

HOMICIDE

A Zanesville woman was shot fatally three times in the back and head at a school bus garage by a friend, after which the friend turned the weapon on himself. This is just an example of the more than 450 homicides that have occurred in Ohio within the last year.

Defining The Problem

Homicide is defined as the killing of one human being by another. It is when a person knowingly, purposefully, recklessly, or negligently causes the death of another human being. Most homicide victims are killed by someone they know. A gun is used in as the weapon in more than 60 percent of homicides.

Homicide is a particular problem in our urban centers where poverty, racism, drug abuse, and easy access to handguns combine to form a deadly mixture. "Drive by" shootings occur nearly everyday in the United States. Homicide is the leading cause of death for women in the workplace.

Goals

Reduce homicides

<i>HP 2010 Goal</i>	<i>3.0 per 100,000</i>
Ohio 1998	3.9
U.S. 1998	6.5

Data source: National Vital Statistics System (NVSS), CDC, NCHS; FBI Uniform Crime Reports, U.S. Department of Justice.

Data

Homicide is a serious problem in the United States and in Ohio. According to the 10 leading causes of injury death by age groups in the United States, homicide with a firearm ranks second within the 15-24 age group and third within the 1-4 age group non firearm homicide. Males, young adults, and minority group members, particularly African Americans and Hispanics are the most common homicide victims and perpetrators.

Ohio has made significant progress in reducing homicides. The current rate of 4.1 per 100,000 residents represents 450 per year. From 1993-1995, the rate was 6.2 per 100,000 or 660 homicides per year.

Nonfatal Violent Injuries

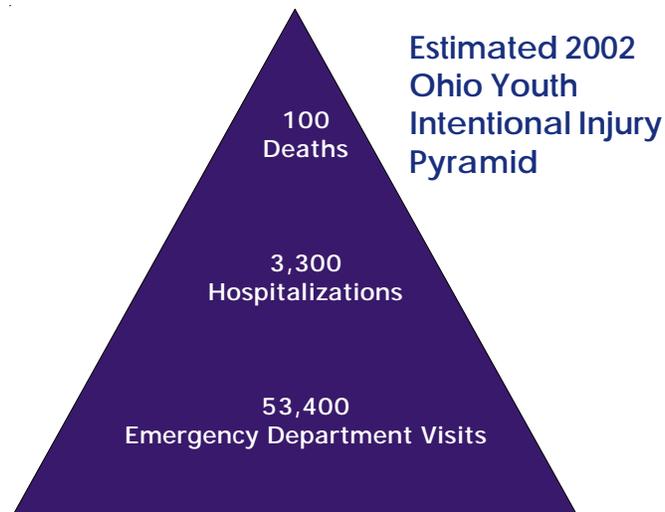
In 1994, approximately 10.9 million criminal acts of violence occurred in the United States against people 12 years or older. One-quarter, or 2.7 million, of these resulted in injury to the victim. This amounts to more than 8,200 injuries resulting from violence each day in this country.

Costs & Consequences

Even though homicide rates are a more reliable source of data regarding assaultive injuries, nonfatal assaults may be an even more important aspect of the problem. One study showed that for every youth homicide death there were 33 hospitalizations and 534 emergency department visits for assault. (*Injury Prevention and Public Health, T. Christoffel and Gallagher, SS, 1999*) In Ohio during 2002, this would translate into an estimated 3,300 hospitalizations and 53,400 emergency department visits for nonfatal, intentional injuries. In Franklin County alone in 2001, there were 551 assault-related hospitalizations and 63 homicides. (*2000-2001 Central Ohio Trauma System Injury Admissions: A Public Health Assessment*)

For all ages during 1999-2000, homicide accounted for over 28,000 years of potential life lost in Ohio and over 1.1 million in the U.S.

According to data analyzed by the Children's Safety Network, the total monetary cost of homicide for Ohioans ages 0-24 from 1993-1997 was over \$54 million. These costs include medical, legal and administrative costs, as well as estimated lifetime productivity loss.



2000 Ohio
Homicide Injury Deaths and Rates/ 100,000

Population Group	Homicide Victims	Rate/100,000
White Females	109	2.2
White Males	136	2.9
Black Females	39	5.7
Black Males	169	27.9
White Males 15-24	24	3.6
Black Males 15-24	49	47.7
All Races and Ages	465	4.1

Risk Factors

- Alcohol and other drug use is a primary risk factor for homicide. In more than half of homicides, alcohol is found in the victim, the perpetrator or both.(reference). Blood alcohol tests and drug tests are commonly used on homicide victims to determine the levels of substances in their bodies. In one survey of New York City homicides, drugs and alcohol were a factor in 53 percent of homicides.
- African-American males between the ages of 15 and 24 years are at the greatest risk of any group. In 2000, the homicide rate among this group was an astounding 47.7 deaths per 100,000 compared to a rate of 4.1 deaths per 100,000 in the general population. (See Table 1) African American males in this age group are nearly 16 times more likely to be homicide victims than other males in this age group.
- A correlation exists between poverty and homicide. This correlation confounds the risk associated with being of African American ethnicity, as African Americans living in poverty are overrepresented. (*Violence in America: A Public Health Approach.*) Therefore, poverty is a risk factor for being a victim and a perpetrator of homicide.
- Youth are nearly three times more likely than adults to be victims of violent crimes. Homicide rates are highest for ages 15-24 years.
- Homicide is the third leading cause of death for 1-4 year olds.
- Approximately 9 out of 10 homicide victims in the U.S. are killed with a weapon of some type, such as a gun, knife or club.
- Having a handgun in the home is a risk factor for homicide. According to a study conducted among Washington state Health Maintenance Organization members, handgun owning family members are twice as likely to die in a suicide or homicide than other members of the same age, race, and neighborhood who had no history of a handgun purchase. The increased risk persisted for five years after the handgun purchase.
- Although homicides at school constitute a very small part of the problem, the number of youth at school with lethal or potentially lethal weapons is an additional risk factor. According to the 1999 Ohio Youth Risk Behavior Survey, 15% of Ohio high school students carried a weapon such as a gun, knife, or club on one or more of the thirty days preceding the survey. Significantly more males (25%) carried a weapon such as a gun, knife, or club than females (5%) during the past thirty days. Preceding the survey, five percent of Ohio's ninth grade, six percent of the tenth, four percent of the eleventh and three percent of the twelfth graders carried a gun. More African Americans (9%) carried a gun than white (3%) students during the past 30 days.

