvinsobronxeastny/>

Elliott, M. n.d. "Safe Storage of Firearms in the Home." San Diego City Attorney.
<https://www.sandiego.gov/sites/default/files/fs190909a.pdf>

Fontanarosa, P., and Bibbins-Domingo, K. 27 Sept 2022. "The Unrelenting Epidemic of Firearm Violence." *JAMA* 328(12):1201-1203. <https://jamanetwork.com/journals/jama/fullarticle/2796714>

Fontanarosa, P., and Bibbins-Domingo, K. 27 Sept 2022. "The Unrelenting Epidemic of Firearm Violence." *JAMA* 328(12):1201-1203. <https://jamanetwork.com/journals/jama/fullarticle/2796714>

Fontanarosa, P., and Bibbins-Domingo, K. 27 Sept 2022. "The Unrelenting Epidemic of Firearm Violence." *JAMA* 328(12):1201-1203. <https://jamanetwork.com/journals/jama/fullarticle/2796714>

Fontanarosa, P., and Bibbins-Domingo, K. 27 Sept 2022. "The Unrelenting Epidemic of Firearm Violence." JAMA 328(12):1201-1203. <https://jamanetwork.com/journals/jama/fullarticle/2796714>

Fontanarosa, P., and Bibbins-Domingo, K. 27 Sept 2022. "The Unrelenting Epidemic of Firearm Violence." JAMA 328(12):1201-1203. <https://jamanetwork.com/journals/jama/fullarticle/2796714>

GJ Wintemute, NP Jewell, J Ahern. 2022 "Firearm violence following the implementation of California's gun violence restraining order law." JAMA Network Open.
file:///C:/Users/Daniel/Downloads/pear_2022_oi_220150_1648234846.28801.pdf

GJ Wintemute, NP Jewell, J Ahern. 2022 "Firearm violence following the implementation of California's gun violence restraining order law." JAMA Network Open.
file:///C:/Users/Daniel/Downloads/pear_2022_oi_220150_1648234846.28801.pdf

Gramlich, J. 3 February 2022. "What the data says about gun deaths in the U.S." Pew Research Center.
<https://www.pewresearch.org/fact-tank/2022/02/03/what-the-data-says-about-gun-deaths-in-the-u-s/>

Gross, S., Possley, M. and Stephens, K. 2017. "Race and Wrongful Convictions in the United States." National Registry of Exonerations.
https://www.law.umich.edu/special/exoneration/documents/race_and_wrongful_convictions.pdf.

Gun violence measures in San Jose, CA (NYTimes Op-ed):
https://www.nytimes.com/2022/12/21/opinion/guns-violence-prevention.html?utm_source=pocket_reader

Hemenway, D., & Miller, M. (2013). Public health approach to the prevention of gun violence. N Engl J Med, 368(21), 2033-2035.
https://apha.confex.com/apha/141am/webprogram/Handout/id2046/Handout--Oral_290579.pdf

Henderson, J. 1 May 2018. "Gun Cultures Reflect Broader Changes in American Society." Somatosphere.
<http://somatosphere.net/2018/gun-cultures-reflect-broader-changes-in-american-society.html/>

Johns Hopkins Center for Gun Violence Solution. "Firearm Suicide." <https://efsgv.org/firearm-suicide/>

Johns Hopkins Center for Gun Violence Solution. "Public Health Approach to Gun Violence Prevention." <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

Johns Hopkins Center for Gun Violence Solution. "Public Health Approach to Gun Violence Prevention." <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

Johns Hopkins Center for Gun Violence Solution. "Public Health Approach to Gun Violence Prevention." <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

Johns Hopkins Center for Gun Violence Solution. "Public Health Approach to Gun Violence Prevention." <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

Johns Hopkins Center for Gun Violence Solution. "Public Health Approach to Gun Violence Prevention." <https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

Kapadia. F. Dec 2022. "Gun Control for Health: A Public of Consequence." AJPH, December 2022. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307133>

Leap, J, et al. December 2020. "Newark Community Street Team Narrative Evaluation." UCLA Luskin and Newark Community Street Team. https://www.newarkcommunitystreetteam.org/wp-content/uploads/2021/02/NCST-Evaluation_FINAL.pdf

Lee, K. 2018. "Amid Rising Gun Violence, Accidental Shooting Deaths Have Plummeted. Why?" Los Angeles Times, 2018, January 1st edition. <http://www.latimes.com/nation/la-na-accidental-gun-deaths-20180101-story.html>.

