

# Violent Death and Injury

## Purpose of Report

Homicides emerged as a major public issue in Jacksonville in 2006, following reports of increased homicides and comparisons of Jacksonville's homicide rates to state and national rates. This data report is a follow up to an October, 2005 Statistics Center Report that identified the comparatively high homicide rate in Jacksonville. Following the October Report, the homicide problem in Jacksonville received considerable attention through Florida Times Union coverage of the issue and a JCCI study of the problem. Much of the attention to the problem has focused on the criminal nature of the problem, and discussion of the solutions has primarily focused on what law en-

forcement can and should do. This report is an attempt to examine the problem through the use of additional data that is just as accurate, but may yield different conclusions.

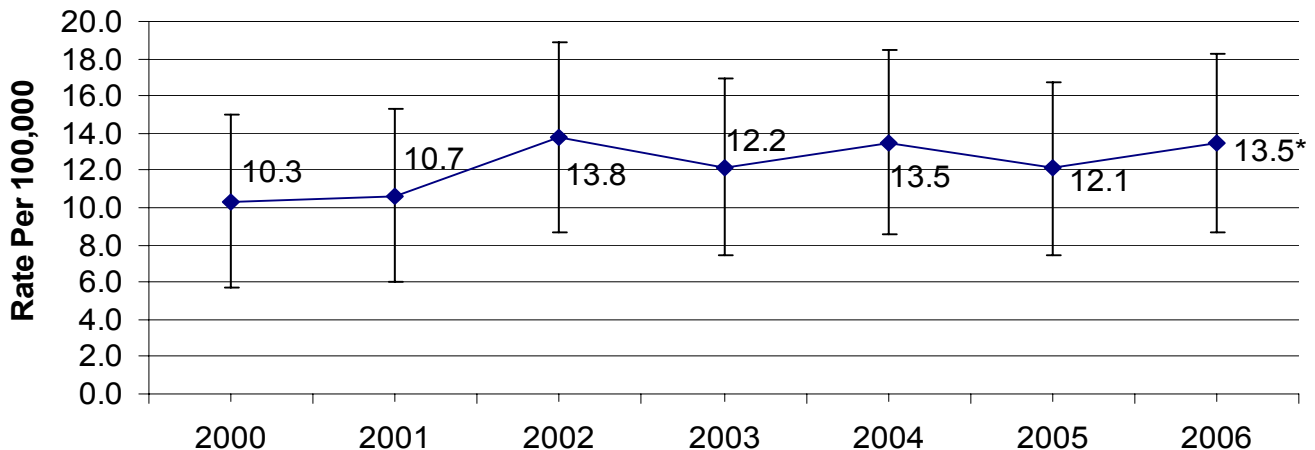
The old adage that "statistics don't lie, but liars use statistics," is an over simplified summary of the potential for data to be accurate but conclusions, drawn from the data, to be inaccurate. The adage also implies deliberate manipulation, but many faulty conclusions are actually based on well meaning, but improper use of accurate statistics. A well meaning researcher can do this by concluding that something causes another thing simply

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**Figure 1** Homicide Death Rates, Duval County, 2000-2006



I 95% Confidence Intervals provide statistical markers to gauge real trends versus differences that are more likely to reflect insignificant variation of data from year to year.

Source: Florida Department of Health, Office of Vital Statistics, 2000-2006, \*2006 data is preliminary.

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, February, 2007

**Purpose of Report**  
(continued from page 1)

because the two things are highly correlated.

Some recent discussions have referred to victims as “not-so-innocent,” simply because they had previously been convicted of crimes. Other discussions have referred to homicides as “respect” killings. Implicit in these discussions are strong & weak relationships of homicide to crime. Of course, homicide is in and of itself usually a crime, but of critical concern to shaping solutions is whether homicides are incidental to the commission of a crime, pre-

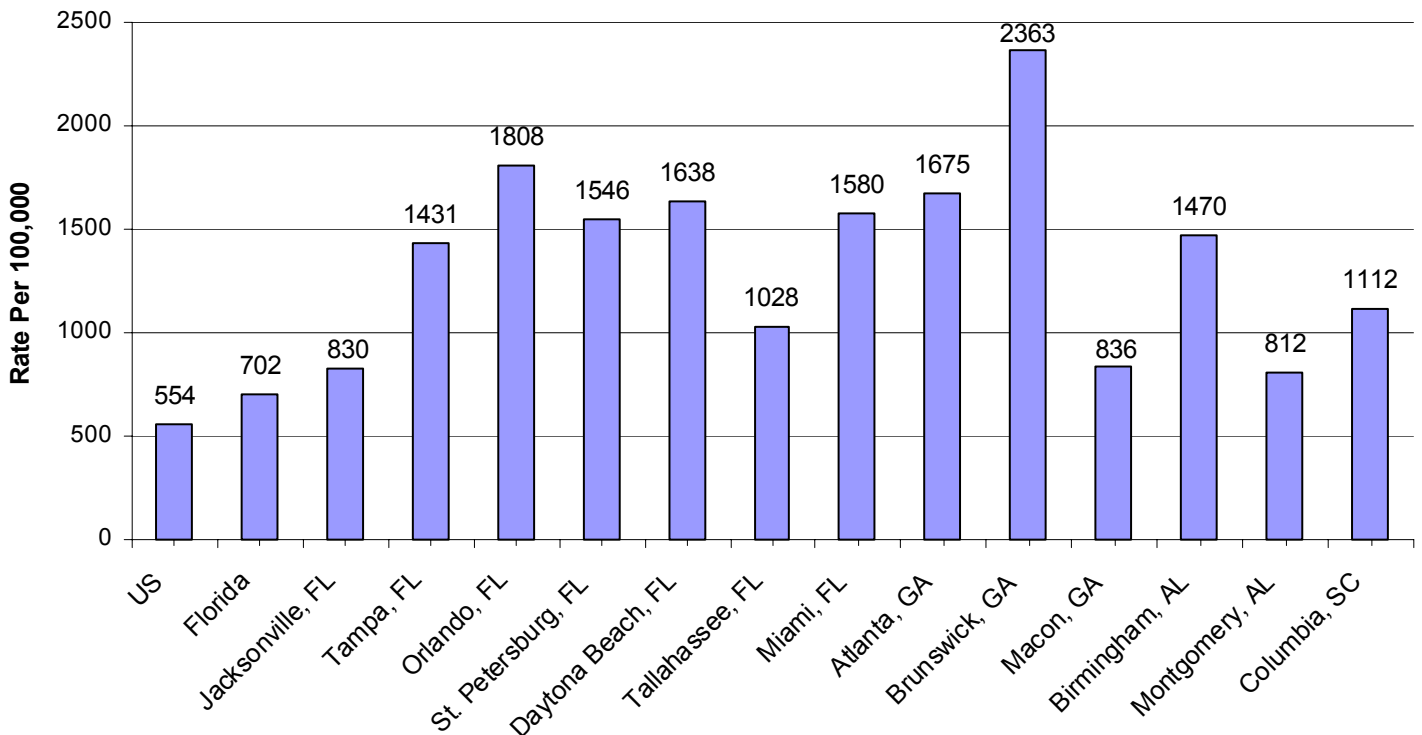
meditated criminal acts, or an uncontrolled emotional reaction to events and circumstances that are unrelated to crime. Also critical to finding solutions is determining if homicides and drug abuse are symptoms of underlying problems such as health and educational disparities, or if they are the causes of the problems. To answer these questions, this report provides additional data that has not been part of the discussion. These data include: additional statistics on crime, data on intentional injuries that may show patterns of violence potentially leading to homicide, and data on other factors that may contribute to violent acts.

These data show that by some measures, Jacksonville is a relatively crime free city and the problem of homicide is clearly correlated with other health disparities that are linked to inequitable economic and educational opportunities. The data also show that acts of violence are frequently committed by adolescents and young adults who come from communities that have suffered from economic and educational disadvantage, and may be ill equipped to handle confrontation. In addition, data shows that adolescents are often the victims of violent crimes as well. Adolescents and

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Figure 2

**Violent Crime Rate by Selected Southern Cities, 2005**



Source: Department of Justice, Federal Bureau of Investigation, Crime in the United States, 2005  
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## Purpose of Report (continued from page 2)

young adults who are chronically subjected to social and economic insults appear to be particularly at risk when placed in situations of being “dissed” or disrespected. These data raise questions about solutions that result in greater economic and social isolation of at-risk adolescents, particularly where it may enable and reinforce a culture of violence. However, the data do not lead to a simple solution. To the contrary, the data point to a web of complex factors contributing to a problem that is deserving of considerable public attention.

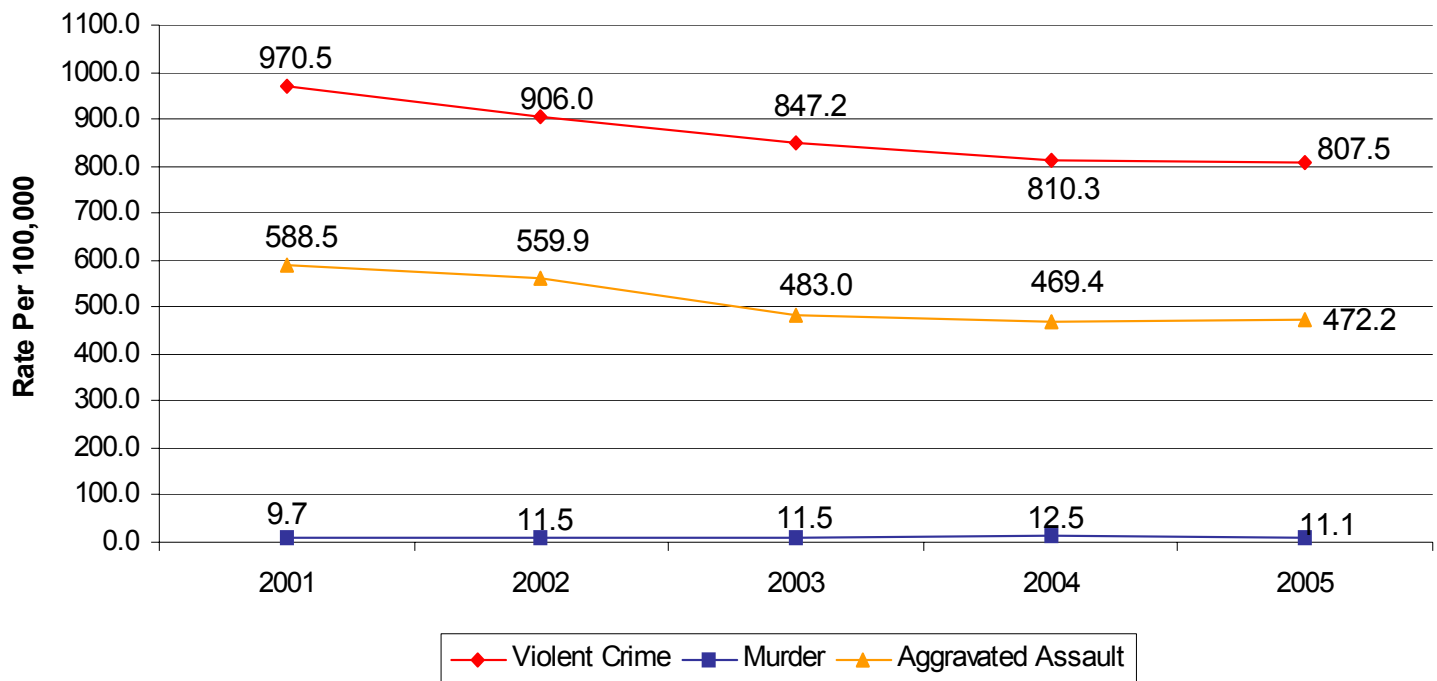
## Data Considerations and Inconsistencies

This report utilizes violence related data from various sources often presenting differences which can result in varied interpretations. The main source of data for violence related mortality is vital statistics death data. This data is mostly categorized as homicide which is not necessarily murder but does include murder. When murder itself is reported, this data is derived from reported offenses by local law enforcement. Law enforcement data calculates a violent crime rate using the violent crime index (the total number of violent crimes reported) and the

total population of the area, commonly reported per 100,000 population.

