# The Cost and Consequence of Community Violence

The Center for Public Safety Initiatives

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How many gun-related injuries and deaths are documented?

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Gun-related *mortality* statistics are much more readily available than gun-related *injury* statistics.

## Nationally:

## Injuries

An estimated two nonfatal injuries occur for every firearm death (Firearm & Injury Center at Penn, n.d.).

However, there was a trauma study completed in Ohio regarding non-fatal violence. The results showed that for every one homicide during the study period, 25 assaults were reported to the police and 100 were reported to the Emergency Department. This shows the major discrepancies in the data collection of nonfatal injuries (Pothrow-Stith, 2004, p. 40).

According to CDC, in 2006 (the most recent data available), there were 52,748 assault firearm nonfatal injuries in the United States. Of these, 4,772 were injured females and 47,884 were injured males. An estimated 26,553 of these victims were hospitalized for the injuries, and 22,523 were treated and released. The estimated population was 299,398,484 in 2006. Data was received from National Electronic Injury Surveillance System (NEISS) (National Center for Injury Prevention and Control CDC, 2006).

According to the CDC, in 2006, from data derived from NEISS showed that for males ages 15-24 firearm injury was the third leading cause of violence-related injury, behind assault (struck by/against) and assault (cut/pierce), respectively (Office of Statistics Programming, n.d.).

In 2003, the CDC reported that there were 65,834 victims of non-fatal firearm violence (Legal Community Against Violence, 2006).

In 2000, according to the CDC, there were 64,484 gun-related injuries treated (Freed, 2004).

In 1997, there were an estimated 35,810 victims treated for firearms-related injuries in hospitals nationally. Of these, 18,751 were treated for assault related injuries; 2,871 were treated for self-inflicted; 11,026 were determined to be unintentional cause. Twelve percent were discharged to another health facility. The average length of stay was 6 days, with an estimated total of 111,506 hospital days for firearm-related assault cases.

A year long study from June 1992 to May 1993 found that 99,025 people were treated for non-fatal firearm injuries in hospital emergency departments. The study used data from NEISS and found that the number of non-fatal GSWs treated in the emergency departments outnumbered the number of firearm-related deaths by a ratio of 2.6:1. For African Americans the ratio was 4.3:1 and for youth ages 15-24 the ratio was 4.1:1. Those who received treatment in any facility other than a hospital emergency room were not included in the data (Annest, 1995).

## Deaths

"Guns are involved in over three-quarters of the violent deaths of teenagers in this country" (Prothrow-Stith, 2003, p. 73).

According to the FBI, Uniform Crime Reporting system, there were 10,177 total firearms-related homicides in 2006 (Department of Justice Federal Bureau of Investigation, 2007).

Most recent data from CDC: in 2005, 30,694 people died from firearm-related injuries. 55.4% of these deaths were from suicide and 40.2% were from homicide. The black population had a rate that was 2.2 times the non-Hispanic white population (National Vital Statistics Reports, 2008).

According to CDC (2005), for black youth and young adults in the age groups: 15-19, 20-24, and 25-34, homicide is the leading cause of death. For black youth aged 15-24, 42 percent of deaths were homicides, and of the homicides, 90% were perpetrated with a firearm. In 2005, African-Americans represented 13% of the population, yet accounted for 48% of all homicide victims (Violence Policy Center, 2008).

In 2005, Blacks were victims of an estimated 805,000 nonfatal violent crimes and an estimated 8,000 homicides. Though blacks accounted for 13% of the population in 2005, they accounted for about 15% of the victims of nonfatal violent crimes and close to half of all the homicides. Close to 14% of the nonfatal violent crimes against blacks involved an

offender armed with a firearm and about one third resulted in an injury to the victim. From 1993-2001 violent victimization rates for blacks declined, but these rates remained stable from 2001-2005 (Harrell, 2007).

According to the National Violent Death Reporting System (NVDRS), of all the violent deaths that occurred in the 16 states reporting, 48.9% were committed with firearms. Several victims of homicide had toxicology screenings completed on them. Of these, 55.61% of the cases tested positive for a blood alcohol concentration (BAC) greater than 0.08 mg/dL and 21.2% of the victims tested positive for Marijuana and 17.2% tested positive for cocaine. (Karch, Lubell, 2008). Homicide rates were highest for those between 20-24 years and Blacks accounted for the majority of homicides (50.6%). Approximately one third of homicides were precipitated by another crime (Karch, 2008).

According to the NCHS, from 1999-2005, firearm death rates increased an average annual rate of 1.6% per year (Fingerhut, 2008).

According to National Center for Health statistics (NCHS), firearm death rates increased 4% from 2004 to 2005. Firearm death rates peaked at 20-24 years of age. Firearm deaths were more likely to be homicides at younger ages and suicides at older ages. Deaths from firearms were the second leading cause of injury death from 1999-2005 (motor vehicle deaths were number one). From 1999-2005, firearm death rates have increased at an average annual rate of 1.6% per year (Fingerhut, 2008).

