

Violence Prevention & Control

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Abstract

Findings from the Florida Violent Death Reporting System for 2019 including Qualitative Analyses of Suicide Deaths of 10-24-year-old Black Males

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Background/Purpose: The state of Florida joined the Centers for Disease Control and Prevention's (CDC's) National Violent Death Reporting System in 2018 as the Florida Violent Death Reporting System (FLVDRS). Data are collected from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports into one anonymous CDC database. This information provides much context about violent deaths, including pertinent circumstances. The purpose of this abstract is to report findings of the FLVDRS 2019 violent deaths. While death certificate data provides statewide information, data from medical examiner districts and/or law enforcement agencies are limited to those that provided data.

Methods: Data were obtained from all counties for death certificates and from 16 medical examiner districts and 24 law enforcement agencies. Quantitative analyses were conducted using STATA and SPSS and qualitative analyses were done using MAXQDA.

Results/Outcomes: There were 5,017 victims of violent deaths in Florida for 2019. The majority of deaths (95.6%) was to Florida residents and suicides (69%). The majority of decedents had a high school or GED degree (39.0%), or some college (15.6%). At least 30 (0.6%) deaths were to homeless individuals.

Males comprised most of the violent deaths (77.4%), and white individuals had the highest number of single suicide deaths (92% of suicides). Of the 2,774 single suicides where how the death occurred is reported, firearm discharge was recorded for 60% of the deaths. Over 80% of homicides (81.1%) were due to firearms when a method for death was reported.

To explore recent increases in suicide among underrepresented youth, a qualitative analysis of narratives of 19 black male suicide victims, ages 10-24, was conducted. Themes that emerged included scene location (found inside home or in a public space and found by whom), suicide method (firearm or hanging), engagement with law enforcement (suspected crime or active pursuit), known history of psychiatric conditions (depression or attention deficit hyperactivity disorder), known history of self-injurious behavior (previous suicide attempts, communication of suicide, suicide note or text left, etc.), and recent life events (conflict, financial difficulties, changes in mood, change in residence, etc.).

Conclusions: The results of this preliminary analysis allow for further understanding of violent deaths in the state of Florida, especially suicides in black males, ages 10-24. Continued analysis of the data along with inclusion of other populations at risk will help guide intervention efforts. The FLVDRS teams will work with the Statewide Office of Suicide Prevention in prevention efforts.

Abstract

How Income Inequality, Place, and Race Influence the Number of Fatal Police Shootings in US Counties

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IMPORTANCE: Place and race are two important predictors of police using force against the non-white population. The prevalence of fatal police shootings also varies by income inequality; more evidence is needed to understand the role of income inequality in these associations.

OBJECTIVE: To determine whether income inequality and racial composition of counties influence the number of residents who have been fatally shot by police officers.

DATA & METHODS: We used Mapping Police Violence Data and the Washington Post Fatal Force Data to count the number of people who police have fatally shot between 2015 and 2020. We merged this data with the American Community Survey (ACS) for Gini Coefficient (GC) and county characteristics. The analytical sample included 3,144 counties. During this time, police fatally shot 5,365 individuals.

We counted the number of people who police have fatally shot in counties as the dependent variable and counties' GC __the well-known measure of income inequality__ as the primary independent variable. We ran several sets of negative binomial regressions models (NBRG) to show the association between police fatal shootings, counties' income inequality, and the racial composition of residents. We controlled models for counties' racial composition, age composition, and population density. We also controlled by state and year fixed effects to capture state policies due to differences in policies. We reported the marginal effects.

RESULTS: Between 2015 and 2020, 2491 Whites, 1311 Blacks, and 916 Hispanics were fatally shot by police. Overall, 789 individuals were shot by police in counties with low-income inequality, 1,453 in counties with medium income inequality, and 3,033 in counties with high-income inequality. As we move from counties with low-income inequality to counties with medium- and high-income inequality, the number of fatal police shootings increased by 1.96 and 3.86 times, respectively.

The results of NBRG showed a positive association between police fatal shootings and income inequality. Compared to very low-GC counties, residents in counties with moderate and high GC are more likely to be shot by police by 15.0 and 26.9 percentage points. Also, Blacks are more likely to be shoot by 46.8% than Whites, and with an increased percentage of residents between 34 and 49 years, the number of fatal police shootings also increased.

CONCLUSION: In addressing police fatal shootings, the place, and income inequality, the population's racial composition plays a significant role. Policymakers may consider these predictors in addressing systemic racial disparities and treating the criminal justice system.