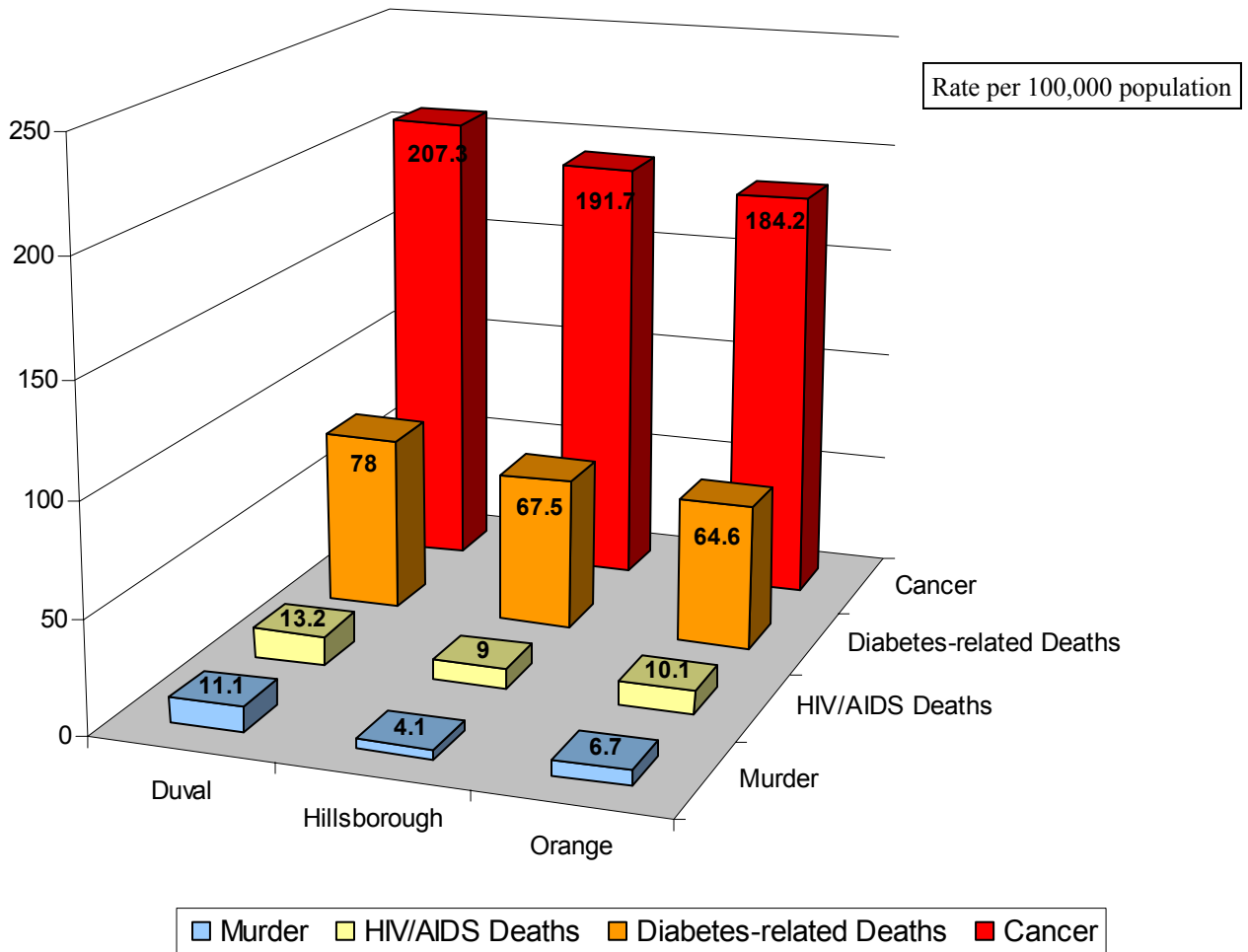
Data in this report will also be shown by county and by city. The City of Jacksonville statistics don’t include Jacksonville Beach whereas Duval County data does. This also holds true when reviewing other cities and counties in this document. The city areas don’t include all of the corresponding counties so the population for the city will be much smaller than for the county. Jacksonville-Duval County is unique compared to other city-county areas. The Jacksonville city population  
(continued on page 4)

**Figure 3** Violent Crime, Murder, and Aggravated Assault Rates, Duval County, 2001-2005



Source: Florida Department of Law Enforcement, Uniform Crime Report, 2001-2005  
Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

**Figure 4 Selected Mortality Outcomes by County, 2005**



Source: Florida Department of Law Enforcement, Uniform Crime Report, 2005; ; Florida Department of Health, Vital Statistics, Death and Birth Files, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

**Data Considerations and Inconsistencies (continued from page 3)**

makes up 92% of the total Duval County population. As a comparison, the city of Orlando is only 20% of Orange County.

For violence related injury data, this report analyzed the Agency for Health Care Administration, In-Patient Hospitalization and Emergency Room data for 2005. This data encompasses information for patients that may seek care in a Duval County facility but do not live in Duval County. Although, the data for this report only included Duval County residents who were patients.

This report will occasionally show graphs using 95 % Confidence Intervals. These Confidence Intervals provide statistical markers to gauge real trends verses differences that are more likely to reflect insignificant variation of data from year to year or from group to group.

## Classifying Violent Crime

The National Committee for Injury Prevention and Control defines violence as *“the use of force with the intent to inflict injury or death upon oneself or another individual or group(s) and includes the threat of force to control another individual or group,”* and *“aggressive human behavior involving the use of physical, psychological or emotional force with the intent to cause harm to oneself or others.”* The Federal Bureau of Investigation classifies Part I crimes as criminal offenses that are reported to local law enforcement, most commonly as violent crime and property crimes.

Violent crime includes murder, aggravated assault, robbery and forcible rape. Offenses reported to the FBI can result in death or injury. Aggravated assaults are an attack from one person onto another with the intent of inflicting severe bodily harm. This type of assault is usually accompanied by the use of a weapon or by other means likely to produce death or great bodily harm. It is often determined ‘aggravated’ if the intent is serious (i.e. to kill or rape). Assault can also be the verbal threat of violence. Robbery is different from burglary, a property crime of less severity, in that it uses violence or intimidation to seize property from the victim.

Homicide is different from murder. Homicide is the killing of another human while murder requires the intent to kill another person, this may also be termed criminal homicide. Homicide is not always a crime, i.e. as is the case with self defense, while murder is always a crime. Homicide death rates are based on the death of the victim and when analyzed geographically, are based on the victims residence and not the location where they were killed.

### Summary of the Jacksonville Sheriff’s Report: “Murders from January through April 2006”

In July, 2006 the Jacksonville Sheriff’s office analyzed data for several periods of time and for various crime statistics including, violent and property crimes and the subsets that make up those categories of crimes. The violent crime rate in Jacksonville was reduced by more than half from 1991 to 2005, 1742.9 to 807.9. See Figure 3 for 2001-2005 data.

Another analysis was done for a shorter time period, from 2000 to 2005, for all Part I crimes. Part I crimes are the top 8 most “serious” crimes as determined by the Uniform Crime Reports and are divided into violent and property crimes. Overall, Part I crimes decreased by 11.6%. The rate of property crimes has decreased by 6.8%. While violent crimes in total numbers and rates have also decreased by 19.6% and 27.6% respectively.

When comparing the time period of January through April in both 2005 and 2006, murder rate was up 109% as of early 2006. However, overall violent crime was only up 1%. Half of the victims were black males, 12.5% were black females, 35.42% of victims were white (approximately even between male and female) and 31 of the 48 victims were under the age of 30. There were only 17 suspects for 48 murders from January through April as of July, 2006. Of those 17 suspects, 58% of suspects were black males and 23.53% white males.

The top 5 circumstances associated with murder from January to April 2006 were arguments (19%), robbery (17%), drugs (10%), domestic violence (15%) and unknown (25%). This data is similar to 2005 except drugs were 47.4% higher and unknown circumstances were 47.1% lower in 2005.

Note: As of the date of this report, this is the most recent data available from the Jacksonville Sheriff’s Office.



## Violent Death and Crime Report Card

Violence and Abuse Prevention				
Objective #	The Objectives are to:	Duval (2005)	Hillsborough (2005)	Orange (2005)
15-32	Reduce homicides. (Rate per 100,000) <sup>1</sup>	12.1	7.2	4.6
15-32a	Reduce homicides in adolescents ages 10-19. (Rate Per 100,000) <sup>1</sup>	9.0 (2003-2005)	4.4 (2003-2005)	5.1 (2003-2005)
15-3	Reduce firearm-related deaths. (Rate Per 100,000) <sup>1</sup>	16.8	8.5	9.1
15-3a*	Reduce firearm assault deaths. (Rate Per 100,000) <sup>1</sup>	8.4	2.3	5.0
15-3b*	Reduce firearm assault deaths ages 15-24. (Rate Per 100,000) <sup>1</sup>	18.5 (2004-2005)	6.9 (2004-2005)	9.8 (2004-2005)
15-3c*	Reduce other assault deaths. (Rate Per 100,000) <sup>1</sup>	3.6	1.9	2.0
15-35*	Reduce the annual rate of forcible rape offenses. (Rate per 100,000) <sup>2</sup>	24.6	44.5	47.7
15-38	Reduce physical fighting among adolescents grades 9-12. (Percent) <sup>3</sup>	**DNA	11.2	12.6
15-39	Reduce weapon carrying by adolescents on school property grades 9-12. (Percent) <sup>3</sup>	**DNA	5.9	5.4 (2003)
15-40a*	Reduce robberies. (Rate Per 100,000) <sup>2</sup>	272.8	192.7	308.1
15-40b*	Reduce aggravated assaults. (Rate Per 100,000) <sup>2</sup>	498.7	651.3	700.2
15-41	Reduce suicides for ages 15-24 (Rate Per 100,000) <sup>1</sup>	12.8 (2003-2005)	7.3 (2003-2005)	6.2 (2003-2005)

<sup>1</sup> Florida Department of Health, Office of Vital Statistics, 2003-2005

<sup>2</sup> Source: Florida Department of Law Enforcement, Uniform Crime Report, 2005

<sup>3</sup> Youth Risk Behavioral Surveillance System, Florida, 2005

\*Not a Healthy People 2010 objective

\*\*DNA=Data Not Available

## Data Report Card

The data report card provides an overall comparison between Duval, Hillsborough and Orange counties for violent death and crime for Healthy People 2010

and other local objectives. The objectives shown are those for which data could be obtained and considered relevant locally. Hillsborough and Orange counties were used as a comparison as they are both similarly sized cities

in Florida with urban areas. The largest city in Hillsborough County includes Tampa and Orlando is the major city in Orange County.

In 2005, data shows that Duval  
(continued on page 7)

**Data Report Card Overview (Continued from page 6)**

County was 40% and 62% higher in homicide deaths than Hillsborough and Orange counties, respectively. Confidence intervals reveal no statistical difference in homicide deaths in Duval County, from 2000-2006 (see Figure 1). Confidence Intervals of 95% are used to provide statistical markers to gauge real trends versus differences that are more likely to reflect insignificant variation of data from year to year.

In Duval County, homicides for the adolescent age group 10-19 were also notably higher than in Hillsborough and Orange counties. Ten percent of all homicides from 2003-2005 were in this age group. Sixty-eight per-

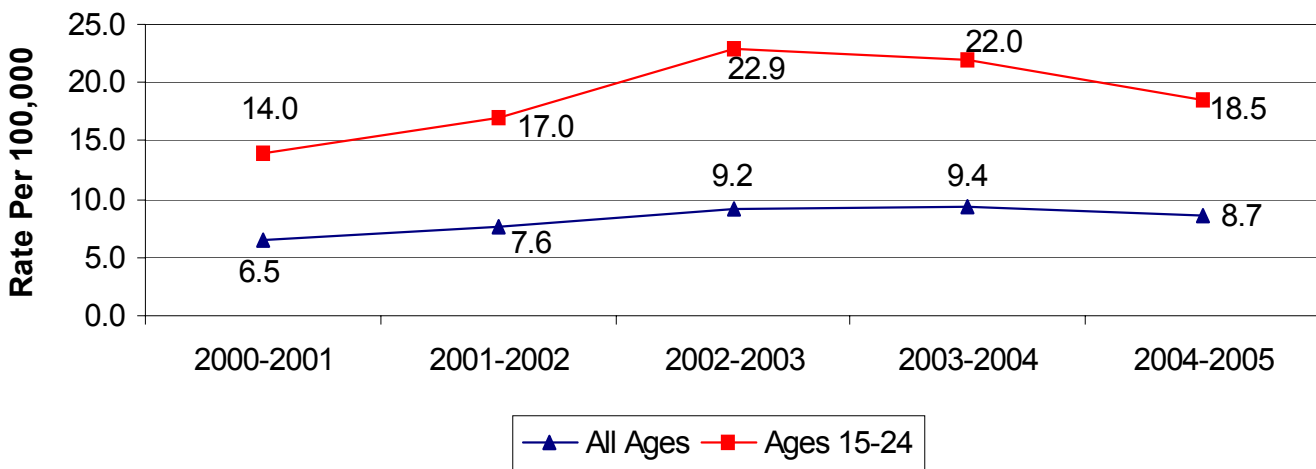
cent of all homicide deaths were due to firearms compared to 48% in Hillsborough and 72% in Orange counties. Homicide death rates from firearm discharges for ages 15-24 were notably higher than for all ages (see Figure 5) when compared to Orange and Hillsborough Counties (See Figure 22).

Duval County was considerably lower in forcible rape offenses with a rate of 51.4 per 100,000, which is 62% and 82% lower than Hillsborough and Orange counties, respectively. However, forcible rape has declined in Jacksonville every year for the past 5 years. Although, forcible rape reporting has not been consistent in previous years and

makes it difficult to interpret the true trend of this offense.

In addition, aggravated assault and robbery rates have decreased dramatically in Jacksonville since 2001. The aggravated assault rate (a major part of the violent crime index) in Duval County was 30% and 39% lower than Hillsborough and Orange counties, respectively. Suicide is also noted as a violence objective because of the nature of the death. Suicide rates for ages 15-24 in Duval County were 12.8 per 100,000 combined for the years of 2003-2005. This rate is 42% higher than Hillsborough and 52% higher than Orange County.

