

Violence Prevention Data Report

An overview of available data



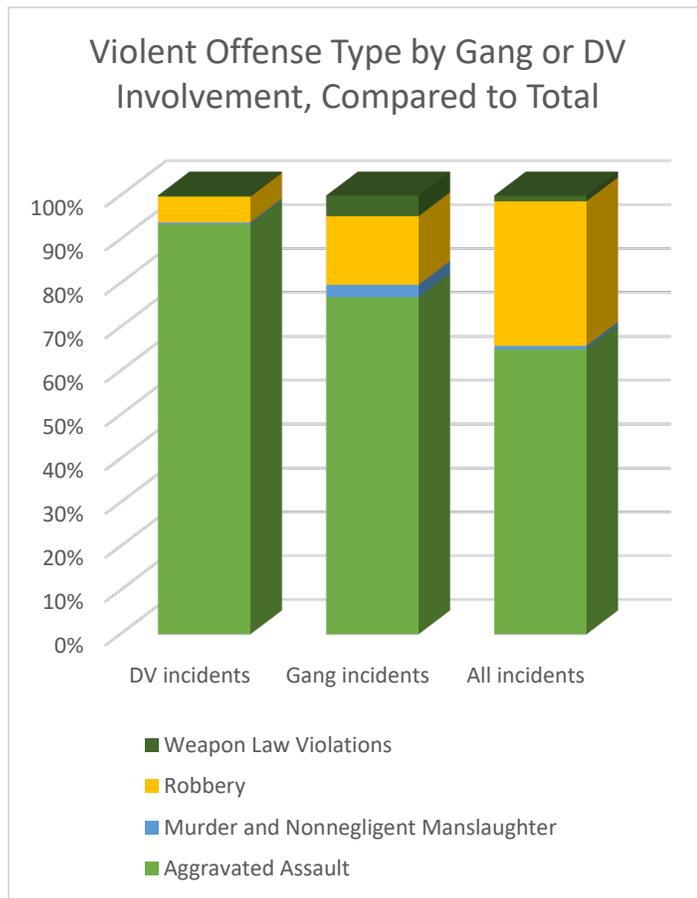
Interpersonal Violence

Interpersonal violence (IPV), at its most basic, is [violence between individuals](#). This includes interpersonal violence like gang violence, as well violence between members of a household (domestic violence). The person committing IPV is often known to the victim, either as a partner or acquaintance.

This section will examine two subcategories of IPV: Domestic violence and gang violence. It will also discuss violence that led to hospitalizations.

Domestic Violence

Domestic violence is a type of IPV between members of a household. Any reported domestic violence numbers are likely to be an undercount since only a fraction of domestic violence incidents ends with contact with law enforcement¹. However, violent incident response data from the police department gives us insight into crimes officers have labeled as involving domestic violence.



In the Tacoma Police Department’s violent incident cases from 2015-2018, around 22% of the calls were labeled as involving domestic violence. Women were the victim about 70% of the time, and men were the arrestee about 80% of the time. 93.5% of these incidents were classified as aggravated assault. The highest percentage of domestic violence incidents (41.8%) involved *personal weapons*, defined as hands, fists, feet, etc. About 21% of the domestic violence cases involved perpetrators and victims of the same sex, with men making up about 68% of same-sex cases and women making up about 32% of same-sex cases.

This is consistent with data on hospitalizations, which came from the Community Health Assessment Tool’s (CHAT)² hospitalization records for Pierce County; while the available records do not specify domestic violence, the most common form of non-fatal assault hospitalization were classified as *struck*, or physical beatings. Pierce County’s rates for striking assaults were significantly higher than the state rates.

Gang Violence

Gang violence is difficult to measure from a public health perspective, given that organized crime enterprises have historically been in the realm of criminal justice and law

enforcement. One available data source is the Healthy Youth Survey. Students in grade 6-12 take this biennial survey, which asks students about many risk factors, including gang involvement. Another valuable resource is the 2019 Tacoma

¹ Dicola, D., & Spaar, E. (2016). Intimate partner violence. *American family physician*, 94(8).

² The Community Health Assessment Tool is a Washington State Department of Health interface bringing data from multiple sources into an accessible, usable dashboard.

Violence Prevention Data Report

An overview of available data

Gang Assessment³, which the City of Tacoma published earlier this year. It uses police and corrections data to assess gang activities in the City of Tacoma. This report includes only City of Tacoma data.

