



# COLORADO CHILD FATALITY PREVENTION SYSTEM

Homicide Death Data,  
2013 - 2017



**COLORADO**  
Department of Public  
Health & Environment

# HOMICIDE DEATH DATA, 2013 - 2017

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## INTRODUCTION

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Although not codified in Colorado Revised Statutes (C.R.S.) until 2005, CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths and recommending prevention strategies. Child fatality prevention review teams and their partners implement and evaluate the identified strategies at the state and local levels with the goal of preventing similar deaths in the future.

The data presented within this data summary come from comprehensive, statutorily-mandated reviews of deaths among those under 18 years of age occurring in Colorado between 2013 and 2017. Local child fatality prevention review teams are responsible for conducting individual, case-specific reviews of deaths of children meeting the statutory criteria. Reviewable child deaths

result from one or more of the following causes: undetermined causes, unintentional injury, violence, motor vehicle and other transportation-related, child maltreatment, sudden unexpected infant death (SUID) and suicide. During Fiscal Year 2018-19, local teams reviewed deaths that occurred in 2017.

The CFPS review process includes deaths of Colorado residents occurring in Colorado, as well as deaths of out-of-state residents who died in Colorado or were transported to a Colorado hospital and died. CFPS does not review deaths of Colorado residents that occur outside Colorado. These criteria are different from other reports of child fatality data and many other Colorado government data sources. As a result, the data presented in this topic-specific data brief may not match other statistics reported at both the state and national levels. This data brief provides an overview of homicide death data from CFPS. Additional CFPS data is available in a state-level overview, cause-specific data briefs and an interactive data dashboard at:

[www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

## STRUCTURAL INEQUITY

CDPHE acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.<sup>1</sup>

Some families lose infants, children and youth to the types of deaths reviewed by CFPS not as the result of the actions or behaviors of those

who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death.<sup>2</sup> In the United States, most residents grew up and continue to live in racially and economically segregated neighborhoods, which can lead to marginalization.<sup>3,4</sup> This marginalization of groups into segregated neighborhoods further impacts access to high-quality education,<sup>5</sup> employment opportunities,<sup>6</sup> healthy foods<sup>7</sup> and health care.<sup>8</sup> Combined, the economic injustices associated with residential, educational

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and occupational segregation have lasting health impacts that include adverse birth outcomes, infant mortality,<sup>9</sup> high rates of homicide and gun violence<sup>10</sup> and increased motor vehicle deaths.<sup>11</sup>

When interpreting the data, it is critical not to lose sight of these systemic, avoidable and unjust factors. These factors perpetuate the inequities

that we observe in child deaths across populations in Colorado. Research is making progress in understanding how race and ethnicity, economic status, sexual orientation and gender identity correlate with health. It is critical that data systems like CFPS identify and understand the life-long inequities that persist across groups in order to eradicate them.

A note about terminology: While “Latinx” is becoming the preferred way to identify people of Latin descent, this report uses “Hispanic” throughout the data section to reflect how CFPS data is collected and to align with terminology used in cited literature and research.<sup>12</sup>

## OVERVIEW OF HOMICIDE DEATHS

CFPS uses death certificates provided by the Vital Statistics Program within the Center for Health and Environmental Data at CDPHE to identify deaths among those under age 18 in Colorado. The Colorado death certificate has five manners of death: natural, accident, suicide, homicide and undetermined. Manner of death is a classification made by a coroner, typically following a review of the circumstances surrounding the death and a thorough investigation. Homicide is defined as the action of one person directly causing the death of another.

