

Characteristics of Violent Deaths among Homeless Persons in Maryland, 2003-2011

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Prevention and Health Promotion Administration



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Prevention and Health Promotion Administration

MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being



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Learning Objectives

1. Using the Maryland Violent Death Reporting System (MVDRS), identify characteristics of homeless persons who have suffered a violent death including key demographics, manner of death, and weapon and location of injury
2. Identify the most common circumstances contributing to violent death among the homeless
3. Learn about opportunities for reducing violent deaths within this community



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INTRODUCTION



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Homelessness, Health, and Violence

- In 2013, 610,042 people in the U.S. were homeless on a given night¹
 - In a 2013 state-wide count in Maryland, 8,205 sheltered and unsheltered homeless individuals were identified²
- Homeless persons have higher risks of morbidity and mortality compared to non-homeless persons³
 - Physical and behavioral health conditions may develop and/or worsen through exposure to communicable disease, malnutrition, weather exposure, and violence³
- Mental health and substance abuse problems are prevalent among homeless persons
 - In Maryland, 23.0% of homeless persons reported chronic substance abuse and 18.3% reported severe mental illness²

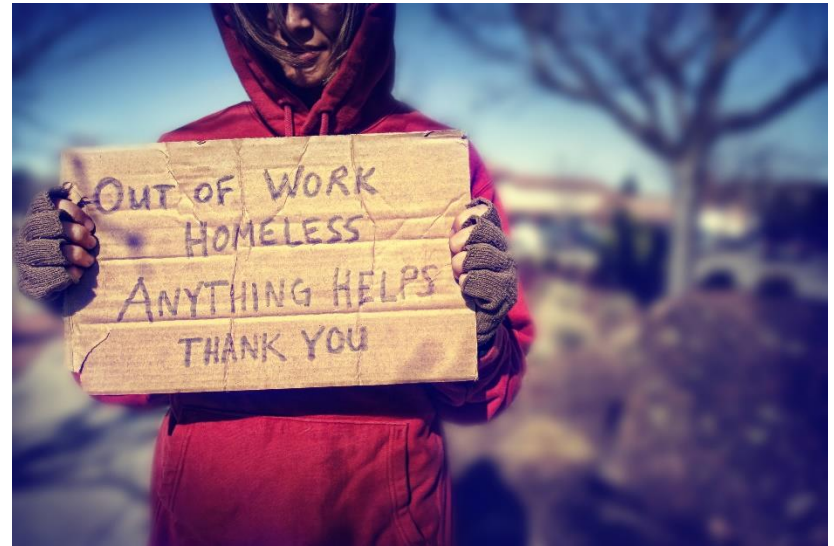


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Homelessness, Health, and Violence

- Homeless persons are targets for violence and hate crimes, with 109 attacks resulting in 18 deaths recorded nationally in 2013⁴
- Lack of housing, employment, and access to health care pose unique challenges to controlling and mitigating adverse health events experienced by homeless persons³



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Maryland Violent Death Reporting System (MVDRS)

- MVDRS is a CDC-funded program that collects information on all violent deaths occurring in Maryland. The system was established in 2002 with data collection beginning in 2003
- Nationally known as the National Violent Death Reporting System (NVDRS)
- Uses the World Health Organization definition of violent death:
“A death resulting from the intentional use of physical force or power against oneself, another person, or against a group or community”

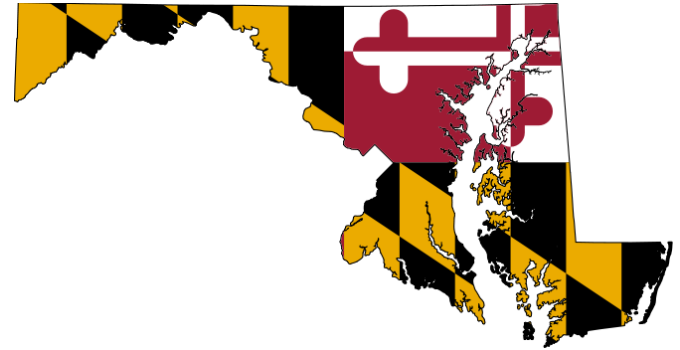


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Maryland Violent Death Reporting System (MVDRS)