MacGillis, A. 30 Jan 2023. "When Law Enforcement Alone Can't Stop the Violence." The New Yorker. <https://www.newyorker.com/magazine/2023/02/06/when-law-enforcement-alone-cant-stop-the-violence>

Matthay, E., Farkas, K., Rudolph, K., Zimmerman, S., Barragan, MI, Goin, D., and Ahern, J. 2019. "Firearm and Nonfirearm Violence After Operation Peacemaker Fellowship in Richmond, California, 1996-2016." AJPH (109):11. <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2019.305288>

Mozaffarian, D., Hemenway, D., & Ludwig, D. S. (2013). Curbing gun violence: lessons from public health successes. JAMA, 309(6), 551-552. <https://jamanetwork.com/journals/jama/fullarticle/1556167>

National Criminal Justice Association. Oct 2021. An Overview: Community Violence Intervention Strategies. https://370377fc-459c-47ec-b9a9-c25f410f7f94.filesusr.com/ugd/cda224_c5b96183fb614e9692f99513646abd0d.pdf

National Criminal Justice Association. Oct 2021. An Overview: Community Violence Intervention Strategies. https://370377fc-459c-47ec-b9a9-c25f410f7f94.filesusr.com/ugd/cda224_c5b96183fb614e9692f99513646abd0d.pdf

National Violent Death Reporting System (NVDRS)

<https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>

Papachristos AV, Braga AA, Hureau DM. Social networks and the risk of gunshot injury. *J Urban Health*. 2012 Dec;89(6):992-1003. doi: 10.1007/s11524-012-9703-9. PMID: 22714704; PMCID: PMC3531351.

Papachristos AV, Wildeman C. Network exposure and homicide victimization in an African American community. *Am J Public Health*. 2014 Jan;104(1):143-50. doi: 10.2105/AJPH.2013.301441. Epub 2013 Nov 14. PMID: 24228655; PMCID: PMC3910040.

Papachristos, A. V., & Kirk, D. S. (2015). Changing the street dynamic: Evaluating Chicago's group violence reduction strategy. *Criminology & Public Policy*, 14(3), 525-558.

<https://ora.ox.ac.uk/objects/uuid:e0dee0da-bf1c-44e1-bce0-50c3eca9aa09/files/mffca50f72cc77cde9578ea69ee72a2a5>

Phalen, P., Bridgeford, E., Gant, L., Kivisto, A., Ray, B., and Fitzgerald, S. 2020. "Baltimore Ceasefire 365: Estimated impact of a recurring community-led ceasefire on gun violence." *American Journal of Public Health* 110(4):554-559. <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2019.305513>

Pierce, O. 4 Jan 2023. "Studying Gun Violence Is Hard. But Intervention Programs Need Research to Survive." *The Trace: Investigating Gun Violence in America*. <https://www.thetrace.org/2023/01/gun-violence-intervention-research/>

Richardson, E. and Hemenway, D. 2011. "Homicide, Suicide, and Unintentional Firearm Fatality: Comparing the United States with Other High-Income Countries." *Journal of Trauma Injury, Infection and Critical Care* 70 (1): 238–43.
[https://journals.lww.com/jtrauma/Abstract/2011/01000/Homicide, Suicide, and Unintentional Firearm.35.aspx](https://journals.lww.com/jtrauma/Abstract/2011/01000/Homicide,_Suicide,_and_Unintentional_Firearm.35.aspx)

