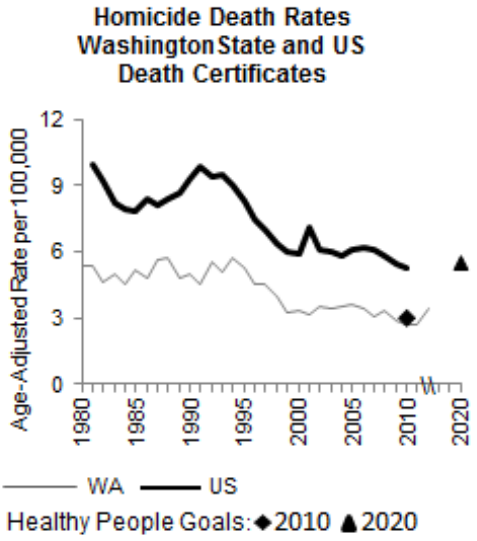
Homicide

Definition: All deaths due to injuries inflicted by another person with the intent to injure or kill by any means. Deaths from 1980–1998 include all records with an ICD 9 code including E960-E969, E979. Homicides for 1999–2012 include those with an ICD 10 code of X85-Y09 or Y87.1.

Summary

In Washington State 236 homicides occurred in 2012 (age-adjusted death rate: 4 per 100,000). Homicide rates declined between 1995 and 2000 but have leveled off since then. Young men, women in violent relationships, blacks, and American Indians and Alaska Natives are more likely to be victims of homicide than other people.

Homicide is the most extreme outcome of interpersonal violence. Targeted interventions to reduce homicide focus on preventing violence among children, youth and intimate partners.



Time Trends

Washington's homicide rate was 4 per 100,000 residents in 2012. This is the same as the age-adjusted rate shown to the right. During 2009–2011, 59% of homicide deaths were caused by firearms, 14% by a cut or piercing object, 15% by an unspecified cause, and 12% by a combination of other causes. Homicide rates declined from 5 per 100,000 residents in 1980 to between 3 and 4 per 100,000 residents since 2000. The largest decline occurred between 1994 and 1999.

National homicide rates are substantially higher than Washington's. National rates have declined from 10 per 100,000 in 1981 to 5 per 100,000 in 2010. The one-year increase in 2001 is due to the large numbers of deaths associated with 9/11.

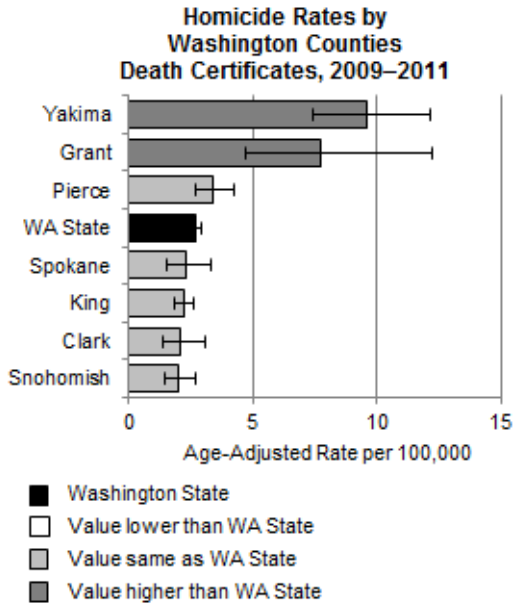
2010 and 2020 Goals

The national *Healthy People 2010* goal was to reduce the age-adjusted homicide rate to no higher than 3 per 100,000 people. In 2010 the age-adjusted homicide rate in Washington was 3 per 100,000; we just met this national goal.

The national *Healthy People 2020* goal is to reduce the age-adjusted homicide rate to no higher than 5.5 per 100,000. This goal was based on a 10% improvement from the national age-adjusted homicide rate of 6.1 in 2007. If Washington's current homicide rate remains steady, Washington will also meet this goal.

