



**REPORT ON VIOLENCE AMONG ADOLESCENTS
AND YOUNG ADULTS**

SUNY DOWNSTATE MEDICAL CENTER



SUNY
DOWNSTATE
Medical Center

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LETTER FROM THE PRESIDENT

The problem of violence calls for a community-wide response.

Dear residents and friends of Brooklyn:

Since the early 1990's, the number of violent crimes committed in Brooklyn and elsewhere in New York City has steadily declined. Between 1993 and 2003, for example, the number of homicides committed in Brooklyn fell by 67 percent. Today Brooklyn is a much safer place than it was just a dozen years ago, and as a result, it is a better place to live, work, go to school, visit, and do business.

But for all the progress we have made, we can't afford to relax our efforts. In Brooklyn and throughout the City, acts of violence are still far too common.

Violence is not just a law enforcement problem—it is a very real public health problem. Homicide is the sixth leading cause of death among all New York residents younger than 65. Each year, tens of thousands of New Yorkers are treated in emergency rooms after being injured in an assault. Thousands are hospitalized for these injuries, and some are permanently disabled. Violence can also cause serious emotional harm, and fear of violence can prevent whole communities from fulfilling their potential.

As with other major public health problems such as smoking, substance abuse, and HIV/AIDS, the problem of violence calls for a community-wide response. We believe that with our strengths in research, health care, education, and community outreach, we at Downstate can make a valuable contribution to Brooklyn's campaign against violence—and that we have an obligation to do so.

Effective community action begins with a clear understanding of the problem. Strong partnerships are needed to reduce the threat that violence poses to the health of our communities. We are pleased to offer this *Report on Violence among Adolescents and Young Adults* as a starting point for discussion.

John C. LaRosa, MD
President

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WHY FOCUS ON VIOLENCE AMONG ADOLESCENTS AND YOUNG ADULTS?

Nationwide, violence is a serious public health concern. This report provides information on the general pattern of violence in Brooklyn and New York City. But it also pays special attention to violence among adolescents and young adults. There are several reasons for focusing on these age groups. In 2002, homicide was the fourth leading cause of death among New Yorkers younger than 15, and the leading cause of death for those between the ages of 15 and 34. Two-thirds of all murder victims in New York City are under 35.

When so many young lives are lost, we forever lose the energy and talents on which our City's future depends. Violence in our schools prevents children from learning and becoming all they can. Violence among youths increases health-care costs, takes parents away from their jobs, and makes the neighborhoods where it occurs less attractive places to live, work, and invest.

The tragedy at Columbine High School in 1999, and more recently at Red Lake High School, were wake-up calls for the nation to do more to identify the causes of youth violence and find ways to prevent it. As the Surgeon General's *Report on Youth Violence* makes clear, violence is not just a criminal justice matter; it is a public health concern. With this in mind, the U.S. government's Healthy People 2010 campaign has set goals to gradually reduce youth violence all across the country.

For all of these reasons, law enforcement and public health professionals recognize the importance of focusing on violence among adolescents and young adults. If we are to break the cycle of violence in our society, this is where we have to start.

