



Mecklenburg County Board of Commissioners

Community Violence Overview and Plan

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Introduction to the Problem

- Violence is a serious public health concern
- Violence takes many forms and is not just physical acts (emotional, social media bullying, threats etc.)
- Exposure to violence can negatively impact individuals.
- Early exposure to violence can linger into adulthood.



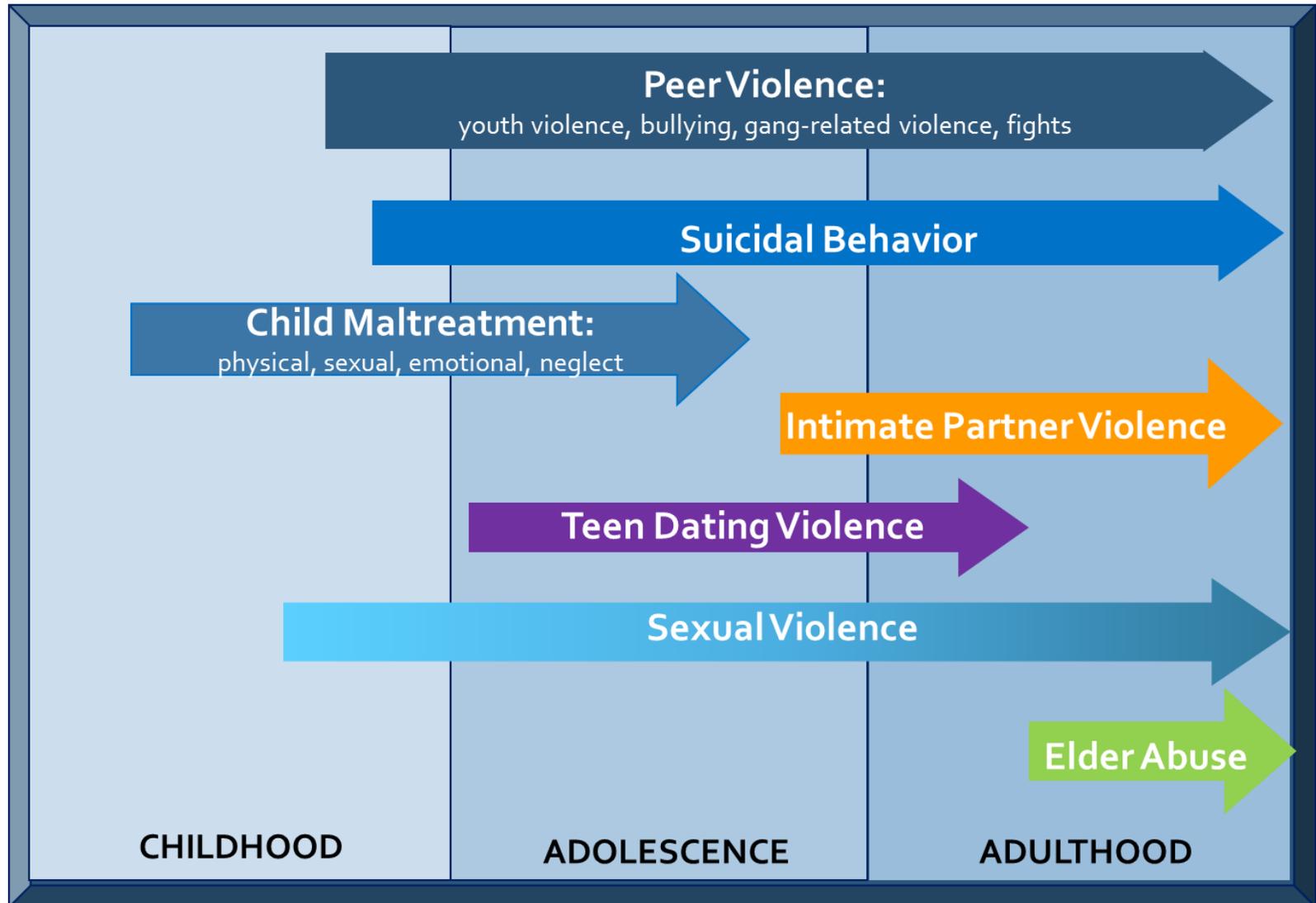
Why is Violence Prevention Important to Atrium Health?

- Only Level 1 Trauma Center in the region
- Long term effects which include poor mental health, lost years of life, increase disability, and high medical costs



Different Forms of Violence

Violence takes many forms in our communities and can affect residents across their entire life span.



Introduction to the Problem

- Across the nation an increasing pattern in community violence has emerged
- Nationally, a firearm injury was the underlying cause of death in 74% of all homicides and in 87% of youth homicides*
- Similar trends have been noted in Mecklenburg County

Source: Centers for Disease Control, MMWR: Firearm Homicides and Suicides in Major Metropolitan Areas — United States, 2012–2013 and 2015–2016



Reported Homicides Are Increasing in Charlotte

Charlotte-Mecklenburg Police Department Crime Stats

Number of Reported Homicides, 2nd Quarter 2018/19

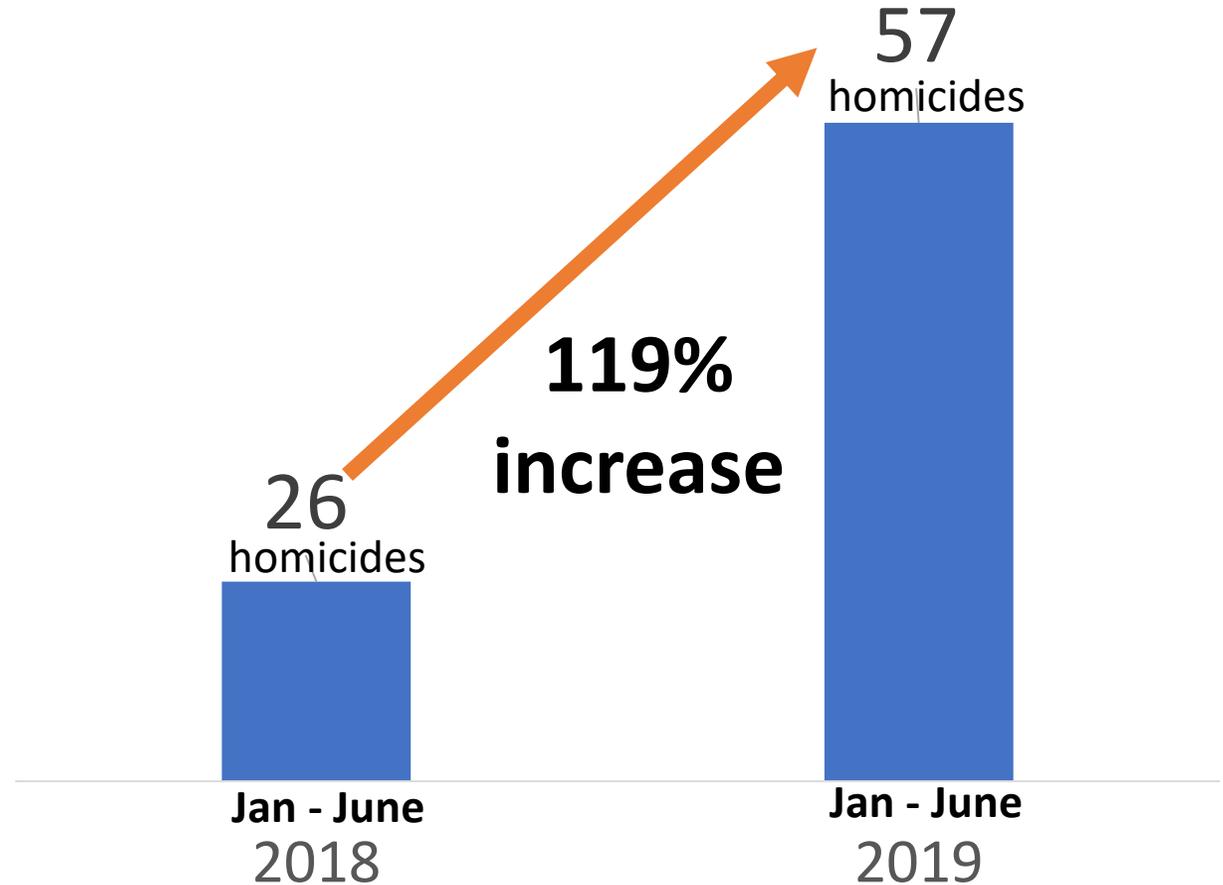
CMPD: 2019 Homicides Up Threefold From Last Year