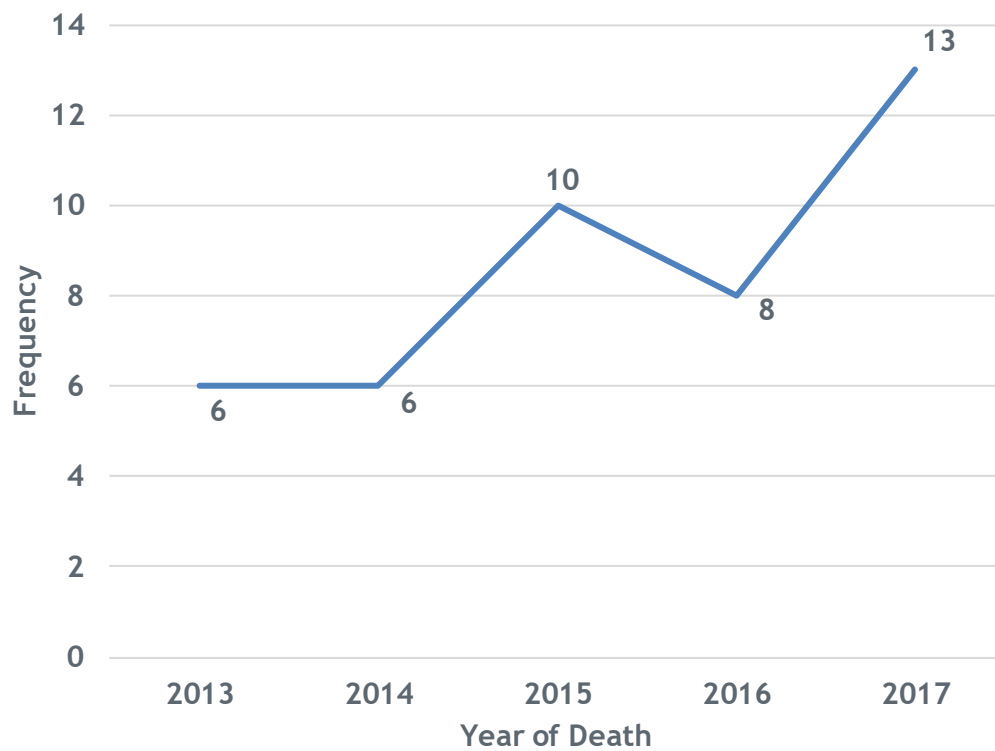
From 2013-2017, there were 132 deaths among infants, children and youth ages 0-17 in Colorado that were classified as a homicide on the death certificate. Local child fatality prevention review teams subsequently determined that child maltreatment caused and/or contributed to 67.4 percent (n=89) of these deaths. The remaining 32.6 percent (n=43) of homicide deaths are not

attributable to child abuse or neglect.

This brief includes those 43 homicide deaths where child maltreatment was not identified as causing or contributing to the death. These deaths will be referred to as “homicide deaths” for the remainder of this brief. Data on child maltreatment deaths is available in a cause-specific data brief and an interactive data dashboard at: [www.cochilddfatalityprevention.com/p/reports.html](http://www.cochilddfatalityprevention.com/p/reports.html).

Figure 1 shows that the number of yearly homicide deaths ranged from 6 in 2013 to 13 in 2017. The rate doubled across the period, although this upward trend was not statistically significant when comparing 2013 (0.5 per 100,000 population) to 2017 (1.0 per 100,000 population). Among these homicide deaths, firearm was the most common mechanism used (90.7 percent, n=39), followed by other causes such as stabbing and vehicular homicide.

Figure 1. Homicide deaths occurring among those under age 18 in Colorado by year, 2013-2017 (n=43)