- MVDRS collects data for all deaths involving the purposeful use of force against a person or persons that results in their death
 - Homicide
 - Suicide
 - Deaths of Undetermined Intent
 - Unintentional Firearms
 - Legal Intervention (LI)
- Links multiple sources of data
 - Death Certificates
 - Medical Examiner files
 - Police Reports
 - Supplementary Homicide Reports



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Maryland Violent Death Reporting System (MVDRS)

Information we capture:

- **Demographics**
- **Injury** and death information
- Victim-suspect relationship
- **Weapon information**
- **Circumstance-rich narratives**
 - Arguments, life stressors, mental health/substance abuse problems, etc.
- **Toxicology**



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MVDRS Analytic Population Definitions

- The MVDRS population used in this analysis excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland
- Homelessness is defined as having no fixed address AND living in a shelter, on the street, in a car, or in makeshift quarters in an outdoor setting (National Violent Death Reporting System Coding Manual, July 2014)



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Results

DEMOGRAPHICS



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Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)

- Out of a total of 14,327 violent deaths occurring 2003-2011
 - 98.1% of victims for which homeless status was known (n=14,057)
 - **279 violent death victims were homeless (2% of all violent deaths)**
- Manner of Death
 - 65.2% (n=182) - Deaths of Undetermined Intent ('Undetermined')
 - 21.2% (n=59) - Homicide/Legal Intervention[†]
 - 13.6% (n=38) - Suicide

*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland

[†]n<6 for legal intervention deaths.



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Demographic Characteristics of Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)

Demographic Characteristic	
Sex	85% Male
Race/Ethnicity	61.3% Non-Hispanic White 34.8% Non-Hispanic Black
Age (years)	4.7% - 15-24 10.8% - 25-34 31.2% - 35-44 39.1% - 45-54 14.2% - 55+
Years of Education	66.3% 9-12 years
Marital Status	~50% Never Married
Ever a member of the Armed Forces? (n=259)	12.0% Yes

*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland



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Results

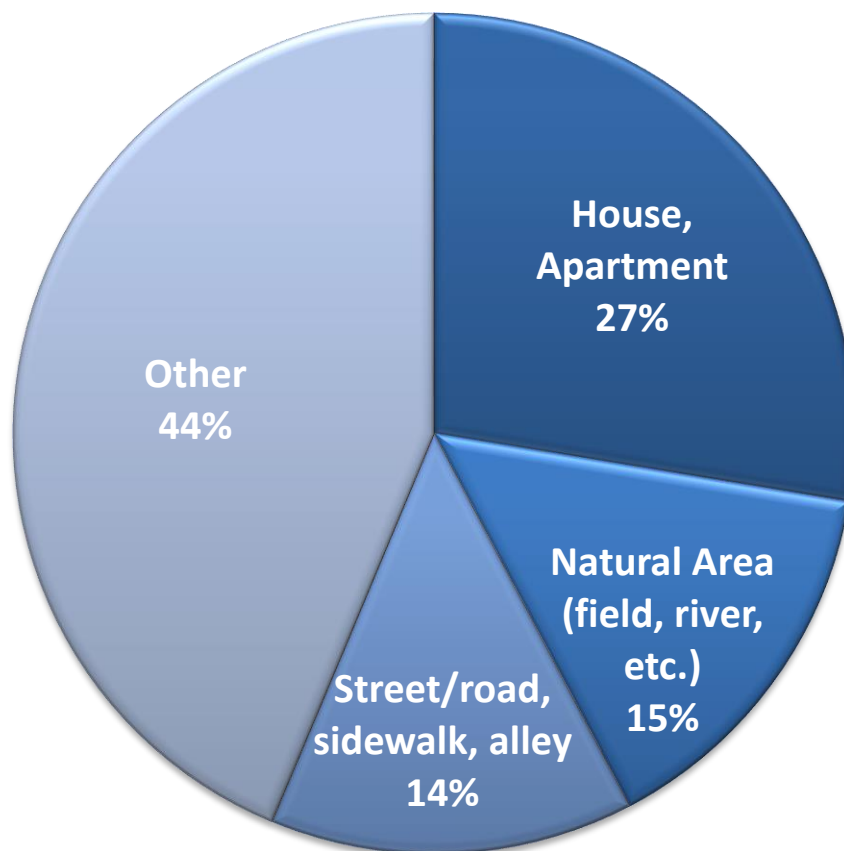
INJURY INFORMATION



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Top 3 Locations of Injury for Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)



