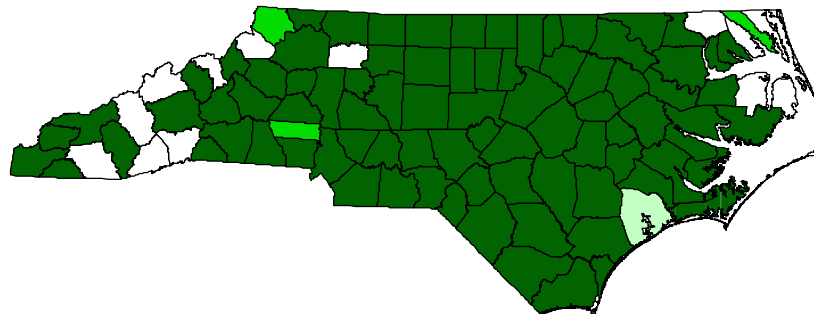
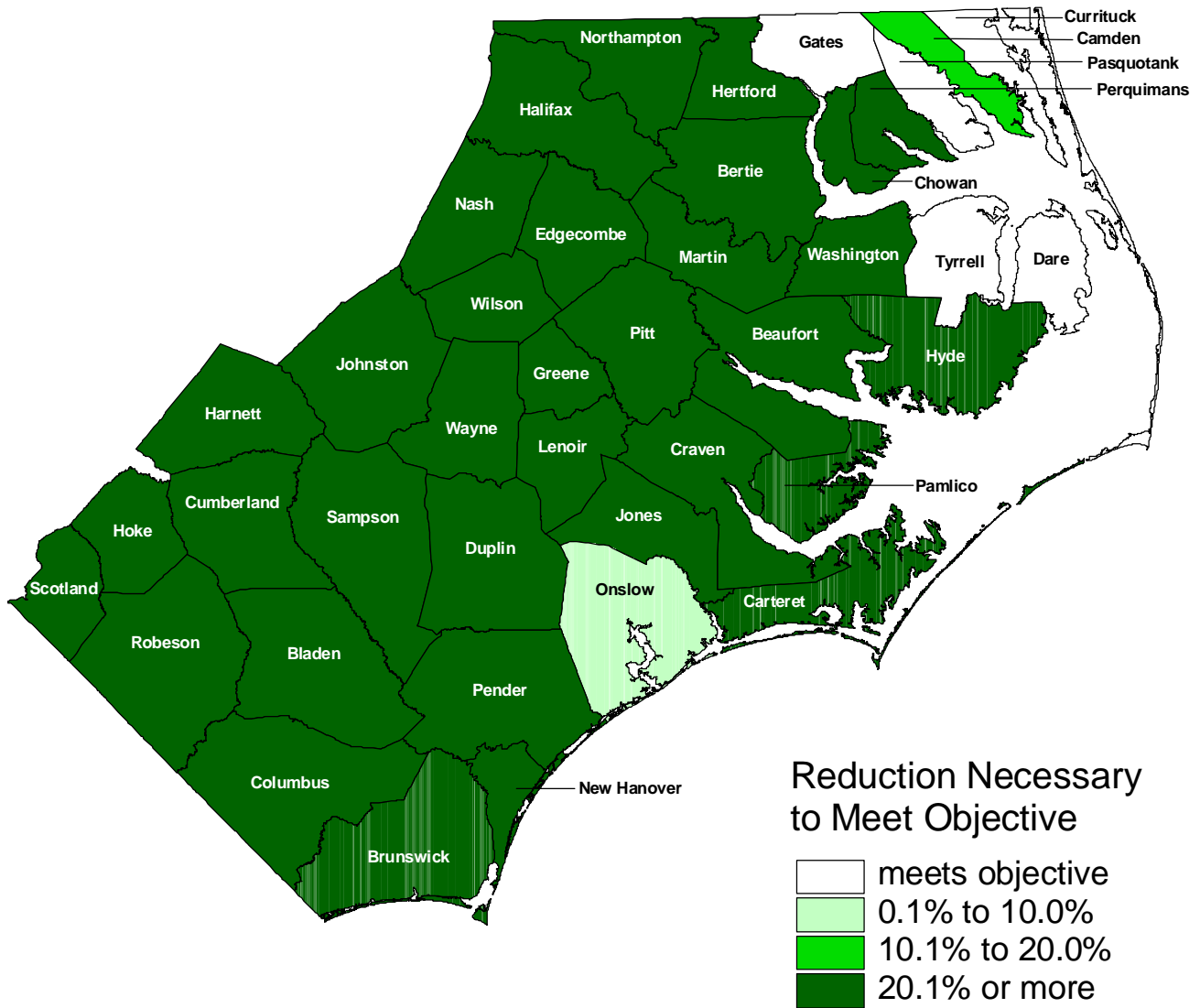