By DAVID BORAKS • APR 3, 2019

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WFAE 90.7
CHARLOTTE'S NPR NEWS SOURCE

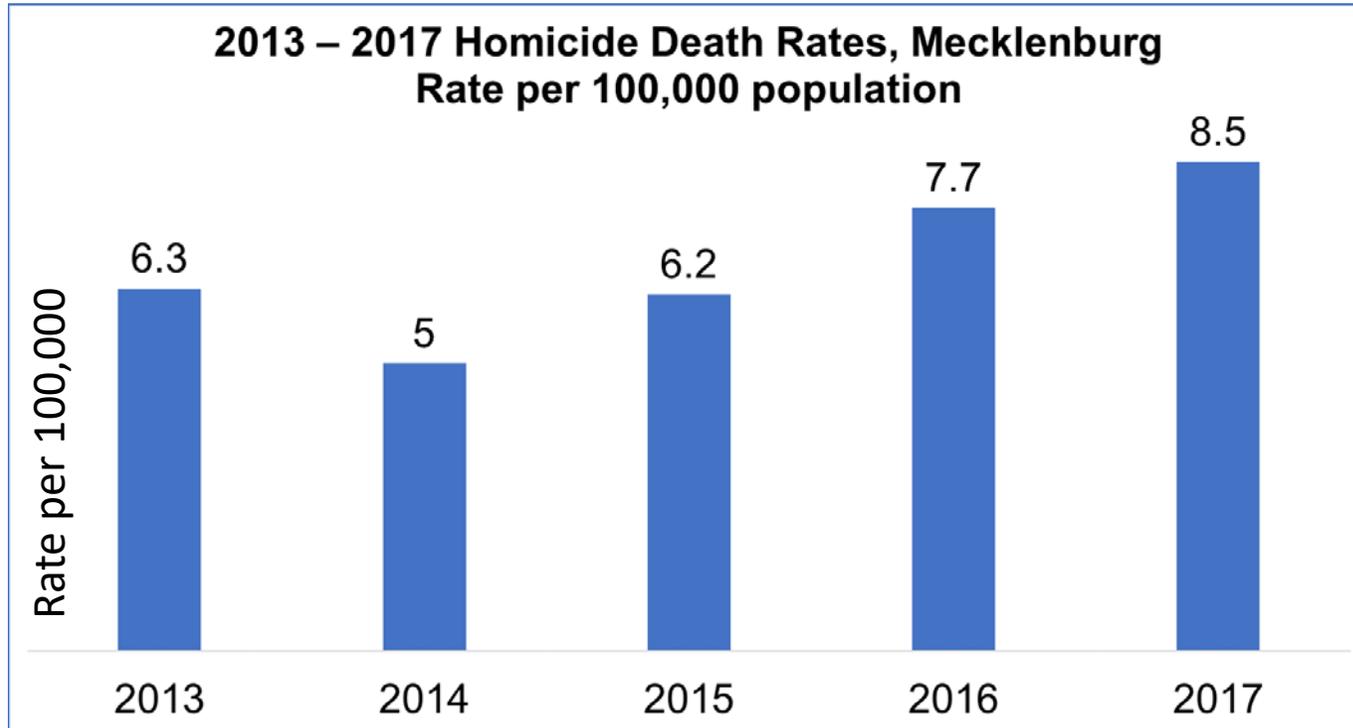


Source: CMPD Crime Statistics



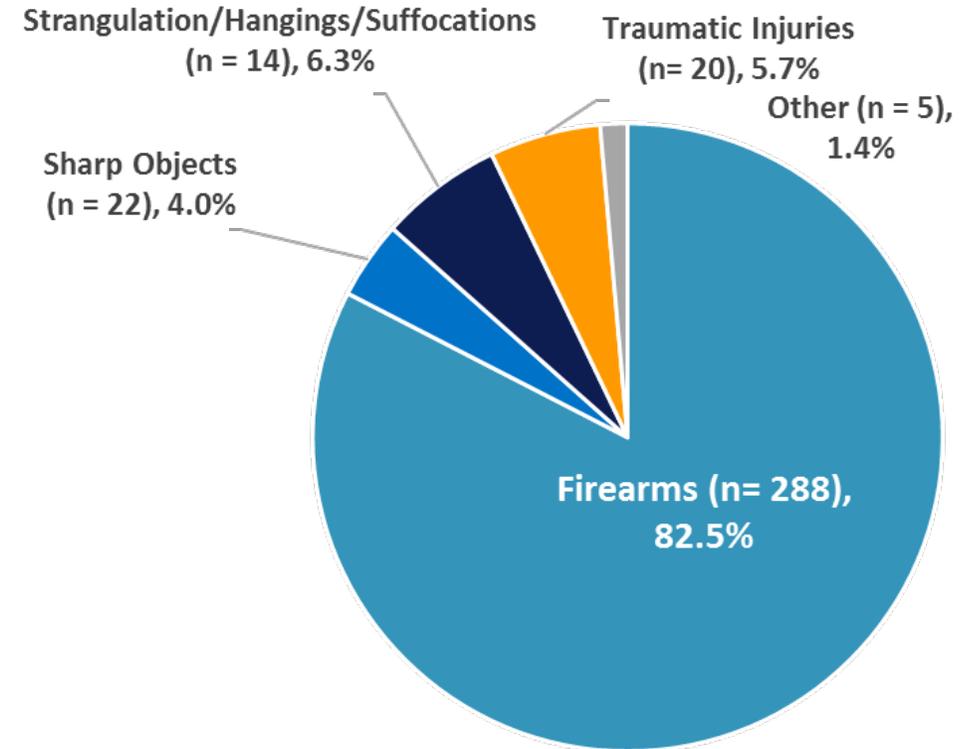
Homicides in Mecklenburg County, 2013 - 2017

- Homicide Rates are Increasing



Source: NC DHHS, State Center for Health Statistics
Prepared by: Mecklenburg County Public Health, Epidemiology Program