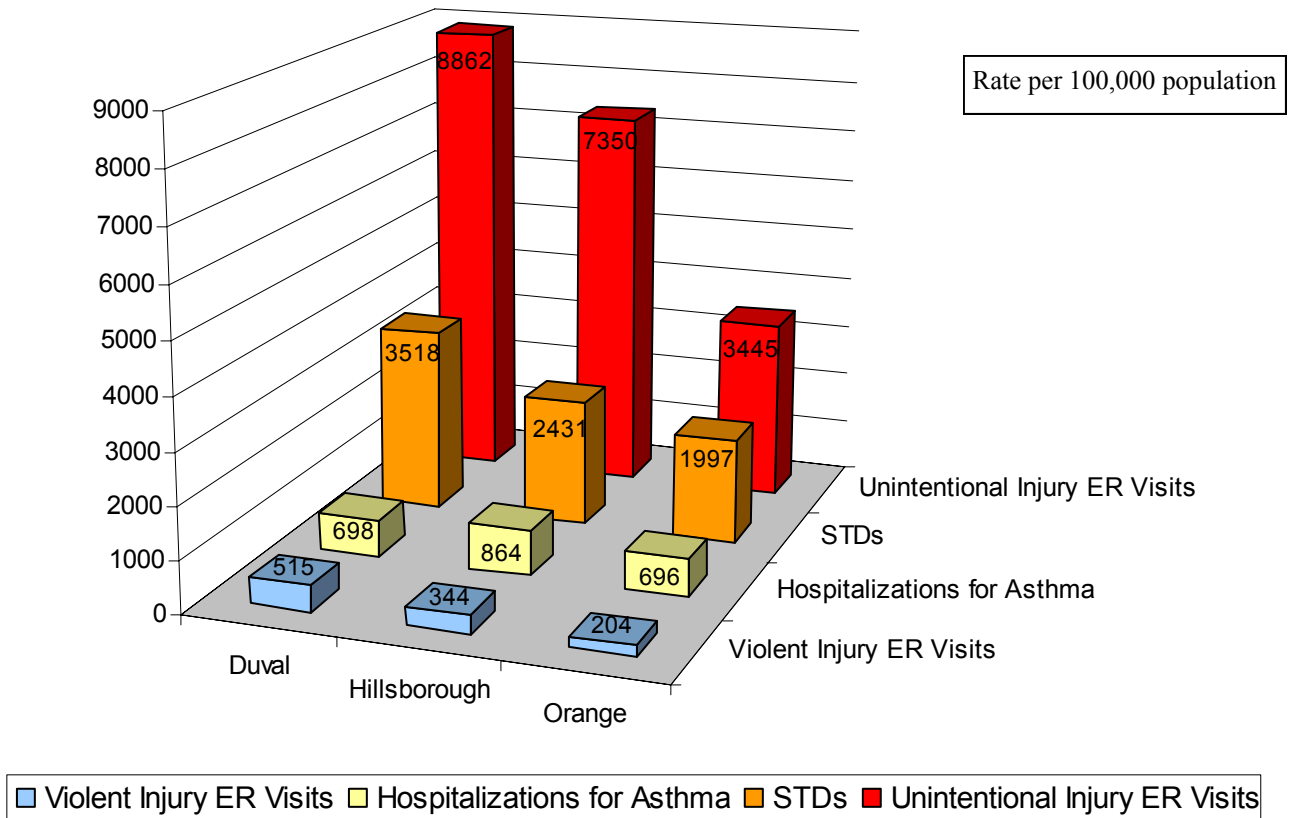
**Figure 5 Homicide Deaths from Firearm Discharge by All Ages and Ages 15-24, Duval County, 2000-2005**



Source: Florida Department of Health, Office of Vital Statistics, 2000-2005  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, March, 2007  
 Note: All Ages include Ages 15-24

Figure 6

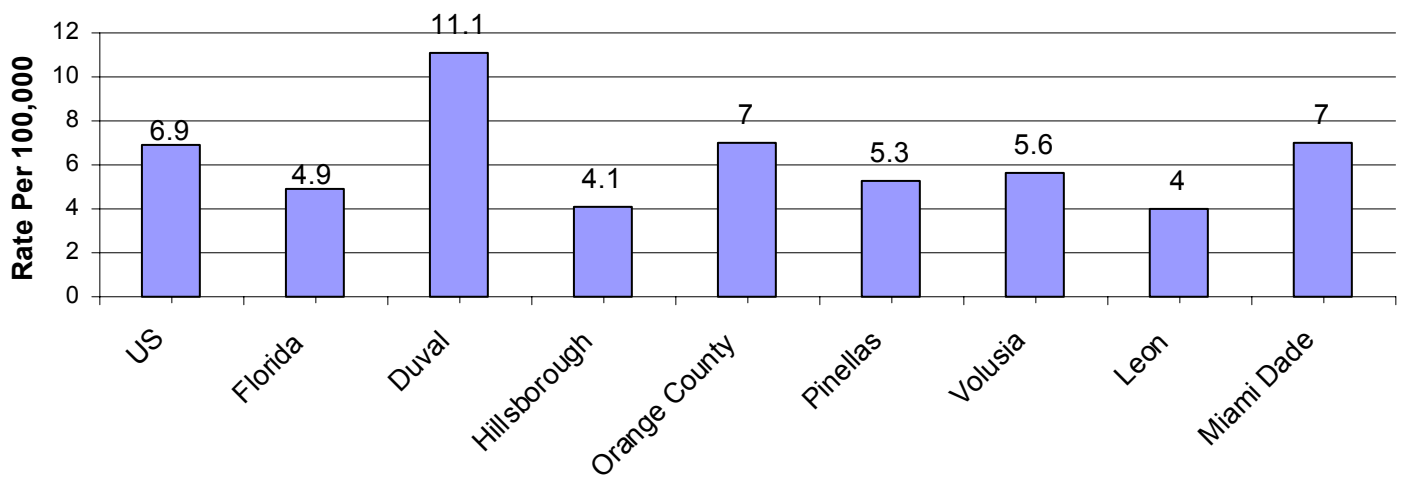
Selected Morbidity Outcomes by County, 2005



Sources: Florida Department of Health, Vital Statistics, Birth Files, 2005; Agency for Health Care Administration, Emergency Room Data, 2005; Florida Department of Health, Bureau of STD Prevention and Control, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

Figure 7

Murder Rate by County, 2005



Source: Florida Department of Law Enforcement, Uniform Crime Report, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

## Demographic Profile: Duval County vs. Orange and Hillsborough Counties

In 2005, Duval County had an estimated population of over 865,965 of which 65.2% were white and 34.8% were non-white. Over half of the population was between the ages of 20 and 54 with 30% under the age of 20 years. More than half (51%) of the population was female, with 49% being male. Duval County had a 87.2% high school graduation rate in 2005. According to the 2005 American Community Survey, the median family income in Duval County was \$44,740 and an estimated 9.3% of the population lived below the poverty level. In addition, 15.4% of children under 18 years lived below the poverty level. See Orange and Hillsborough Counties for comparable data.

Demographic Measures							
	Duval County	Hillsborough County	Orange County		Duval	Hillsborough County	Orange County
<b>Population (2005)<sup>1</sup></b>				<b>Gender (2005)<sup>1</sup></b>			
Total	865,965	1,137,583	1,050,939	Male	48.6%	49.0%	49.7%
<5	9.4%	9.3%	10.5%	Female	51.4%	51.0%	50.3%
5-9	6.8%	7.2%	7.2%	<b>Race (2005)<sup>1</sup></b>			
10-14	7.1%	7.2%	7.3%	White	65.2%	79.1%	72.9%
15-19	7.1%	7.0%	7.2%	Black	30.8%	17.4%	22.0%
20-24	7.5%	7.2%	8.2%	Non-White	4.0%	3.5%	5.1%
25-34	14.2%	14.0%	16.1%	<b>Socio-Economic Status (2005)<sup>2</sup></b>			
35-44	15.4%	15.3%	15.7%	Average Median Family Income	\$44,740	\$45,129	\$44,236
45-54	14.6%	13.9%	13.4%	Population Below Poverty	9.3%	10.2%	9.2%
55-64	9.8%	9.8%	8.5%	Children (<18) Below Poverty	15.4%	18.2%	17.1%
65+	10.3%	11.6%	17.0%	Unemployment	4.8%	3.9%	4.4%
<b>Education (2005)<sup>3</sup></b>				<b>Household Composition (2005)<sup>2</sup></b>			
High School Graduates (persons age 25+)	87.2%	80.8%	81.8%	Female Household with Children	14.8%	13.4%	14.4%
				Grandparents Responsible for Grandchildren	3.9%	3.1%	4.3%

<sup>1</sup> Florida Legislature's Office of Economic and Demographic Research, 2005      <sup>3</sup>U..S. Census Bureau, 2000

<sup>2</sup>U.S. Census Bureau, 2005

## Health Profile: Duval County vs. Orange and Hillsborough Counties

In 2005, heart disease and cancer (diseases frequently caused by behaviors established in childhood/adolescent) were the top two causes of mortality for Duval County. This was consistent with the leading causes of death for the U.S. and Florida. Additional notable chronic disease deaths included stroke and diabetes. Other health issues affecting Duval County were the percent of emergency room visits, infant mortality, teen birth rates for females ages 15-19, percent of no prenatal care and high STD rates among 15-34 year olds, which was more than twice the rate of Florida with 1,866.4 per 100,000. See Orange and Hillsborough Counties for comparable data.

Health Measures							
	Duval County	Hillsborough County	Orange County		Duval County	Hillsborough County	Orange County
<b>Hospitalization and Emergency Room (2005)<sup>1</sup></b>				<b>Cause of Death (continued)</b>			
Emergency Room visits (Percent)	35.3%	27.2%	28.0%	Stroke	47.4	43.5	40.8
Hospitalizations (Percent)	12.7%	12.7%	13.0%	Unintentional Injuries	43.4	47.0	37.1
<b>Maternal and Child Health (2005)<sup>2</sup></b>				Diabetes-related	32.4	28.8	22.9
Birth Rate (Per 1,000 Population)	15.0	14.7	15.8	HIV/AIDS	13.2	9.0	10.1
Infant Mortality Rate (Per 1,000 Live Births)	11.6	8.9	7.7	Homicide	11.7	4.1	6.7
Low Birth Rate (Percent of Live Births)	9.6%	9.0%	8.9%	Chronic Liver Disease & Cirrhosis	10.9	11.1	8.4
Prenatal Care (Percent of Live Births)	77.5%	85.8%	85.1%	Suicide	14.1	11.2	10.0
Teen Birth Rate Age 15-19 (Per 1,000 Population)	49.5	47.4	44.9	<b>Sexually Transmitted Diseases— Women Ages 15-34 (2005)<sup>3</sup></b>			
<b>Cause of Death— Age Adjusted Rate per 100,000 (2005)<sup>2</sup></b>				STD (Rate Per 100,000)	3517.9	2430.7	1996.6
All Causes	894.7	805.2	795.0	<b>Insurance (2003- 2005)<sup>4</sup></b>			
Heart Disease	213.8	210.4	198.1	Percent of Persons with Health Insurance. (Percent)	86.5%	81.9%	84.2%
All Cancer	207.3	197.1	184.2	Percent of Persons with a Usual Primary Care Provider. (Percent)	82.5%	78.6%	77.2%

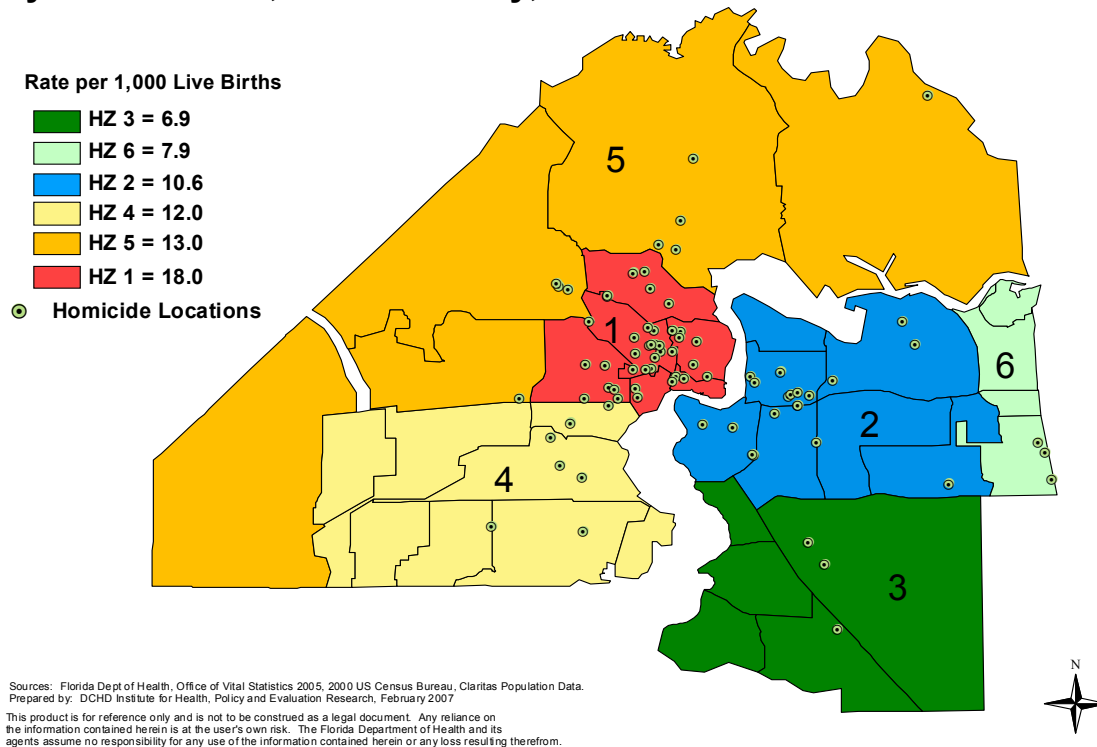
<sup>1</sup> Agency for Health Care Administration, In-Patient Hospitalization, 2005

<sup>2</sup> Florida Department of Health, Office of Vital Statistics, 2005

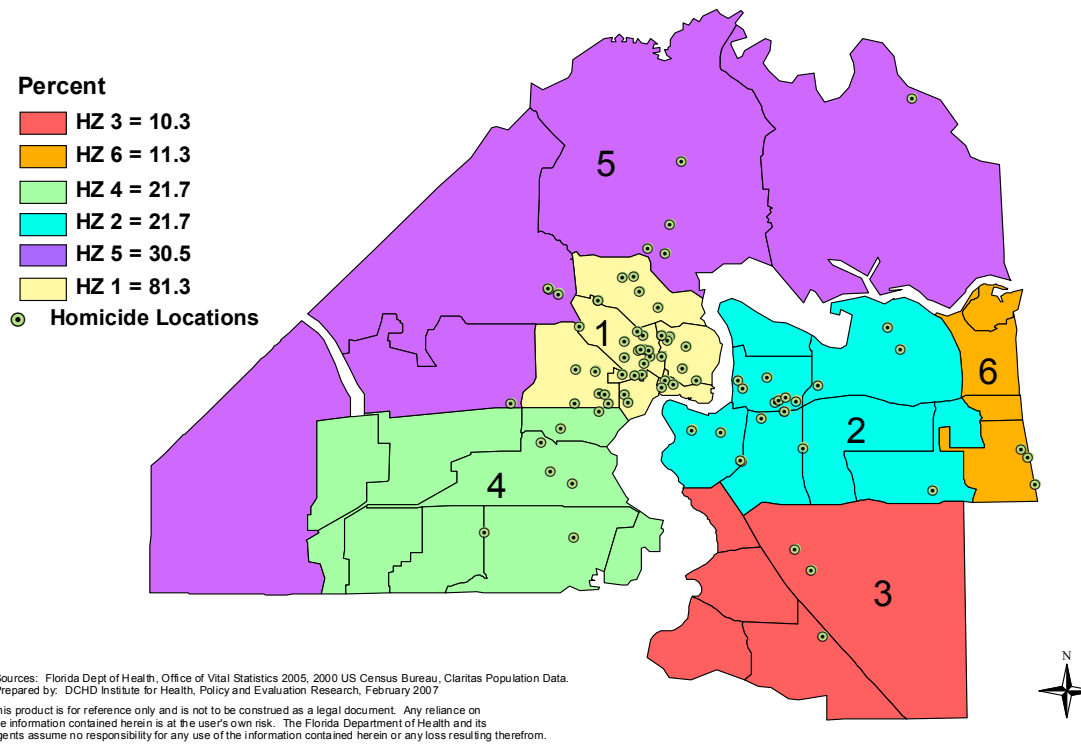
<sup>3</sup> Florida Department of Health, Bureau of STD Prevention and Control, 2005