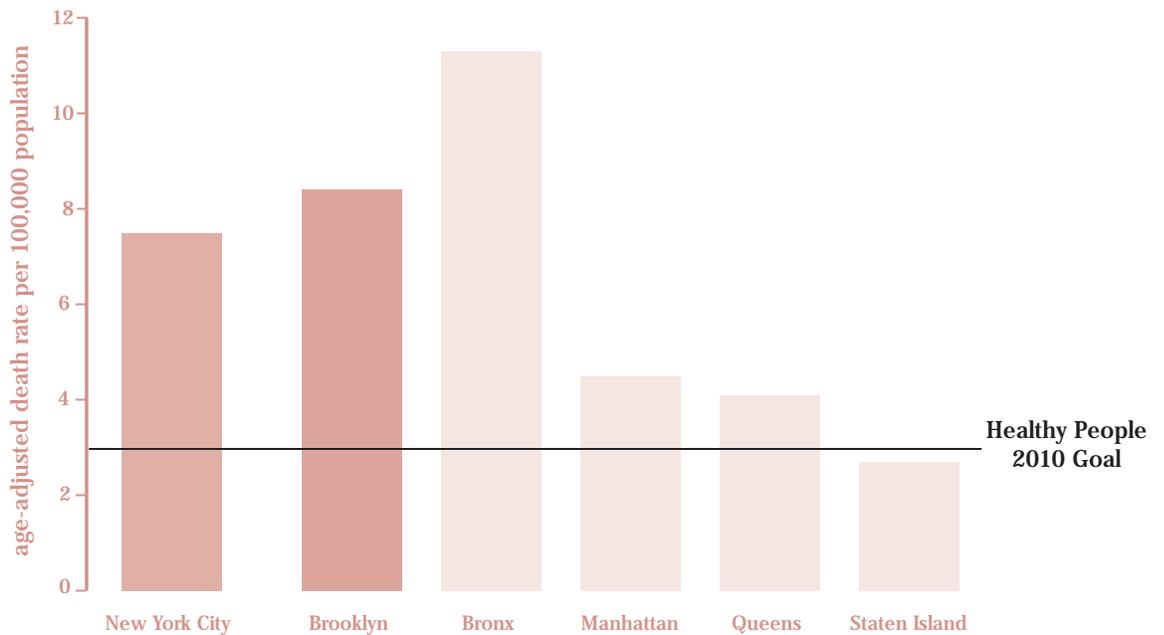
HOMICIDE

Within the last 10 years, the number of homicides has gone down nationwide, but perhaps nowhere as much as in New York City and Brooklyn. Between 1993 and 2003, the number of homicides in Brooklyn fell 67 percent—from 695 to 230. Despite this improvement, more needs to be done.

As the charts in this section show, men are more at risk than women of becoming victims of homicide, and Blacks have a far greater risk than Whites. The risk for young people between the ages of 10 and 24 is greater than for people in any other age group. For young Black men, homicide is the leading cause of death.

Homicides in New York City, 2002

Among New York City's five boroughs, Brooklyn had the largest number of homicides in absolute terms: 221 out of 625 homicides city-wide (data not shown here). However, the homicide rate—the number of reported homicides for every 100,000 residents—was highest in the Bronx.

