# Homicide & Assault

African American men are 11 times more likely to die from homicide.

### Homicide Deaths

In Contra Costa, homicide is the second leading cause of death among residents of the 15-24 and 25-34 age groups and the fourth leading cause of death among African American residents.

Between 2002 and 2004, 233 Contra Costa residents died from homicide. This means that approximately 78 Contra Costa residents are murdered each year. The crude death rate from homicide for Contra Costa (7.8 per 100,000) is similar to California's rate (6.8 per 100,000) and exceeds the Healthy People 2010 target (3.0 per 100,000).

Local Findings

- African American men are most likely to die from homicide.
- The weapon in most homicides and hospitalized assaults is a firearm.
- Residents of Richmond are most likely to die from homicide.
- On average, 78 residents die from homicide each year.
- Residents 21-44 years are most likely to die from homicide.
- Contra Costa's crude death rate from homicide (7.8 per 100,000) does not meet the Healthy People 2010 objective.

## Homicide Deaths by Race/Ethnicity

Table 1. Contra Costa County 2002–2004

| | Men | Women | Total | Percent | Rate |
|---|---|---|---|---|---|
| African American | 115 | 14 | 129 | 55.4% | *48.6 |
| Latino | 39 | 8 | 47 | 20.2% | 7.8 |
| White | 25 | 16 | 41 | 17.6% | **2.4 |
| Asian | 9 | 3 | 12 | 5.2% | n/a |
| Contra Costa | 189 | 44 | 233 | 100.0% | 7.8 |

These are crude rates per 100,000 residents.

n/a Numbers are too small to calculate stable rates.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

Over half of all homicide deaths in Contra Costa occur among African Americans (129, 55.4%). The homicide rate for African Americans is five times higher (48.6 per 100,000) than the county rate overall (7.8 per 100,000). Latinos are equally likely to die from homicide than the county overall and Whites are less likely.

African American men comprise 4.1% of the county population yet represent half of all homicide deaths that occur in the county (115, 49.4%). They have the highest rate of homicide in the county (92.6 per 100,000) and are 11 times more likely to die from homicide than county residents overall (7.8 per 100,000) and seven times more likely to die from homicide than men in any other race/ethnic groups.

In Contra Costa, men represent the majority of the deaths from homicide and have a higher homicide death rate (12.8 per 100,000) than the county overall (7.8 per 100,000) and women (2.9 per 100,000). Men are almost twice as likely to die from homicide than residents of the county overall and four times as likely to die from homicide than women.

## Homicide by Gender

Table 2. Contra Costa County 2002-2004

| | Deaths | Percent | Rate |
|---|---|---|---|
| Men | 189 | 81.1% | *12.8 |
| Women | 44 | 18.9% | **2.9 |
| Contra Costa | 233 | 100.0% | 7.8 |

These are crude rates per 100,000 residents.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

The highest number of homicide deaths in Contra Costa occurs among residents age 21 to 44 years (142), and in particular among men of this age group (121). Residents of this age group have the highest homicide death rate (14.3 per 100,000) -- twice as high as the county rate overall (7.8 per 100,000) and that of all other age groups. Residents 45-64 years are less likely to die from homicide than county residents overall.

## Homicides by Age

Table 3. Contra Costa County Residents 2002-2004

| | Men | Women | Deaths Total | Percent | Rate |
|---|---|---|---|---|---|
| 0-20 years | 43 | 10 | 53 | 22.7% | 5.9 |
| 21-44 years | 121 | 21 | 142 | 60.9% | *14.3 |
| 45-64 years | 20 | 9 | 29 | 12.4% | **3.8 |
| 65 and older | 5 | 4 | 9 | 3.9% | n/a |
| Contra Costa | 189 | 44 | 233 | 100.0% | 7.8 |

These are age-specific rates per 100,000 residents.

n/a Numbers are too small to calculate stable rates.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

## Homicides by Selected Communities

Table 4. Contra Costa County 2002–2004

| | Deaths | Percent | Rate |
|---|---|---|---|
| Richmond | 109 | 46.8% | *35.7 |
| Pittsburg | 26 | 11.2% | 14.1 |
| Antioch | 18 | 7.7% | n/a |
| San Pablo | 18 | 7.7% | n/a |
| Concord | 14 | 6.0% | n/a |
| Brentwood | 7 | 3.0% | n/a |
| Walnut Creek | 5 | 2.1% | n/a |
| Pinole | 5 | 2.1% | n/a |
| Bay Point | 5 | 2.1% | n/a |
| Martinez | 1 | 0.4% | n/a |
| Oakley | 1 | 0.4% | n/a |
| Contra Costa | 233 | 100.0% | 7.8 |

These are crude rates per 100,000 residents.

n/a Numbers are too small to calculate stable rates.

