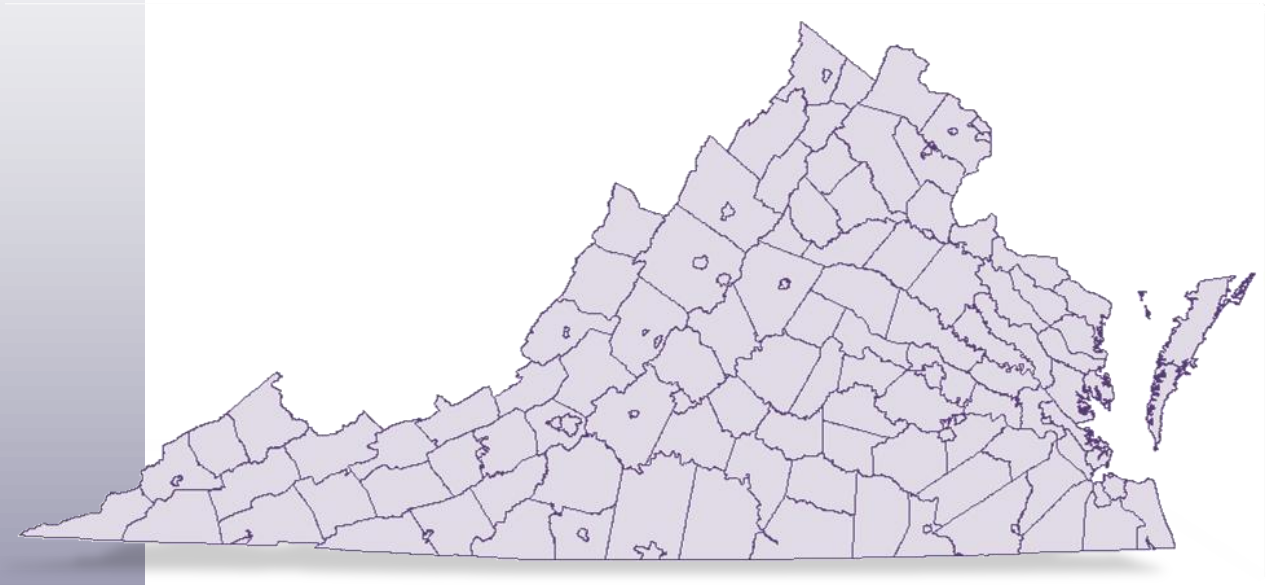
Homelessness and Violent Death



VDH VIRGINIA DEPARTMENT OF HEALTH
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A report from the Virginia Violent Death Reporting System

Commonwealth of Virginia
Virginia Department of Health
Office of the Chief Medical Examiner

October, 2013

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This paper was created to provide information that can be used to prevent violent death in the future. Please notify Marc Leslie (see contact information above) if you distribute or use any portion of this report for training, policy decisions, or other uses.

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INTRODUCTION

The condition of homelessness poses unique health and safety challenges for persons who are homeless and, as this report will show, significant risks for violent death. The stress of homelessness may increase suicide risk. Living outside, often out of a conventional social structure, may increase risk for interpersonal violence. This report examines homeless persons who lived in Virginia and died from a violent death between 2003 and 2011. There were 147 persons who were homeless who died from suicide, homicide, unintentional firearm injury, or a death of an undetermined manner.

DATA SOURCES

Violent death data used in this report come from the Virginia Violent Death Reporting System (VVDRS). The VVDRS is part of the National Violent Death Reporting System (NVDRS). The NVDRS documents violent deaths that originate within a state's borders.[1] It compiles information from sources used in violent death investigation, and links decedents to circumstances to explain such issues as the role of substance abuse and mental health in the death, why a homicide occurred, and the relationship between a victim and a suspect. The VVDRS is the operation and reporting system of the NVDRS within Virginia, and uses the same methodology, definitions, coding schema, and database of the NVDRS.