2013 – 2017 Deaths due to Homicide by Cause, Mecklenburg
Total Homicides: 349

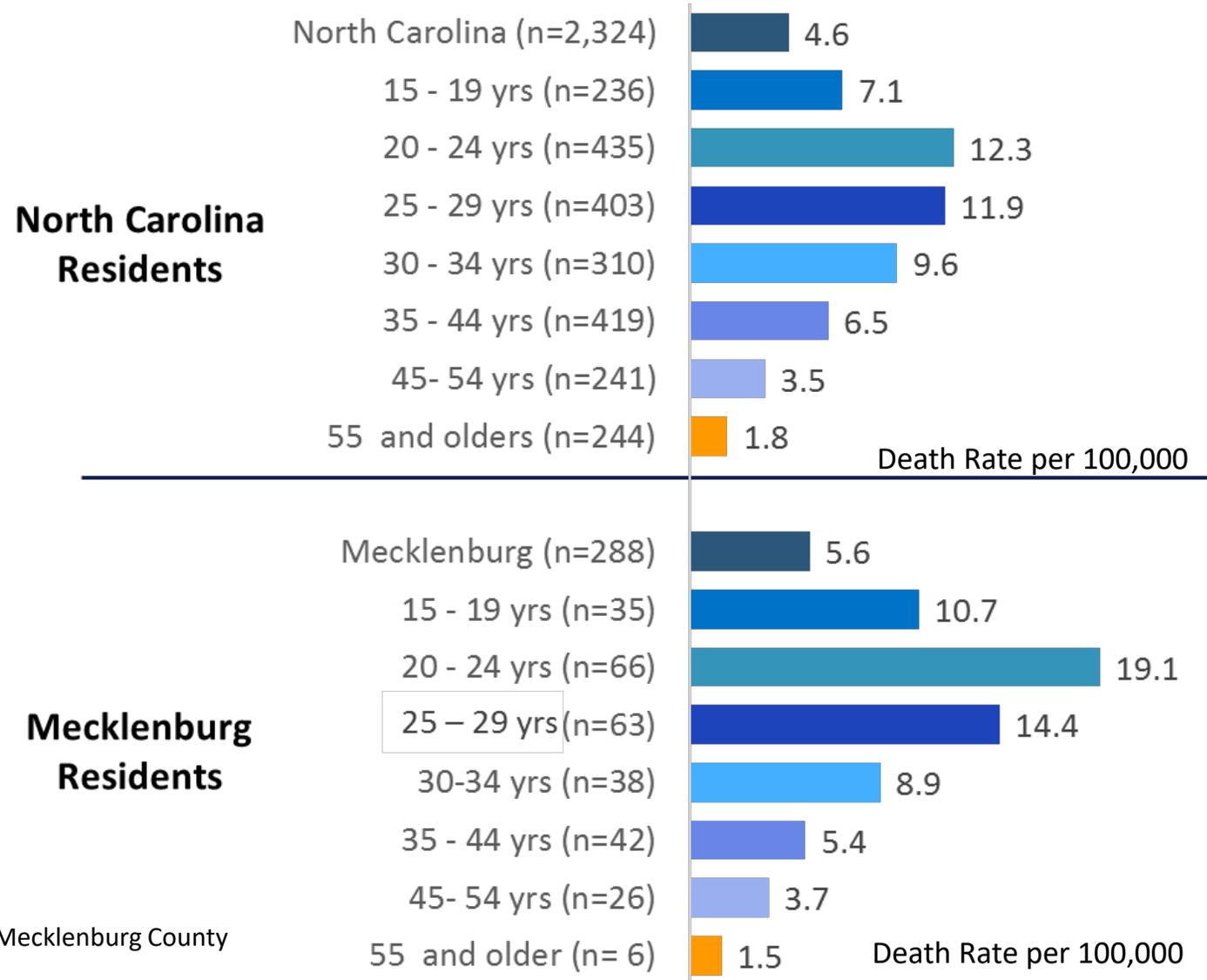


- Over 80% of Homicides involve firearms



5-Yr. Firearm Homicide Death Rates by Age, North Carolina and Mecklenburg County Residents (average: 2013 – 2017)

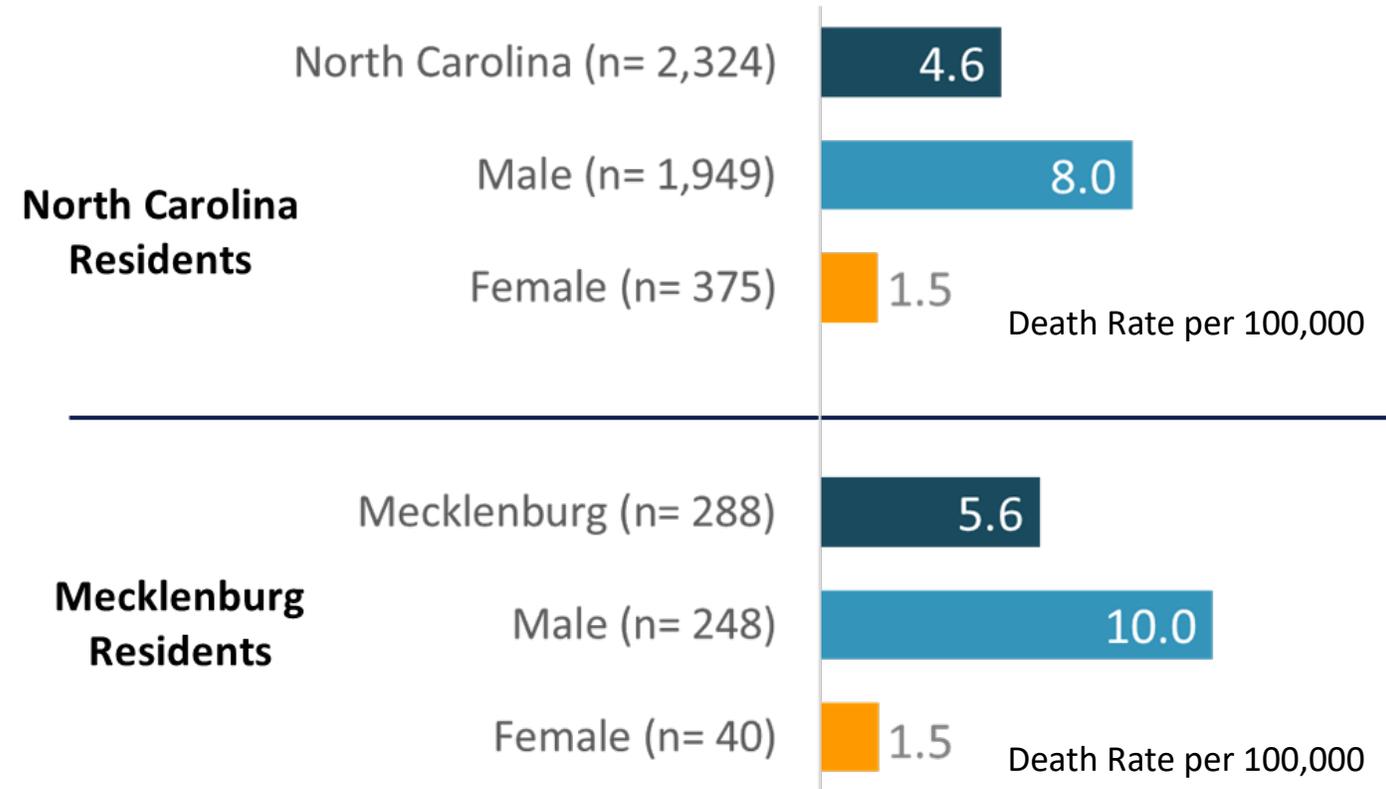
By age,
Firearm Homicide
rates highest
among
young adults