Santa Clara County Public Health. 2022. "Cost of Gun Violence in Santa Clara County."
https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/SCPubHealth_2022_Gun_Violence_Report.pdf

Santa Clara County Public Health. 2022. "Cost of Gun Violence in Santa Clara County."
https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/SCPubHealth_2022_Gun_Violence_Report.pdf

Santa Clara County Public Health. 2022. "Cost of Gun Violence in Santa Clara County."
https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/documents/SCPubHealth_2022_Gun_Violence_Report.pdf

Scott, R. n.d. "Overview: What is a gun violence restraining order?" City of San Diego City Attorney's Office. <https://www.sandiego.gov/sites/default/files/nr180503a2.pdf>

Swaine, J. and McCarthy, C. 2017. "Young Black Men Again Faced Highest Rate of US Police Killings in 2016." Guardian, 2017, Jan 8th edition. <https://www.theguardian.com/us-news/2017/jan/08/the-counted-police-killings-2016-young-black-men>

Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, 25(5), 366-376. <https://www.sciencedirect.com/science/article/pii/S1047279714001471>

Swanson, J. W., McGinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, 25(5), 366-376. <https://www.sciencedirect.com/science/article/pii/S1047279714001471>

U.S. Government Accountability Office. 16 Jun 2021. "Firearm Injuries: Health Care Service Needs and Costs." <https://www.gao.gov/products/gao-21-515>

WBUR. 2021. "Documenting the Impacts of Hospital Interventions after Gun Injury." <https://www.wbur.org/hereandnow/2021/04/07/life-after-the-gunshot-trauma>

Webster, D. W., Whitehill, J. M., Vernick, J. S., & Curriero, F. C. (2013). Effects of Baltimore's Safe Streets Program on gun violence: A replication of Chicago's CeaseFire Program. *Journal of Urban Health*, 90(1), 27-40. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579298/>

Whitehill JM, Webster DW, Frattaroli S, Parker EM. Interrupting violence: how the CeaseFire Program prevents imminent gun violence through conflict mediation. *J Urban Health*. 2014 Feb;91(1):84-95. doi: 10.1007/s11524-013-9796-9. PMID: 23440488; PMCID: PMC3907621.

Whitehill JM, Webster DW, Vernick JS. Street conflict mediation to prevent youth violence: conflict characteristics and outcomes. *Inj Prev*. 2013 Jun;19(3):204-9. doi: 10.1136/injuryprev-2012-040429. Epub 2012 Sep 21. PMID: 23002073.

Wilson, J. M., & Chermak, S. (2011). Community-driven violence reduction programs: Examining Pittsburgh's One Vision One Life. *Criminology & Public Policy*, 10(4), 993-1027. <https://criminology.fsu.edu/sites/g/files/upcbnu3076/files/2021-03/volume-10-issue-4.pdf#page=127>

Wintemute, G. Parham, J. Beaumont, M. Wright, M. and Drake, C. 1999. "Mortality among Recent Gun Purchasers of Handguns." *New England Journal of Medicine* 341 (21): 1583–89.

Appendix S: Community Survey: Organizations to Address Gun Violence

Table 8. Organizations, Groups, and Networks to Address Gun Violence – Community Survey

Local Organizations	Count
A Girl & A Gun, San Diego	1
American Civil Liberties Union (ACLU)	1
All gun clubs	2
All law-abiding concealed carry holders	1
American Foundation for Suicide Prevention	1
Bishop Bowers No Shots Fired	1
Black Gun Owners Association	1
Black Guns Matters	1
Boy Scouts of America - San Diego-Imperial Council and local units	2
Boy Scouts of America	1
Boys to Men Counseling	1
Brady Campaign	3
Cal Guns	1
California Moms Demand Action	2
California PTA	1
California Rifle and Pistol Association (CRPA)	11
Carlsbad Police Department	1
CCW USA	1
Center for Community Solutions	2
Child Evangelism Fellowship	1
Church Tsidkenu	1
Churches	5
City Attorney Mara Elliott	1
City Parks	1
Clean-up groups	1
Community Against Gun Violence	2
Community Health Improvement Partners	1
County of San Diego Gun Violence Reduction Project	1
Domestic Violence Hotline at Center for Community Solutions	1
Escondido Fish & Game Association	2
Everytown for Gun Safety	2
Foothills Church	1
Gang Commission	1
Giffords Law Center	1
Girl Scouts of America	1
Gun Owners of America	4
Gun Policy Coalition	1
Gun shops/stores/ranges with training classes	2
Gun Talk Radio	1