<sup>4</sup> Behavioral Risk Factor Surveillance System, 2003-2005

**Figure 8 Infant Mortality Rate and Location of Homicide Deaths by Health Zone, Duval County, 2005**



**Figure 9 Percent Minority and Location of Homicide Deaths by Health Zone, Duval County, 2005**



## Violent Injury: Hospitalization and Emergency Room

Hospitalization and Emergency Room (ER) statistics are reported using data from the Agency for Health Care Administration. The rate for Duval County for ER visits due to violent injuries was 541.8 per 100,000 population, considerably higher than for Hillsborough and Duval counties. ER visits for gun related violent injuries shows that Duval County was overwhelmingly higher than Hillsborough County (610%) and Orange County (492%). Gun injuries resulting in hospitalization follows similar patterns but the difference is not as extreme—Duval County was 381% higher than Hillsborough County and 220% higher than Orange County. In addition, child and adult abuse injuries in Duval County were also notably higher than both other counties. Of gun injuries resulting in an emergency room visit, 49.6% were ages 15-24 (see Figure 11). This age group was the leading group for all ER related violent injuries. The majority of ER visits and hospitalization due to violent injuries were males (See Figure 12). In addition, the highest rate of hospitalizations for homicide and injury purposely inflicted by others occurred in Health Zone 1 (see Figure 13). The rate for Health Zone 1 was more than 3 times any other zone.

Indicator	Duval (2005)	Hillsborough (2005)	Orange (2005)
<b>Injury Prevention</b>			
Emergency room visits caused by violent injuries*. (Rate Per 100,000)	541.8	352.9	211.6
Hospitalizations caused by violent injuries*. (Rate Per 100,000)	58.4	34.2	24.0
<b>Emergency room visits caused by (Rate Per 100,000 population):</b>			
Fights/brawls	145.0	174.7	92.1
Rape	10.3	1.1	1.1
Other Assaults**	312.1	154.9	96.1
Guns	28.4	4.0	4.8
Child/adult abuse	20.3	13.4	13.3
<b>Hospitalizations caused by (Rate Per 100,000 population):</b>			
Fights/brawls	8.0	8.5	4.5
Rape	DSU <sup>+</sup>	DSU <sup>+</sup>	DSU <sup>+</sup>
Other Assaults**	25.6	17.0	12.2
Guns	17.3	3.6	5.4
Child/adult abuse	2.3	3.0	1.8

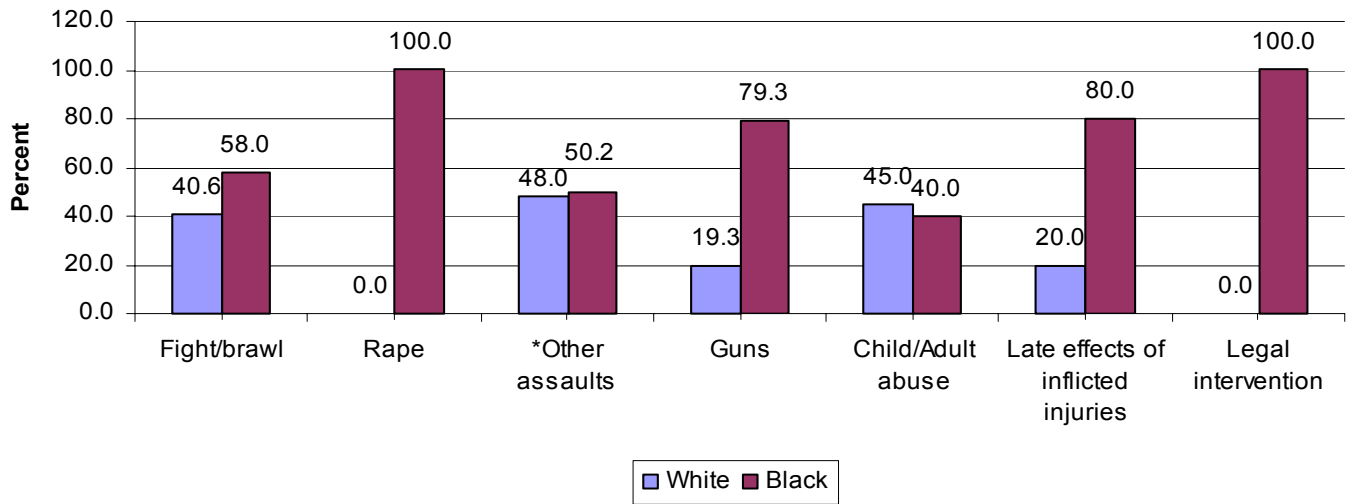
\* Not including suicide; <sup>+</sup> DSU = Data Statistically Unreliable

\*\*Other assaults includes but is not limited to assault by poisoning, submersion, strangulation, and cutting and piercing instruments

Source: Agency for Health Care Administration, In-Patient Hospitalization and Emergency Room, 2005

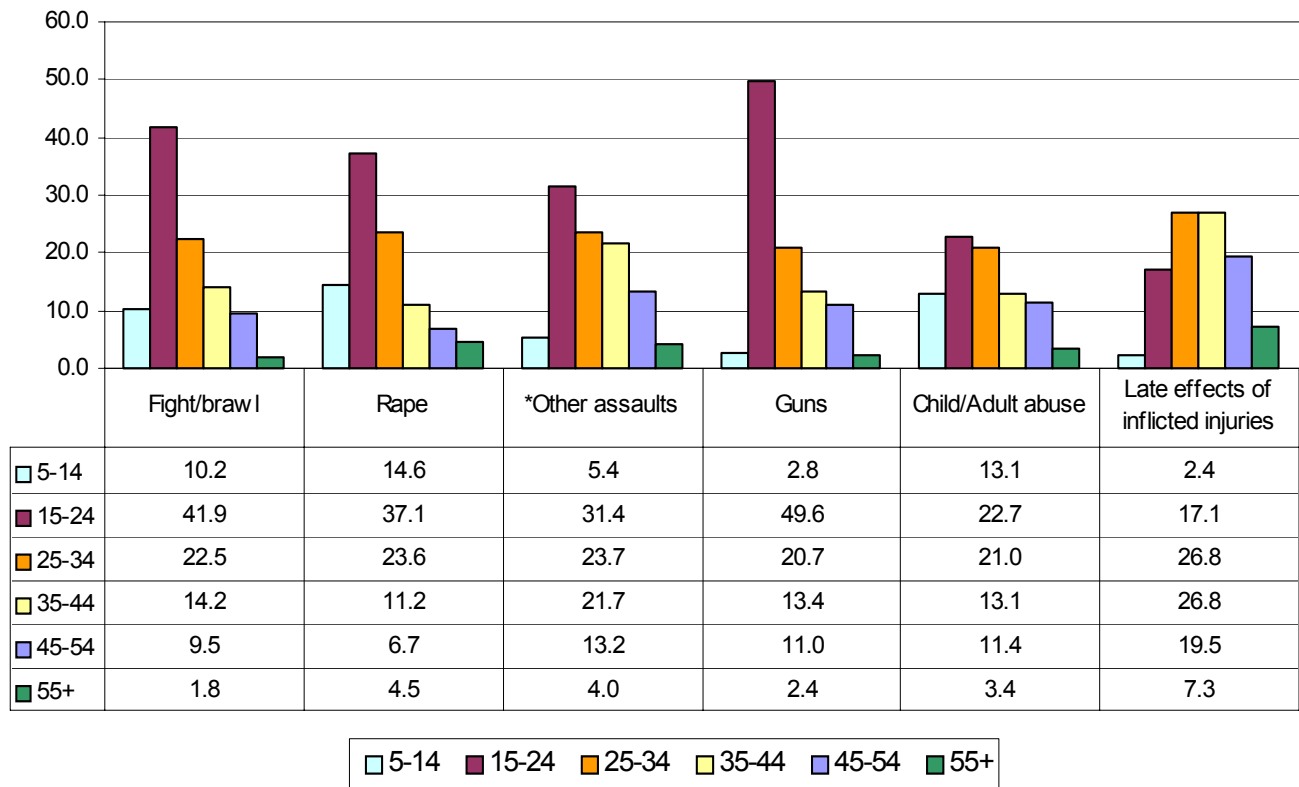
Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

**Figure 10** Percent of Violent Injury Related Hospitalizations by Race, Duval County, 2005



\*Other assaults includes but is not limited to assault by poisoning, submersion, strangulation, and cutting and piercing instruments  
 Source: Agency for Health Care Administration, In-Patient Hospitalization, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

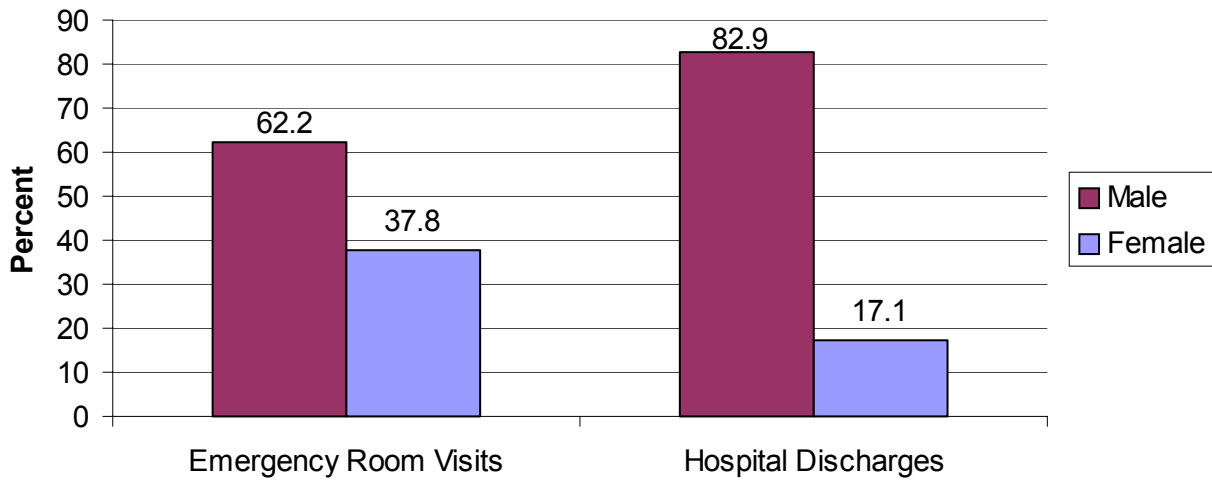
**Figure 11** Percent of Violent Injury Related Emergency Room Visits by Age Group, Duval County, 2005



\*Other assaults includes but is not limited to assault by poisoning, submersion, strangulation, and cutting and piercing instruments  
 Source: Agency for Health Care Administration, In-Patient Hospitalization, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

Figure 12

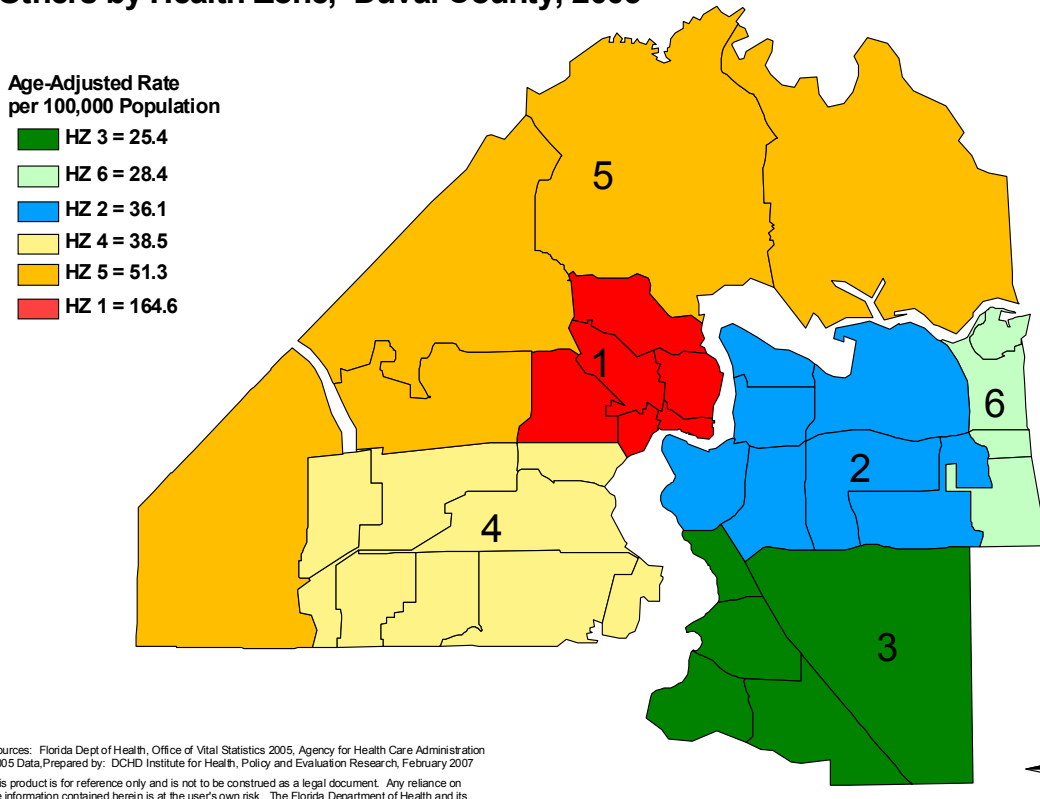
Percent of Violent Injuries by Gender, Duval County, 2005



Source: Agency for Health Care Administration, In-Patient Hospitalization and Emergency Room, 2005  
 Prepared by: Institute for Health, Policy and Evaluation Research, February, 2007

Figure 13

Hospitalization Rates for Homicide and Injury Purposely Inflicted by Others by Health Zone, Duval County, 2005



Sources: Florida Dept of Health, Office of Vital Statistics 2005, Agency for Health Care Administration 2005 Data, Prepared by: DCHD Institute for Health, Policy and Evaluation Research, February 2007  
 This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

## Violence and Disparities

Health disparities among different population segments has been at the forefront of public health since it was recognized as one of the two goals of Healthy People 2010. While health outcomes have improved for some disparate populations, significant changes have yet to be seen in many health areas among these populations, including violence. Blacks, adolescents and those residing in Health Zone 1 of Duval County are all examples of disparate populations in terms of violence.