# **Homicide**

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### Map 15.1 Progress Towards Homicide Mortality Objective



**HP 2010 Objective for Homicide Mortality:**  
 Reduce homicide deaths to no more than 3.0 per 100,000 population

Homicide ICD-9 Codes: E960-E969  
 Based on Five-Year Average, Age-Adjusted Rates Standardized to US 2000 SM

Data Source: NC State Center for Health Statistics

## HOMICIDE

In 1996, more than 19,400 Americans were victims of homicide. Youth and minorities are disproportionately affected by homicide. For adolescents and young adults aged 15 to 24, homicide is the second leading cause of death. Each day, approximately 17 youths fall victim to homicide, and handguns are involved in more than 80% of these deaths. Homicide is the leading cause of death for African Americans aged 15 to 24. In 1995, the homicide mortality rate for African Americans was 14 times higher than the rate for whites and four times higher than the rate for Hispanics. Of all the major causes of death in the United States (US), homicides are perhaps the most preventable.

Men, minorities, and youth are at the greatest risk for homicide. Violent encounters that lead to homicide occur in a variety of settings including schools, places of work, home, and in public areas. Perpetrators include strangers, co-workers, classmates, intimate partners, and family members. An understanding of factors that contribute to violent behavior, especially among teens, is necessary for homicide prevention. Individual characteristics that predispose teens to violence are history of early aggression, exposure to violence entertainment media, positive attitudes towards violence, substance abuse, and social and cognitive deficits. Adolescents can also be influenced by peer groups with high-risk and problem behavior. Lack of commitment to education and academic failure are also risk factors for violence. Family characteristics that contribute to violent behavior include conflict or drug abuse in the home, lack of supervision of children, and weak emotional bonds between parents and children. At the community level, several factors foster violent behavior including poverty, diminished economic opportunities, and high crime rates. Of course, many of the factors that lead to teen violence also contribute to violence in adults, and most of the risks are amenable to preventive intervention.

Some progress has been made towards reducing homicides. The total homicide rate for the nation increased between the late 1980's and early 1990's but began to fall during the mid-1990s, nearly reaching the *Healthy People 2000* goal in 1997. Homicide rates for minorities followed the national trend, but minorities still have excessively high rates as compared to whites. Further reductions in mortality and greater attention to racial disparities in homicide will be necessary in order to reach the national objective for homicide by 2010. Although five counties in eastern North Carolina (ENC) currently meet the objective for homicide, 34 counties will have to reduce their current homicide rate by more than 20% to meet the national objective by 2010 (see Map 15.1). Regional disparities in homicide will also have to be addressed. Currently, males have a homicide rate that is 218% higher than the rate for females, and non-whites have a homicide rate that is 230% greater than the rates for whites. The objectives of reducing homicide mortality and eliminating homicide mortality clearly pose a major public health challenge in the coming decade.

### HP 2010 OBJECTIVE FOR HOMICIDE MORTALITY

Objective: Reduce homicide deaths to no more than 3.0 per 100,000 population

Baseline: 6.5 homicide deaths per 100,000 population in 1998

Currently, five counties in the region meet the objective for homicide mortality.

### **Crude Mortality Rates for Homicide, 1994-1998:**

The five-year average, crude mortality rate for ENC (11.2 per 100,000 population) is 27% higher than the rate (8.8) for all other North Carolina Counties (ONC) and 44% higher than the rate (7.8) for the US (see Table 15.1). Robeson County, with 24.0 deaths per 100,000 population, has the highest crude rate in ENC, followed by the counties of Scotland (20.1), Bertie (17.7), Sampson (16.7), and Hoke (16.4). Robeson and Scotland counties have homicide rates nearly twice as high as the rates for the region, state, and nation. High crude rates of homicide are concentrated in the northwestern and southwestern areas of the region (see Map 15.2). Many counties in ENC reported no deaths for certain groups in the population (see Table 15.1).

### **Age-Adjusted Mortality Rates for Homicide, 1994-1998:**

The five-year average, age-adjusted homicide rate for ENC (10.8) is 27% higher than the rate (8.5) for ONC and 40% higher than the rate (7.7) for the US (see Table 15.1). Robeson County has the highest rate in the region with 24.1 deaths per 100,000. Scotland (19.7), Bertie (18.4), Sampson (17.2), and Wilson (15.6) counties also have high rates. After adjustment for age, Robeson and Scotland County still have homicide rates nearly twice as high as the regional, state, and national rates. Map 15.2 show that age-adjusted homicide rates are high throughout the region.