Source: NC DHHS, State Center for Health Statistics, Detailed Mortality Data: Mecklenburg County
Prepared by: Mecklenburg County Public Health, Epidemiology Program

Males more likely to die of Firearm Homicides than Females

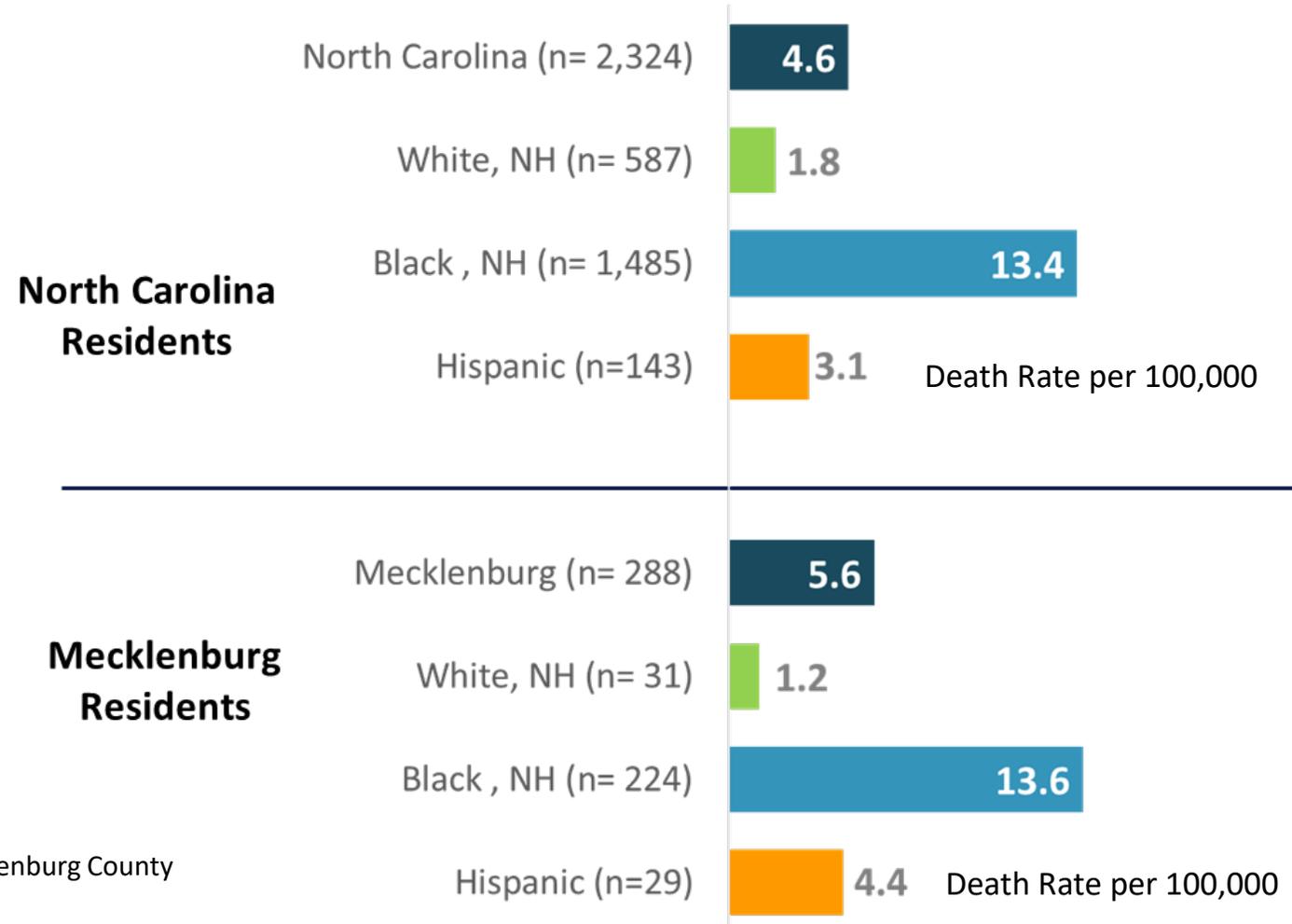
5-Yr. Firearm Death Rates by Gender, North Carolina and Mecklenburg County Residents (average: 2013 – 2017)



Source: NC DHHS, State Center for Health Statistics, Detailed Mortality Data: Mecklenburg County
Prepared by: Mecklenburg County Public Health, Epidemiology Program

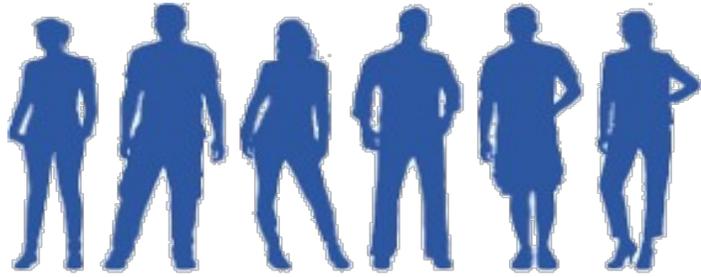
Black Residents experience the highest homicide rates and one of the largest disparities in firearm deaths

5-Yr. Firearm Death Rates by Race/Ethnicity, Mecklenburg County Residents (average: 2013 – 2017)



Source: NC DHHS, State Center for Health Statistics, Detailed Mortality Data: Mecklenburg County
 Prepared by: Mecklenburg County Public Health, Epidemiology Program

Youth Violence in Mecklenburg



- Homicide was the **3rd leading cause of death** among children 1 – 14 years
- Homicide was the **2nd leading cause of death** among young people ages 15 - 24

Source: NC DHHS, State Center for Health Statistics



Highlights from the 2017 Youth Risk Behavior Survey for Charlotte-Mecklenburg Children and Teens

28%

Amount of middle school students reporting ever carrying a weapon



Nearly **1 in 7** teens, or 14%, reported carrying a weapon, such as a gun or knife in the past 30 days



Rate of Teens Carrying Guns Have Increased Over Time

In 2017, 6.4% of teens reported carrying a gun in the past 30 days, an increase over the 5.2% reporting the same behavior in 2013.