The Tacoma Gang Assessment used data from the Tacoma Police Department to assess gang-related violence in the city. This data showed police had labeled less than 3% of violent incidents from 2015-2018 as gang related. Crimes classified as gang-related were significantly more likely to be aggravated assault, murder/nonnegligent manslaughter, and weapons law violations, and significantly less likely to be robberies. About 65% of those Tacoma Police Department identified as gang members were Black males, and the average age of all reported gang members was 32. Qualitative data included in the Tacoma Gang Assessment showed the average age of initiation for joining a gang was 13.7.

Most of the people interviewed for the Tacoma Gang Assessment were black and many had left school. Less than a third was currently attending, and all had been suspended at some point. The data represented in the criminal justice system was not always consistent information reported in the Healthy Youth Survey, which is only given to youth who are currently in schools.

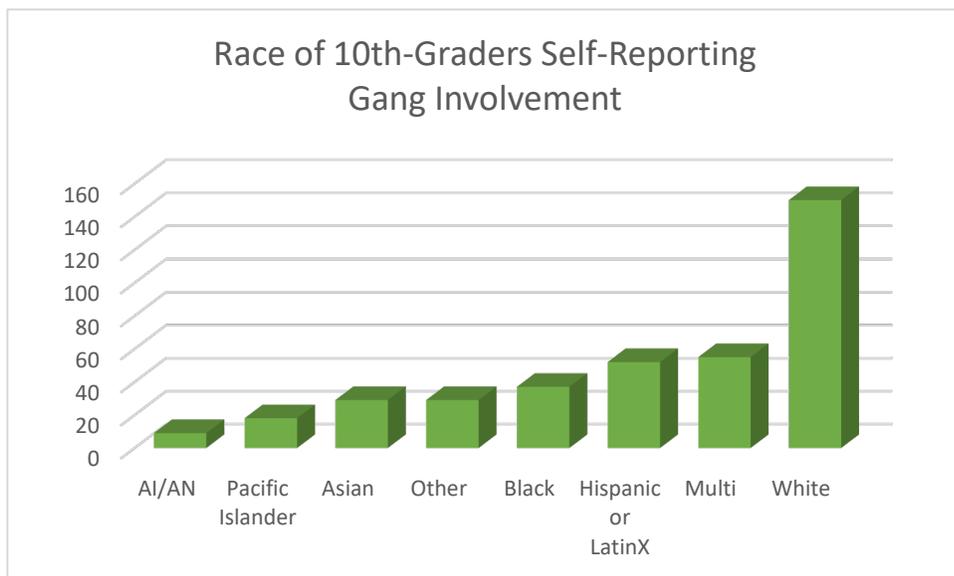
In the 2018 Healthy Youth Survey, 386 10th grade students self-reported belonging to a gang – around 6% of all responding 10th graders. Around 40% of these students were white.

Furthermore, students who self-reported gang involvement were about half male and half female, which is also not consistent with the Tacoma Police Department data, in which the overwhelming majority are male.

However, the percentages of reporting gang involvement were lowest among white students (about 5% of white students reported gang involvement), despite them making up the majority of the students who self-reported gang involvement, and highest among black students (9.6%) and those who reported their racial identity as 'other' (10%). The Tacoma Gang Assessment did not report percentages of the total population reporting gang activity, so we cannot compare these between sources.

Several behavioral and social factors are associated with self-reporting gang involvement. These associations do not indicate causality; further analysis would be needed to assert that. These factors included (but are not limited to):

- Positive association with carrying a weapon on school property.
- Positive association with getting in physical fights.
- Positive association for experiencing verbal abuse.
- Positive association with witnessing domestic violence.
- Positive association with both suicidal ideation and suicide attempts.



³ Arciaga Young, M. (2019) Tacoma Gang Assessment Report. City of Tacoma.