### **Trends in Homicide Mortality, 1979-1998:**

As demonstrated in Figure 15.1, non-white males and females have much higher homicide rates than their white counterparts. Homicide rates for non-white males in ENC have historically been much higher than the rate for ONC and the US, while the white male rate has been much lower. Trends in the homicide rate vary little by race, gender, and geographic area. During the early 1980's, homicide rates for males fell sharply, rose during the early 1990's, and fell again during the late 1990's. The trend for females is similar to the male pattern, except that changes in female homicide rates have been less dramatic than changes in the male rate. Of the 41 counties in ENC, five counties (Currituck, Dare, Gates, Pasquotank, and Tyrrell) currently meet the objective for homicide mortality. Of the remaining 36 counties, 34 will have to reduce their rate by more than 20% to meet the objective by 2010 (see Map 15.1).

### **Disparities in Homicide Mortality, 1979-1998:**

Figure 15.2 and Map 15.3 show that the well known racial and gender disparities in homicide occur in ENC. Non-white males in the region have the highest rates of homicide, whereas white females have the lowest. While a racial gap is apparent among men and women, disparity in homicide is much greater among males. As shown in Figure 15.2, the mortality gap between males in ENC is smaller than the gap in ONC and the US. Over the last 20 years, the disparity between white and non-white males in ENC has fluctuated, but the non-white male rate has consistently remained in the range of 3.5 to 4.5 times higher than the white male rate. Currently, the homicide mortality rates for non-white males in ENC is 279% higher than the rate for white males. The racial disparity in homicide among ENC females, while less marked than the male disparity, is large and growing. Non-white females in ENC currently die at a homicide rate that is 167% higher than the rate for white females. The widening mortality gap for female homicide in ENC is also troubling, given the reductions in disparity in ONC and the US in recent years.

**Table 15.1 Homicide Mortality in Eastern North Carolina, 1994-1998**

County	Totals			Race-Gender Specific Age-Adjusted Death Rates							
	Deaths	Rates		Non-White Males		Non-White Females		White Males		White Females	
		Crude	Adjusted	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Beaufort	22	10.2	10.6	12	41.6	1	2.5	7	9.6	2	2.9
Bertie	18	17.7	18.4	11	38.6	3	8.2	4	22.3	0	0.0
Bladen	19	12.6	12.8	8	31.4	4	12.3	5	11.3	2	4.2
Brunswick	33	10.5	10.6	10	41.1	2	7.5	14	10.2	7	5.9
Camden	1	3.2	3.8	0	0.0	0	0.0	0	0.0	1	11.3
Carteret	16	5.5	5.7	2	14.4	1	5.7	8	6.1	5	4.2
Chowan	4	5.7	6.4	1	9.6	0	0.0	2	10.8	1	5.3
Columbus	37	14.3	14.6	15	40.7	6	12.8	13	16.1	3	3.1
Craven	38	8.7	8.4	15	23.7	5	7.5	14	7.8	4	2.8
Cumberland	208	14.2	13.1	107	36.3	32	10.8	48	9.1	21	4.9
Currituck	2	2.5	2.2	1	21.5	0	0.0	0	0.0	1	2.3
Dare	4	3.0	2.9	0	0.0	0	0.0	3	4.6	1	1.3
Duplin	33	15.2	15.5	9	25.0	1	2.6	20	26.8	3	4.7
Edgecombe	43	15.4	15.6	31	43.3	5	5.3	6	11.0	1	1.8
Gates	1	2.0	1.9	1	9.0	0	0.0	0	0.0	0	0.0
Greene	7	8.1	8.4	2	9.5	0	0.0	4	16.5	1	4.1
Halifax	42	14.9	15.5	26	36.7	6	7.0	5	8.1	5	7.8
Harnett	52	13.1	12.8	12	23.8	11	22.2	24	15.4	5	3.3
Hertford	8	7.2	7.2	7	24.9	1	2.8	0	0.0	0	0.0
Hoke	23	16.4	15.3	10	21.5	2	4.5	9	26.7	2	7.8
Hyde	2	7.6	7.4	1	25.4	0	0.0	1	11.9	0	0.0
Johnston	36	7.3	7.2	16	39.1	3	6.0	15	7.1	2	1.0
Jones	3	6.5	7.2	3	40.4	0	0.0	0	0.0	0	0.0
Lenoir	33	11.2	11.4	18	34.8	6	8.7	8	9.3	1	1.2
Martin	10	7.8	7.8	6	25.0	1	3.4	2	4.6	1	3.5
Nash	38	8.9	8.7	24	37.9	4	5.2	7	4.6	3	2.1
New Hanover	46	6.4	6.1	21	30.7	6	7.0	14	4.8	5	1.5
Northampton	15	14.5	14.6	9	32.7	6	19.2	0	0.0	0	0.0
Onslow	30	4.1	3.3	6	3.4	2	1.9	17	4.6	5	2.0
Pamlico	3	5.0	5.7	0	0.0	1	13.1	2	9.9	0	0.0
Pasquotank	5	2.9	3.2	3	13.6	1	2.7	1	1.9	0	0.0
Pender	12	6.7	6.7	6	27.7	0	0.0	2	2.9	4	5.7
Perquimans	4	7.4	6.9	1	13.1	0	0.0	2	10.1	1	6.4
Pitt	59	9.8	9.4	28	30.9	8	6.6	19	10.1	4	2.0
Robeson	134	24.0	24.1	83	48.0	26	13.5	18	19.4	7	6.5
Sampson	43	16.7	17.2	18	44.2	11	23.0	10	12.3	4	5.0
Scotland	35	20.1	19.7	19	53.0	5	11.3	8	17.1	3	5.5
Tyrrell	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Washington	3	4.4	4.7	0	0.0	1	6.8	1	7.2	1	6.7
Wayne	67	12.0	11.5	35	38.5	6	5.8	18	8.7	8	4.4
Wilson	53	15.5	15.6	32	53.6	11	13.7	8	8.3	2	2.0
<b>ENC 29</b>	564	9.4	9.1	284	28.7	70	6.1	159	7.4	51	2.7
ENC 41	1,242	11.2	10.8	609	32.9	178	8.6	339	8.7	116	3.2
ONC	2,231	8.8	8.5	986	40.4	265	9.4	695	6.7	285	2.7
PNC	1,840	9.4	9.1	895	40.6	242	9.4	507	6.7	196	2.5
WNC	391	6.7	6.8	91	38.6	23	9.2	188	7.1	89	3.3
NC	3,473	9.5	9.2	1,595	37.2	443	9.1	1,034	7.3	401	2.8
US, 1996	20,634	7.8	7.7	8,594	36.5	1,952	7.8	7,351	6.6	2,737	2.4