Geographic Variation

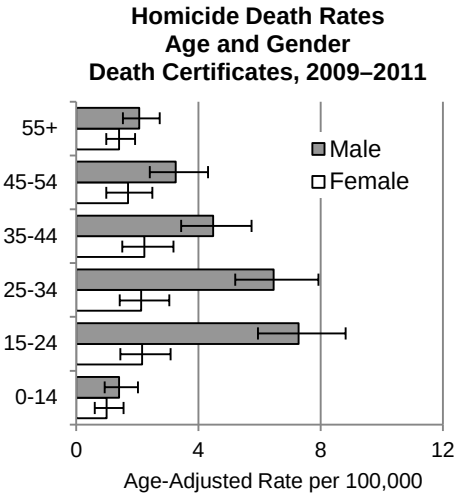
Among counties with 20 or more homicides in 2009–2011, Yakima and Grant counties had homicide rates higher than the state.



In 32 Washington counties, there were fewer than 20 homicide deaths from 2009–2011. Rates for these counties fluctuate widely even when combining three years of data.

Age and Gender

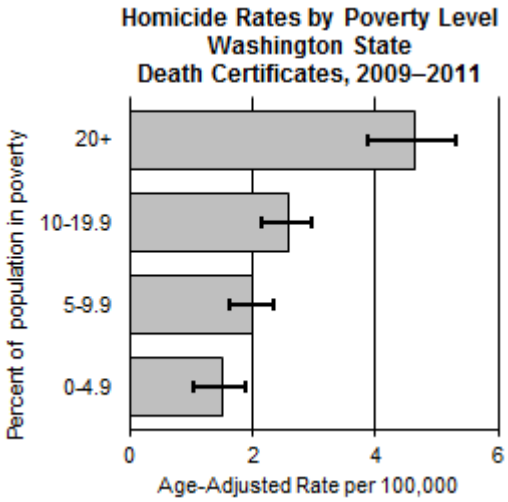
In 2009–2011, one-third of homicide victims were younger than 25, and two-thirds were male.



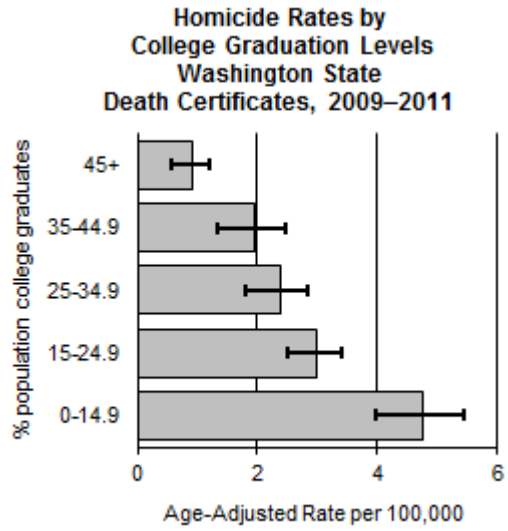
Homicide rates were highest among males 15–24 years old. For females, homicide rates were highest among those ages 15–44. In Washington, homicide is the third leading cause of death among young people ages 15–24, following unintentional injury and suicide.

Economic Factors and Education

Poverty and unemployment are linked with crime, burglary, robbery and substance abuse, which in turn increase the risk of homicide and violence.[1] In Washington, homicide rates in 2009–2011 were three times higher in census tracts where 20% or more of the population lived in poverty compared to census tracts where less than 5% lived in poverty.



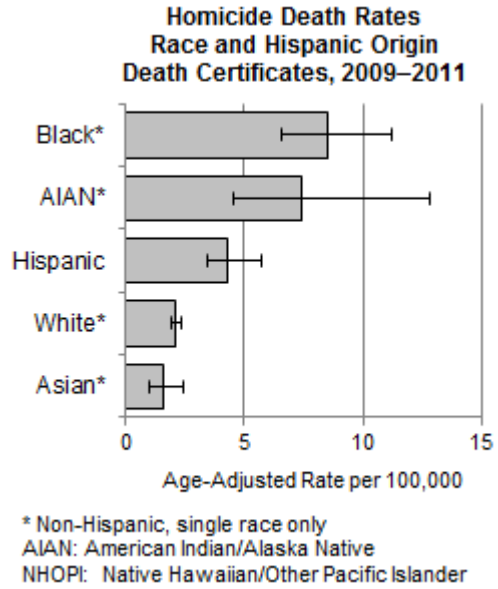
In Washington in 2009–2011, the age-adjusted homicide rate in census tracts where less than 15% of the population were college graduates was five times that of census tracts where more than 45% of people had graduated from college.