Local Organizations	Count
Head Start	1
Hold My Guns	1
Hood Proverbz	1
Jews for the Preservation of Firearms Ownership	2
Knights of Columbus	1
Lemon Grove Rod and Gun Club	2
Libraries	1
Lions Club	1
March For Our Lives	6
Mental Health America	1
Moms Demand Action	36
Mosques	1
Mothers Against Gun Violence	1
National Alliance on Mental Illness (NAMI) San Diego	1
National African American Gun Association	1
National Conflict Resolution Center	1
National Parent Teacher Association (PTA)	1
National Rifle Association (NRA)	17
Neighborhood watches	1
No Shots Fired	2
North County San Diego Moms Demand Action	1
North County Shooting Center	1
Paving Great Futures	1
Pink Pistols	1
Poway Weapons and Gear	2
Project AWARE	1
San Diegans for Gun Violence Prevention	1
San Diego County Gun Owners	66
San Diego County Sheriff's Department	1
San Diego County Suicide Prevention Council	1
San Diego Police Department	2
Sandy Hook Promise	5
Say San Diego	1
San Diegans for Gun Violence Prevention (SD4GVP)	8
Shaphat Outreach	1
Solutions for Change	1
South Bay Rod and Gun Association	1
Students Demand Action	2
Survivors of Suicide Loss	1
Synagogues	1
Team Enough	3
Up2SD.org	1
U.S. Concealed Carry Association (USCCA)	2

Appendix T: Community Survey Demographics Compared with General Population Demographics

The following is a comparison of demographics from the community survey compared with demographics from the general population of San Diego County, as determined by the U.S. Census. Community survey figures are percentages of the survey sample. U.S. Census figures are percentages of the estimated general population.

As illustrated below, for race, there was likely an oversampling of White, Native Hawaiian or other Pacific islander, and American Indian or Alaska Native residents. However, comparison of racial percentages is imperfect because the Community Survey included the option “Choose not to answer” (14.8%) which was not included in the U.S. Census.

Table 9. Comparison of Racial Groups Between the Community Survey and U.S. Census⁵¹

Demographic	Community Survey	San Diego County (U.S. Census)
White residents	63.5%	49.5%
African American residents	3.1%	4.7%
Native Hawaiian or other Pacific islander	0.9%	0.5%
American Indian or Alaska Native	0.7%	1.2%
Other	4.0%	15.8%
Choose not to answer	14.8%	N/A

As illustrated below, for ethnicity, there was an oversampling of non-Hispanic residents.

Table 10. Comparison of Racial Groups Between the Community Survey and U.S. Census⁵²

Demographic	Community Survey	San Diego County (U.S. Census)
Hispanic or Latino	15.2%	33.9%
Not Hispanic or Latino	84.8%	66.1%

As illustrated below, for educational attainment, there was an oversampling of residents with high educational attainment.

Table 11. Comparison of Educational Attainment Between the Community Survey and U.S. Census⁵³

Demographic	Community Survey	San Diego County (U.S. Census)
High school graduate or higher	99.1%	58.0%
Bachelor’s degree or higher	72.8%	41.0%

⁵¹ 2020 Decennial U.S. Census. See <https://data.census.gov/table?q=San+Diego+County,+California&g=050XX00US06073>

⁵² 2020 Decennial U.S. Census. See <https://data.census.gov/table/DECENNIALDHC2020.P9?g=050XX00US06073>

⁵³ 2020 Decennial U.S. Census. See <https://data.census.gov/table/ACSST1Y2022.S1501?g=050XX00US06073>

As illustrated below, for educational attainment, there was an oversampling of residents with high educational attainment.