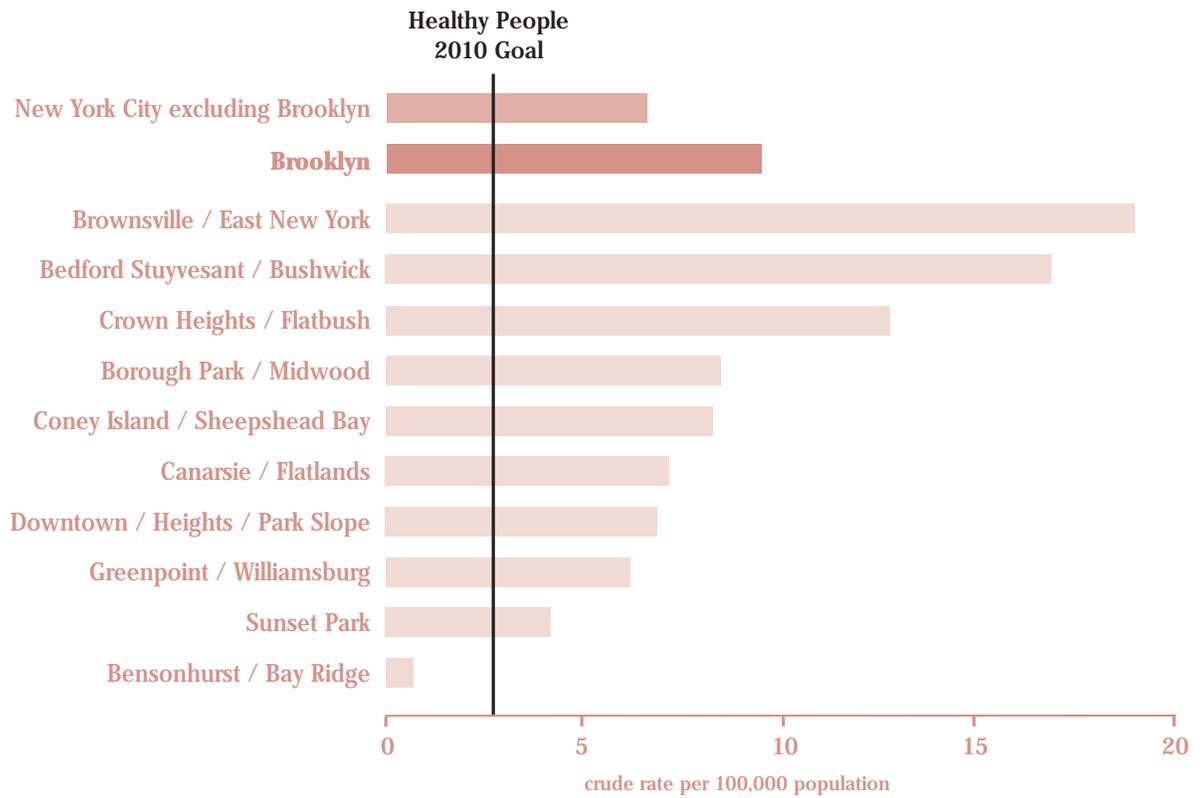


Source:

Bureau of Injury
Epidemiology, NYC
Department of Health and
Mental Hygiene, 2004

Homicides by Brooklyn Neighborhood, 2003

In 2003, three Brooklyn neighborhoods—Brownsville/East New York, Bedford Stuyvesant/Bushwick, and Crown Heights/Flatbush—had higher rates of homicide than the borough as a whole.



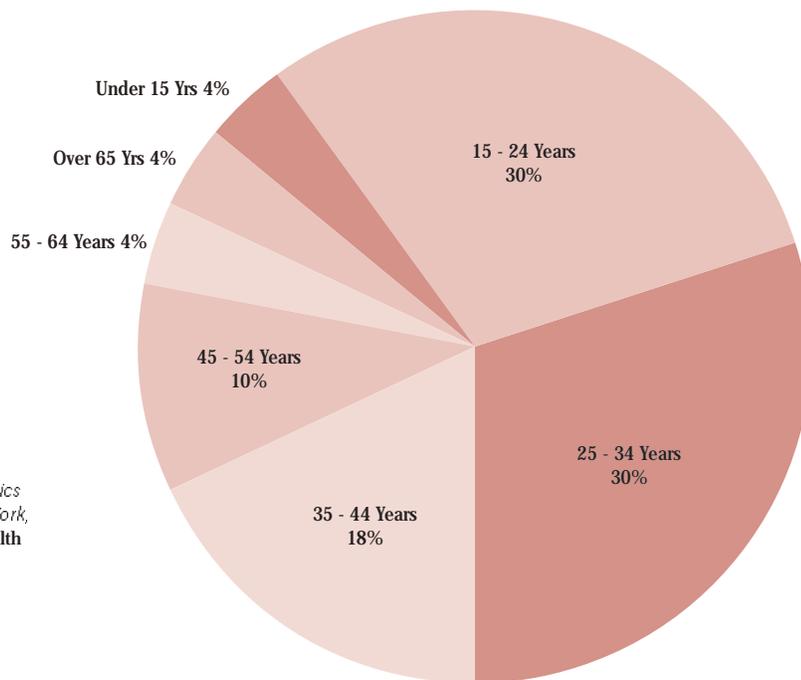
Source:
New York City Police
Department, 2004

HOMICIDE

Homicide Victims in New York City by Age Group, 2002

In New York City, homicide is the fourth leading cause of death among children younger than 15 and the leading cause of death for people between the ages of 15 and 34. Of the 625 victims of homicides reported in 2002, 397 (64 percent) were less than 35 years old.