The VVDRS abstracts death investigation information from several sources, primarily the Office of the Chief Medical Examiner, law enforcement, the Virginia Division of Health Statistics, and the Virginia Department of Forensic Science. Each relevant death record is reviewed by a Coordinator. The Coordinator ensures that all information sources required by the NVDRS are in the record, requests reports that are not already in the file, and abstracts and manually enters the relevant information into the database. Continuous quality assurance activities maintain data accuracy as well as consistency among Coordinators. Deaths entered into the VVDRS are reconciled with deaths reported by the Virginia Division of Health Statistics and the Virginia Office of the Chief Medical Examiner for the purpose of comprehensive case identification.

RATES

Rates would strengthen the information in this report by tying the number of homeless persons to population data, thereby capturing the magnitude of violent death among the homeless. Calculating a rate would require a reliable statewide population number for persons who are homeless during a given year. Unfortunately, reliable estimates of the homeless are not available. Throughout this report, numbers and percentages are used to describe violent death among homeless persons.

HOMELESSNESS DEFINED

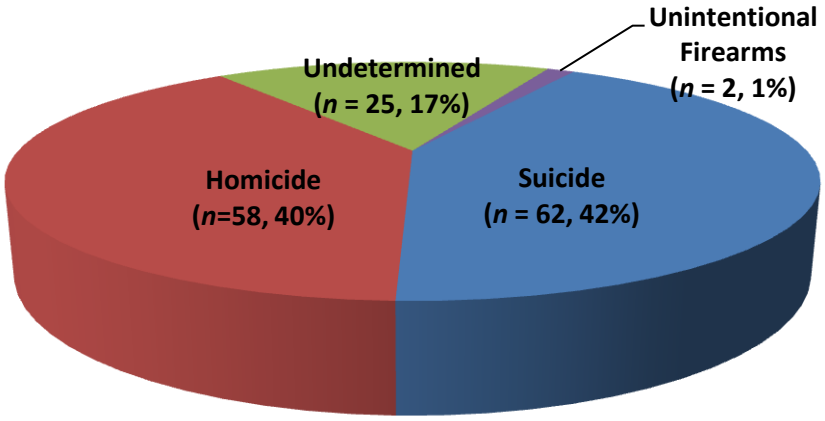
Homelessness is defined by the NVDRS project as "having no fixed address and living in a shelter, on the street, in a car, or in makeshift quarters in an outdoor setting." While other working definitions of homelessness include persons living in long-term hotels/motels, and persons living temporarily with friends or family due to a recent loss of their own home, the NVDRS definition includes only persons who are literally homeless. Persons were coded as being homeless if a reliable source described them as being homeless or if the description of their living conditions (i.e., in a tent in the woods) clearly indicated homelessness.

[1] Persons who die in Virginia, but were residents of another state, are excluded.

OVERALL RESULTS

From 2003-2011 there were 147 persons that died an NVDRS-defined violent death, were known to reside in Virginia, and were known to be homeless. Homeless persons comprise 1% of all persons noted as dying a violent death. Most deaths involving homeless persons were either suicides (62 persons) or homicides (58 persons). Additionally, there were 25 deaths of an undetermined manner[2] and two deaths resulting from unintentional self-inflicted firearm wounds.

Figure 1. Violent Deaths Types Among Persons Who are Homeless, Virginia: 2003-2011



After a brief description of all violent deaths to homeless persons, this paper will focus on suicides and homicides.

- Most homeless persons who died from a violent death were male (87%). Those who died were either White (63%) or Black (37%). Their median age was 42, with 77% of decedents falling between the ages of 25 and 54.
- A firearm was the most frequently used method of fatal injury (25%), followed by hanging/strangulation/suffocation (18%), poisons (13%), sharp instruments (12%), and blunt instruments (12%).
- The most common location of injury was a natural area such as a wooded area (25%), followed by a house or apartment (15%).
- More than half of all decedents (53%) had alcohol, cocaine, and/or opiates in their system at death, indicating an overall problem with alcoholism and substance abuse.[3] This was more common among males (55%) than among females (41%).