**Race.** Homicide death rates also vary by race. Overall, the homicide death rate for the black population is 340% higher than for the white population. Confidence intervals indicate a significant difference. The rate for blacks has also increased steadily from 2000 to 2004 by 52%, showing a drop of 16% in 2005 while the rate for whites has decreased by 32% (see Figure 14). From 2002-2005, blacks were also

higher than whites on percent of hospital discharges due to fights and brawls, rape, firearm related injuries, late effects of inflicted injuries, and all other assaults (see Figure 10). However, blacks are only higher than whites in injury related ER visits for firearm related injuries and late effects of inflicted injuries.

**Gender.** Men are almost 8 times more likely to die of a violent death in Duval County than women, specifically homicide deaths (see Figure 16). Deaths from homicide related to firearm discharge are 90% higher in males than females. Men are most likely to be admitted to the hospital or go to the ER for violent injuries (see Figure 12) specifically related to guns, fights or brawls, and other types of assaults.

**Geography.** Approximately 91% of Jacksonville's urban core, Health Zone 1, is made up of minorities (see Figure 9). This health zone is also the location of the ma-

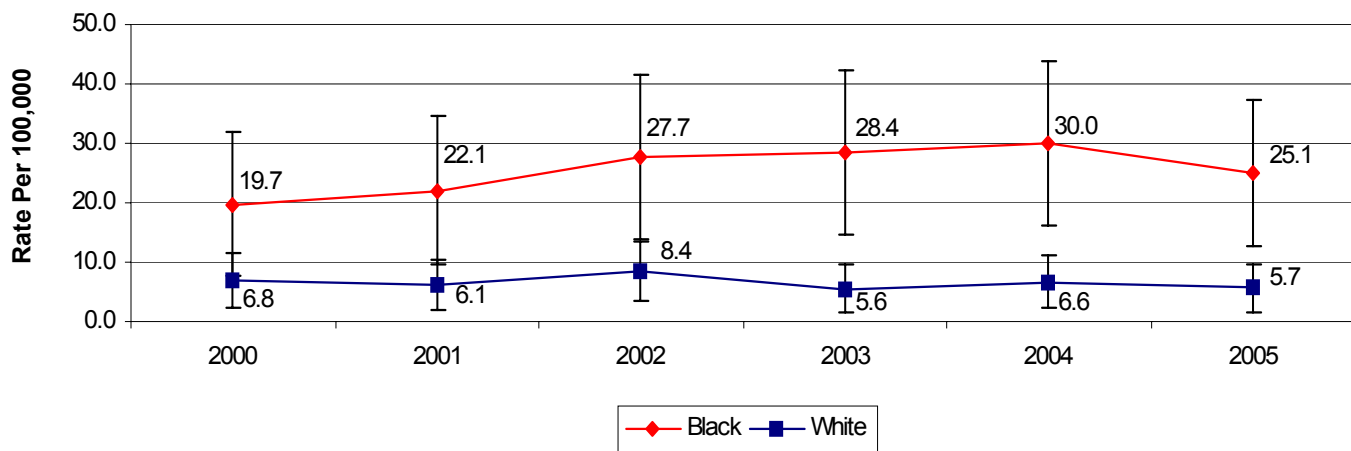
majority of homicide deaths (see Figure 24) on back page). In addition, the poverty level in this health zone is the highest in the county, with 28% of the population living below poverty and 9.9% being unemployed (see Figure 17).

**Adolescents.** As shown in the Violent Death and Crime Report Card, the rate for adolescent homicide deaths ages 10-19 was 9.0 per 100,000 from the years 2003-2005. Ten percent of all homicides from 2003-2005 were in this age group. Adolescents and young adults ages 10-24 made up 35% of these deaths. The majority of all homicide deaths for ages 15-24 were from firearm discharge (see Figure 5 for firearm deaths from 2000-2005). In addition, adolescents and young adults ages 10-24 made up over half (51.3%) of all ER visits and 42% of hospital discharges due to a fight or brawl, 53.5% of all ER visits and 50% of

**(continued on page 16)**

Figure 14

Homicide Death Rates by Race, Duval County, 2000-2005



95% Confidence Intervals provide statistical markers to gauge real trends versus differences that are more likely to reflect insignificant variation of data from year to year.

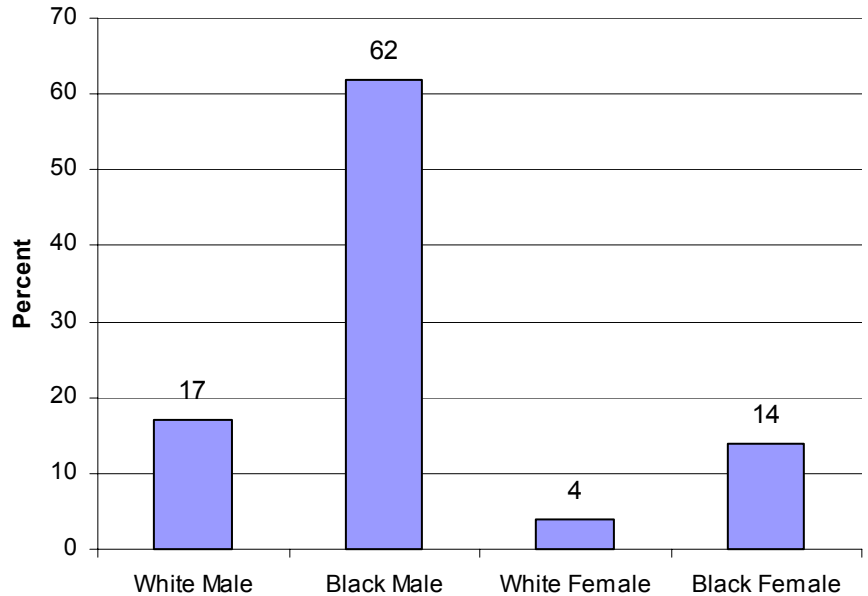
Source: Florida Department of Health, Office of Vital Statistics, 2000-2005.

Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, February, 2006

**Violence and Disparities (continued from page 15)**

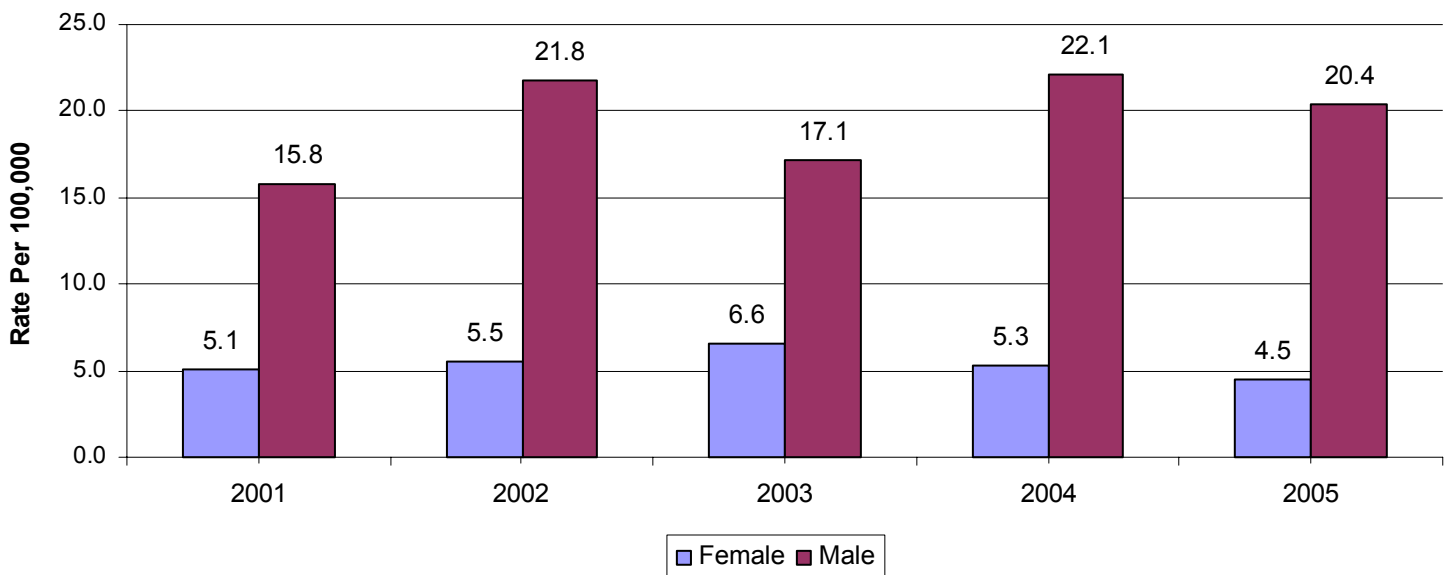
hospital discharges for rape, 50% of all ER visits and 47.3% of hospital discharges from firearm injuries and 35.9% of ER visits and 26.1% of hospital discharges from all other types of assaults (see Figure 11). For ages 15-24, the black homicide death rate for years 2003-2005 is 57.3 per 100,000 (95% CI=46.5-69.6) compared to 8.2 per 100,000 (95% CI=5.2-12.2) for the white population, (see Figure 18) yielding a statistically significant difference. For combined years 2001-2005, black males made up 62% of all homicide deaths in this age group (see Figure 15). In addition, the rates for black youth have steadily increased, although not statistically significant, while the white rate has decreased. Suicides are also considered a violent death. Adolescents and young adults made up 15% of all suicide deaths in 2005; more than half of these suicides were related to firearms discharge.

**Figure 15** Percent of Homicide Deaths for Ages 15-24 by Race and Gender, Duval County, Combined Years 2001-2005



Source: Florida Department of Health, Office of Vital Statistics, 2000-2005  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, March, 2007

**Figure 16** Homicide Death Rate by Gender, Duval County, 2001-2005



Source: Florida Department of Health, Office of Vital Statistics, 2000-2005  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, March, 2007

## Overview of the JCCI Report, *Reducing murder: A community response*

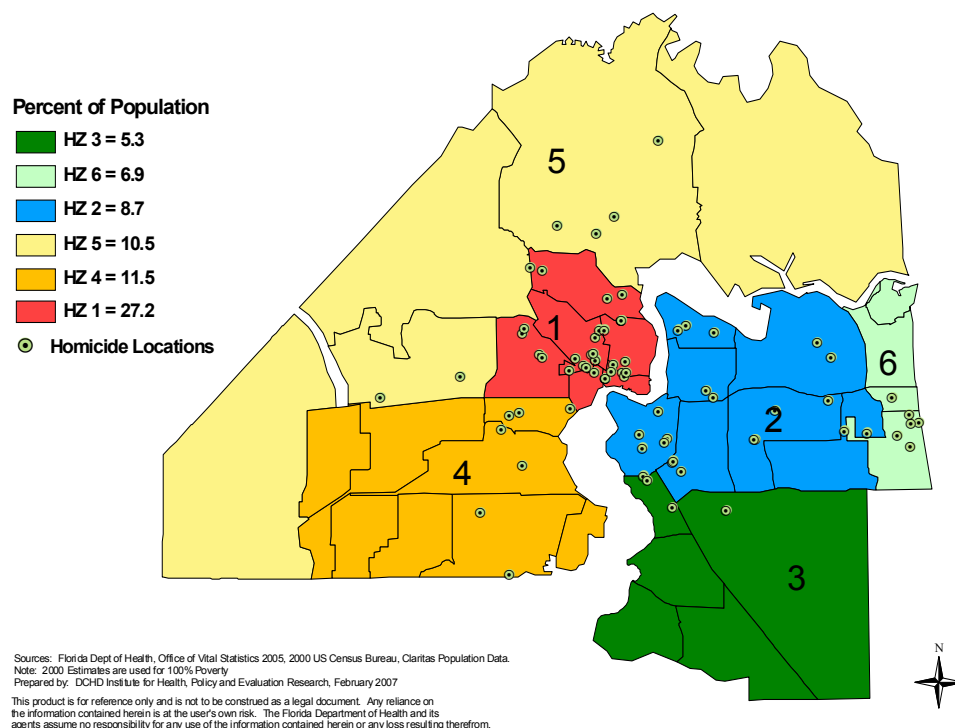
In July, 2006, the Jacksonville Community Council Inc. (JCCI) released a report titled *Reducing murder: A community response*. This strategy report was written for the citizens of Jacksonville to give them an overall understanding of the murder problem in Jacksonville and recommendations on how to improve the situation. The JCCI Study committee examined individual, environmental, and social factors that potentially influenced the murder rate in Jacksonville.

The findings of the JCCI report reflected data collected on crime and murders from 1991-2005. Through the Jacksonville Sheriff's Office (JSO), Florida Department of Law Enforcement (FDLE) and the FBI Uniform Crime Report (UCR) the study committee was able to gather compelling data that shows the past and current violence trend. Overall, crime is falling in Jacksonville. It fell 43% between 1991 and 2004 (1,743 crimes per 100,000 in 1991 versus 810 per 100,000 in 2004). Although crime is down, murder rates have gone up. In 2004, there were 12.4 murders per 100,000 residents.