Race and Hispanic Origin

In Washington, age-adjusted homicide rates for black and American Indian and Alaska Native residents are at least three times higher than rates

for non-Hispanic white or Asian residents, the groups with the lowest rates. The homicide rate for people of Hispanic origin is about twice the rate for whites and Asians. Due to a relatively small number of Native Hawaiian and other Pacific Islander residents, homicide rates for this group vary widely from year to year making interpretation difficult. Homicide rates have declined since 1990 for all race groups. The largest decline occurred among black residents, with rates dropping from 36 per 100,000 in 1990–1992 to 8 per 100,000 in 2009–2011.



Nationally homicide rates among blacks are twice the rate for American Indians and Alaska Natives, three times higher than Hispanics, six times higher than white non-Hispanics, and nine times the rate for Asians and Pacific Islanders.[2] Individual and neighborhood characteristics are important determinants of homicide rates. The higher homicide rate among blacks and Hispanics is reduced after accounting for social and economic factors. For example, one study found that racial differences were reduced after adjusting for neighborhood social and economic factors, with the percentages of female heads of household and of people with less than a high school education having the largest impacts on homicide rates.[3]

Other Measures of Impact and Burden

Years of potential life lost. Based on a life expectancy of 75 years, 8,925 years of potential life were lost due to homicide in Washington in 2012. The potential years of life costs for homicide are high because they are a leading cause of death in young people.

Nonfatal injuries. Washington inpatient data (see Data Sources) show that about nine Washington residents are hospitalized with assault-related injuries for every homicide, adding to the financial and societal costs of homicide.

Family and social impacts. Homicide has a powerful impact on surviving family members and other loved ones, often more so than the loss of a loved one due to another type of death.[4] Homicide survivors experience many difficulties, and their grieving processes may be interrupted by the media and legal proceedings. The prevalence of mental disorders such as post-traumatic stress disorder (PTSD), prolonged grief disorder and depression is higher among friends and family members who lost a loved one to a violent death. Explanations for these findings include lack of 'readiness' for the death, difficulty making sense of the event, and a high level of societal distrust brought about by intense curiosity of the media and others.[5] Those at higher risk of experiencing mental health complications following the murder of a loved one include those with pre-existing mental health issues, lack of social support and having witnessed the death. Protective factors include higher self-esteem, self-efficacy and resilience.[6] Several studies have reported that blacks have higher levels of prolonged grief disorder following a violent death compared to whites. One study found that compared to whites experiencing homicide bereavement, blacks had smaller social networks, more negative relationships, and lower levels of grief-specific support.[7] The negative psychological and physical effects often lead to increased use of primary care services.[8]

In 2005, close to one in five U.S. adolescents reported having lost a family member or friend to homicide. Adolescent survivors are more likely than their peers to report depression, drug use and alcohol abuse.[9]

Risk and Protective Factors

Homicide is the most extreme outcome of interpersonal violence. A combination of individual, family, cultural and community factors contributes to the likelihood a person may be involved in interpersonal violence, and understanding these factors may help identify prevention strategies.

Factors that increase the likelihood a person may be involved in either intimate partner or youth violence, either as victim or perpetrator, include:[10,11]

- Poverty and low educational attainment.
- Underdeveloped verbal and conflict resolution skills.
- Low self-esteem.
- Anger and hostility.
- History of physical or psychological abuse including victimization or perpetration.
- Exposure to violence and conflict in the family.
- History of poor parenting or physical discipline as a child.
- Antisocial beliefs and attitudes.
- Poor behavioral control.
- High emotional distress.
- Belief in strict gender roles.
- Desire for power and control in relationships.
- Substance abuse.
- Neurological and psychological disorders.

Communities characterized by lack of resources, jobs and adequate tax bases along with deteriorating infrastructures often experience higher levels of drug dealing, violence and homicide.[12] Income inequality is strongly linked with homicide, and homicide rates are highest where income inequality is highest.[13] In one study, income inequality accounted for about half of the variation in state homicide rates.[14]

Drug and alcohol consumption are associated with all types of homicides. About half of all victims and perpetrators consume alcohol before a homicide.[15] Alcohol and drug use can contribute to homicide by reducing inhibitions against aggression and encouraging high-risk behaviors. (See Major Risk and Protective Factors section of *Health of Washington State* chapters, Alcohol Abuse and Dependence and Drug Abuse and Overdose, for additional detail.)