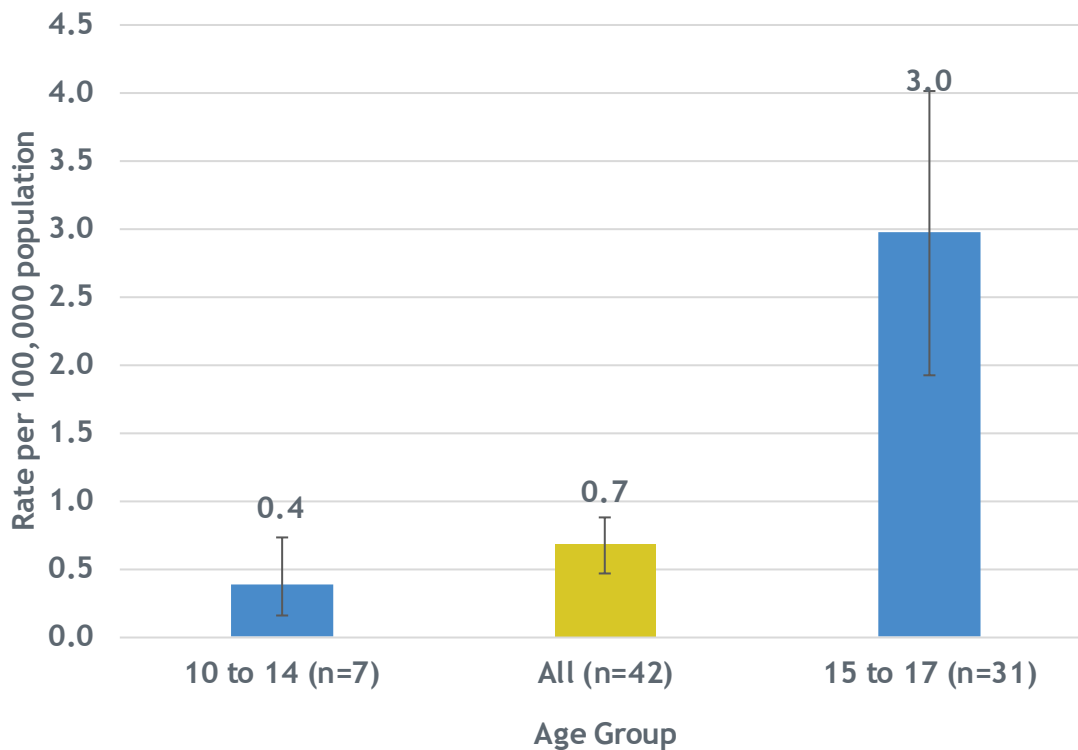


## DEMOGRAPHICS OF HOMICIDE DEATHS

Of the 43 homicide deaths, 74.4 percent (n=32) occurred among youth ages 15-17, and 16.3 percent (n=7) occurred among those ages 10-14. Of all homicide deaths among youth in Colorado, 90.7 percent (n=39) were among youth ages 10-17. The age-specific rate of homicide deaths was highest among those ages 15-17 at 3.0 deaths per

100,000 population. This is significantly higher than for all other age groups (Figure 2). Of the 43 homicide deaths, 76.7 percent (n=33) of those who died were male, with the rate of homicide deaths significantly higher for males (1.0 per 100,000 population) than for females (0.3 per 100,000 population).

Figure 2. Age-specific rates of homicide deaths occurring in Colorado among Colorado residents under age 18 by age group, 2013-2017 (n=43)



## RACIAL AND ETHNIC INEQUITIES

Of the 43 homicide deaths, 25.6 percent (n=11) were non-Hispanic white, 44.2 percent (n=19) were of Hispanic origin and 23.3 percent (n=10) were non-Hispanic black. The rate of homicide deaths was three-fold higher among Hispanic infants, children and youth in Colorado (0.9 per 100,000 population) compared to non-Hispanic whites (0.3 per 100,000 population); however, this difference was not statistically significant. Colorado did observe a significant inequity in the rate of homicide deaths by race. The rate of homicide deaths was nearly eleven-times higher among non-Hispanic black infants, children and youth in Colorado (3.2 per 100,000 population) compared to non-Hispanic whites (0.3 per 100,000 population).

When narrowed down specifically to homicide deaths by firearm (90.7 percent, n=39), the significant inequity across racial groups widens. Consistent with national trends,<sup>13</sup> the rate of homicide deaths by firearm among non-Hispanic black children and youth was 12.8 times higher (3.2 per 100,000 population)

than for non-Hispanic whites (0.2 per 100,000 population). These differences exist because of community-level inequities.

Racialized residential segregation is a social determinant of the racial inequities observed in firearm deaths, and is largely driven by discriminatory federal, state and local policies, such as redlining, that create unjust geographic divisions among racial and ethnic groups.<sup>14</sup> Racial segregation leads to neighborhood disadvantage by concentrating neighborhood poverty, creating barriers to and fewer opportunities for a healthy lifestyle, limiting access to health services, and increasing housing and food insecurity.<sup>15</sup> The consequences of residential segregation resulting from historical practices like redlining are still reverberating throughout communities of color today. In the United States, black families are more likely to live in communities that are highly segregated with limited access to basic needs assistance, mental health and substance abuse treatment, and opportunity for employment.<sup>16</sup>