Homicide ICD-9 Codes: E960-969

Age-Adjusted Rates Standardized to US 2000 SM

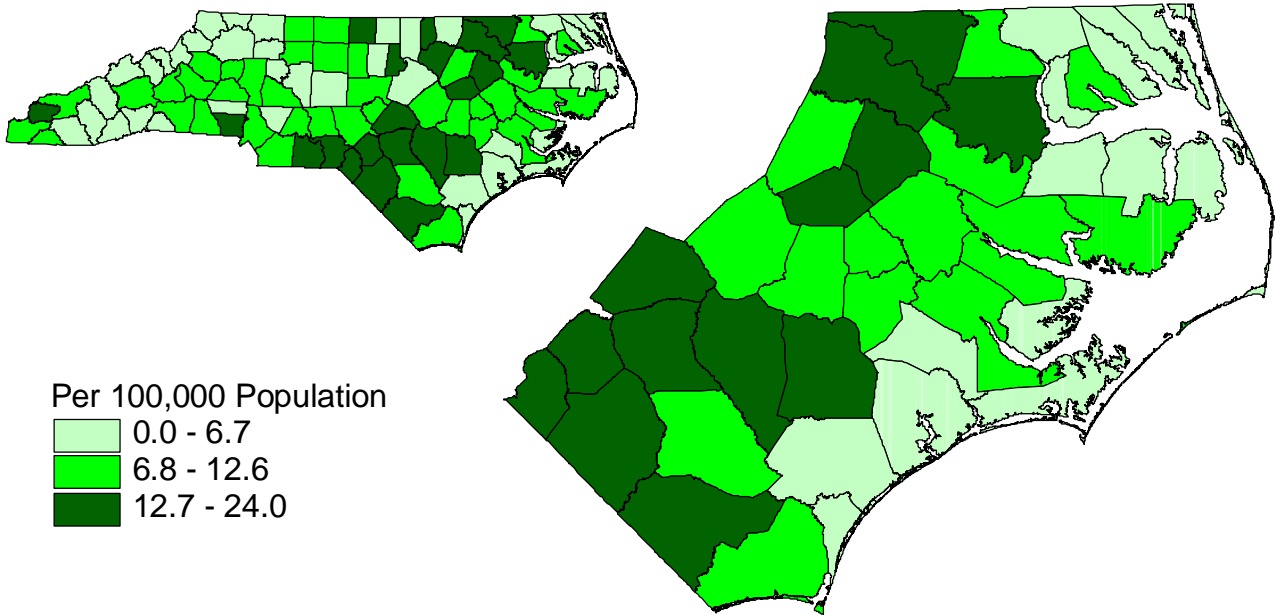
Total Number of Deaths and Rates for Five-Year Period, except US

