

CHILD FATALITY PREVENTION SYSTEM: HOMICIDE DEATH DATA, 2014 - 2018



COLORADO
Department of Public
Health & Environment

Introduction

The Child Fatality Prevention System (CFPS) is a statewide network that focuses on preventing child deaths. Housed at the Colorado Department of Public Health and Environment (CDPHE), CFPS consists of 43 local review teams, a 46-member State Review Team, and the CFPS state support team at CDPHE. Local teams include community members and field experts. These teams complete case reviews of infant, child, and youth deaths in Colorado to describe trends and patterns and create strategies to prevent future deaths. The CFPS State Review Team develops recommendations for the legislature on how to prevent child deaths in an annual legislative report.

The system reviews all deaths that occur in Colorado among infants, children, and youth under age 18. CFPS does not review deaths of Colorado residents that occur out of state. This is different from other reports of child death data and other Colorado government data sources. As a result, the data presented in this data brief might 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 at: www.cochildfatalityprevention.com/p/reports.html.

The impact of policies and systems on child deaths

Generations of social, economic, and environmental inequities contribute to some families losing infants, children, and youth.¹ When interpreting the data, it is critical to not lose sight of these systemic, avoidable, and unjust factors. These factors perpetuate the disparities observed in child deaths in Colorado. Researchers work towards understanding how geography, race, ethnicity, sexual orientation, and gender identity correlate with health. It is critical that data systems like CFPS identify, understand, and eliminate life-long inequities that persist across groups. When limitations in the data system exist due to how data is collected, or because data is not collected, CFPS strives to provide additional context and research about how inequities impact child deaths. By changing policies and systems that create and perpetuate inequities, CFPS can reduce the number of child deaths that occur in Colorado. Examples of these inequities include, but are not limited to:

RURAL AND FRONTIER GEOGRAPHY	RACE AND ETHNICITY	SEXUAL ORIENTATION AND GENDER IDENTITY
<p>Limited access to Level 1 trauma centers and mental and behavioral health services.²</p> <p>Increased stigma associated with mental illness and seeking help.³</p> <p>Longer response times by emergency medical services.⁴</p> <p>→ These and other factors contribute to higher death rates in rural areas, including suicide⁵ and passenger vehicle deaths.⁶</p>	<p>Historical trauma, racism, and discrimination.^{7,8}</p> <p>Limited access to high-quality education,⁹ employment opportunities,¹⁰ healthy foods,¹¹ culturally traditional foods,¹² and health care.¹³</p> <p>Chronic stress.¹⁴</p> <p>→ These factors result in lasting health impacts for people of color that include infant mortality,¹⁵ high rates of homicide and gun violence,¹⁶ and increased motor vehicle deaths.¹⁷</p>	<p>Discrimination, stigma, and bias.¹⁸</p> <p>Rejection from family, friends, and community.¹⁹</p> <p>Non-inclusive school curricula and anti-harassment policies.²⁰</p> <p>Insufficient access to LGBTQ+-informed health care.²¹</p> <p>→ This chronic social stress that LGBTQ+ children and youth experience influences health across the lifespan, including higher rates of suicide²² and substance use.²³</p>