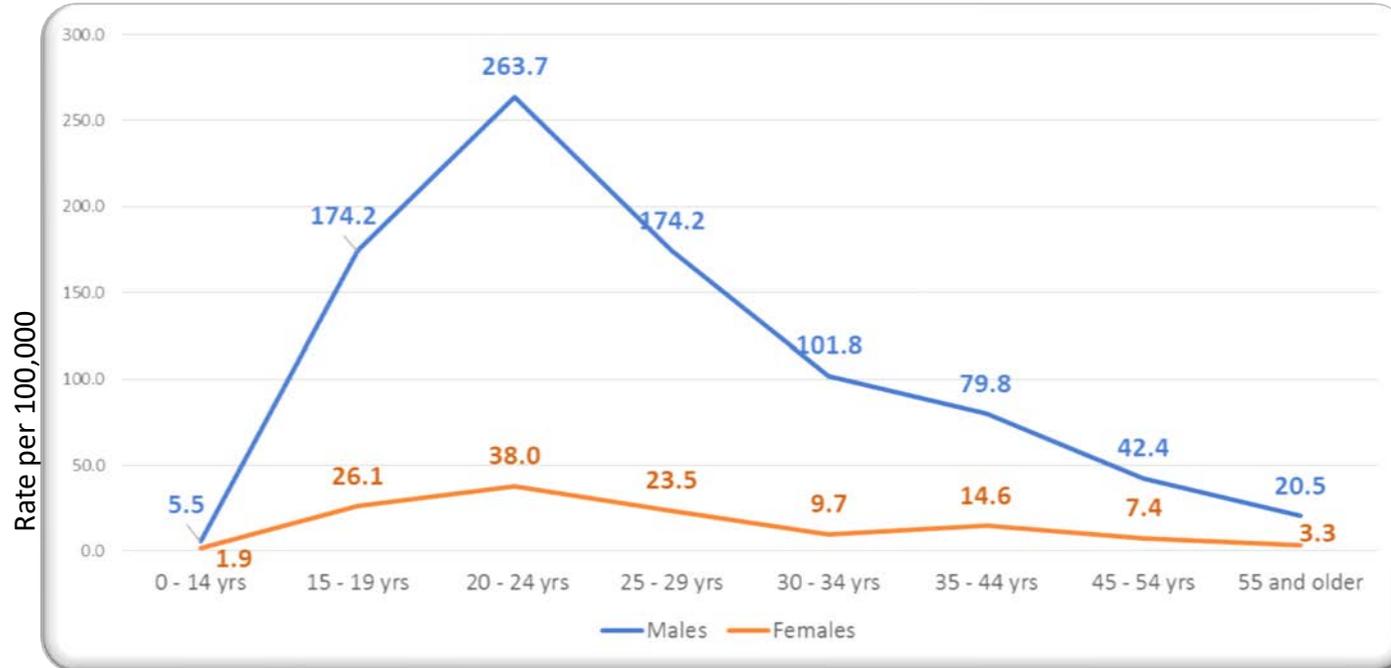
52%

Amount of middle school students reporting ever been in a physical fight

Emergency Department Visits* due to Firearm Injuries

2016 – 2018 Gun Shot Wound ED Visits, Mecklenburg Residents

Rate of ED visits by Age and Gender, per 100,000 population



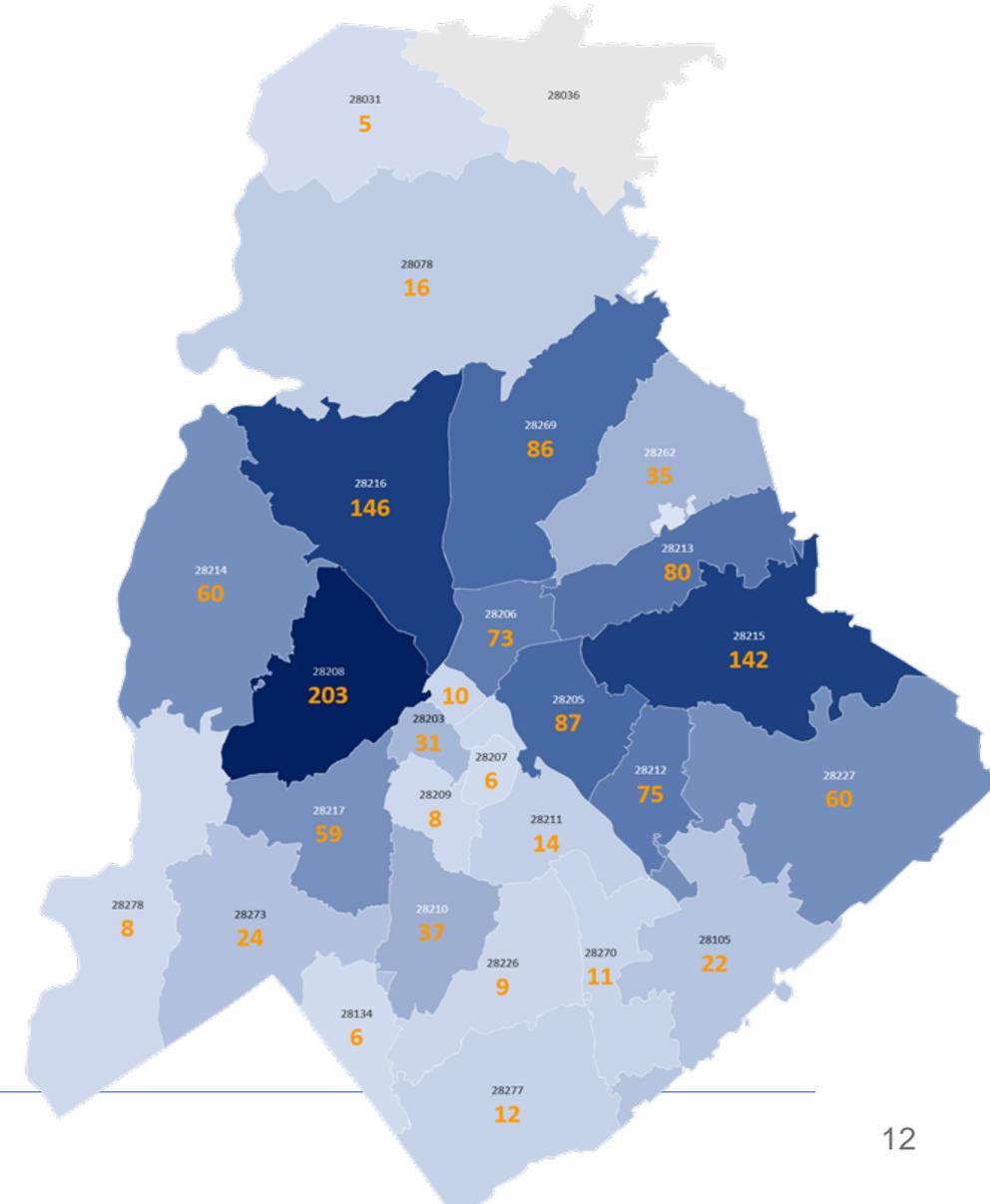
- Males between 20 – 24 yrs account for the highest rate of gun shot wound ED visits.

*ED visits include gun injuries that are intentional, unintentional, accidental and unknown or undetermined

Source: NC DETECT, Emergency Department(ED) Visits, Mecklenburg County Data

Prepared by: Mecklenburg County Public Health, Epidemiology Program

NC DETECT Emergency Department Visits for Gun Wounds Mecklenburg Residents, 2016 - 2018