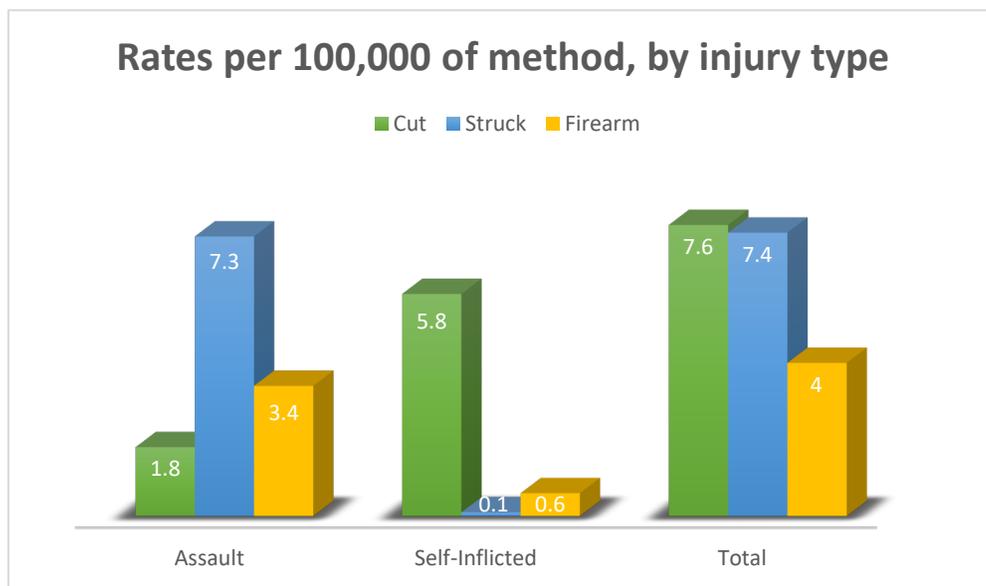
Violence Prevention Data Report

An overview of available data

- Positive association with experiencing sexual abuse.
- Positive association with experiencing depression.
- Positive association with experiencing bullying.
- Negative association with looking forward to the future.
- Negative association with grades.
- Negative association with feelings of safety at school.
- Association with not having anyone to talk to about depression.

Hospitalizations related to violence

We also get information about violence from the hospital system. CHAT data provides insight into nonfatal injuries from violence, by injury type. This data does not provide race information. This analysis defines violence-related injuries as a combination of self-inflicted and assault data. We use a three-year period for hospitalization data for more accurate rates.



Being cut with a sharp object caused the highest rate of violent injuries (rate=7.6 per 100,000), followed by being struck (7.4 per 100,000) and firearm injuries (4.02 per 100,000). Pierce County's striking and firearm injury rates were significantly higher than the state rates.

Self-inflicted injuries were most likely to result from cutting with a sharp object, while assault injuries were mostly likely to result from striking. Pierce County's assault by striking rate was significantly higher than the state rate.

Precursors to Interpersonal Violence

IPV is often a result of many complex factors making a person more likely to show violent behavior. With early identification of risk factors, we can use the public health approach of primary prevention to stop violent behaviors before they happen. This section will discuss two risk factors: adverse childhood experiences, and bullying.

Adverse Childhood Experiences

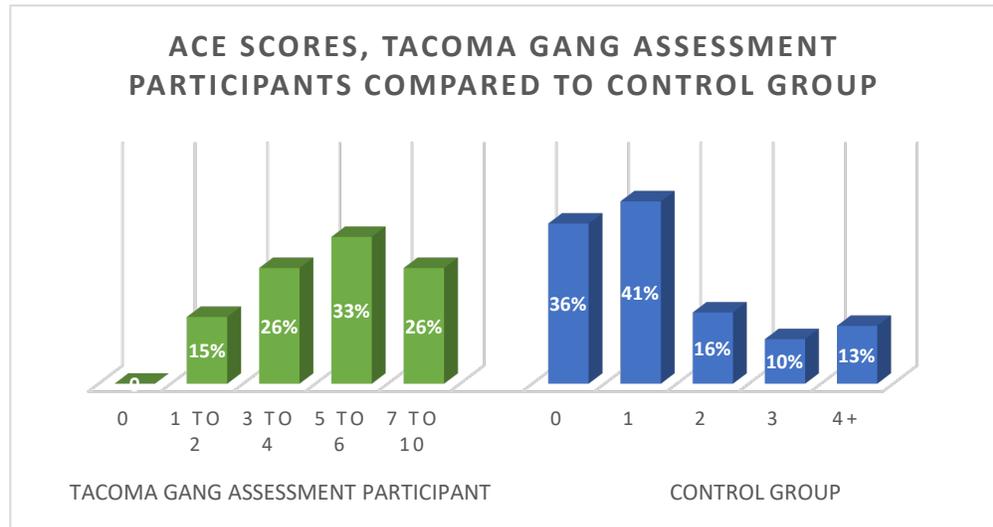
Some identifiable factors make a person more likely to exhibit violent behavior or be a victim of violent behavior, including many of the listed behaviors and exposures for gang involvement. Similarly, the Adverse Childhood Experience (ACEs) index, which measures negative experiences people had as children, strongly links to violent behavior and victimization.

Violence Prevention Data Report

An overview of available data

Experts link ACEs to poor mental health, substance use, low educational attainment and other risks. To assess ACEs exposure, participants take a survey to select applicable adverse experiences during their early years of life. This includes violence, emotional abuse, poverty, parental substance abuse, sexual abuse, and parental prison status.

A score of 3 means a person said they had experienced 3 of the 10 adverse experiences included on the survey.



**Control group is a national sample given the test by the CDC and Kaiser*

In the Tacoma Gang Assessment Report, interviews conducted with gang members found 85% of the gang members who were interviewed had an ACES survey score of 3 or higher and 59% had a score of 5 or higher.