Existing Programs

State Resources

Ohio Commission on Dispute Resolution and Conflict Management

The Ohio Commission on Dispute Resolution and Conflict Management provides Ohioans with constructive, nonviolent forums, processes, and techniques for resolving disputes.

<http://www.state.oh.us/cdr/>

Office of Criminal Justice Services

It is the mission of the Ohio Violence Prevention Center to coordinate and facilitate statewide prevention efforts to reduce the violence that threatens Ohio's citizens and their communities. Statistics available.

<http://www.ocjs.state.oh.us/index.html>

Ohio Department of Education

Contains Ohio Youth Risk Behavior Survey.

<http://www.ode.state.oh.us/>

Ohio Coalition Against Gun Violence

www.ocagv.org

Ohio Department of Alcohol and Drug Addiction Services

Provides training to raise awareness about the root causes of violence. <http://www.state.oh.us/ada/odada.htm>

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Ohio Prevention Education Resource Center (OPERC)

OPERC serves a broad range of individuals and organizations including families, schools, businesses, law enforcement, churches, and ATOD/health agencies. OPERC services include the development and distribution of ATOD materials, training programs, and technical assistance covering a variety of prevention topics via telephone and on-site consultation. Services are available free of charge to Ohio residents through state and federal funding.

<http://blues.fd1.uc.edu/www/operc/>

National Resources

American Bar Association

www.abanet.org

American Public Health Association

www.apha.org

Coalition to Stop Gun Violence

www.csgv.org

Handgun Control, Inc.

www.handguncontrol.org

Help Network

www.helpnetwork.org

Join Together

www.jointogether.org

Million Mom March

www.millionmommarch.com

National Association of Social Work

www.socialworkers.org

PAX

www.paxusa.org

Physicians for Social Responsibility

www.psr.org

Violence Policy Center www.vpc.org

Youth are nearly three times more likely than adults to be victims of violent crimes. Homicide rates are highest for ages 15-24 years.

Discussion of Homicide Prevention Strategies

Several dimensions of poverty shown to be related to homicide are: transiency of the population, low participation in community life, and crowded housing. To be successful in reducing the rates of homicide, these complex economic and social factors must be addressed. Programs that focus on helping young African American males, such as mentoring and job training programs, can also help reduce their risk.

Prevention programs that address individual factors have also been successful. Regular visits to the homes of single, poor, teenage mothers by health practitioners have been shown to reduce child maltreatment. Handgun ownership laws have also had an effect on homicide rates. After passage of the 1977 Washington, D.C. restrictive licensing law that prohibited handgun ownership by everyone except police and security personnel, firearm suicides and homicides declined by 25%. (*Public Health Policy for Preventing Violence, Mercy, JA, ML Rosenberg, et.al. Health Affairs, 1993*).

Homicide is the ultimate act of violence. It is often the result of experiencing an extreme level of emotion such as rage/anger, fear, revenge, or mental disturbance. Programs that assist people in understanding and controlling these emotions and addressing underlying mental health issues may also reduce assault and homicide.

Policy Issues

O.R.C. Chapter 2903: Homicide and Assault

See Firearms, Intimate Partner Violence and Child Maltreatment for related policy issues.

Recommendations to Prevent Homicide

Improve Surveillance

1. Support Ohio's participation in the CDC's National Violent Death Reporting System, which includes statewide coroner's data, crime laboratory data, vital statistics data, and law enforcement data.

Target resources toward high-risk groups

2. Support evidence-based programs for young males that provide instruction in life skills and anger management to encourage nonviolent responses to anger and frustration.
3. Create a permanent and stable funding mechanism for home visitation programs of 2 years or greater duration per client. Programs should be directed to high-risk families such as young, single-parent, low-income families and families having children with disabilities. Interventions should focus on strengthening parenting skills, increasing knowledge and understanding of child development, increasing awareness and access to resources, reducing isolation and developing positive coping skills.

4. Continue to support and fund programs that successfully address problems of alcohol and other drug abuse.

Expand training

5. Incorporate age-appropriate education on life skills, conflict resolution, parenting skills, bullying and other related issues into school curricula. Provide standardized training materials for school staff and teach use. Evaluate these programs for effectiveness.

Empower communities

6. Increase funding for mental health intervention services.
7. Enact state legislation addressing the following firearm-related issues: Juvenile Possession Law, Child Access Prevention (CAP) Law, and 'Safe Gun' standards. *(Refer to Firearm chapter for additional information on these laws)*

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