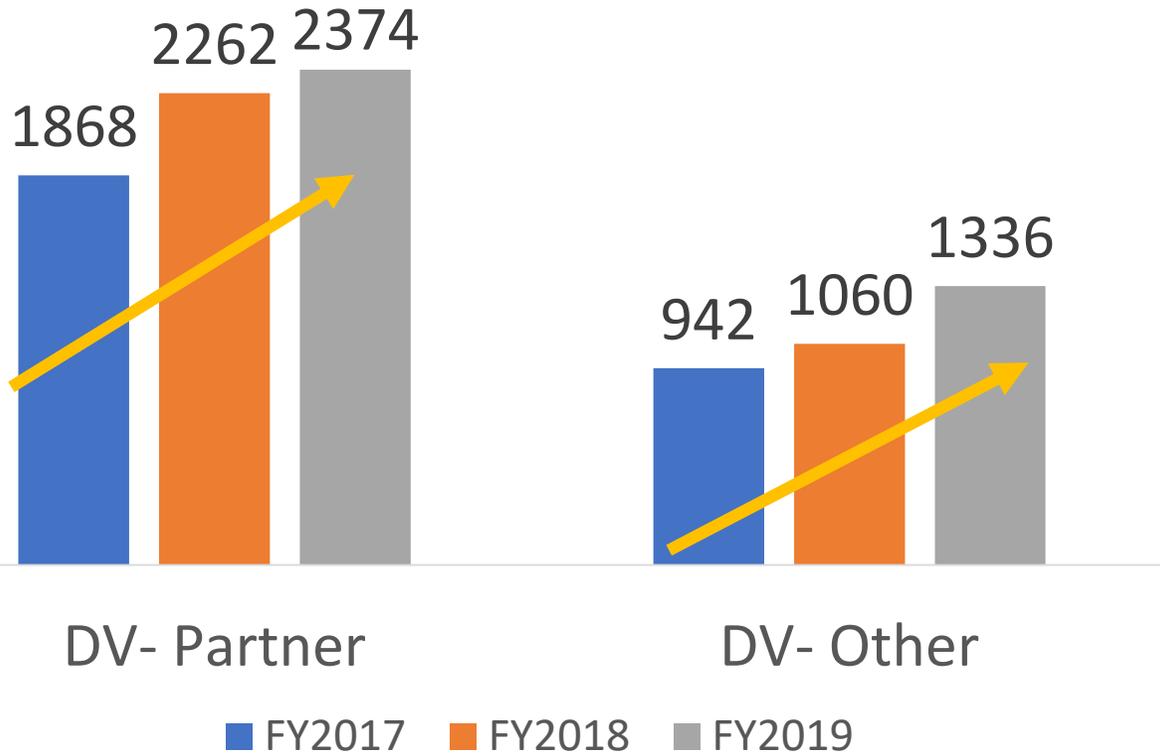
Violence Recidivism-Atrium Health Data

- 1 in 4 patients present with recidivism or death after violent trauma
- Recidivism increased in patients living below median income, discharged to psych/mental health facility
 - Higher rates of multiple subsequent injuries after violent recidivism
 - ✓ Nearly 1 in 3 patients discharged from ED



Domestic Violence and Sexual Violence

CD-CP Domestic Violence Incidents, FY2017 – FY2019
Number of Referrals by Fiscal Year



- Number of referrals involving domestic violence have increased over time.

Source: MCPH, Child Development Community Policing Program



Highlights from the 2017 Youth Risk Behavior Survey,
High School Students

13%

High school students who experienced an act of sexual violence in past 12 months



1 in 10 teens,

or 10%, reported being physically hurt (hit, slammed into something, injured with an object/weapon) on purpose by someone they were dating or going out with.

FY 2017 Criminal Incident Reports with DV Relationship

Total Number of Criminal Reports w/ Domestic Violence, FY2017 = 8,845

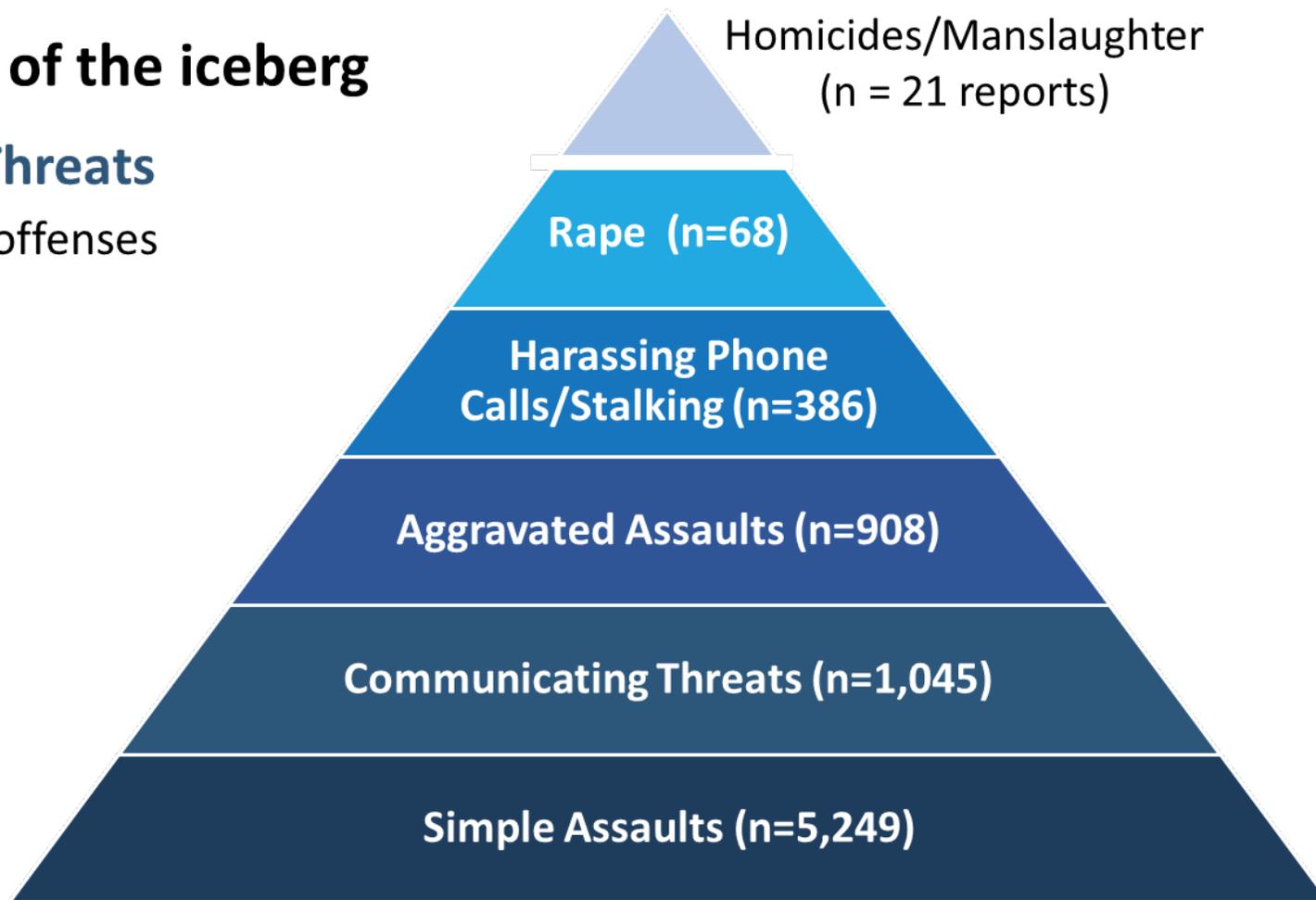
Domestic Violence Deaths are the tip of the iceberg

Simple Assaults & Communicating Threats

are the most frequently reported criminal offenses involving Domestic Violence.

The following data was compiled by the Mecklenburg County Community Support Services Department and includes data from 7 police districts in the county.

Additional data can be found online at the following link:
<https://www.mecknc.gov/CommunitySupportServices/PreventionIntervention/Resources/DV/Pages/DV-Data-Warehouse.aspx>



N = Number of criminal offenses



Perpetrators of Violence: Homicides, 2017

In 2017, 49% of City of Charlotte homicide victims were reported with an unknown relationship with perpetrators. Most cases are still under investigation.