625 Homicides in NYC, 2002

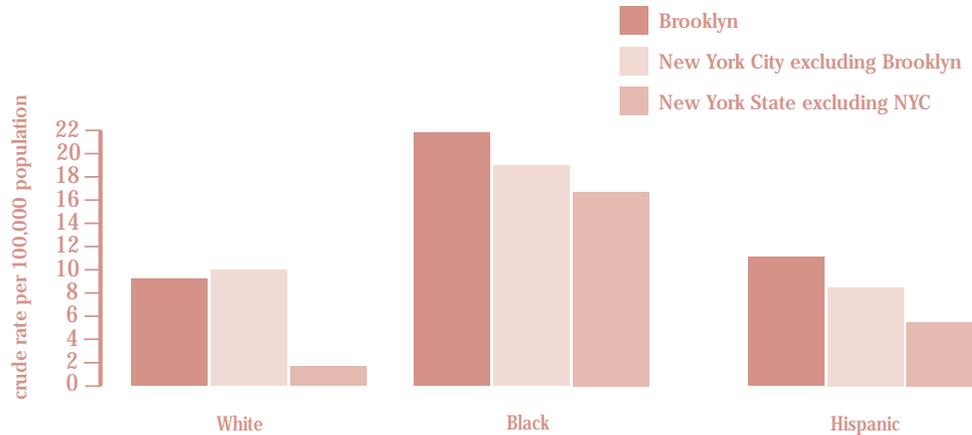


Source:

*Summary of Vital Statistics
2002, The City of New York,
NYC Department of Health
and Mental Hygiene*

Homicide Victims by Race/Ethnicity, 2000

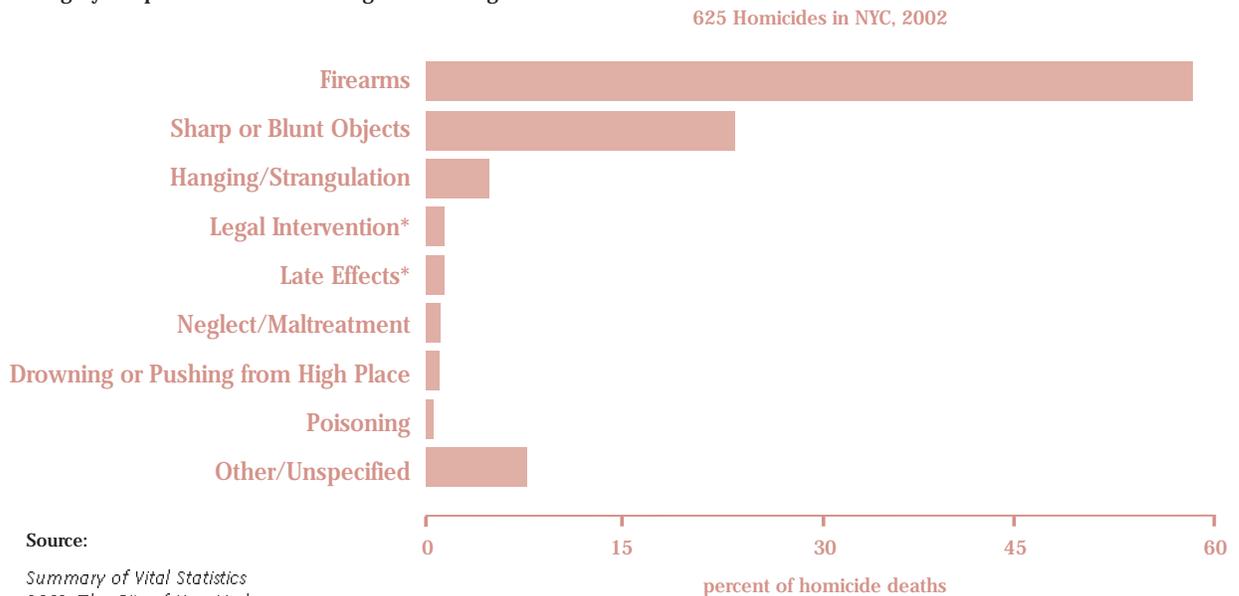
In 2000, the homicide rate for Black New Yorkers was higher than for any other racial or ethnic group. This was true throughout the City and State. The homicide rate was higher for Hispanics living in Brooklyn than it was for the borough's White residents. But in the other four boroughs, the homicide rate was slightly lower among Hispanics than it was among Whites.