[2] Of the 25 undetermined manner deaths, 19 (76%) had no known cause of death; this means that little information was known about the nature of the death.

[3] Information on the presence of these substances excludes persons who died due to a poisoning by these substances. Opiates may be legal or illegal substances; legal opiates may have been obtained by legal or illegal means.

- More than one-third (38%) had a Blood Alcohol Concentration (BAC) of .08 or greater.[4] It is notable that decedents more often had a BAC of .08 or greater (38%) than they did of below .08 (14%). Fourteen percent of homeless violent death decedents had cocaine in their system at the time of their death.

SUICIDE

- A total of 62 suicides among persons who are homeless occurred from 2003-2011, representing 1% of all suicides.
- Homeless suicide decedents were primarily male (81%) and White (81%). The median age was 42.
- The most common location of injury was a natural area such as a wooded area (34%), followed by a house or apartment (16%).
- Greater than two-thirds (67%) had given explicit warning signs of suicide risk by disclosing intent to commit suicide and/or having prior non-fatal suicide attempts.
- Most homeless suicide decedents (58%) had a mental health problem; of those with a mental health problem, 89% were known to have been treated for a mental health problem either currently or in the past. Most (53%) also had a problem with alcohol and/or other substances. Combined, 73% had a problem with mental health, alcohol, and/or other substances.
- Other common circumstances included conflict with an intimate partner (33%), a recent loss of housing (25%), and felony-level legal problems (18%).
- The most common methods of fatal injury were hanging/strangulation/suffocation (39%), poisoning (26%), and firearms (23%). Males, who typically favor firearms in suicides, used hanging/strangulation/suffocation more frequently (42%) than they used firearms (28%).
- Thirty-one percent had alcohol, cocaine, and/or opiates in their system at death. This proportion increased to 43% for those with a known alcohol and/or other substance problem, and decreased to 17% for those who were not known to have these problems.
- The most common area where homeless suicide decedents lived was the northwestern area of Virginia (26%) followed by the eastern part of the state (23%).
- Eleven percent were military veterans; no persons were currently serving in the military.
- Most (53%) were unemployed at the time of the suicide. This includes persons listed as being disabled (7%).

HOMICIDE

- A total of 58 homicides among homeless persons occurred during this time period, representing 2% of all homicides.

[4] A BAC of .08 or greater is the legal standard for driving while intoxicated in Virginia. Although individual tolerance varies, the level of .08 is used as an indicator of possible intoxication.

- Homicide decedents who were homeless were primarily male (95%) and Black (62%). Their median age was 43.
- A firearm was the most common method of fatal injury (36%), followed by a sharp instrument (28%) and a blunt instrument (24%).
- The most common location of injury was a house or apartment (19%), followed by a natural area such as a wooded area (17%), and the street or road (17%).
- Nearly three-fourths (74%) of homeless homicide decedents had alcohol, cocaine, and/or opiates in their system at death. This was more common for Whites (82%) than Blacks (69%). Fifty-eight percent had a BAC of .08 or greater and 15% had a BAC of less than .08. Eighteen percent had cocaine in their system.
- Homicides were frequently preceded by an unspecified argument (37%) or an argument over money, property, or drugs (20%). In 29% of homicides, the death was precipitated by another crime such as robbery. In 46%, the victim and suspect were friends or acquaintances, and in 63% the victim knew at least one of the suspects.
- These homicides most commonly took place in eastern Virginia (36%) and central Virginia (29%).
- Ten percent were military veterans; no persons were currently serving in the military.
- Most (69%) were not employed at the time of the homicide.

SUMMARY

Table 1 provides summary information about violent death, suicide, and homicide among persons who are homeless.