In Colorado, 19.9 percent of black Coloradoans live below the poverty level, compared to 8.5 percent of non-Hispanic white Coloradans.<sup>17</sup>

In addition to harming economic opportunity, this structural injustice may reduce a community's ability to achieve collective goals of keeping residents safe and neighborhoods free of crime and interpersonal violence.<sup>18,19</sup> As a result communities may be less able to monitor children's play groups, intervene to prevent acts such as truancy and confront those who are disturbing public spaces.<sup>20</sup> Racial segregation concentrates poverty in certain areas and isolates residents from key resources. This results in a less

cohesive neighborhood and makes it less likely for residents to intervene on behalf of the good of the community. Having poor neighborhood support and cohesion fosters a social norm in which violence is a part of daily life.<sup>21</sup>

Therefore, the inequity observed for homicide deaths may be partly explained by racialized residential segregation and living in high poverty areas. This is continually perpetuated by social policies that maintain segregation.<sup>22,23</sup> It is critical to identify, understand and eradicate the life-long inequities that persist across racial groups and that contribute to these differences in homicide death rates.

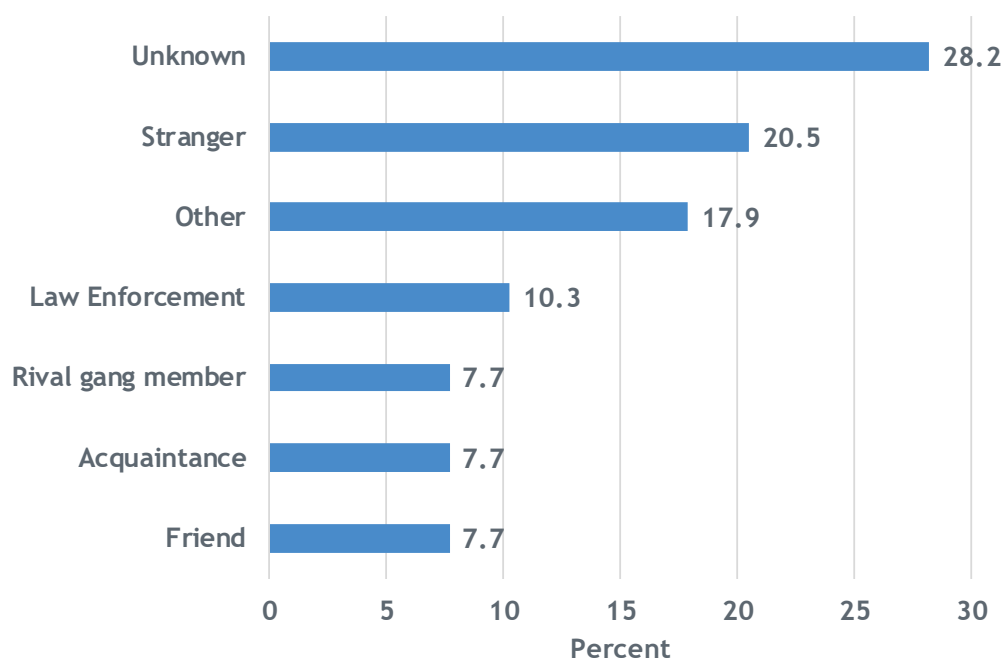
### CIRCUMSTANCES OF HOMICIDE DEATHS

The weapon type most commonly associated with firearm homicide deaths was a handgun (61.5 percent, n=24) followed by other types including shotgun, hunting rifle and assault rifle (12.8 percent, n=5). Information about weapon type was missing or unknown for 25.6 percent (n=10) of these deaths.

The CFPS review process can identify who was handling the fatal weapon during the incident that killed the child. As shown in Figure 3, strangers were most often

handling the firearm (20.5 percent, n=8), followed by other (ex. sibling, stepparent, intimate partner; 17.9 percent, n=7) and law enforcement (10.3 percent, n=4). Information about the person handling the weapon was unknown for 28.2 percent (n=11) of these deaths. This unknown information is most often due to the case being an open court case at the time of review. Because of this, investigative records are not available for local teams to determine the circumstances surrounding the death, including who was handling the weapon.