Source:
Vital Statistics of New York State 2000,
 New York State
 Department of Health

Homicides in New York City by Method, 2002

Even though New York has one of the toughest gun-control laws in the nation, guns continue to play a major role in violent deaths. In 2002, 58 percent of all homicides in the City were committed with a firearm (gun), and roughly 23 percent were stabbing or clubbing deaths.



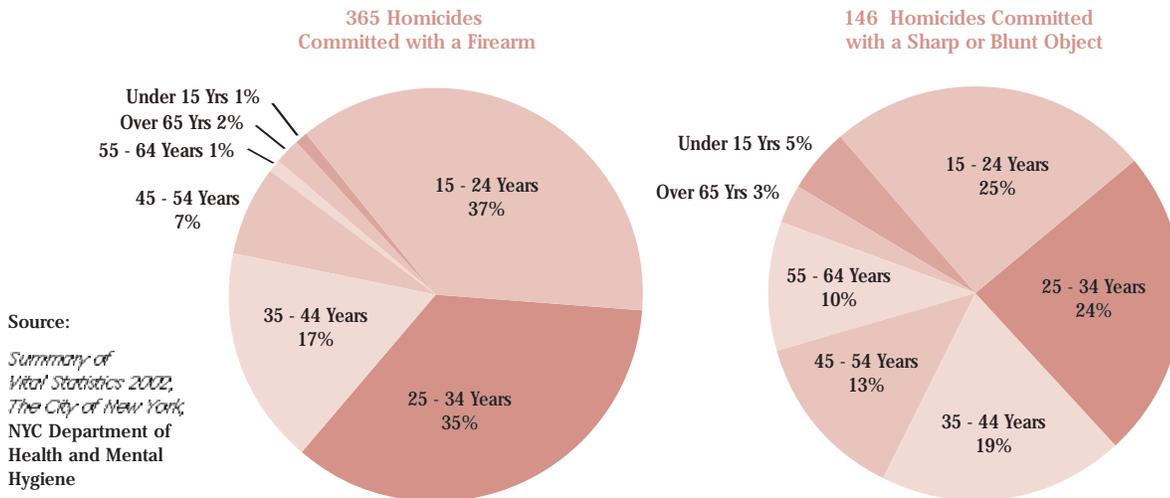
Source:
Summary of Vital Statistics 2002, The City of New York
 NYC Department of Health
 and Mental Hygiene

* See Glossary for definitions of these terms.

HOMICIDE

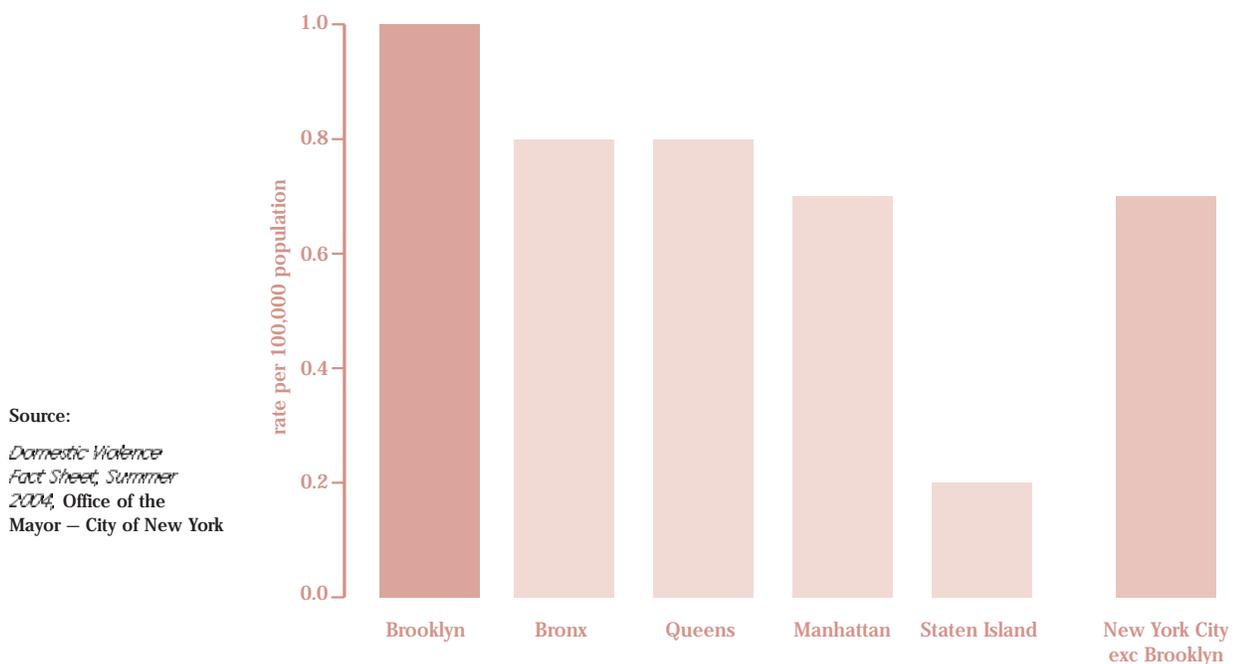
Method of Homicide in New York City by Victim's Age Group, 2002