The JCCI Study Committee received, from JSO, an in-depth analysis of the murders that occurred from 2000 through 2005 in Duval County. It revealed that 364 (67%) of victims died from gunshot wounds. Ninety percent of perpetrators were young males

Figure 17

### Percent of Population Below Poverty and Location of Homicide Deaths by Health Zone, Duval County, 2005



and of all murder suspects, 247 (76%) had a criminal history with an average of seven arrests. In the city of Jacksonville, African Americans comprise 29% of the population, but accounted for 337 out of 543 (62%) of murder victims and 193 out of 326 of known murder suspects (59%).

JSO also found that 20% of murders were caused by an argument, 38% because of drugs or robbery, 15% due to domestic violence, 17% from unknown reasons, and the rest (10%) for reasons other than the above mentioned incidents. The JSO also explored other causes of death and found that in addition to gun shot

wounds, 10% were due to stabbing, 8% were from blunt trauma, and the remaining 15% were due to beatings and other causes. When JSO researched the reasons and causes of death, they found that 73% of victims knew their killers, while only 17% of victims were killed by strangers.

The JCCI established a set of risk factors that are potentially connected to murders in Jacksonville. Risk factors in Jacksonville that create conditions of violence include: racism, alienation and mistrust between law enforcement and racial and ethnically diverse residents, lack of jobs, education,

**(continued on page 26)**

## Building a Long-term “Protective Factor” Response to Jacksonville Violence: A Public Health Approach

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At the root of Jacksonville’s rising homicide problem lie two paradoxical realities: Overall crime is slightly down, even as the homicide rate has increased. This is because the social dynamics of poverty (see Figure 17) and racial segregation energize the sources of violence on the Northside (see Figure 9), while Southside and other neighborhoods prosper. The character of our violence, however, has changed over time: our current violence problem is more “home grown” than the drug market cocaine violence of the 1990s and more difficult to interrupt as well—because of another emergent problem—a problem that may be Jacksonville’s most serious regarding violence: a “first contact” juvenile violence problem. That is, in 2002-2003 of the 1,947 Juvenile offenders arrested in Duval County for a violent crime, 1,218 of

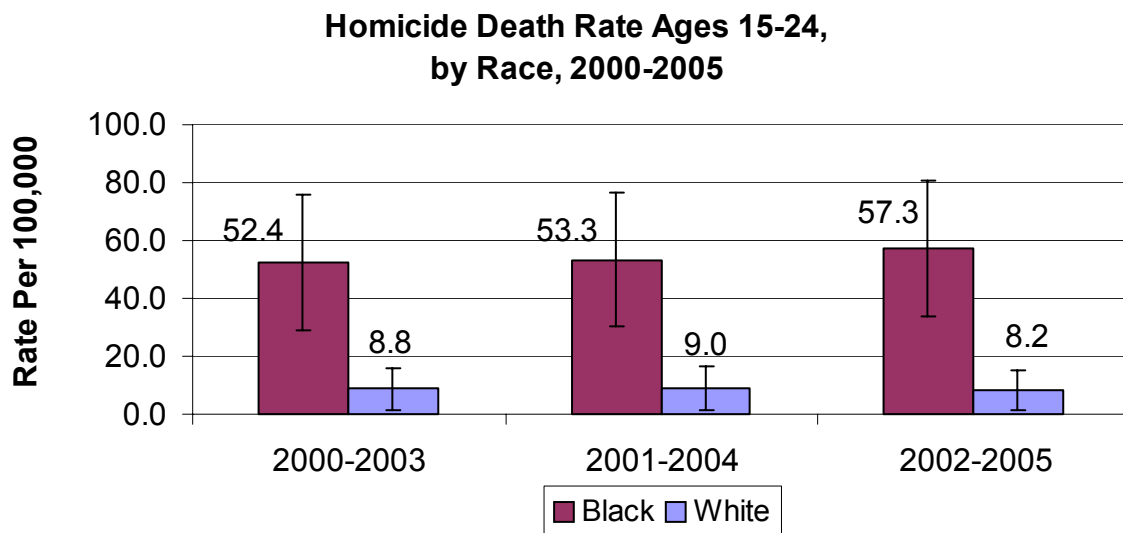
these were first offense violent offenders—that is, their first arrest was for a violent crime. In 2004-2005, of the 2178 Duval juvenile offenders arrested for a violent crime, 1,331 of them were first contact violence offenders. Again in 2005 – 2006, of the 2,008 juvenile violence offenders arrested here, 1,217 were first contact violence offenders. What does this mean? It means, among other things, that our traditional understanding of delinquency as progressing from less serious to more serious crime is no longer descriptive of the majority of violent juvenile offenders arrested in Duval County. It also means that in the emerging dynamic of the violence unfolding here, there is less time for intervention and prevention as our juveniles become more

abruptly violent than ever before. (see Figures 18 and 22 for homicide rates for ages 15-24).

Our second biggest problem, related to the first, is that the social service system is commonly over-reliant upon reactive (law enforcement and prosecutorial) responses to violence, instead of proactive and preventative approaches to combating violence. All too often in Duval County, a juvenile has to be arrested before resources or interventions that might have successfully prevented violence in the first place are made available. In the midst of a first contact violence problem such as we have in Jacksonville, over-reliance upon reactive strategies comes with a high

(continued on page 19)

Figure 18



I 95% Confidence Intervals provide statistical markers to gauge real trends versus differences that are more likely to reflect insignificant variation of data from year to year.

Source: Source: Florida Department of Health, Office of Vital Statistics, 2000-2006

Prepared by: DCHD, Institute for Health, Policy and Research Division, February 2007

## Building a Long-term “Protective Factor” Response to Jacksonville Violence: A Public Health Approach (continued from page 18 )

cost—many times requiring someone to be victimized before interventions take place—with these interventions being merely punitive rather than preventative.

Another issue Jacksonville is coping with is a tendency to over racialize the violence that is occurring. Disaggregated rates of white Jacksonville violence, for example, are still very high compared to other Florida jurisdictions. That is, even with all the “black” violence removed from the data, Jacksonville still has a considerably high amount of violence committed by whites. In fact, in 2005, the homicide rate for whites in Duval County was more than twice that of Hillsborough County and 50%

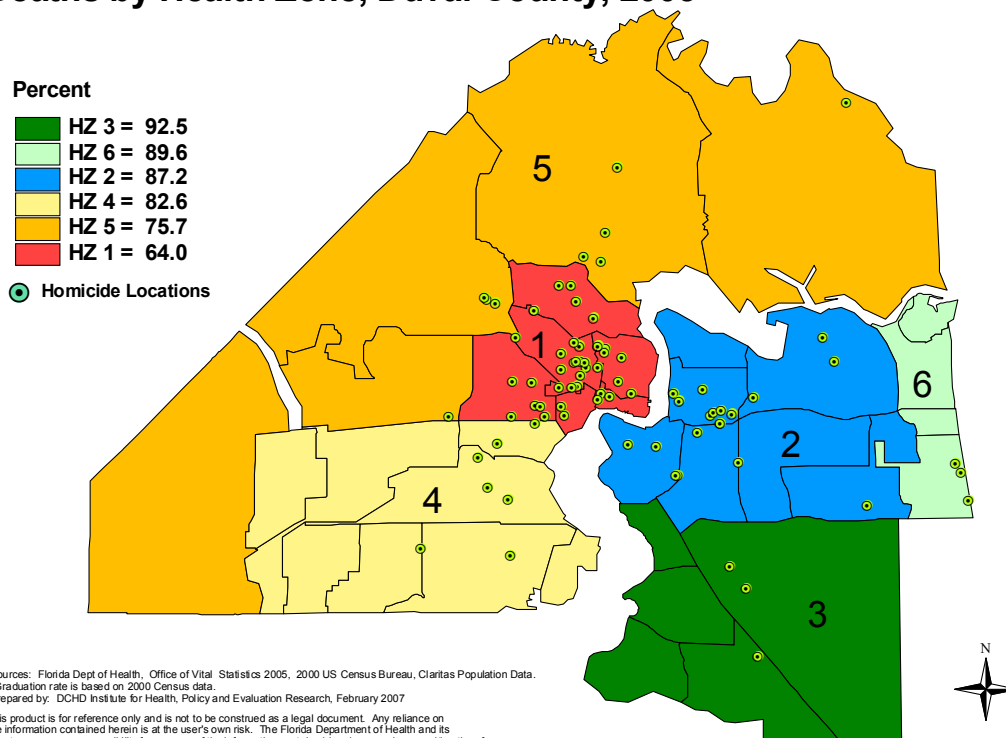
higher than Orange County. “White” violence, like “black” violence, is far more prevalent in the poorest of Jacksonville neighborhoods, showing again that economics is the determinative variable in violence, not race. Failing to recognize the high patterns of white violence right under our noses in Jacksonville and failing to draw the appropriate conclusions from this about the central role of poverty in violence is one issue. A second is the long-standing failure to attack the very real concentration of risk factors in black neighborhoods. Among these risk factors city-wide are an over 70% divorce rate, high rates of educational failure (only a 66% high school graduation rate), and deepening pockets of social

isolation.

Building a long-term “protective factor” response to violence focuses on preventative interventions that can interrupt violence before it happens, must become the focus for combating the problem of Jacksonville violence long term. One benefit of a public health response is the tendency of the discipline to embrace multi-variable models of causation. That is, it’s well known in criminology that a number of factors—when acting together—greatly enhance the probabilities of violence taking place in a neighborhood: high unemployment, high rates of divorce and social isolation of individuals, education (see Figure 19) breakdown and high infant mortality (see Figures 4 and 8) all combine to produce “co-morbid” factors that

(continued on page 25)

**Figure 19** Percent of High School Graduates\* and Location of Homicide Deaths by Health Zone, Duval County, 2005



Sources: Florida Dept of Health, Office of Vital Statistics 2005, 2000 US Census Bureau, Claritas Population Data.  
 \*Graduation rate is based on 2000 Census data.  
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, February 2007  
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## A Public Health Response to Violence in Jacksonville

Violence is a multifaceted social problem with considerable impact on public health. Aside from its' direct effects, injury and death, violence is linked to a range of adverse health outcomes among those who experience it directly and/or are exposed to it in their homes or communities. A significant consequence of exposure to violence is post traumatic stress disorder (PTSD), an anxiety disorder associated with a number of unfavorable health outcomes<sup>1</sup> and increased use of health services.<sup>2</sup> Importantly, children and adolescents exposed to community violence are at increased risk to perform poorly in school, have lower self-esteem, abuse alcohol and other drugs, display antisocial/delinquent behavior

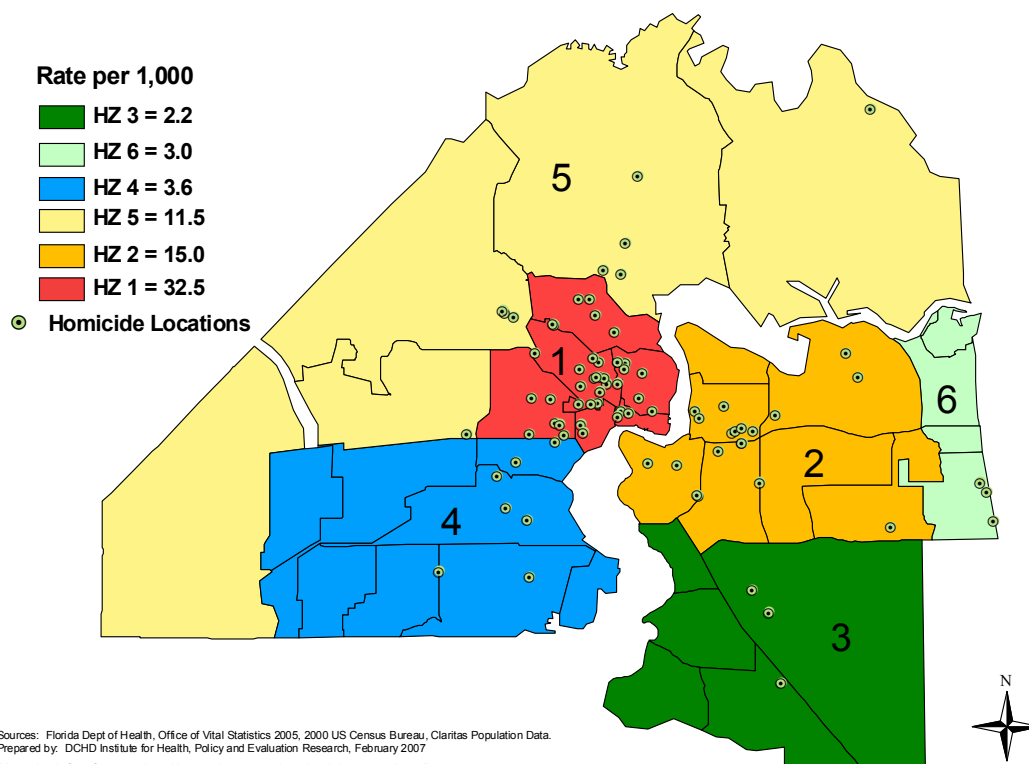
and commit violence themselves.<sup>3, 4, 5</sup> Consequently, a synergism is created whereby witnessing community violence may perpetuate that violence.

Public health has insights and tools to support community efforts to more effectively respond to violence. First, public health promotes *primary prevention*, or prevention before the first occurrence of the disease or condition. This approach is distinct from the criminal justice response to violence, which is essentially, and almost by definition, secondary or reactive, occurring after the fact. Second, public health considers the social determinants and root causes of violence, including for example,

economic forces and oppression,<sup>6</sup> as well as municipal policies and practices. Third, public health is inherently interdisciplinary and combines the assets of various disciplines including sociology, anthropology, criminal justice, and health and health-related professions in community problem-solving. Fourth, as discussed elsewhere in this report, the public health response to violence is based on evidence through a systematic review of the literature and consideration of the local context. Finally, the public health response to violence is based on a model of community resilience<sup>7</sup> that identifies community leaders and assets and is concerned with building and sustaining coalitions and

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**Figure 20** Homicide Death Rate by Health Zone, Duval County, 2005



## A Public Health Response to Violence in Jacksonville (continued from page 20)

community capacity. This holistic approach to violence prevention is consistent with Mayor Peyton's "Seeds of Change" initiative (<http://coj.net/Mayor/Growing+Great+Neighborhoods/default.htm>).