States with higher gun ownership have higher homicide rates.[16] In 2012, 58% of Washington's homicides involved firearms. The presence of a gun in the house increases the risk that an abused woman will be killed.[17]

Intervention Strategies

Homicide is a public health and criminal justice issue. Most strategies to reduce homicide include targeted interventions to prevent violence among children, youth and intimate partners.[18] Policies and programs aimed at curbing violence might also reduce homicide. Evidence of effectiveness for preventing or reducing violence is limited.

Because of the strong relationship between excessive alcohol consumption and violence, the *Community Guide to Preventive Services* recommends raising alcohol taxes as an effective way of reducing excessive alcohol consumption and related harms, including homicide.[19]

One promising intervention designed to reduce shootings in highly violent urban areas is Ceasefire. This program aims to change social norms and attitudes about gun violence by using specialized outreach workers to help resolve street conflicts. Two evaluations report reductions in shootings and homicides in a majority of neighborhoods where the program was implemented compared to control neighborhoods.[20,21] Conflict mediation may be a key factor in the program's success. In two-thirds of conflicts that were successfully mediated, gun violence was prevented.[22] More research about Ceasefire is needed to better understand the program's successes and failures.

Parent education programs with new or expectant parents show the strongest evidence for reducing child maltreatment. These programs strengthen parenting skills and the relationship between parents and children.[23] Triple P Positive Parenting Program, which offers different levels of support depending on the family's need, has more evidence of effectiveness than other parent education programs.[24] (See Intervention section of *Health of Washington State* chapter, Child Abuse and Neglect, for additional detail.)

Effective strategies to reduce youth violence include school-based programs that focus on bullying and physical fighting prevention;[25] family interventions with parent training and fostering improvement in relationships among family members;[26] and therapeutic foster care.[27] (See Intervention section of *Health of Washington State* chapter, Youth Violence, for additional detail.)

Promising interventions, based on a limited number of studies, for intimate partner violence include advocacy for women leaving domestic violence shelters[28] and school-based programs for preventing dating violence.[29] Among women who were victims of intimate partner violence, their safety appears to improve after obtaining a protective order.[30] (See Intervention section of *Health of Washington State* chapter, Domestic Violence, for additional detail.)

Firearm laws have been identified as high-priority interventions for violence prevention. The Task Force on Community Preventive Services found insufficient evidence to determine the effectiveness of firearm laws on violent outcomes.[31] Further high-

quality research is required to establish the relationship.

Primary care physicians are in a unique position to help homicide survivors cope with their loss, although training on homicide survivorship is lacking for healthcare providers. One study recommended that primary healthcare providers receive training on the prevalence and impact of homicide survivorship, screening tools and methods, empathy and listening skills, and the importance of survivor networks and appropriate referrals.[8] The effectiveness of this approach for helping survivors has not been evaluated. Washington State pays for medical and funeral expenses and counseling for homicide survivors using crime victim compensation funds.

See Related Chapters: Youth Violence, Domestic Violence, Child Abuse and Neglect, and Drug Abuse and Overdose.

Data Sources (For additional detail, see Appendix B.)

Washington State Death Certificate Data: Washington State Department of Health, Vital Registration System Annual Statistical Files, Deaths 1980–2012, released September 2013.

Washington Hospitalization Data: Dataset compiled by the Washington State Department of Health, Center for Health Statistics from the Washington Comprehensive Hospitalization Abstract System and Oregon Hospital Discharge datasets, July 2013.

National data: National Center for Injury Prevention and Control, National Centers for Health Statistics. Web-based Injury Statistics Query and Reporting System (WISQARS) http://www.cdc.gov/injury/wisqars/index.html.

For More Information

Department of Health Injury and Violence Prevention Program, 360-236-2800
http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention.aspx

U.S. Centers for Disease Control and Prevention – Division of Violence Prevention—Youth Violence: http://www.cdc.gov/injury/factsheets/index.htm and Intimate Partner Violence: http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html

The Prevention Institute: www.preventioninstitute.org/home.html.

Families & Friends of Violent Crime Victims: www.fnfvcv.org

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Endnotes

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