* Significantly higher rate compared to the county overall.

The highest number of homicide deaths occurs among residents of Richmond (109) and Pittsburg (26). Residents of Richmond are 4.5 times more likely to die from homicide than county residents overall.

## Homicide by Weapon/Cause

Table 5. Contra Costa County 2002-2004

| | Deaths | Percent | Rate |
|---|---|---|---|
| Firearm | 185 | 79.4% | 6.2 |
| Cut/Piece | 22 | 9.4% | 0.7 |
| Other/Unknown | 20 | 8.6% | 0.7 |
| Abuse and Neglect | 2 | 0.9% | n/a |
| Blunt object | 2 | 0.9% | n/a |
| Unarmed fight | 2 | 0.9% | n/a |
| Contra Costa | 233 | 100.0% | 7.8 |

These are crude rates per 100,000 residents.
n/a = Numbers are too small to calculate stable rates.

Firearms were used in the majority of homicide deaths in Contra Costa (185, 79.4%), followed by cutting/piercing (22, 9.4)%).

## Non-fatal Assault Hospitalizations

Though not severe enough to cause death, hospitalization due to assault injury can have lasting consequences in terms of physical disability and mental and emotional health. Although the number of non-fatal assaults that result in hospitalization may be relatively small compared with those that are treated in emergency departments or outpatient clinics, it represents the more serious end of the spectrum of injuries.

Between 2002-2004, there were 1,032 hospitalizations due to non-fatal assaults among Contra Costa residents. This means that on average, there are 344 hospitalizations in Contra Costa due to non-fatal assaults each year. The crude hospitalization rate from non-fatal assaults for Contra Costa (34.3 per 100,000) is lower than that of California (38.6 per 100,000).

The highest number of non-fatal assault hospitalizations in the county is among Whites (372), followed by African Americans (340), Latinos (214) and Asians (52).

## Non-fatal Assault Hospitalizations by Race/Ethnicity

Table 6. Contra Costa County 2002-2004

| | Cases | Percent | Rate |
|---|---|---|---|
| White | 372 | 36.0% | **21.9 |
| African American | 340 | 32.9% | *128.2 |
| Latino | 214 | 20.7% | 35.6 |
| Asian | 52 | 5.0% | **14.8 |
| Contra Costa | 1,032 | 100.0% | 34.3 |

These are crude rates per 100,000 residents.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

Although African Americans have fewer non-fatal assault hospitalizations, they have the highest hospitalization rate in the county (128.2 per 100,000) – nearly three times higher than the county rate overall (34.3 per 100,000) and Latinos (35.6 per 100,000) and more than five times higher than the rates for White (21.9 per 100,000) and Asian residents (14.8 per 100,000). White and Asian residents are less likely to be hospitalized than the county overall.

African American men are almost seven times as likely to be hospitalized for non-fatal assault than county residents overall. They have the highest non-fatal assault hospitalization rate in the county (234.4 per 100,000) – three times higher than men in the county overall (58.5 per 100,000) and higher than men in all other race/ethnic groups.

Non-fatal assault is intentionally inflicted injury to another person that may or may not involve intent to kill. In this section we look only at non-fatal assaults that resulted in a hospitalization, not those treated in emergency rooms, doctor's offices or at home

## Non-fatal Assault Hospitalizations by Gender

Table 7. Contra Costa County 2002-2004

| | Cases | Percent | Rate |
|---|---|---|---|
| Men | 863 | 83.6% | *58.5 |
| Women | 169 | 16.4% | **11.0 |
| Contra Costa | 1,032 | 100.0% | 34.3 |

These are crude rates per 100,000 residents.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

In Contra Costa, men account for the majority of non-fatal assault hospitalizations (863, 83.6%) and have a higher non-fatal assault hospitalization rate (58.5 per 100,000) than the county overall (34.3 per 100,000) and women (11.0 per 100,000). Men are more likely to be hospitalized for non-fatal assault than the county residents overall and four times more likely than women.