In the Healthy Youth Survey, about 40% of Pierce County 10th graders reported an adult in their home swore at them, insulted them, put them down, or humiliated them. 25% of Pierce County 10th graders report an adult had physically hurt them on purpose. Those students were significantly more likely to get into a fight. These forms of abuse are also associated with being bullied. The Healthy Youth Survey doesn't ask students if they have engaged in bullying behavior.

Bullying

Bullying and the risk factors below are related, but we don't have enough information to say exactly how they are related, and what the causes may be.

The risk factors associated with bullying include (but are not limited to):

- Considering, planning, and attempting suicide.
- Anxiety and panic.
- Feeling unsafe at school, and with missing days of school due to fears for their safety.
- Symptoms of depression, and not having anyone to talk to about depressive symptoms.
- Witnessing and experiencing sexual violence.
- Carrying a weapon on school property.
- Having a controlling partner in a relationship and experiencing intimate partner violence.
- Gender identity – rates are lowest in males, and significantly higher in all other identities (female, transgender, questioning, and other).
- Sexual orientation – rates were lowest in heterosexual students, and about twice as high in all other orientations (gay/lesbian, bisexual, questioning, and other).
- Experiencing verbal abuse.
- Not looking forward to the future.
- Low grades.

These risk factors are listed in order of strength of association.

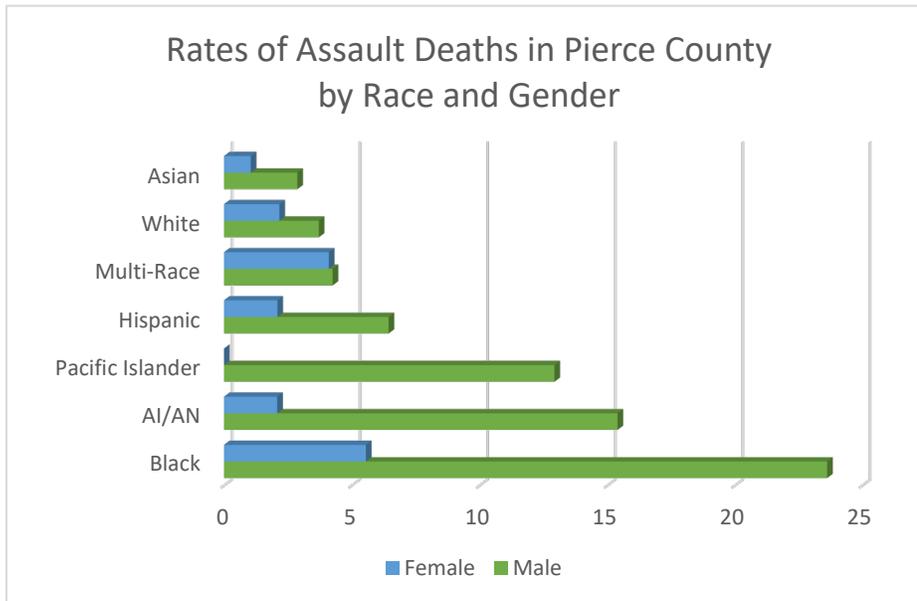
Violence Prevention Data Report

An overview of available data

Methods that Contribute to Lethality

Not all violence is equal. Some types of violence are more likely to result in a fatality than others.

Fatal Outcome



Violence committed with a firearm, whether in assault or self-inflicted, are much more likely to be deadly than violence committed with another weapon. Over the past 10 years, use of firearms in violence has led to significantly more deaths than car crashes. The rate of death by firearm in Pierce County is 11 per 100,000 residents; the rate of death by car crash is 7.75 per 100,000.

This information came from death data from CHAT. We used data over 10 years to get more reliable rates.

Pierce County rates of death by assault were significantly higher than the state average (4 per 100,000 compared to 3 per 100,000).

Rates of death by assault were about 5 times higher in black individuals compared to white, and three-quarters of deadly assaults on black individuals were committed with firearms. Among this group, black men between ages 15-44 had the highest rates. The racial disparity is more pronounced with firearm assault deaths; rates of firearm assault fatality were nearly 10 times higher in black men between the ages of 15 and 44 than in white men of the same age group.

In Pierce County, firearms accounted for 65% of the total assault deaths (higher than the state percentage of 61%) and about 46% of suicide deaths at a rate slightly higher than the state.

Other significant methods of self-inflicted fatalities include poisoning and suffocation.

Rates of completed suicide were highest among American Indian/Alaska Native populations, followed by white populations. For white populations, Pierce County rates were significantly greater than the state.