Too many victims of gun violence are young. In 2002, 37 percent of all New Yorkers murdered with guns were between the ages of 15 and 24, even though this age group accounted for only 14 percent of the City's population. Nearly 70 percent of all homicide victims in this age group were killed with guns; another 19 percent were stabbed or clubbed to death.



Family-Related Homicides, 2003

Of the 235 homicides that took place in Brooklyn in 2003, 24 (roughly one in ten) were family-related. These included intimate-partner homicides, as well as children killed as a result of family violence. Among New York City's five boroughs, Brooklyn had the highest rate of family-related homicides.



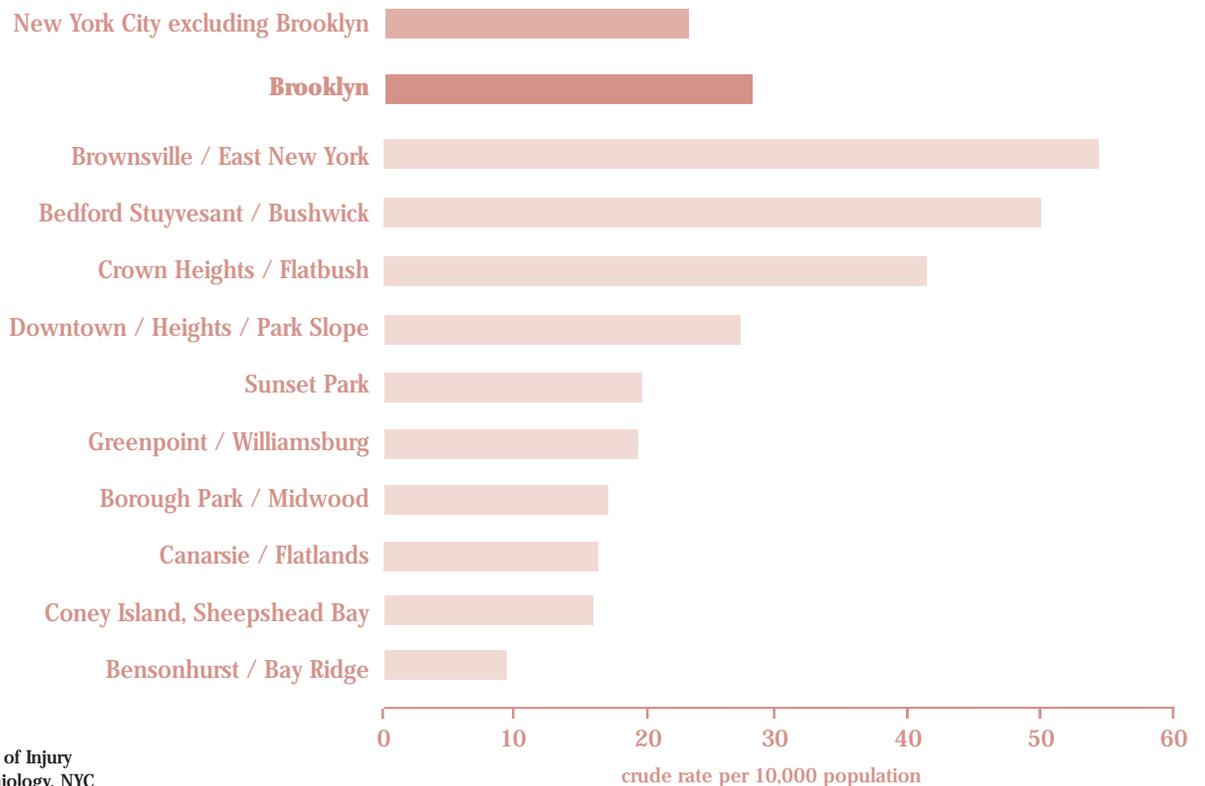
ASSAULTS AND VIOLENT BEHAVIORS

Felony assaults (physical attacks that cause serious harm and are punishable by years in prison) and other violent behaviors are a major public health concern. Physical assaults may involve guns, knives, and blunt objects or the use of hands, fists, and feet.