NC Data Source: NC State Center for Health Statistics

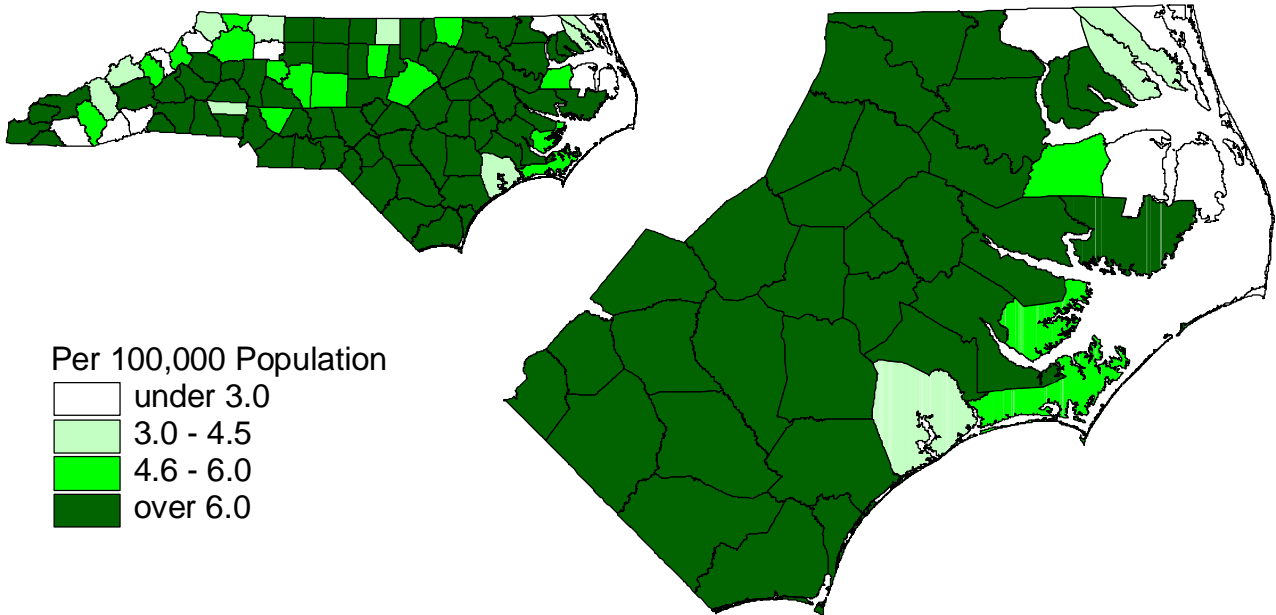
US Data Source: National Center for Health Statistics

### Map 15.2 Crude and Age-Adjusted Homicide Mortality Rates: North Carolina and Eastern North Carolina, 1994-1998

#### Crude Rate



#### Age-Adjusted Rate

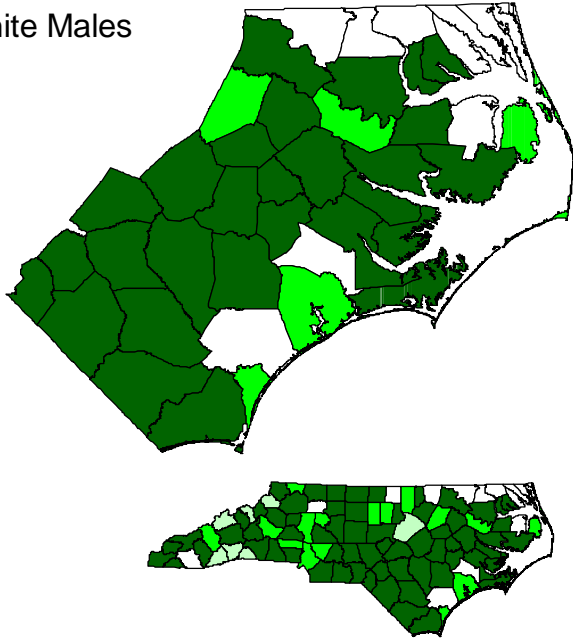


Homicide ICD-9 Codes: E960-E969  
Five-Year Average, Age-Adjusted Rates Standardized to US 2000 SM

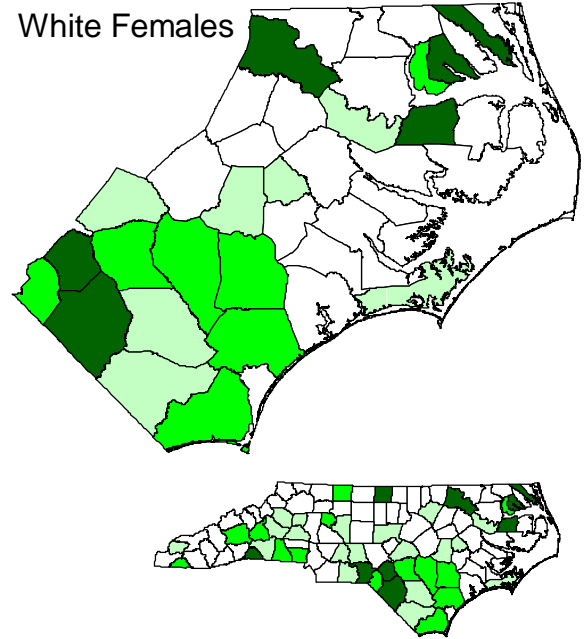
Data Source: NC State Center for Health Statistics