Overview of Homicide Deaths

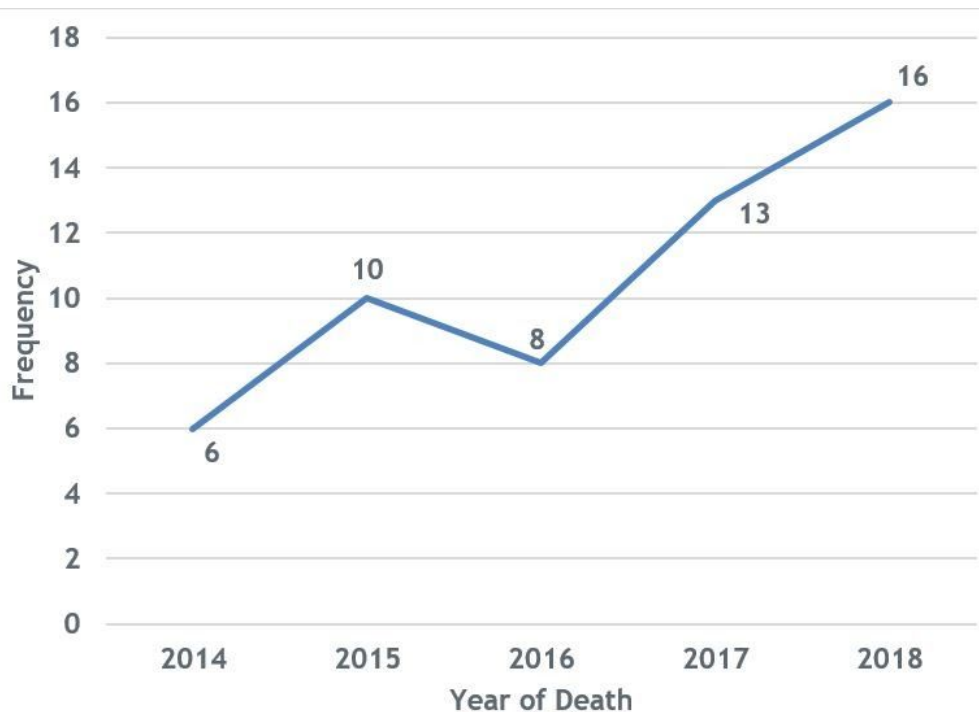
CFPS uses death certificates provided by the Vital Statistics Program within the Center for Health and Environmental Data at CDPHE to identify deaths among those under age 18 in Colorado. The Colorado death certificate has five manners of death: natural, accident, suicide, homicide, and undetermined. 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 2014-2018, there were 145 deaths among infants, children, and youth ages 0-17 in Colorado classified as a homicide on the death certificate. Local child fatality prevention review teams subsequently determined that child maltreatment caused and/or contributed to 63.4% (n=92) of these deaths. The remaining 36.6% (n=53) of homicide deaths are not attributable to child abuse or neglect.

This brief includes those 53 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 are available in a cause-specific data brief and an interactive data dashboard at: www.cochildfatalityprevention.com/p/reports.html.

Figure 1 shows that the number of yearly homicide deaths ranged from a low of 6 in 2014 to a high of 16 in 2018. The rate more than doubled across the period, although this upward trend was not statistically significant when comparing 2014 (0.5 per 100,000 population) to 2018 (1.3 per 100,000 population). Among homicide deaths, firearms were the most common mechanism used (92.5%, n=49), followed by other causes such as stabbing and vehicular homicide. The overall rate of firearm homicide deaths for the period was 0.8 per 100,000 population, slightly less than the national rate of firearm homicide deaths over the same period (1.1 per 100,000 population).²⁴

Figure 1. Homicide deaths occurring among those under age 18 in Colorado by year, 2014-2018 (n=53)