Table 12. Comparison of Educational Attainment Between the Community Survey and U.S. Census⁵⁴

Demographic	Community Survey	San Diego County (U.S. Census)
High school graduate or higher	99.1%	58.0%
Bachelor's degree or higher	72.8%	41.0%

For the federal poverty level, there was an oversampling of residents in households above the federal poverty level. In the community survey, 3.6% of survey participants lived in households below the federal poverty level, while among the general population in San Diego County, 7.3% of households are below the federal poverty level.⁵⁵

⁵⁴ 2022 U.S Census American Community Survey. See <https://data.census.gov/table/ACSST1Y2022.S1501?g=050XX00US06073>

⁵⁵ 2020 Decennial U.S Census. See <https://data.census.gov/table/ACSST1Y2022.S1501?g=050XX00US06073>

Appendix U: Supplemental Information on Suicide and Homicide Rates

The following supplemental information on suicide and homicide rates was provided by the Medical Examiner's Office. This information provides more context to the firearm-related suicide and homicide rates.

SUICIDE COUNTS & RATES

- From 2017-2021, the overall suicide rate in San Diego County decreased by 17%. The firearm-related suicide rate decreased by 18%.
- From 2017-2021, the most common method of suicide death in San Diego County was firearm, followed by asphyxia (hanging/suffocation) and drug-medication.
- During this 5-year period, firearm-related suicide accounted for 36-39% of all suicide deaths. Asphyxia accounted for 30-34% and drug-medication accounted for 9-15%.
- Medical Examiner case data can be found on the County of San Diego open data portal: <https://data.sandiegocounty.gov/Safety/Medical-Examiner-Cases/jkvb-n4p7>
- Note: The in-cell bar graphs in the table below are a visual representation comparing highest to lowest suicide method rates per 100,000 of the county's population for each year.

Department of the Medical Examiner

San Diego County Suicide Death Counts and Rates per 100,000 of Population, 2017 - 2021

Manner & Method of Death		2017	2018	2019	2020	2021	5 Year Change
County Population Estimate		3,303,367	3,321,118	3,333,319	3,331,279	3,315,404	+0.4%
Overall Suicides ¹	Count	453	460	423	414	378	-17%
	Rate	13.7	13.9	12.7	12.4	11.4	
Firearm	Count	166	172	166	147	137	-18%
	Rate	5.0	5.2	5.0	4.4	4.1	
Asphyxia (Hanging/Suffocation)	Count	135	152	132	142	126	-7%
	Rate	4.1	4.6	4.0	4.3	3.8	
Drug - Medication	Count	67	55	40	47	43	-36%
	Rate	2.0	1.7	1.2	1.4	1.3	
Jumping	Count	37	35	47	43	34	-8%
	Rate	1.1	1.1	1.4	1.3	1.0	
Cutting/Stabbing	Count	14	14	9	9	10	-29%
	Rate	0.4	0.4	0.3	0.3	0.3	
Train	Count	11	11	7	5	7	-37%
	Rate	0.3	0.3	0.2	0.2	0.2	
All Others ²	Count	23	21	22	21	21	-9%
	Rate	0.7	0.6	0.7	0.6	0.6	

Data Sources: Population Estimates are from SANDAG Population Estimates 2017-2021; Suicide death information is from the Department of the Medical Examiner, 2017-2021.

In-cell Bar Graphs: In-cell bar graphs have been included to show how suicide method rates compare to one another in a given year. Orange-colored longer bars represent higher values and shorter bars represent smaller values.

Table Notes:

¹ Although the Medical Examiner has jurisdiction over all known or suspected suicides that occur within San Diego County, these case counts include only those suicides where both the death and the incident/event causing death occurred within the county; suicide deaths that occurred within the county as a result of an incident/event outside of the county are not included in these counts.