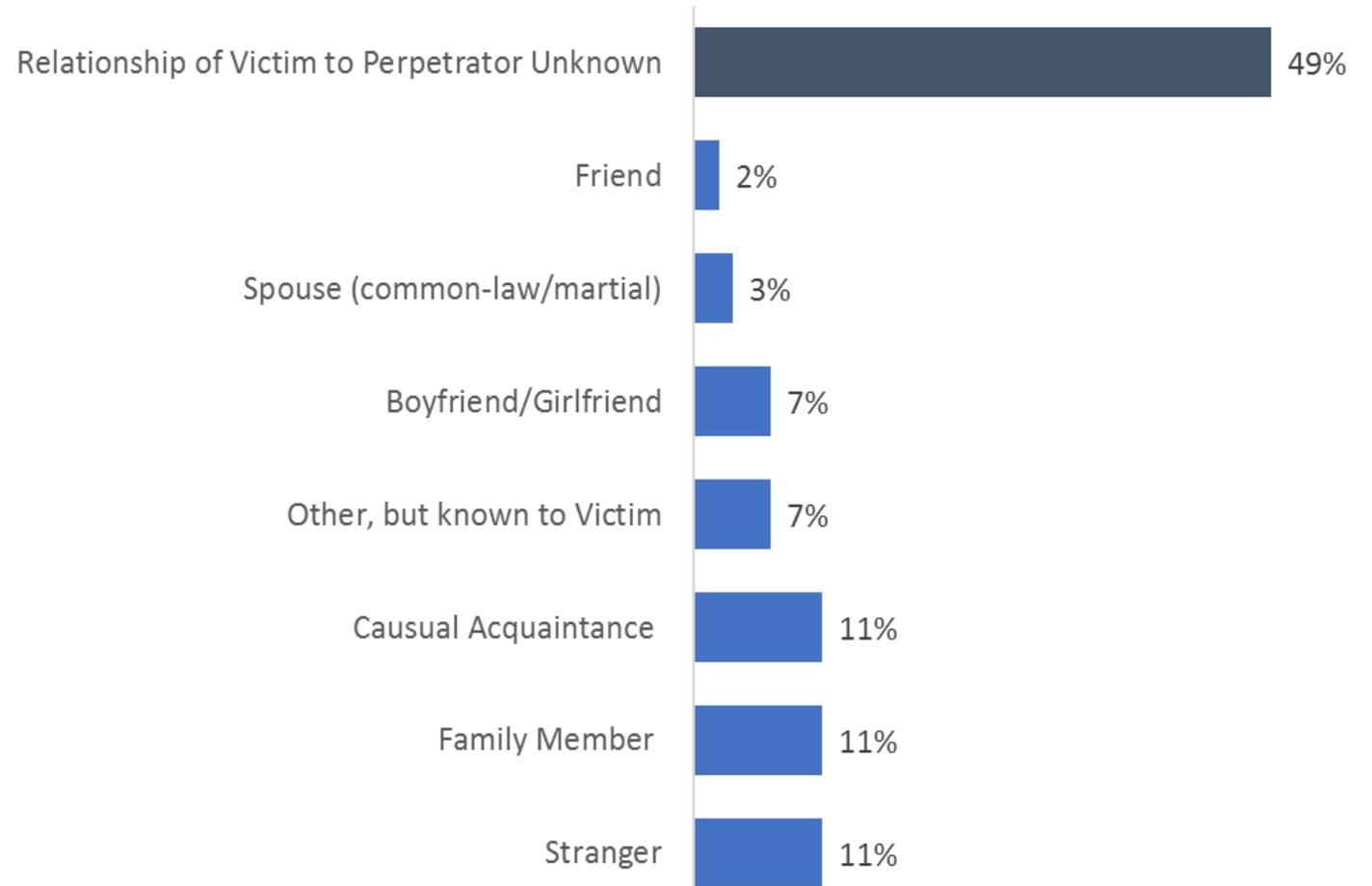


2 in **5** homicide victims had knowledge of the perpetrator



1 in **10** homicide victims were killed by a stranger

2017 FBI Uniformed Crime Report: City of Charlotte (CMPD Data) Victim's Relationship to Offender



Homicide is defined by the FBI as the willful killing of one human being by another, and encompasses both murder and non-negligent manslaughter. The Supplementary Homicide Report (SHR), produced annually by the FBI's Uniform Crime Reporting Program, highlights statistical trends and patterns associated with homicides known to law enforcement in the United States. Data is reported on a voluntary basis.



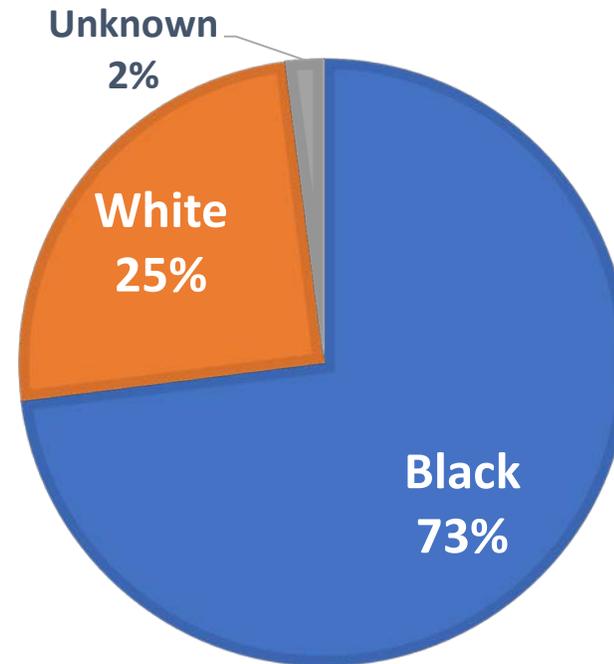
Perpetrators of Violence: Homicides, 2017

Data on Race was unknown for 2% of City of Charlotte homicide victims and 23% of perpetrators.

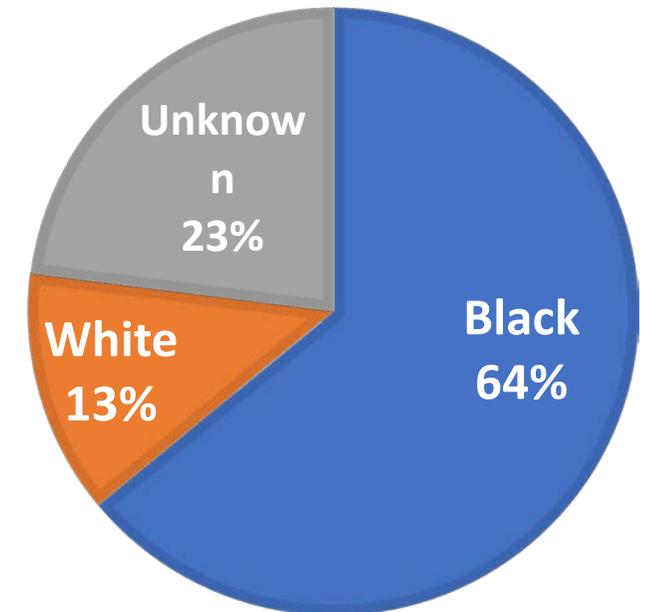
Race Category* of Homicide Victims and Perpetrators, 2017