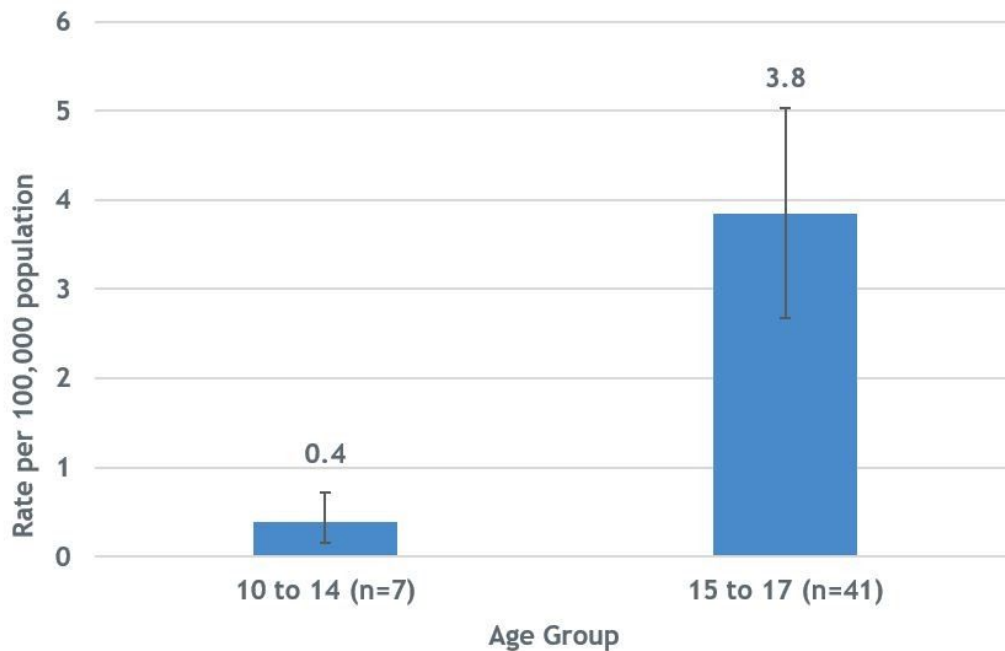


Demographic Characteristics

Age

Of the 53 homicide deaths, 79.3% (n=42) occurred among youth ages 15-17, 13.2% (n=7) among youth ages 10-14, and 7.5% (n=4) among children under age 10. Of all homicide deaths among youth in Colorado, 92.5% (n=49) were among youth ages 10-17. The age-specific rate of homicide deaths was highest among Colorado residents ages 15-17 at 3.8 per 100,000 population. This is significantly higher than for all other age groups (Figure 2).

Figure 2. Age-specific rates of homicide deaths occurring in Colorado among Colorado residents under age 18 by age group, 2014-2018 (n=52)



*Error bars represent 95% confidence limits for rates.

**Age groups under 10 suppressed due to counts less than 3.

Sex

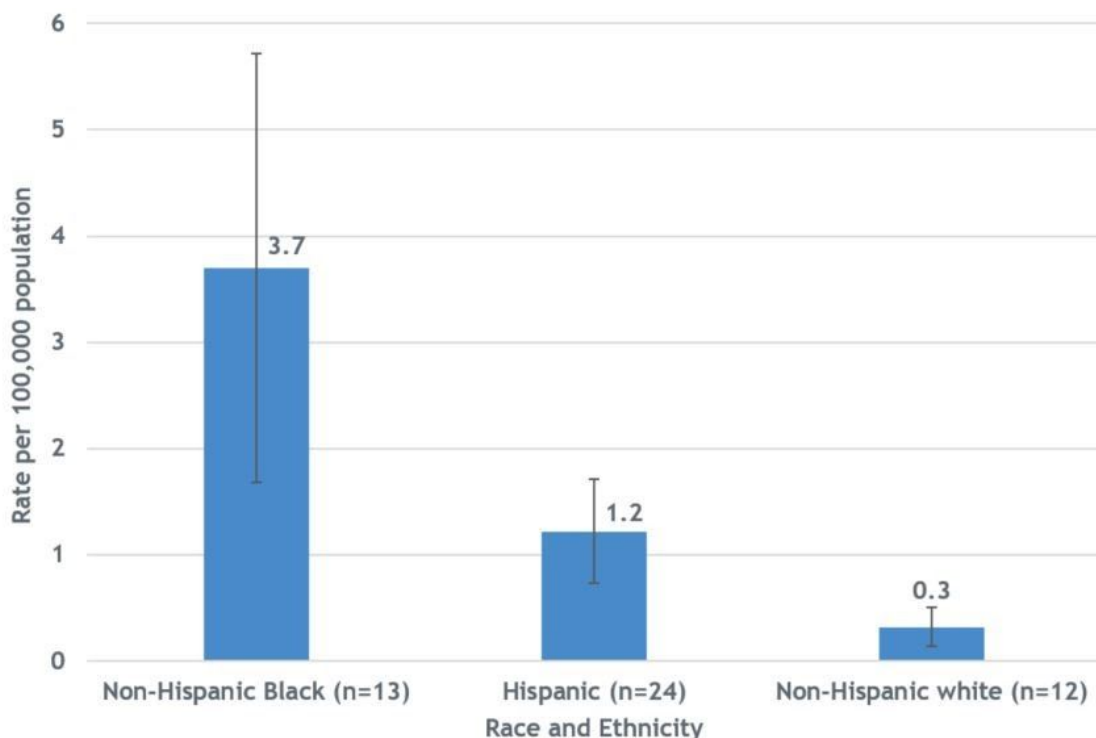
Of the 53 homicide deaths, 83.0% (n=44) of those who died were male, with the rate of homicide deaths significantly higher for males (1.3 per 100,000 population) than for females (0.3 per 100,000 population).