**Map 15.3 Race-Gender Specific, Age-Adjusted Homicide Mortality Rates:  
North Carolina and Eastern North Carolina, 1994-1998**

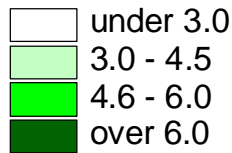
White Males



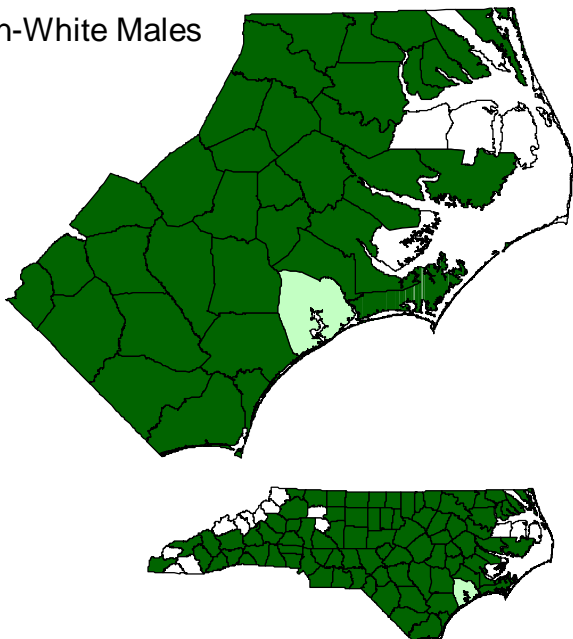
White Females



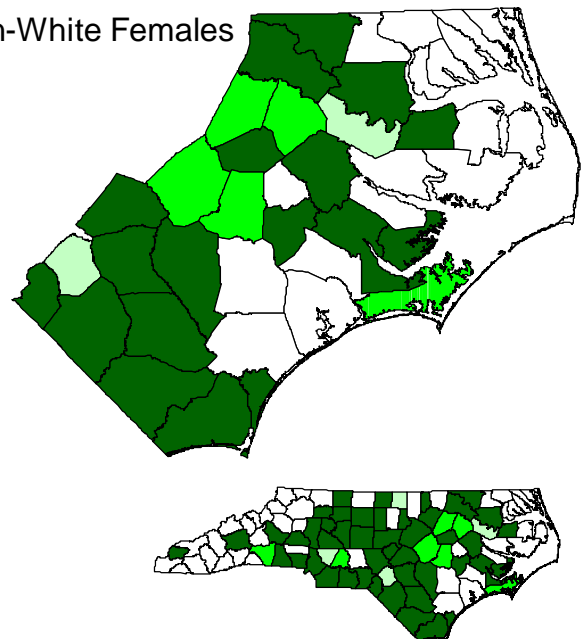
Per 100,000 Population



Non-White Males



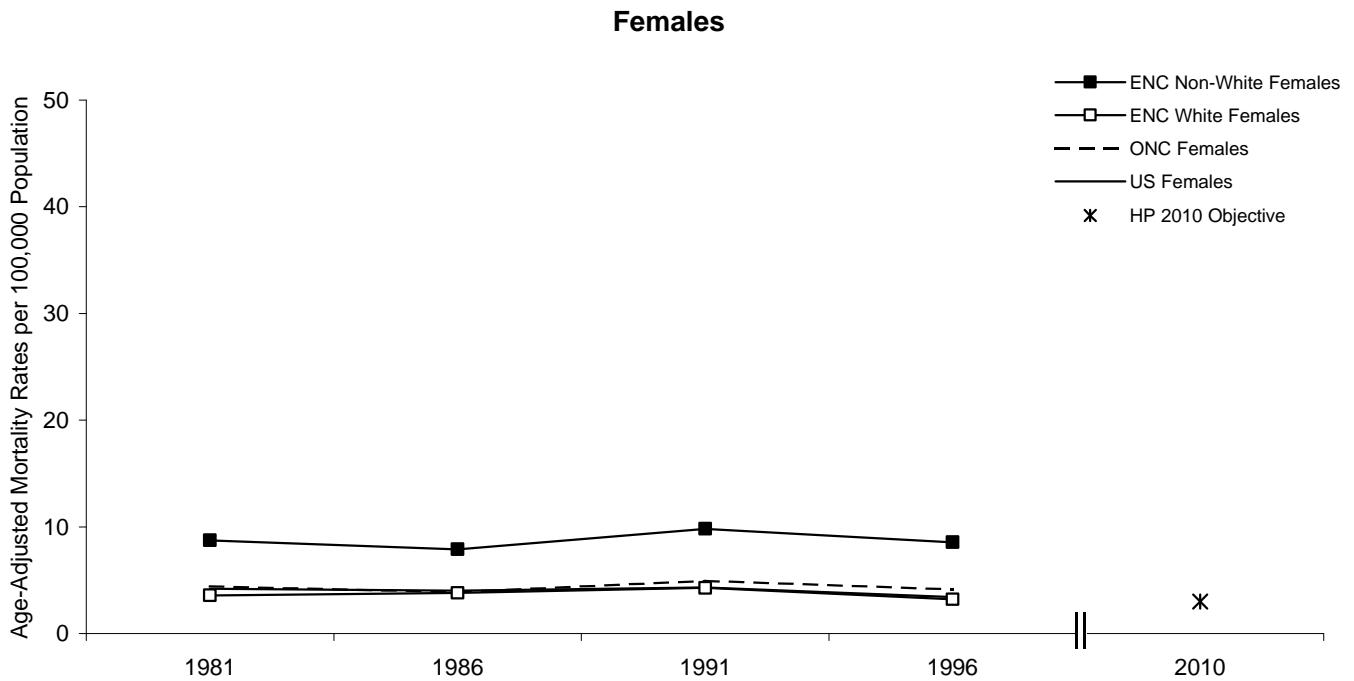
Non-White Females



Homicide ICD-9 Codes: E960-E969  
Five-Year Average, Age-Adjusted Rates Standardized to US 2000 SM