Source: FBI Uniform Crime Report Program, City of Charlotte Data

Homicide Victim's Race



Perpetrator's Race



*Race categories includes persons of Hispanic Origin

Prepared by: Mecklenburg County Public Health, Epidemiology Program



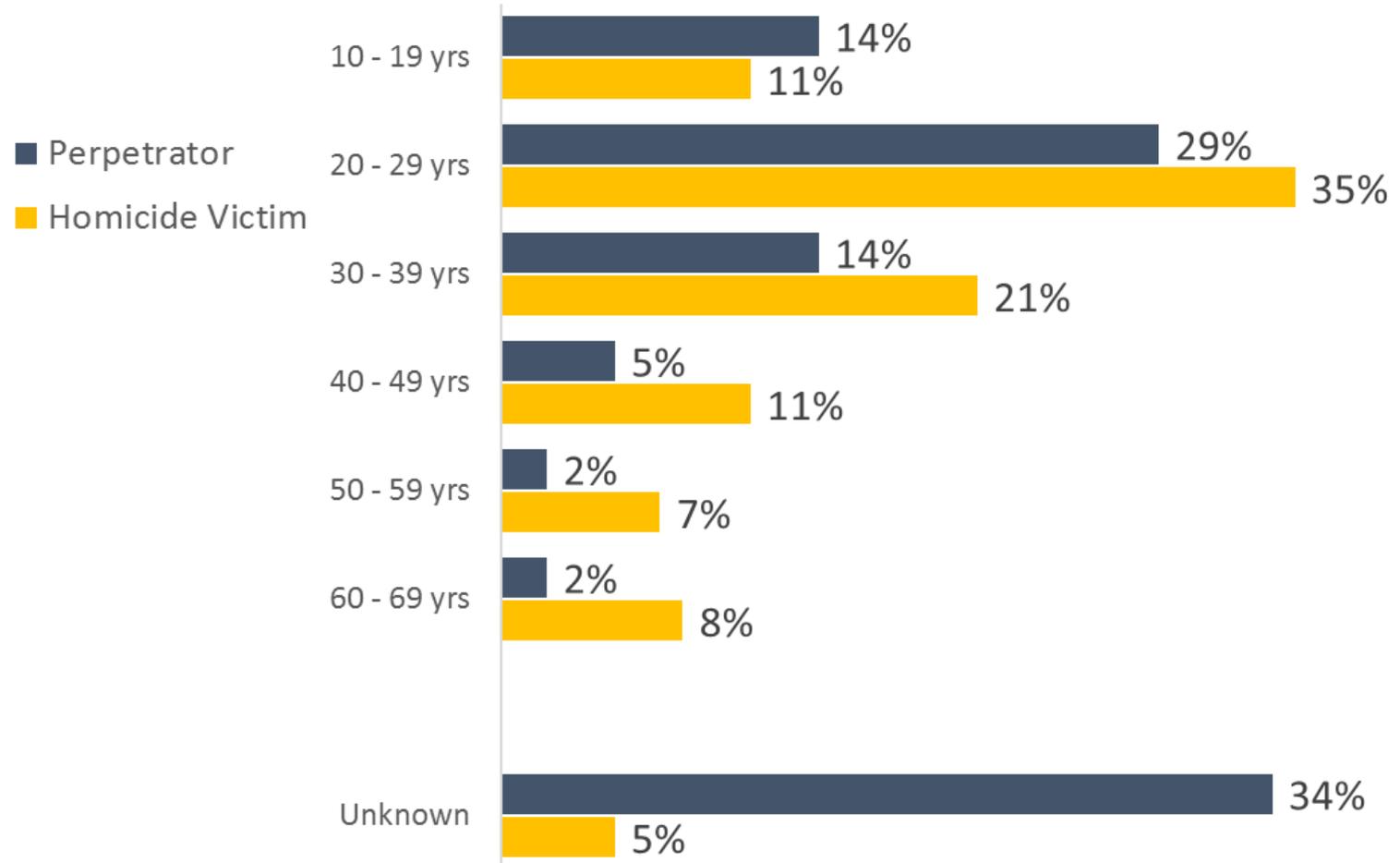
Perpetrators of Violence: Homicides, 2017

About 1/3 of homicide perpetrators in Charlotte had missing data on age. Most cases are still under investigation.



3 in 10
homicide
perpetrators were
young adults age
20 – 29 yrs.

2017 FBI Uniformed Crime Report: City of Charlotte (CMPD Data)
Homicide Victims and Perpetrators, by Age



Homicide is defined by the FBI as the willful killing of one human being by another, and encompasses both murder and non-negligent manslaughter. The Supplementary Homicide Report (SHR), produced annually by the FBI's Uniform Crime Reporting Program, highlights statistical trends and patterns associated with homicides known to law enforcement in the United States. Data is reported on a voluntary basis.



Approaching violence as a public health issue means:

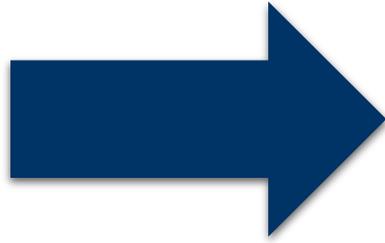
- Searching for the root causes of this epidemic
- Understanding current trends in data, tools, and evidence-informed best practices to address those causes.
- Working in partnership with communities impacted by violence

Source: Centers for Disease Control and Prevention



Addressing Community Violence: A Workplan for Change

Define the
Problem



1

Development of integrated report for the community

Types of Data: police reports, medical examiner files, vital records, hospital charts, registries, population-based surveys, and other sources

Source: Centers for Disease Control and Prevention



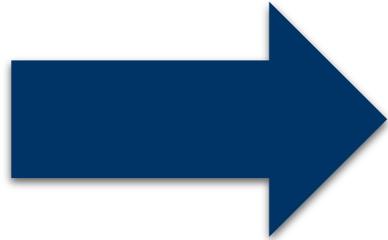
MeckNC.gov



Addressing Community Violence: A Workplan for Change

Identify Risk and
Protective
Factors

Develop
prevention
strategies



2

In collaboration with Atrium Health, engage community partners in the development of a comprehensive plan to address violence

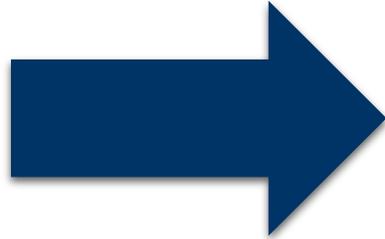
- Identify gaps in resources and solutions
- Work with community to understand the protective and risk factors present
- Research evidence-based programs
- Create advocacy plan with community partners/members

Source: Centers for Disease Control and Prevention



Addressing Community Violence: A Workplan for Change

Assure
widespread
adoption



3

Implementation of Violence Programming: Potential Framework

- Prevention Efforts (e.g. ReCAST, resilience/trauma training, teen violence prevention, Atrium Health Youth Violence Symposium)
- Violence Intervention for victims to prevent recidivism (e.g. Hospital-based program)
- Services for perpetrators to prevent recidivism (e.g. services through CJS)

Source: Centers for Disease Control and Prevention



What is Atrium Already Doing regarding Violence?



- Annual Community Youth Violence Prevention Conference for past 14 years
- Universal screening for intimate partner violence in the emergency rooms and with all pregnant women.
- Domestic Violence Initiative
- Trauma Registry
- Addressing Adverse Childhood Experiences
- Stop the Bleed in YMCA's and CMS schools



Questions/Discussions