Race and Ethnicity

A note about terminology: Hispanic ethnicity as collected on the Colorado death certificate includes those that identify as Mexican, Mexican American, Chicano, Chicana, Puerto Rican, Dominican, Cuban, Central American, South American, Latin American, Spanish, and other Latin or Hispanic descent.²⁵ Additionally, “Latinx” and “Chicanx” are increasingly used gender inclusive terms, respecting those with a non-binary gender identity.^{26,27} To ensure clarity, this report uses “Hispanic” throughout the data section to reflect how CFPS data is collected from the death certificate and to align with terminology used in cited literature and research.²⁸

Of the 53 infants, children, and youth who died by homicide, 47.2% (n=25) were of Hispanic origin, 24.5% (n=13) were non-Hispanic Black, and 22.6% (n=12) were non-Hispanic white. Colorado observed a significant disparity in the rate of homicide deaths by race and ethnicity (Figure 3). The rate of homicide deaths was four-times higher among Hispanic infants, children, and youth (1.2 per 100,000 population), and over twelve-times higher among non-Hispanic Black infants, children, and youth (3.7 per 100,000 population) in Colorado compared to non-Hispanic whites (0.3 per 100,000 population).

Figure 3. Rates of homicide deaths occurring in Colorado among Colorado residents under age 18 by race and ethnicity, 2014-2018 (n=52)



*Error bars represent 95% confidence limits for rates.

The rate data and disparities by race and ethnicity observed by CFPS (Figure 3) is consistent with national trends²⁹ and these differences exist because of community-level inequities. Racialized residential segregation is a social determinant of the racial disparities observed in homicide 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.³⁰ 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.³¹ The consequences of residential segregation resulting from historical practices like redlining continue to reverberate 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.³² In Colorado, 18.0% of Black and 14.5% of Hispanic Coloradoans live below the poverty level, compared to 7.5% of non-Hispanic white Coloradans.³³

In addition to harming economic opportunity, this structural injustice may reduce a community's ability to achieve shared goals of keeping residents safe and neighborhoods free of crime and interpersonal violence.^{34,35} As a result communities may be less able to monitor children's play groups, intervene to support youth to prevent concerns like truancy, and confront those who are disturbing public spaces.³⁶ Racial segregation concentrates poverty in certain areas and isolates residents from key resources. This results in a less united 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.³⁷

Therefore, the disparity 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.^{38,39} 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.