Data Source: NC State Center for Health Statistics

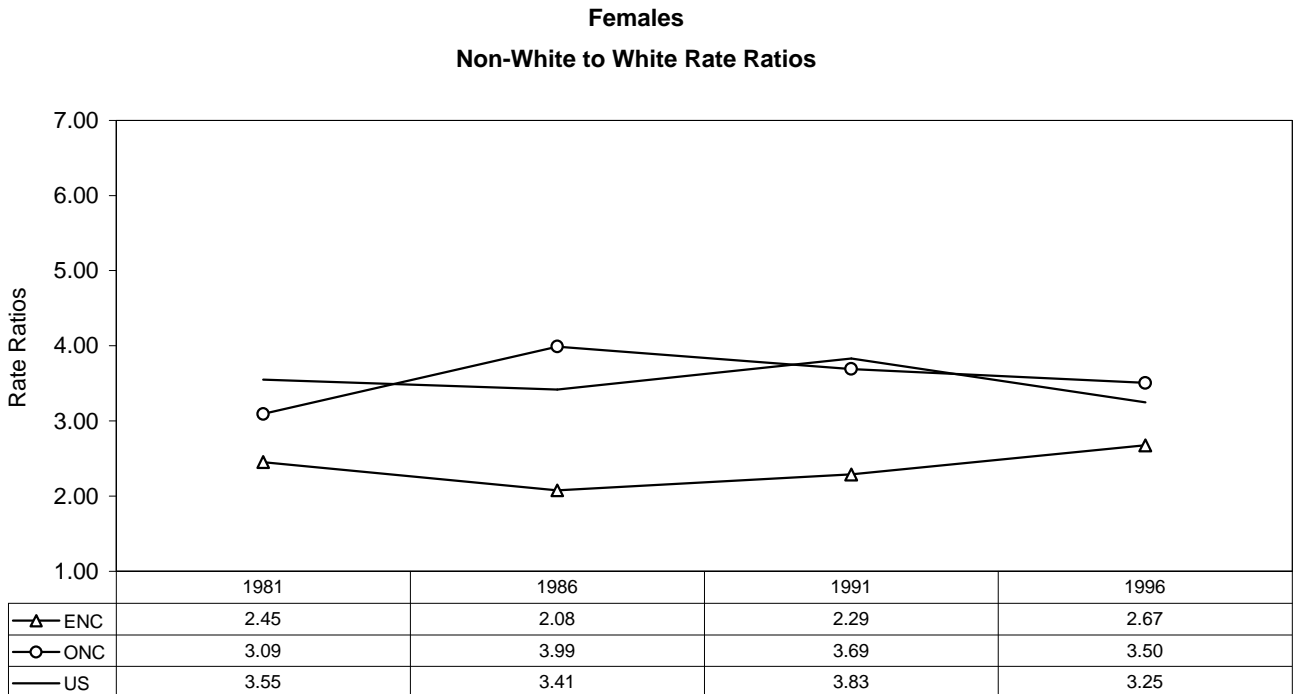
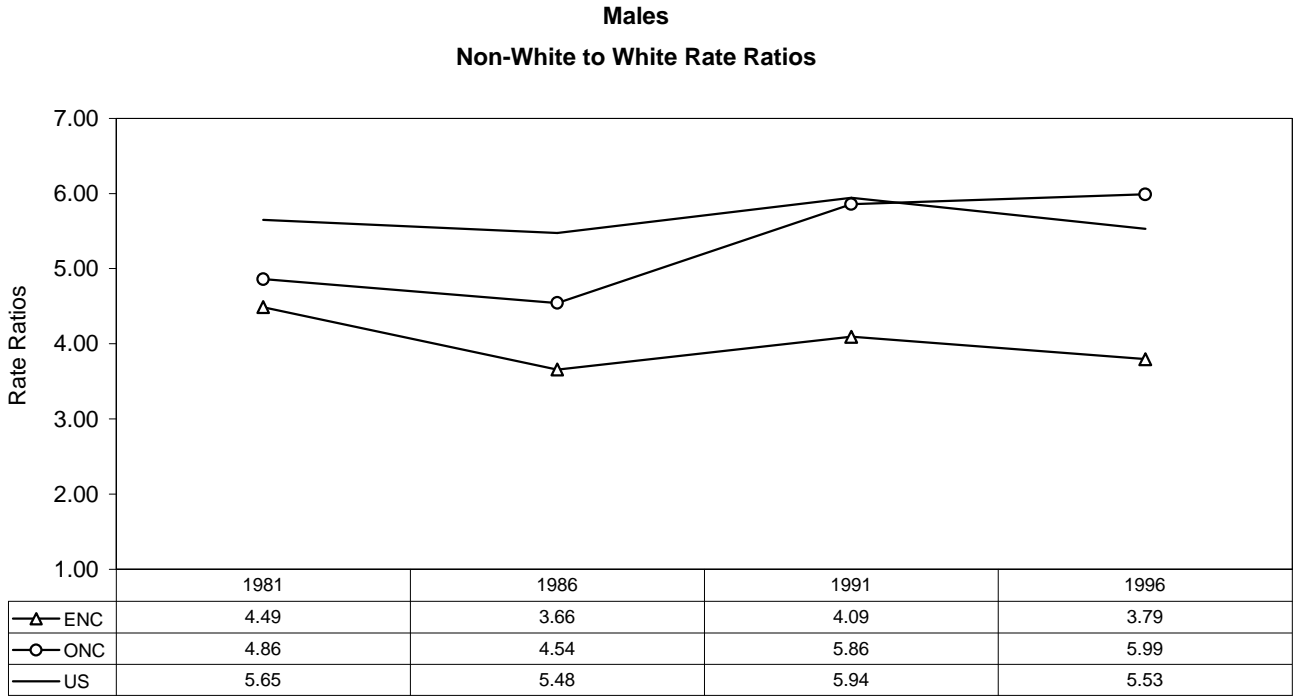
**Figure 15.1 Age-Adjusted Homicide Mortality Rates by Gender: Regional and National Trends, 1979-1998**



Homicide ICD-9 Codes: E960-E969  
 Five-Year Average, Age-Adjusted Rates Standardized to US 2000 SM  
 US Rates for Middle Year of Five Year Periods

NC Data Source: NC State Center for Health Statistics  
 US Data Source: National Center for Health Statistics

**Figure 15.2 Racial Disparities in Age-Adjusted Homicide Mortality Rates by Gender: Regional and National Trends, 1979-1998**



Homicide ICD-9 Codes: E960-E969  
Based on Five-Year Average, Age-Adjusted Rates Standardized to US 2000 SM  
US Rates for Middle Year of Five Year Periods

NC Data Source: NC State Center for Health Statistics  
US Data Source: National Center for Health Statistics

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(<http://www.cdc.gov>)

Healthy People 2010  
(<http://web.health.gov/healthypeople>)

National Center for Health Statistics  
(<http://www.cdc.gov/nchs>)

North Carolina Center for Health Statistics  
(<http://www.schs.state.nc.us/SCHS>)

## APPENDIX O

### ICD-9 Codes for Homicide

- E960: Fight, brawl, rape
- E961: Assault by corrosive or caustic substance, except poisoning
- E962: Assault by poisoning
- E963: Assault by hanging and strangulation
- E964: Assault by submersion
- E965: Assault by firearms and explosives
- E966: Assault by cutting and piercing instrument
- E967: Child battering and other maltreatment
- E968: Assault by other and unspecified means
- E969: Late effects of injury purposely inflicted by another person