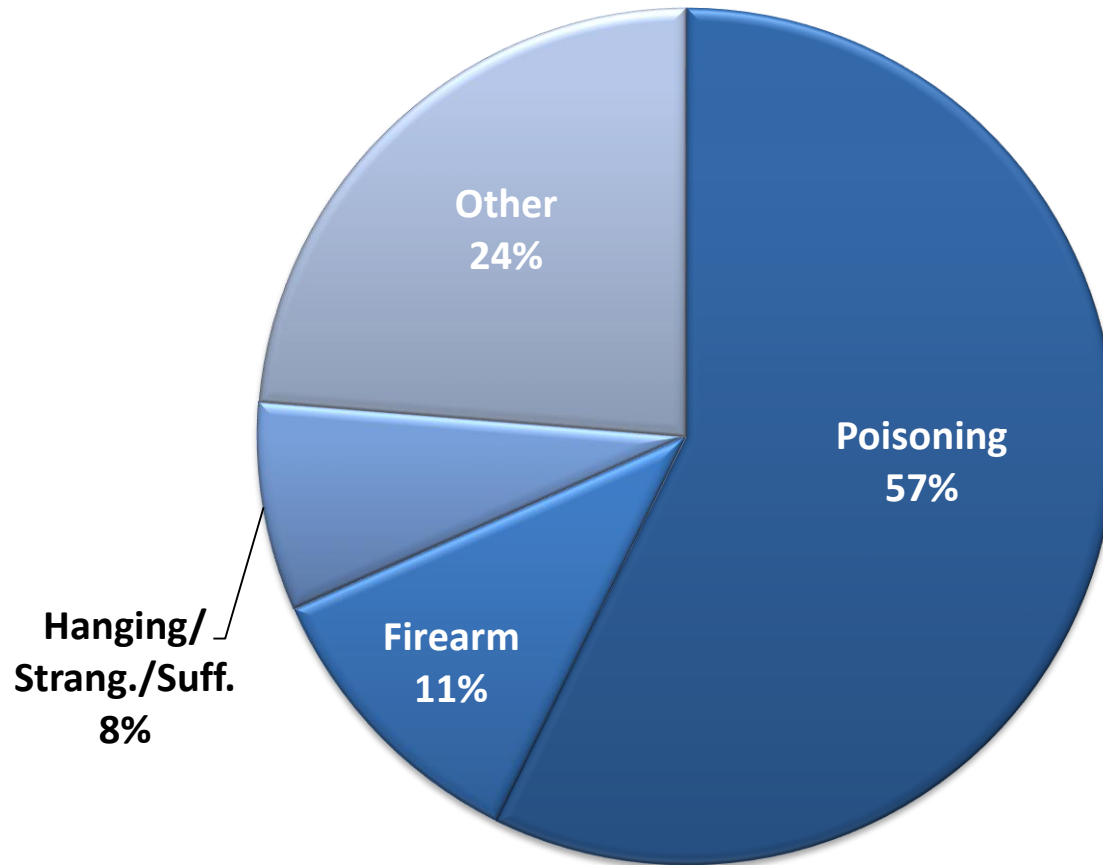
*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland



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Top 3 Weapons of Injury for Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)



*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland



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PRECIPITATING CIRCUMSTANCES AND TOXICOLOGY



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Precipitating Circumstances Related to Homeless Violent Death Victims in Maryland* , 2003-2011 (n=231)

Precipitating Circumstance (n=231)	% with Circumstance
Mental Health & Substance Abuse	
Substance Abuse Problem	58.9%
Alcohol Problem	36.4%
Current Mental Health Problem	14.3%
History of Mental Health Treatment	14.7%
Current Substance Abuse and/or Mental Health Treatment	6.9%
Life Stressors	
Physical Health Problem	12.1%

*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland.