Geography

Between 2014 and 2018, the majority of Colorado residents under age 18 who died by homicide in Colorado resided in an urban county (96.2%, n=50). The rate of homicide deaths among infants, children, and youth living in an urban county was 0.9 per 100,000 population. Homicide deaths for infants, children, and youth under age 18 living in a frontier or rural county in Colorado are infrequent. These deaths are so rare that they do not meet privacy criteria for sharing data publicly. However, this data is consistent with national data showing higher homicide death rates in our most urban areas.⁴⁰ One potential factor contributing to this geographic disparity in homicide deaths is the racialized residential segregation occurring in urban areas discussed previously. Evidence suggests that this structural, community-level

inequity harms economic opportunity and contributes to the higher level of gun violence and crime experienced in urban, racially segregated areas.^{41,42}

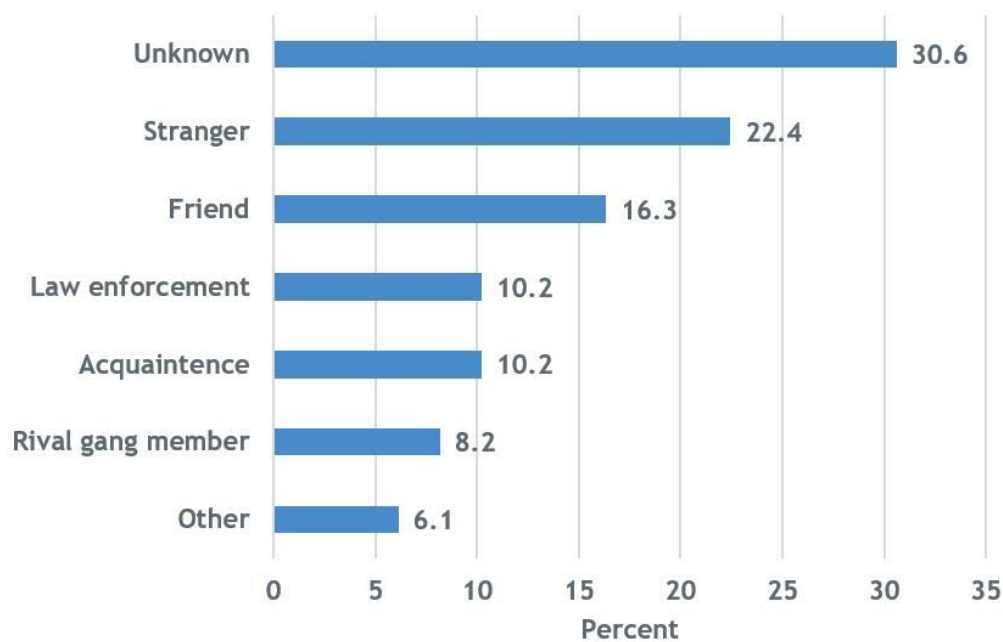
Circumstances of Firearm Homicide Deaths

With firearms making up the majority of all homicide deaths (92.5%, n=49), the following circumstance data will focus specifically on firearm homicide deaths.

The weapon type most commonly associated with firearm homicide deaths was a handgun (61.2%, n=30) followed by other types including shotgun, hunting rifle, and assault rifle (10.2%, n=5). Information about weapon type was missing or unknown for 28.6% (n=14) of these deaths.

The CFPS review process can identify who was handling the fatal weapon during the incident that killed the infant, child, or youth. As shown in Figure 4, strangers were most often handling the firearm (22.4%, n=11), followed by friends (16.3%, n=8), law enforcement (10.2%, n=5), acquaintances (10.2%, n=5), and rival gang members (8.2%, n=4). Information about the person handling the weapon was unknown for 30.6% (n=15) 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 4. Firearm homicide deaths occurring among those under age 18 in Colorado by person handling fatal weapon, 2014-2018 (n=49)