Several elements of the data presented in this report have implications for a public health approach. First, Figure 1 suggests that although Jacksonville has experienced a recent increase in the number of homicides committed between 2000 and 2006, this increase is not statistically significant. Rather, the data suggest that homicide is a recurring problem in Jacksonville, similar to many poor urban areas, and recent tragic events have simply heightened our awareness of, and sensitivity to, this fact. Violence in Jacksonville is generally not epidemic in nature, but endemic – a constant feature of social life.

Second, it should not go unnoticed that the areas of Jacksonville most

affected by homicide and intentional violent injuries (Figure 13; Figure 24) are also the areas most affected by infant mortality (Figure 8), poverty (Figure 17), and also characterized by lower levels of high school completion (Figure 19) and higher concentrations of minority populations (Figure 9). To the extent that there is an epidemic of violence in Jacksonville, it appears to be area-specific.

Finally, homicide in Jacksonville primarily affects young African Americans (Figure 18). Violent injuries requiring emergency room use or hospitalization are often the result of gun use and these injuries disproportionately affect blacks relative to whites and adolescents and young adults (aged 15-24) relative to younger or older individuals (Figures 10 and 11).

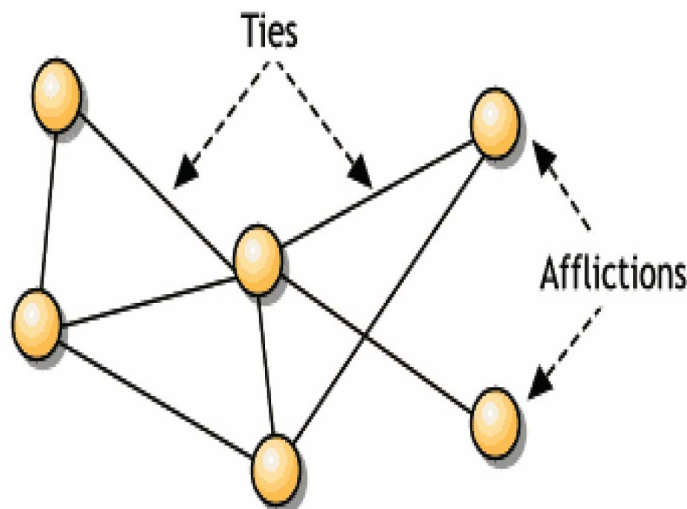
The relationship between violence and other social and health indicators concentrated in a specific area

or population is known as a syndemic, or "...two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population"<sup>8</sup> (see Figure 21). Syndemics have also been defined as risk-focusing, or risk-clustering phenomena. Recent research has suggested that in order to effect change in the presence of a syndemic, each condition, as well as the forces or ties that bind them must be addressed.<sup>8</sup> As seen in Figure 4, Duval County experiences higher mortality outcomes for any one of a number of health indicators relative to Hillsborough and Orange counties. In general, these deaths are likely preventable and their root causes are likely similar and interrelated. Consequently, in order to reduce violence in Jacksonville, the social correlates of premature mortality must be identified and prevented. Risk factors for community violence include, but are not limited to: guns, media, alcohol and other drugs, incarceration, witnessing acts of violence, and community deterioration.<sup>6</sup>

The Duval County Health Department recognizes violence as a public health problem and proposes a public health response. Specifically, this data report initiates a series of steps designed to prevent or reduce violence in Jacksonville. The second step, after this report, convenes experts in violence and intervention studies to systematically review evidence for the causes of community violence, as well as effective interventions. At the same time, a

(continued on page 25)

Figure 21



## Evidence-Based Policy and Violence

### What is evidence-based policy?

Evidence-based policy is a strategy for linking population-based public health intervention recommendations to scientific evidence that has been proven effective.<sup>1</sup> Public health interventions can include city policies, laws, community development, education, environmental developments, service delivery and communications.<sup>2</sup> Evidence-based policy enables the prioritization and selection of interventions based on effectiveness and efficiency.<sup>3</sup> Although it may seem to be an obvious approach, it is often neglected when decision makers are forced to yield to political and community preferences or biases, funding limitations, or need a “quick fix” for a particular problem. To ensure its credibility and integrity, public health practice must be based on objective findings and standards derived from the best science.<sup>4</sup>

**Identifying & evaluating interventions.** Brownson et. al define two types of evidence: 1) evidence that points to a risk-disease relationship defining “*something* should be done” and 2) evidence that identifies the effectiveness of specific interventions aimed at addressing the problem, “*this* should be done.”<sup>5,6</sup> With respect to violence and homicide, everyone can agree that something needs to be done, but with limited resources we must decide what is the most effective approach to preventing violence in our com-

munity and ensure these approaches are based on solid, unbiased scientific research.

The most common approach to identifying effective interventions is a systematic review. A systematic review is a formal process that identifies all of the relevant scientific studies on a topic; assesses their quality, individually and collectively; and sums up their results. Once intervention studies are identified they are often classified by the type of intervention as well as the type of evaluation mechanism employed in the study. Some key questions about the intervention might be:

- What kind of evidence was considered?
- Was it from scientific studies or from anecdote or expert opinion?
- Was the information confirmed in more than one study?
- Do the studies represent all of the available studies on the topic?
- Were the studies of good quality (i.e. randomized controlled, longitudinal etc)?<sup>7</sup>

**Current utilization of this approach.** Many programs are conducted for years without scientific evidence proving its efficacy. For example, a national program aimed to prevent drug use, D.A.R.E (Drug Abuse Resistance Education) has been used for many years in schools at

a cost of about \$750 million, however, studies and reviews generally show that this program has no or negligible effects on drug use behavior.<sup>8</sup> This is an example of a program that, although well intentioned, had not been fully reviewed for evidence that demonstrates its effectiveness. Some countries, including the United Kingdom and Denmark, now even require references to systematic reviews before funding new programs.<sup>9</sup>

A national model for evidence based policy recommendations is the CDC’s Guide to Community Preventive Services, a series of recommendations, based on a rigorous and systematic review of all available evidence, for programs and policies to promote population health. The Task Force on Community Preventive Services has completed community guides in a number of areas including cancer, mental health, obesity, substance abuse and violence.<sup>10</sup> However, due to their high scientific threshold, their findings of effective violence prevention interventions are limited.

**Integrating Evidence in Policy Decision Making.** The evidence collected during this process should not be the sole basis for recommended interventions. Policy choices involve many different factors including available resources,

(continued on page 27)

## Adult and Juvenile Programs: What is being done to reduce violence?

Within public health, programs are designed to prevent or stop health problems from taking place a first time or occurring again. Most programs have an emphasis on changing behavior, attitudes, and/or knowledge or giving participants a needed skill, such as job training or life skills. In the case of violent crime, public health programs work to change those factors related to assault, homicide or murder, rape, and abuse towards children and elderly. Some of the reasons behind violent crime include anger, retaliation, socioeconomic status, or mental health.<sup>1</sup>

Throughout Jacksonville, agencies are working together to reduce violent crime and death. The following are the efforts of Jacksonville organizations:

### **Jacksonville Sheriff's Office:**

***Develop Adults with Necessary Skills:*** Works with incarcerated adults and assists them in gaining life skills such as cooking, cleaning, and job skills. The goal of this program is to give adults basic living skills so that when they are released from jail they have the ability to obtain and maintain stable employment and housing.

***T.H.U.G: Gun Bounty:*** Gives a \$1,000 reward to residents who provide information leading to the arrest of someone who has committed gun violence.

***Gun Buy-back:*** Encourages Jacksonville residents to turn in their gun in exchange for a \$50

payment. The program also encourages people to gather in their neighborhoods and raise awareness about neighborhood safety and crime prevention.

***Operation Safe Streets:*** Individuals arrested while being in possession of a firearm are automatically placed in a correction facility. Operation Safe Streets also works with the local correctional facilities to identify individuals who are convicted of a violent crime and who are at risk of offending again.

### **Juvenile Justice**

***PACE Center for Girls, Inc:*** A delinquency prevention program for girls aged 12-18 years. The program works with at-risk girls and helps them gain basic skills and change behaviors to prevent incarceration or residential placement.

### **City of Jacksonville**

***Study Circles:*** Small discussion groups of diverse individuals who meet to share personal perspectives on cultural and ethnic issues. This program's goal is to reduce prejudice and discrimination that may lead to violent crime.

### **Duval County Health Department**

***Boys2Men:*** A network of community agencies who work together to increase the quality of life for teenage boys. The program provides social, economic and academic resources and tools along with learning experiences to empower the young men to make better choices.

### **State Attorney's Office-Jacksonville**

***HARK (Helping at Risk Kids):*** A prevention program for adolescent perpetrators of domestic violence. Program teaches anger management and behavioral control skills.

***PAS (Program for At-Risk Students):*** Program designed to educate at-risk students not currently in the juvenile justice system about the importance of staying in school and the consequences of criminal behavior.

***Turning Point Rethinking Violence:*** Program administered by Shands Jacksonville for juveniles who have committed a violent offense. Participants visit the emergency room and the morgue, speak with crime victims and participate in six weeks of group counseling.

***Victim Impact Panels:*** A program administered where victims of crime tell juveniles the effect crime has had on their lives.

**(continued on page 27)**



## Violent Injury and Death: National Challenges and Disparities

Violence is a major public health problem and a financial burden in the United States that affects all ages. According to the FBI Uniform Crime Reports, an estimated 1,390,695 violent crimes occurred nationwide in 2005. A violent death results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only have intended to use force or power; they need not have intended to produce the consequence that actually occurred. Examples of violent deaths include homicides and suicides.<sup>2</sup> Homicide and suicide account for more than 50,000 deaths each year.<sup>1</sup> In 2005, the total number of homicides in the United States was 16,692.<sup>4</sup> This means there are approximately 45 homicides per day.

**Homicide.** In 2004, Homicide was the second leading cause of death in the United States among individuals age 15-24.<sup>1</sup> Disparities among this group include African American males and females ages 15-24 years old. This group was classified in 6 of the leading 10 violence-related injury deaths. Other violent crimes include aggravated assault, rape and robbery. In 2005, there were an estimated 862,947 aggravated assaults reported in the United States.<sup>10</sup> This is an increase compared to 2004. Disparities in the category include males against males and females against females.

**Rape.** Rape is a form of violence that affects millions of people every year and is a crime that is underreported. Women have the highest prevalence of rape but men are victims of rape as well. More than half of women rape victims of rape are less than 18 years of age. The forcible rape rate in the United States in 2005 was 31.7 per 100,000.<sup>3</sup>

**Child Maltreatment.** While this report does not discuss Child Maltreatment due to data limitations, it is on the rise and a very important public health concern. Child maltreatment is an act or failure to act by a parent, caregiver, or other person as defined under State law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child.<sup>5</sup> In 2004, African American children had a child maltreatment rate of 19.9 per 1,000 as white children had a rate 10.7 per 1,000.<sup>6</sup> In addition, 48.3% of child victims were boys, and 51.7% of the victims were girls. According to the CDC, in 2005 there were more than 900,000 cases confirmed by the child protection services in the United States. These children are at an increased risk for negative health and behavior indications. Such negative behaviors include smoking, drug abuse, and alcoholism. The negative effects can even be fatal such as completing suicide.

**Suicide.** Suicide ranks as the third leading cause of death for young

people ages 15-19 and 15-24.<sup>8</sup> According to the CDC in 2004, suicide ranks in 5 categories (note: categories refer to various methods of suicide) as leading causes of death in the United States for persons ages 15-24.<sup>7</sup> Disparities in suicide are men. According to the CDC, males are four times more likely to die from suicide than females (2004). The white population has higher suicide completion rates than the African American population.

### Sources:

<sup>1</sup> Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2004). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from: URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

<sup>2</sup> <http://www.cdc.gov/ncipc/profiles/nvdrs/faqs.htm> retrieved on 02/14/07

<sup>3</sup> [http://www.fbi.gov/ucr/05cius/data/table\\_01.html](http://www.fbi.gov/ucr/05cius/data/table_01.html)

<sup>4</sup> [http://www.fbi.gov/ucr/05cius/data/table\\_02.html](http://www.fbi.gov/ucr/05cius/data/table_02.html)

<sup>5</sup> <http://www.acf.hhs.gov/programs/cb/pubs/cm04/appendb.htm>

<sup>6</sup> Child Maltreatment Annual Reports: Reports from the States to the National Child Abuse and Neglect Data Systems - National statistics on child abuse and neglect (2004)

<sup>7</sup> WISQARS, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (2004)

<sup>8</sup> American Association of Suicidology (2004)

<sup>9</sup> [http://www.fbi.gov/ucr/05cius/offenses/violent\\_crime/aggravated\\_assault.html](http://www.fbi.gov/ucr/05cius/offenses/violent_crime/aggravated_assault.html)



## A Public Health Response to Violence in Jacksonville (continued from page 21)

research group will identify gaps in what is already known about violence in Jacksonville and seek resources to fill those knowledge gaps. Finally, based on a systematic, evidenced-based review and local research, public health will support community efforts to seek additional funding and resources to implement and evaluate prevention/intervention programs shown elsewhere to be effective.