Table 1. Selected Traits of Persons Who are Homeless and Die a Violent Death, Virginia: 2003-2011

	Violent Death (147, 100%)	Suicide (62, 42%)	Homicide (58, 40%)
Gender	Male (128, 87%)	Male (50, 81%)	Male (55, 95%)
Race	White (92, 63%) Black (55, 37%)	White (50, 81%) Black (12, 19%)	Black (36, 62%) White (22, 38%)
Race and Gender	White male (80, 54%) Black male (48, 33%)	White male (42, 68%) Black male (8, 13%)	Black male (33, 57%) White male (22, 38%)
Hispanic Status	Hispanic (11, 8%)	Hispanic (3, 5%)	Hispanic (6, 10%)
Virginia Health Planning Region	Eastern (41, 28%) Northern (29, 20%) Central (27, 18%)	Northwest (16, 26%) Eastern (14, 23%) Northern (13, 21%)	Eastern (21, 36%) Central (17, 29%) Northern (13, 22%)
Circumstances	Not applicable	Mental Health Problem (35, 58%) Alcohol/Substance Abuse (32, 53%) Prior Attempts/Disclosure (40, 67%)	Non-specific Argument (13, 37%) Crime Related (10, 29%) Argument over Money/Property (7, 20%)

Table 1. Selected Traits of Persons Who are Homeless and Die a Violent Death, Virginia: 2003-2011 (continued)

	Violent Death (147, 100%)	Suicide (62, 42%)	Homicide (58, 40%)
Premise of Injury	Natural Area (37, 25%) House/Apartment (22, 15%) Street/Road or Motor Vehicle (tie) (14, 10%)	Natural area (21, 34%) House/Apartment (10, 16%) Motor Vehicle (6, 10%)	House/Apartment (11, 19%) Street/Road (10, 17%) Natural area (10, 17%)
Method of Fatal Injury	Firearm (37, 25%) Hanging/Strangulation/Suffocation (27, 18%) Poisoning (19, 13%)	Hanging/Strangulation/Suffocation (24, 39%) Poisoning (16, 26%) Firearm (14, 23%)	Firearm (21, 36%) Sharp Instrument (16, 28%) Blunt Instrument (14, 24%)
Toxicology – Positive Results*	Alcohol (any level) (63, 52%) Alcohol (≥.08) (46, 38%) Alcohol (<.08) (17, 14%) Cocaine (14, 14%)	Alcohol (any level) (15, 29%) Alcohol (≥.08) (9, 18%) Alcohol (<.08) (6, 12%) Opiates (1, 4%)	Alcohol (any level) (40, 73%) Alcohol (≥.08) (32, 58%) Cocaine (10, 18%) Alcohol (<.08) (8, 15%)

* Toxicology percentages are based on the number of persons who were tested for each substance.

CONCLUSION

Violence prevention is a challenge for any population, but it may be especially so for homeless persons whose daily life and poor access to fundamental resources such as housing, safety, food, and health care creates the opportunity and conditions for violence. Their vulnerable status is exacerbated by substance abuse problems and mental health conditions, which may not be addressed in any meaningful way because they are homeless.

Understanding the prevalence of mental health and substance abuse problems among the homeless is difficult. Estimates from a one night census of shelters conducted nationally in 2010 found that 26% of sheltered persons had a severe mental illness and 35% had chronic substance abuse issues.[5] Other research on the chronically homeless found over 60% had experienced lifetime mental health problems and over 80% had difficulties with lifetime alcohol and/or drug problems.[6]

Furthermore, it is difficult to untangle cause and effect in this relationship. Does homelessness create or exacerbate mental health conditions and substance use? Or, do persons with mental illnesses and substance addictions become homeless because they have these problems? The intervention and response is likely the same in either case: early assessment, diagnosis and treatment for mental health and substance use. But the timing of those interventions could reduce the numbers of those who become homeless to begin with, address significant health and mental health problems, and thereby have a potential impact on violent deaths involving these social and personal problems.

[5] "Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States." Substance Abuse and Mental Health Services Administration. July, 2011. http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf (Accessed on October 3, 2013)

[6] Burt, M., Aron, L., Lee, E., and Valente, J. "Helping America's Homeless: Emergency Shelter or Affordable Housing." Washington, DC: The Urban Institute. 2001.