² "All Others" includes methods of death that averaged 5 cases or fewer during the 5 year period reviewed (for example: carbon monoxide, motor vehicle, poison, fire).

HOMICIDE COUNTS & RATES

- From 2017-2021, the overall homicide rate in San Diego County increased by 45%. The firearm-related homicide rate increased by 59%.
- From 2017-2021, the most common manner of homicide death in San Diego County was firearm, followed by cutting/stabbing, and blunt force.
- During this 5-year period, firearm-related homicide accounted for 53-60% of all homicide deaths. Cutting/stabbing accounted for 16-23% and blunt force accounted for 3-13%.
 - Of all firearm-related homicides, law enforcement involved shootings accounted for 7-27% of firearm-related homicide deaths.
 - Of all firearm-related homicides, possible domestic violence-involved homicides accounted for 4-23% of firearm-related homicide deaths.
- Medical Examiner case data can be found on the County of San Diego open data portal: <https://data.sandiegocounty.gov/Safety/Medical-Examiner-Cases/jkvb-n4p7>
- Note: The in-cell bar graphs in the table below are a visual representation comparing highest to lowest homicide method rates per 100,000 of the county's population for each year.

Department of the Medical Examiner

San Diego County Homicide Death Counts and Rates per 100,000 of Population, 2017 - 2021

Manner & Method of Death		2017	2018	2019	2020	2021	5 Year Change
County Population Estimate		3,303,367	3,321,118	3,333,319	3,331,279	3,315,404	+0.4%
Overall Homicides¹	Count	95	93	99	118	138	+45%
	Rate	2.9	2.8	3.0	3.5	4.2	
Firearm	Count	52	56	52	69	83	+59%
	Rate	1.6	1.7	1.6	2.1	2.5	
<i>Law Enforcement Involved Shooting² (Subset of all Firearm-related Homicides)</i>	Count	14	4	4	9	9	-36%
	Rate	0.4	0.1	0.1	0.3	0.3	
<i>Possible DV Involved Shooting³ (Subset of all Firearm-related Homicides)</i>	Count	9	13	11	10	3	-67%
	Rate	0.3	0.4	0.3	0.3	0.1	
Cutting/Stabbing	Count	17	19	19	27	22	+29%
	Rate	0.5	0.6	0.6	0.8	0.7	
Blunt Force	Count	3	7	13	9	12	+300%
	Rate	0.1	0.2	0.4	0.3	0.4	
Assault	Count	16	6	1	4	9	-44%
	Rate	0.5	0.2	0.0	0.1	0.3	
All Others⁴	Count	7	5	14	9	12	+71%
	Rate	0.2	0.2	0.4	0.3	0.4	

Data Sources: Population Estimates are from SANDAG Population Estimates 2017-2021; Homicide death information is from the Department of the Medical Examiner, 2017-2021.

In-cell Bar Graphs: In-cell bar graphs have been included to show how homicide method rates compare to one another in a given year. Orange-colored longer bars represent higher values and shorter bars represent smaller values.

Table Notes:

¹ Although the Medical Examiner has jurisdiction over all known or suspected homicides that occur within San Diego County, these case counts include only those homicides where both the death and the incident/event causing death occurred within the county; homicide deaths that occurred within the county as a result of an incident/event outside of the county are not included in these counts.

² These cases are a subset of the overall firearm-related Homicide case counts.

³ Possible DV (Domestic Violence) Involved shooting cases are a subset of the overall firearm-related homicides. These are cases where the suspect had a dating relationship/romantic relationship with the decedent (real or imagined). Can be a current partner/spouse or ex-partner/spouse. Also applies if there was no true dating relationship but the suspect wanted the relationship and victim refused.

⁴ "All Others" includes methods of death that averaged 5 cases or fewer during the 5 year period reviewed (for example: asphyxia, motor vehicle, fire, drug related).