## Non-fatal Assault Hospitalizations by Age

Table 8. Contra Costa County Residents 2002-2004

| | Cases | Percent | Rate |
|---|---|---|---|
| 0-14 yrs | 34 | 3.3% | **5.4 |
| 15-24 yrs | 398 | 38.6% | *97.7 |
| 25-34 yrs | 243 | 23.5% | *65.4 |
| 35-44 yrs | 165 | 16.0% | 34.8 |
| 45-54 yrs | 125 | 12.1% | **27.3 |
| 55-64 yrs | 36 | 3.5% | **11.4 |
| 65+ yrs | 31 | 3.0% | **9.0 |
| Contra Costa | 1,032 | 100.0% | 34.3 |

These are age-specific rates per 100,000 residents.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

Almost 40% of all non-fatal assault hospitalizations occur among residents 15-24 years (398, 38.6%). Residents age 15-24 years have the highest non-fatal assault hospitalization rate (97.7 per 100,000) -- almost three times as high as the county overall (34.3 per 100,000), and higher than any other age groups. Residents 25-34 years also have a higher rate of non-fatal hospitalizations than the county (65.4 per 100,000), while residents 0-14 years and 45 years and older have lower rates than the county rate overall.

## Non-fatal Assault Hospitalizations by Selected Cities

Table 9. Contra Costa County 2002-2004

| | Cases | Percent | Rate |
|---|---|---|---|
| Richmond | 291 | 28.2% | *95.3 |
| Bay Point/Pittsburg | 150 | 14.5% | *59.0 |
| Antioch | 114 | 11.0% | 37.9 |
| Concord | 106 | 10.3% | 28.2 |
| San Pablo | 91 | 8.8% | *97.4 |
| Martinez | 51 | 4.9% | 46.0 |
| Walnut Creek | 41 | 4.0% | **20.6 |
| Oakley | 25 | 2.4% | 30.5 |
| Pinole | 18 | 1.7% | n/a |
| Brentwood | 17 | 1.6% | n/a |
| Contra Costa | 1,032 | 100.0% | 34.3 |

These are crude rates per 100,000 residents.

* Significantly higher rate compared to the county overall.

** Significantly lower rate.

The highest number of non-fatal assault hospitalizations occurs among residents of Richmond (291), Bay Point/Pittsburg (150), Antioch (114), and Concord (106). Residents of San Pablo, Richmond, and Bay Point/Pittsburg are more likely to be hospitalized due to non-fatal assaults compared to the county overall. Residents of San Pablo (97.4 per 100,000) and Richmond (95.3 per 100,000) have higher non-fatal assault hospitalization rates than the county (34.3 per 100,000) and any other selected city, and Bay Point/Pittsburg has a higher rate than the county overall (34.3 per 100,000).

Almost a third of all non-fatal assault hospitalizations involve firearms (312), followed by unarmed fights (215) and cutting/piercing (193).

## Non-Fatal Assault Hospitalizations by Weapon/Cause

Table 10. Contra Costa County 2002-2004

| | Cases | Percent | Rate |
|---|---|---|---|
| Firearm | 312 | 30.2% | 10.4 |
| Unarmed fight | 215 | 20.8% | 7.2 |
| Cut/Piece | 193 | 18.7% | 6.4 |
| Other/Unknown | 153 | 14.8% | 5.1 |
| Blunt object | 128 | 12.4% | 4.3 |
| Abuse and Neglect | 31 | 3.0% | 1.0 |
| Contra Costa | 1,032 | 100.0% | 34.3 |

These are crude rates per 100,000 residents.

In 2004, there were 16,611 deaths from homicide in the U.S, 11,250 of which involved firearms alone.[1] The age-adjusted homicide rate in the U.S. was 5.6 per 100,000 overall, 9.2 per 100,000 for men vs. 2.5 per 100,000 for women, and 20.1 per 100,000 among African Americans.[2]

Homicide continues to affect our communities, especially the African American community where it is the fourth leading cause of death overall[3], and the third leading cause of death among African American men.[4] In 2002, an African American male under the age of 30 in the U.S. was nearly nine times more likely to be murdered than a white male of the same age group.[5]

Despite the fact that the homicide rate among African Americans has held steady since 2000 in the U.S., its impact in the African American community is still great.