**Sources:**

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- <sup>3</sup> Hurt H, Malmud E, Brodsky NL, Gianetta J. Exposure to violence: Psychologic and academic correlates in child witnesses. *Archives of Pediatric and Adolescent Medicine*. 2001;155:1351-1356

<sup>4</sup> Gorman-Smith D, Tolan P. The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology*. 1998;10:101-116

<sup>5</sup> Schwab-Stone M, Chen C, Greenberger E, Silver D, Lichtman J, Voyce C. No safe haven: II. The effects of violence exposure on urban youth. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1999;38:359-367

<sup>6</sup> Cohen L, Swift S. A public health approach to the violence epidemic in the United States. *Environment and Urbanization*. 1993;5:50-66

<sup>7</sup> Davis R, Cook D, Cohen L. A community resilience approach to reducing ethnic and racial disparities in health. *American Journal of Public Health*. 2005;95:2168-2173

<sup>8</sup> Centers for Disease Control and Prevention, Syndemics Prevention Network, <http://www.cdc.gov/syndemics/overview-definition.htm>, accessed Mar 11, 2007

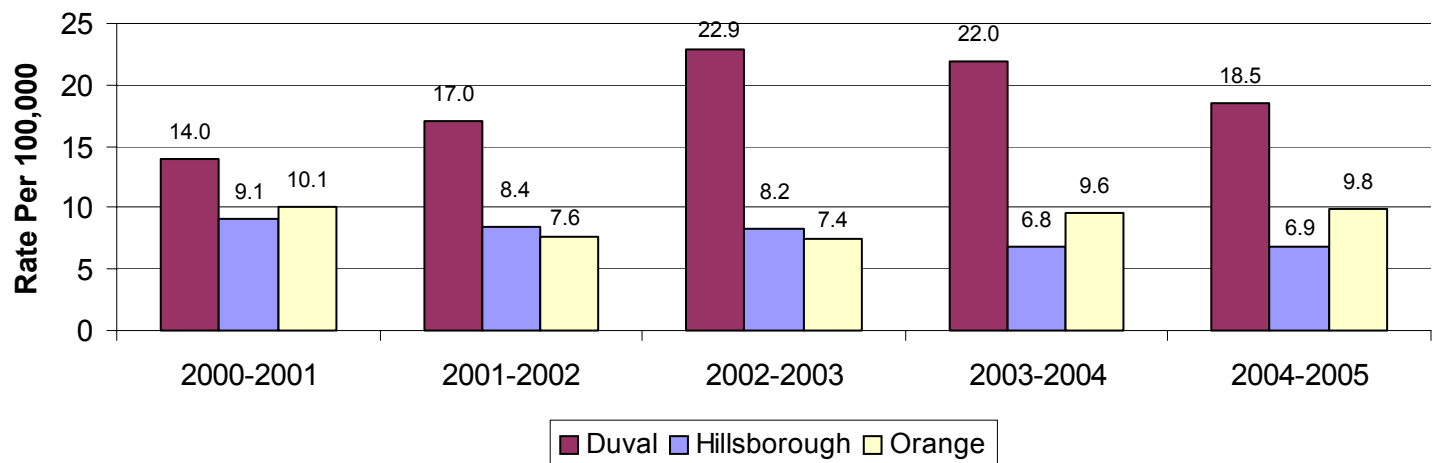
## Building a Long-term “Protective Factor” Response to Jacksonville Violence: A Public Health Approach (continued from page 19 )

elevate the risk of high rates of violence.

Why must we act? Decades of research into the problem of violence reveal that a “cycle of violence” exists, in which hostility in the lives of children (either physical or psychological) results in higher rates of delinquency. In addition, several longitudinal *Youth Development Studies* conducted in Rochester, NY, Denver, CO, <sup>1</sup> and elsewhere, demonstrate that simple neglect of a child (lack of caring supervision, inadequate health care, or parental indifference) increases the risk of delinquency as well. The cost of not changing course is also arguably higher than it has ever been.

**Source:** <sup>1</sup> Carolyn Smith, Terence P. Thornberry. (2005). *The Relationship Between Childhood Maltreatment and Adolescent Involvement in Delinquency*. *Criminology* 33 (4), 451-481.

**Figure 22** Homicide Deaths from Firearm Discharge for Ages 15-24 by County, 2000-2005



## Overview of the JCCI Report (continued from page 17)

and skills training, chronic stress, lack of positive male role models, culture of violence, hopelessness, poor resource allocation, and felony sentencing. Compounding these risk factors are illegal drugs, domestic violence, child abuse and neglect and guns. Through the data collected for the report, the JCCI was able to identify important themes and develop recommendations in an attempt to reduce the murder problem. The themes identified included:

**Murder is a problem of the whole community.** Many murders in Jacksonville occur in high-poverty areas (see Figures 17) and involves more young black than young white men as both perpetrators and victim.

**Racial divisions cannot be ignored.** Historically, black on black murders are associated with high neighborhood dysfunctions, from years of segregation, oppression, institutional racism, and racial blindness in the community. Sixty-two percent of victims and 59% of suspects were black between 2000 and 2005.

**Boys need help to become non-violent men.** Many young boys, especially African American, lack positive role models that can teach them to be non-violent men. Combined with a high violent sub-culture, black boys are more likely to commit crimes.

**Prevention is the highest prior-**

**ity.** Although prevention programs and approaches are less costly and have a higher impact on its audience, Jacksonville lacks the resources to sustain them. In order to prevent violence and murder, the city of Jacksonville needs to generate and dedicate funds to prevention efforts.

**Ending violence requires rehabilitation.** Rehabilitation is a way to end the cycle of criminal activity. Rehabilitation efforts should address education, job skills, and drug treatment to successfully end the cycle.

Through the above themes, the JCCI developed 12 comprehensive recommendations, reflecting the data gathered and needs of the community.

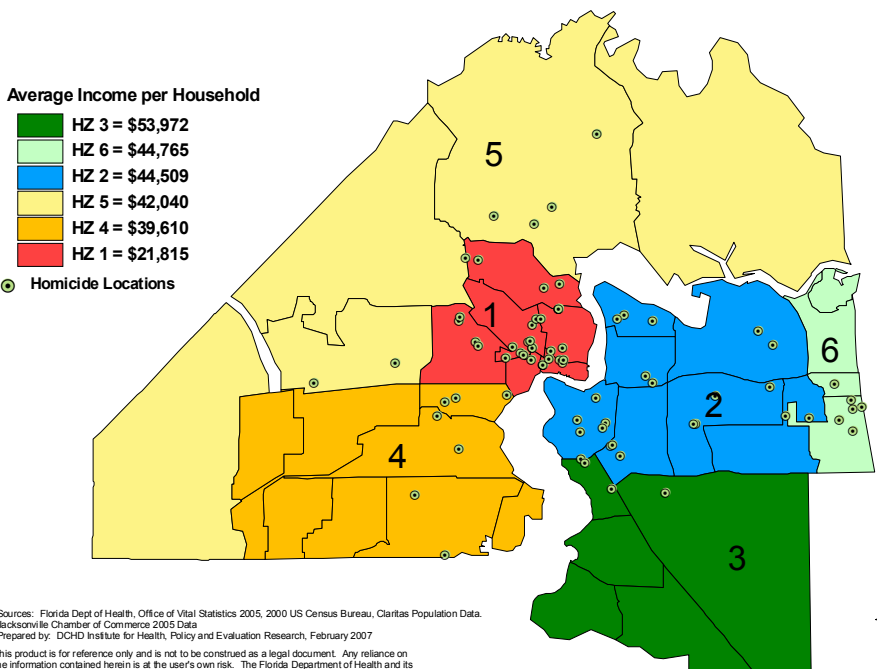
The recommendations include:

- removing illegal guns from the streets
- admitting to and addressing racism
- funding successful prevention programs
- providing strong role models for young children
- improving economic opportunity
- addressing the culture of violence
- targeting domestic violence
- helping children succeed in school
- rehabilitating inmates and ex-offenders

The JCCI suggests Jacksonville implements these recommendations without delay. To do this, many community agencies including, law enforcement, health, and political must commit to creating a less violent Jacksonville.

Figure 23

### Average Income per Household and Location of Homicide Deaths by Health Zone, Duval County, 2005



Source: Florida Dept of Health, Office of Vital Statistics 2005, 2000 US Census Bureau, Claritas Population Data, Jacksonville Chamber of Commerce 2005 Data  
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, February 2007  
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## Evidence-Based Policy and Violence (continued from page 22)

community priorities, and feasibility.<sup>11</sup> Policymakers and community members need to come together to decide which of the programs proven effective have a place in their community and opportunity for success. If the community stakeholders do not identify with particular approaches to preventing violence, no matter how effective they have been in other communities, they will not be successfully implemented in the community.

### Sources:

<sup>1</sup> Truman BI, Smith-Akin CK, Hinman AR, Gebbie KM, Brownson R, Novick LF. Developing the Guide to Community Preventive Services: Overview and Rationale. *Am J Prev Med* 2000;18(1S)

<sup>2</sup> Frommer M, Rychetnik L. From evidence-based medicine to evidence-based public health. In: Lin V, Gibson B eds. *Evidence-based health policy; problems and possibilities*. Melbourne: Oxford University Press, 2003:61

<sup>3</sup> Kohatsu ND, Melton RJ. A Health Department Perspective on the Guide to Community Preventive Services. *Am J Prev Med* 2000;18(1S)

<sup>4</sup> Ibid. Kohatsu ND

<sup>5</sup> Brownson RC, Baker EA, Leet TL, et al. *Evidence-based public health*. Oxford: Oxford University Press, 2003:7

<sup>6</sup> Brownson RC, Gurney JG, Land GH. Evidence-based decision making in public health. *J Public Health Manag Pract* 1999;5:86-97

<sup>7</sup> Fielding JE, Briss PA. Evidence-Based Public Health Policy: Can We Have Better Evidence And More Action? *Health Affairs, Jul/Aug 2006; 25, 4; 969-978*

<sup>8</sup> West SL, O'Neal KK. Project D.A.R.E. Outcome Effectiveness Revisited. *Am J Public Health* 94, no.6 (2004): 1027-1029

<sup>9</sup> Chalmers I, Hedges LV, Cooper H, A

Brief History of Research Synthesis. *Evaluation and the Health Professions* 25, no.1 (2002): 12-37

<sup>10</sup> The Community Guide

[www.thecommunityguide.org](http://www.thecommunityguide.org)

<sup>11</sup> Ibid. Fielding JE et. al

## Adult and Juvenile Programs: What is being done to reduce violence? (continued from page 23)

As the above programs show, there is an effort to reduce violent crime and death in Jacksonville. Unfortunately, most of the programs are secondary prevention programs, which are designed to help those who have already committed a crime. True public health programs are built on primary prevention and giving knowledge and skills to people prior to them committing a violent act. As Jacksonville builds more programs, there should be an emphasis on primary prevention interventions, which will potentially reduce overall rates of violent crime and death.

Source: <sup>1</sup> Bellair, P.E. & McNulty, T.L. (2005) *Beyond the bell curve: Community disadvantage and the explanation of black-white difference in adolescent violence*. *Criminology*, 43(4), 1135-1168



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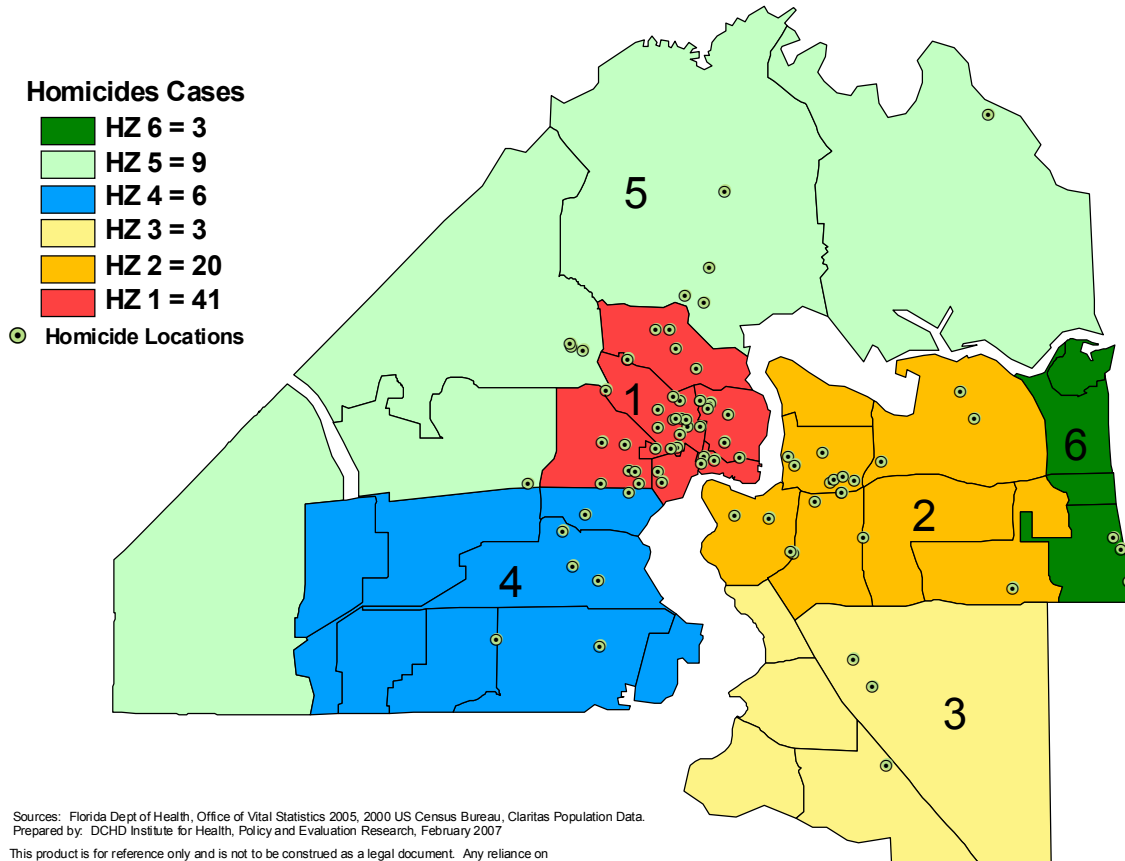
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Figure 24

### Homicide Location by Health Zone, Duval County, 2005



Sources: Florida Dept of Health, Office of Vital Statistics 2005, 2000 US Census Bureau, Claritas Population Data.  
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