While the number of violent assaults has gone down over the past ten years in Brooklyn and New York City, it is still too high.

Felony Assaults by Brooklyn Neighborhood, 2003

In 2003, more than a third of all felony assaults reported in New York City occurred in Brooklyn. Though not shown here, the Brooklyn neighborhoods most affected had the least improvement (lowest percentage reduction) since 2001.

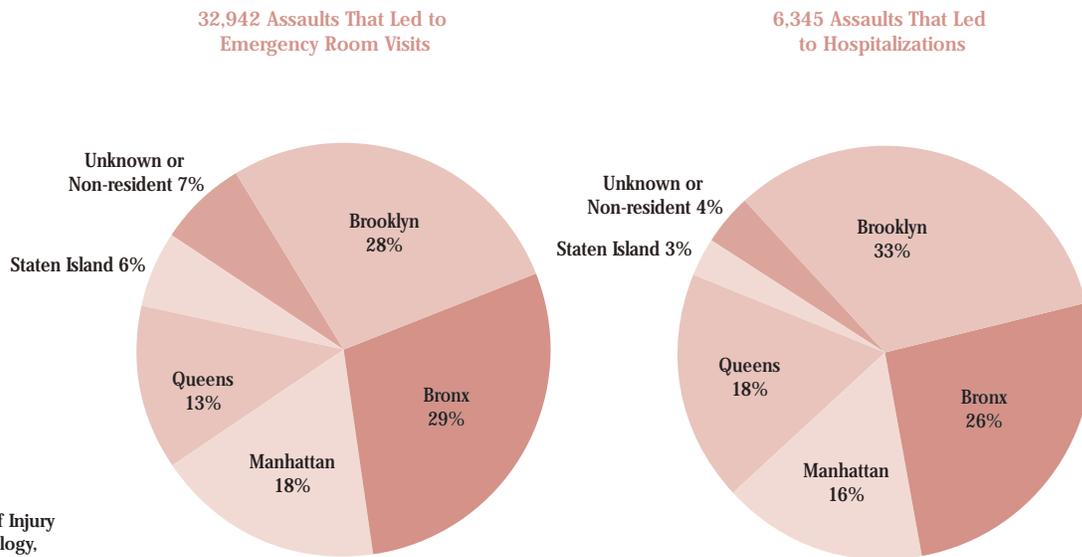


Source:
 Bureau of Injury
 Epidemiology, NYC
 Department of Health and
 Mental Hygiene, 2004

ASSAULTS

Assaults Leading to Hospital Treatment by Borough, 2002

In addition to the damage and pain they cause victims, physical assaults place an extra burden on the health-care system. In 2003, nearly 33,000 New Yorkers were treated in an emergency room for injuries caused by assault, and over 6,300 were hospitalized. More than a quarter of these ER visits and a third of the hospitalizations were in Brooklyn.