†Precipitating circumstances were available for 82.9% of all victims (n=231)



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Toxicology Testing and Results, Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)

	Tested		Positive	
	No.	%	No.	%
Blood Alcohol Concentration (BAC)	270	96.8%	141	52.2%
BAC <0.08 g/dl			43	30.5%
BAC ≥0.08 g/dl [†]			98	69.5%
Amphetamines	272	97.5%	-	-
Antidepressants	272	97.5%	41	15.1%
Cocaine	272	97.5%	85	31.3%
Opiates	272	97.5%	149	54.8%
Other drug(s)	272	97.5%	123	45.2%

*Excludes Maryland Residents who died out of State and non-resident deaths occurring in Maryland

[†]BAC ≥ 0.08 g/dL used as the standard for intoxication



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Results

MANNER OF DEATH-SPECIFIC FINDINGS



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Manner of Death-Specific Findings, Homeless Violent Death Victims in Maryland*, 2003-2011 (n=279)

	Undetermined (n=182)	Homicide/LI (n=59)	Suicide (n=38)
Top Method of Injury	Poisoning (85.7%)	Firearm (37.3%)	Hanging/ Strangulation/ Suffocation (47.3%)
Top 3 Circumstances[†]	74.4% - Substance abuse problem 43.9% - Alcohol problem 14.0% - Physical health problem	36.4% - Argument, abuse, or conflict 21.2% - Precipitated by another crime 18.2% - Drug involvement	35.3% - Substance abuse problem 32.4% - Alcohol problem 35.3% - Current depressed mood
Toxicology	53.1% - Alcohol 73.9% - Opiates 32.8% - Cocaine 17.2% - Anti-depressants	46.6% - Alcohol 22.4% - Opiates 34.5% - Cocaine 6.9% - Anti-depressants	57.1% - Alcohol 8.8% - Opiates 17.7% - Cocaine 17.7% - Anti-depressants

*Excludes Maryland residents who died out of state and non-resident deaths occurring in Maryland.

†Precipitating circumstances were available for 90.1% of undetermined deaths, 55.9% of homicides, and 89.5% of suicides



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DISCUSSION



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Discussion

- Most deaths were of undetermined intent with poisoning as the weapon of injury (overdose deaths)
- Most victims were males, 35-54 years of age, 60% white non-Hispanic
 - Veterans comprised 12% of victims
- More than half of victims had a known substance abuse and/or alcohol problem
 - Among deaths of undetermined intent, over 70% had a known substance abuse and/or alcohol problem
- Circumstances surrounding homicides only known for about half of all victims
- Nearly a third of suicide victims had a known mental health problem
- A lower percentage of victims were receiving treatment for substance abuse and/or mental health problems than the percentage of victims with a known problem
- Nearly half of all victims tested positive for alcohol, opiates at death



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Discussion

Considerations:

- Integration of mental health and substance abuse treatment into primary health care services for homeless persons
- Inclusion of the special needs of homeless persons in initiatives and programs to treat substance abuse, increase access to psychiatric care, and preventing interpersonal violence
- Housing as a stabilizer
- Fighting stigma and prejudice against homeless persons
 - Faces of Homelessness Speaker's Bureau



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Programs, Initiatives, and Organizations

- Local
 - “Continuums of Care” – federally funded county or regional bodies coordinating homeless services.
 - Baltimore City: “The Journey Home”/Homeless Services (Mayor’s Office)
 - Healthcare for the Homeless - Baltimore
- State-wide
 - Bureau of Homeless Services
 - Interagency Council on Homelessness
- National
 - Federal Strategic Plan to End Homelessness
 - National Health Care for the Homeless
 - National Coalition for the Homeless
 - National Alliance to End Homelessness



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Thank You!

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