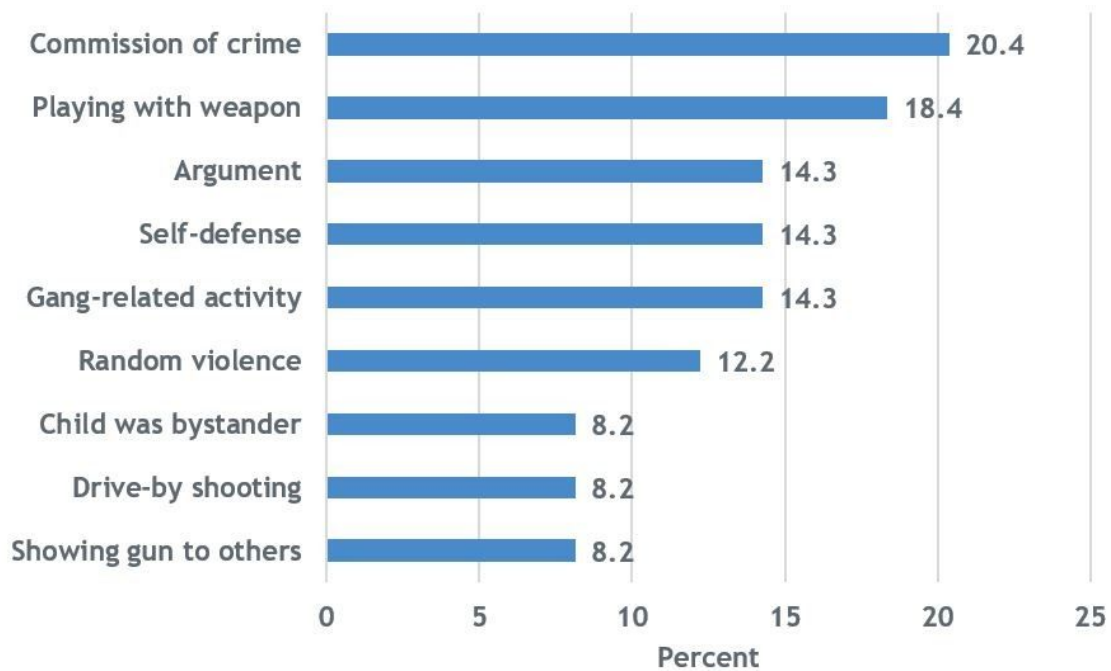


Mass Shootings

The National Center for Fatality Review and Prevention’s Case Reporting System does allow for the collection of information regarding mass shooting fatalities. Although heartbreaking and deeply felt by the communities in which they occur, it is important to note that mass shooting deaths for infants, children, and youth under age 18 in Colorado are infrequent. These deaths are so rare that they do not meet privacy criteria for sharing data publicly.

CFPS review teams collect circumstance information about firearm homicide deaths, including details of how the firearm was being used during the incident (Figure 5). This data showed that firearms used during homicide deaths were most commonly used during the commission of another crime (20.4%, n=10), playing with the weapon (18.4%, n=9), arguments (14.3%, n=7), or for self-defense (14.3%, n=7). Additionally, these incidents were sometimes related to gang activity (14.3%, n=7) or attributed to random violence (12.2%, n=6). Information regarding whether the child or youth who died had a delinquent or criminal history, or if they had spent time in juvenile detention, was missing or unknown for about 50% of cases. 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 young person and the circumstances surrounding the death. As such, this circumstance information is likely underreported.

Figure 5. Selected circumstances for firearm homicide deaths occurring among those under age 18 in Colorado, 2014-2018 (n=49)



Conclusion

From 2014 to 2018, homicide deaths were the seventh leading cause of death reviewed by CFPS among those under age 18 in Colorado. The highest rates of homicide deaths were observed among youth ages 15-17 and among non-Hispanic Black infants, children, and youth. Over 90% of homicide deaths were caused by firearms, followed by other causes such as stabbing and vehicular homicide. Firearm homicide deaths occurred most often during the commission of another crime, playing with the weapon, and arguments. Upstream prevention strategies that address social and structural inequities can reduce homicide deaths among infants, children, and youth. To learn more about the prevention strategies recommended by CFPS, view the 2020 Legislative Report (www.cochildfatalityprevention.com/p/reports.html).

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

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