According to an 11-year study on trauma at Howard University Hospital from 1994-2005 there were a total of 10,383 trauma admissions. Of these admissions, from 2001-2005 there were an average 1,204 admissions per year. It should be noted that this hospital serves a predominantly African-American population (90% African American). From 1994-2005 there were a total of 365 trauma deaths and of those, 205 (56%) were due to gunshot wounds. The majority, almost 75% (270), of the deaths were due to intentional injuries (gunshot wounds, stab wounds, and assaults) (Lyn-Sue, 2006).

African-Americans have half the risk of suicide as Caucasians but more than five times the risk of becoming homicide victims (Hemenway, 2004, p. 107).

In 2003, firearm-related deaths claimed the lives of 30,136 victims. (CDC) Of these victims, 11,920 were due to homicides (39.6%) and 16,907 (56.1%) were due to suicides. In 2003, 6,846 youth ages 15-24

were killed in gun related violence (Legal Community Against Violence, 2006).

According to the CDC, in 2002, there were 30,242 gun related deaths and in 2003 there were 30,136 gun related deaths (Christoffel, 2007).

According to National Center for Injury Prevention and Control, CDC, in 2002, the second and third leading cause of death for youth ages 15-24 was homicide and suicide, both of which the majority are firearm-related (Firearm & Injury Center at Penn, n.d.).

According to National Vital Statistics Report, 2003 - - - - affiliated with CDC in 2001, there were a reported 29,573 firearms-related deaths; 16,869 were suicide, 11,671 were homicide or legal intervention, 802 were unintentional, and 231 were undetermined (Hahn, 2005).

Interpersonal violence is the third leading cause of death in the injury category. According to Pridemore (2003), "excess mortality due to violence disproportionately influences a population's life expectancy, because victims of violence tend to be younger than those dying of internal causes.

In 2002, homicide was the leading cause of death for black males ages 15-34 in the United States. The homicide rate in the United States is twice as high as the rates found in other high-income countries (Davis, 2007).

In 2002, there were an estimated 90,000 fatalities and non-fatal injuries associated with firearms (Firearm & Injury Center at Penn, n.d.).

#### Other

According to DOJ BJS criminal victimization survey, 2005, 8.9% of crimes of violence had a firearm used. In 26.3% of robberies a firearm was used and in 28.5% of aggravated assaults a firearm was used (U.S. Department of Justice, 2006, Criminal Victimization in the United States).

During the 1980s and 1990s, the violence-related morbidity and mortality amongst African-Americans began to be viewed as a serious public health issue. In 1998 the age-adjusted homicide rate for Whites was 7.3 per 100,000 and the rate for Blacks was 25.2 (Pridemore, 2003).

Prothrow-Stith and Spivak (2003) explain that though the United States may be declining in the number of firearm related deaths and severe injuries, the numbers are still too high when comparing the numbers to other industrialized countries (p.74).

According to Prothrow-Stith and Spivak (2003), from 1981 to 1995 there was a 129 percent increase in the violent crime arrest rate for young women versus a 56 percent increase for young men. Currently, 25 percent of juveniles arrested for violent crime are girls (p. 132).

## LOCAL

According to the 2007 County Violent Crime Counts and Rates per 100,000 Population created by New York State Division of Criminal Justice Services, Monroe County had 961 violent crimes committed with a firearm in 2007. This is a rate of 132 per 100,000. Only Erie County had a higher rate at 134.7 per 100,000.

At a rate based on 100,000 total violent crime in Rochester in 1980 was at 1,213; in 1990 it was at 1,236.9; in 2000 it was at 742.6; and in 2005 it was at 1,029.2 (N.A., N.D.).

According to the CDC, in New York State in 2005, there were 479 black homicide victims. However, it is unknown how many of these homicides involved a firearm (Violence Policy Center, 2008).

According to the New York State Department of Health's report on trauma centers from 1999-2002, there were a total of 2,858 gunshot wound inpatients with completely coded data in the New York State trauma registry from 1999-2002. Of these patients, New York City accounted 65.75% of them, while the Finger Lakes Region, which only includes Strong Memorial Hospital, was the second highest region to treat gunshot wounds, accounting for 8.01% (or 229) of these patients.

## How many Rochester shootings are there?

- From 2000-2007, there were 1,587 shootings in Rochester.
- On average, there are 198 shootings annually. The year 2000 saw the lowest number of shootings at 133 and 2006 saw the highest number of shootings at 273.
- From January 1, 2008 to May 28,2008, there have been 70 documented shootings.

## How many Rochester homicides are there?

• In 2006, there were 49 homicides in Rochester and in 2007, there were 50 homicides in Rochester.

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