Interventions for homicide prevention are critical to implement and can include limiting youth access to firearms, deterring gang involvement, and teaching skills to help people resolve conflicts though non-violent means.

## Data Sources: Homicide and Non-Fatal Assault

Text

1. National Center for Health Statistics Centers for Disease Control and Prevention (2006). *Fast Stats A-Z, Assault/ Homicide.* Retrieved May 17, 2007 at the NCHS/CDC website: http://www.cdc.gov/nchs/fastats/homicide.htm

2. National Center for Health Statistics (2006). *Health, United States, 2006 with Chartbook on Trends in the Health of Americans.* Retrieved May 17, 2007 at the CDC website: http://www.cdc.gov/nchs/data/hus/hus06.pdf#045

3. California Department of Health Services (CDHS) (2004). *Center for Health Statistics' Death Statistical Master File, 2002-2004*. Available at http://www.dhs.ca.gov/,

4. Center for Health Statistics, Office of Health Information and Research, California Department of Health Services (2004). *National and State data Causes of Death.* Retrieved May 18, 2007 at http://www.dhs.ca.gov/hisp/chs/ohir/tables/death/causes.htm.

5. National Center for Injury Prevention and Control, Centers for Disease Control. *WISQARS, Leading Causes of Death Reports*. Available at: http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html

Tables

Tables T1-5: Homicide mortality data from the California Department of Health Services (CDHS), http://www.dhs.ca.gov/, Center for Health Statistics' Death Statistical Master File, 2002-2004. Any analyses, interpretations or conclusions of the data have been reached by CHAPE and are not from the CDHS. Data for the following race/ethnicity groups was excluded from Table 1, Race/Ethnicity due to small numbers: American Indian/Alaska Native, Native Hawaiian/Pacific Islanders, Two or More Races, and Other. Due to unstable estimates, death rates could not be calculated for these groups. These groups were included in Tables 2-5. These tables include total deaths and crude death rates or age-specific death rates for 2002 through 2004.

ICD10 coding for homicide (ICD X85-Y05, Y06-Y07 (.0-.9), Y08-Y09) found at the CDHS Brand EPI Center California Injury Data Online at http://www.applications.dhs.ca.gov/epicdata/default.htm, modified from the Centers of Disease Control and Prevention National Center for Health Statistics available on line at http;//www.cdc.gov/nchs/about/otheract/ice/matrix10.htm. Late effects are not included.

Population data from:
California Department of Finance (April 2006). *Estimated Race/Ethnic Population with Age and Sex Detail 2000-2004.* Sacramento, CA.

California Department of Finance (May 2006). *E-4 Population Estimates for Cities, Counties and the State 2001-2006, with DRU Benchmark*. Sacramento, CA. Available online at: http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm.

Note: City level denominators were extrapolated from the E-4 file to approximate the mid-year population estimates that are needed to calculate city-level rates. For more information, see our section on statistical methods.

Tables 6-10: Non-fatal Assault hospitalization data from the California Office of Statewide Health Planning and Development, http://www.oshpd.ca.gov/, Healthcare Quality and Analysis Division, Health Care Information Resource Center. OSHPD data includes only those hospitalizations for which an intentional/assault injury was listed as the primary diagnoses. They do not include treatment that takes place in a doctor's office, health clinic or emergency room. A single person can be counted multiple times for multiple injury hospitalizations. Data for the following race/ethnicity groups was excluded from Table 6, Race/Ethnicity due to small numbers: American Indian/Alaska Native, Native Hawaiian/Pacific Islanders, Two or More Races, and Other. Due to unstable estimates, rates could not be calculated for these groups. These groups were included in Tables 7-10.

ICD9 E-coding for non-fatal assault (ICD E960-E968.9) found at the CDHS Brand EPICenter California Injury Data Online at http://www.applications.dhs.ca.gov/epicdata/default.htm, modified from the Centers of Disease Control and Prevention National Center for Health Statistics available online at http;//www.cdc.gov/nchs/about/otheract/ice/matrix10.htm

Healthy People 2010 objectives from the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at http://www.healthypeople.gov/