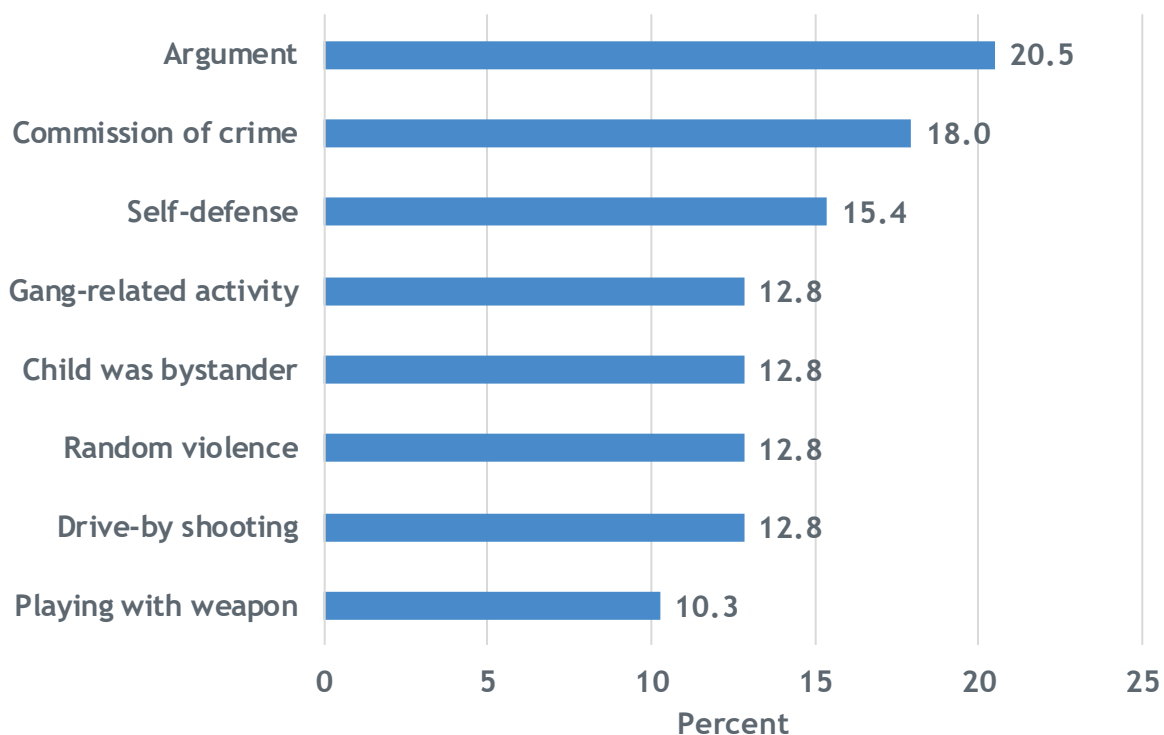
**Figure 3. Firearm homicide deaths occurring among those under age 18 in Colorado by person handling fatal weapon, 2013-2017 (n=39)**



CFPS review teams collect circumstance information about firearm homicide deaths, including details of how the firearm was being used during the incident (Figure 4). This data showed that firearms used during homicide deaths were most commonly used during arguments (20.5 percent, n=8), during the commission of another crime (18.0 percent, n=7), or for self-defense (15.4 percent, n=6). Additionally, these incidents were sometimes related to

gang activity (12.8 percent, n=5), attributed to random violence (12.8 percent, n=5) or a drive-by shooting (12.8 percent, n=5). As mentioned previously, however, about one quarter of firearm homicide deaths were an open court case at the time of review, meaning that the local team had very limited information about the circumstances surrounding the death. As such, this circumstance information is likely underreported.

**Figure 4. Selected circumstances for firearm homicide deaths occurring among those under age 18 in Colorado, 2013-2017 (n=39)**



For more information and CFPS data, please contact the CFPS Support Team at the Colorado Department of Public Health and Environment:

Sasha Mintz, Child Fatality Prevention System Epidemiologist | [sasha.mintz@state.co.us](mailto:sasha.mintz@state.co.us)

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