Abstract

Lethal police violence in Puerto Rico: the effect of race and place

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After years of litigation, the Puerto Rico Supreme Court asserted the constitutionally guaranteed right to access to public information, meaning that journalists, researchers, and ordinary citizens now have access to death certificates databases and information on people killed by the Police. As a result, the organization Kilómetro 0 (www.kilometro0.org) used these governmental sources, along with journalistic accounts and internet-based information, to create an open access database on fatal police violence, for the years 2014-2020. This database made it possible to estimate mortality rates due to police use of force in Puerto Rico and to statistically separate the role of class versus race in police violence mortality rates. The police violence mortality rate for Puerto Rico is 3.1/million people, while for the U.S. is 5.5. Due to historical reasons, the racial classification of individuals in Puerto Rico is a highly contested issue. Not surprisingly, the racial information of individuals in death certificates resulted unfruitful. With only 6 individuals classified as Black or African American, it was not appropriate to calculate mortality rates. Neighborhood information from the American Community Survey–Puerto Rico (5-year estimates) provided a way of dealing with the social class and race effects on mortality. Regarding social class, Puerto Rico's 883 inhabited census tracts were classified as poor and non-poor, using the cut-off point of 44% of households under the poverty line (44% of all Puerto Ricans live under the poverty line). As to race, the census tracts were classified as predominantly

White and racially diverse based on the cut-off point of 66% of people in a neighborhood who classified themselves as exclusively White (66% of the general population in Puerto Rico considered themselves to be exclusively White). Predominantly White neighborhoods have similar police violence mortality rate, regardless if they were poor (2.2/million people) or non-poor (2.1/million people). Racially diverse neighborhoods have a police violence mortality rate of 3.3, if they are located in non-poor communities, and a mortality rate of 4.8, if they are located in poor communities. Clearly, in terms of fatal police violence, race demonstrates to be more salient than social class. The data is consistent with explanations that assert that the Police consider poor communities with Afro-Caribbean populations as inherently more violent and dangerous than their predominantly White counterparts.

Abstract

Assault-related injury among deaf and hard-of-hearing women in an emergency department sample

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Background: Existing literature demonstrates that women and people who are deaf or hard-of-hearing, are at greater risk of experiencing interpersonal violence. Violence perpetrated against women who are pregnant is of particular importance, threatening the health of both mother and child. However, violence perpetrated against pregnant deaf or hard-of-hearing (DHH) women is not well-studied, despite the documented adverse pregnancy and birth outcomes these women face. This study's purpose is to determine the risk of assault-related emergency department visits among pregnant women who are and are not DHH.

Methods: A retrospective cohort study using the Healthcare Cost and Utilization Project, National Emergency Department Sample, 2016-2019. DHH women of reproductive age (15-44 years) were identified using diagnosis codes. Assault-related injury and pregnant status were identified using the Clinical Classifications Software Refined. A non-DHH control group was matched in a 1:5 ratio on age and survey year, resulting in a sample of 187,314 unique ED visits to DHH and non-DHH women.

Results: DHH women experience nearly twice the risk of assault-related emergency department visits (1.72, 95%CI=1.54-1.91) compared to non-DHH peers. This risk remained robust, even after adjustment for sociodemographic and hospital characteristics (1.82, 95%CI=1.63-2.03). Among pregnant DHH women, risk of assault-related emergency department visits was over twice as high (2.40, 95%CI=1.43-4.04), and almost three times higher after adjustment for sociodemographic and hospital characteristics (2.75, 95%CI=1.63-4.64).

Conclusions: This study demonstrates the need for healthcare providers at all levels to screen DHH women—especially those who are pregnant—for violence victimization. In addition, as is well-documented in other disability research, significant effort must be made to improve healthcare access for all DHH people.

Abstract

State-sanctioned violence against Black Lives Matter protestors: analysis of a transnational Twitter video archive

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Objective: Summer of 2020 saw 26 million people protest police killings of Black people in the United States. Although there is no database of law enforcement officer (LEOs) use of force at protests, this study sought to assess if social media may serve as an alternate, meaningful data source.

Methods: We conducted video content analysis of a Twitter archive containing 958 incidents of police mistreatment towards protestors. A tool was developed to capture assailant and victim demographics, type of violence, de-escalation tactics, injuries, care administered and if injuries met trauma triage criteria.

Results: We identified 248 videos (26%) containing evidence of mistreatment between May 31 to June 14, 2020 across 69 cities in 32 states. Victim race was identifiable in 135 instances and in 44% the victim was non-White (n=109). Victim gender was identifiable in 129 instances and in 38% (n=49) the victim was a woman. A total of 59% of incidents involved LEOs in riot gear (n=147). The most common method of mistreatment was the use of chemical irritants (e.g. pepper spray) (n=97, 39%) and small projectiles (n=63, 25%). In 56% (n=139) of cases LEOs initiated or escalated the incident. About 11% of incidents involved injury that met criteria for trauma center triage (n=27) (e.g. penetrating projectile injury). At least 11 (4.4%) incidents resulted in severe harm including 3 cases of vision loss, 3 traumatic brain injuries, 4 immediate hospital admissions, and 1 mortality.

Conclusion: Social media captured state violence against protestors during the summer of 2020. The use of chemical irritants and projectiles was particularly common. This review demonstrates the utility of social media derived data on police mistreatment of protestors. It also reveals the need for a formal database for comprehensive LEO-related injury identification and prevention.