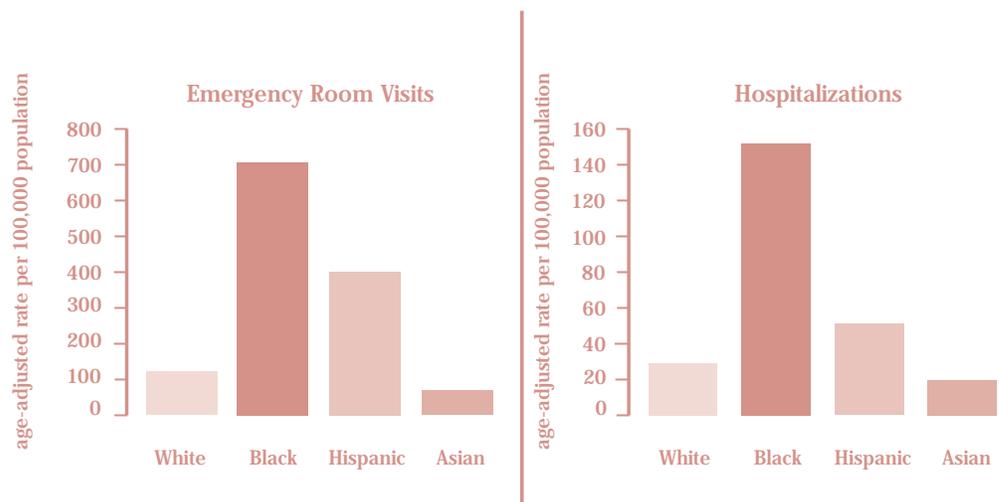


Source:
Bureau of Injury
Epidemiology,
NYC Department
of Health and
Mental Hygiene, 2004

Assaults Leading to Hospital Treatment in New York City by Race/Ethnicity, 2002

In 2002, Black residents of New York City had a far greater risk of being injured due to assault than members of other racial or ethnic groups. The rate at which New Yorkers received treatment in an emergency room for injuries from an assault was roughly seven times higher for Blacks than for Whites, and nearly twice as high for Blacks as for Hispanic New Yorkers. Blacks also had far higher rates of hospitalization resulting from assaults.

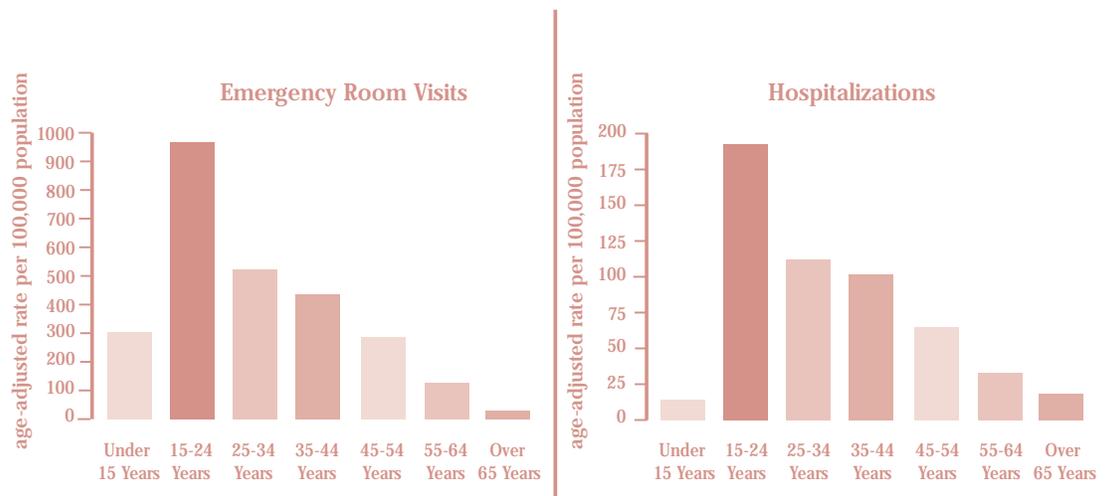
Source
Bureau of Injury Epidemiology, NYC Department of Health and Mental Hygiene, 2004



Assaults Leading to Hospital Treatment in New York City by Age, 2002

Compared to other age groups, young people between the ages of 15-24 are most likely to need emergency room treatment or hospitalization for injuries from an assault.

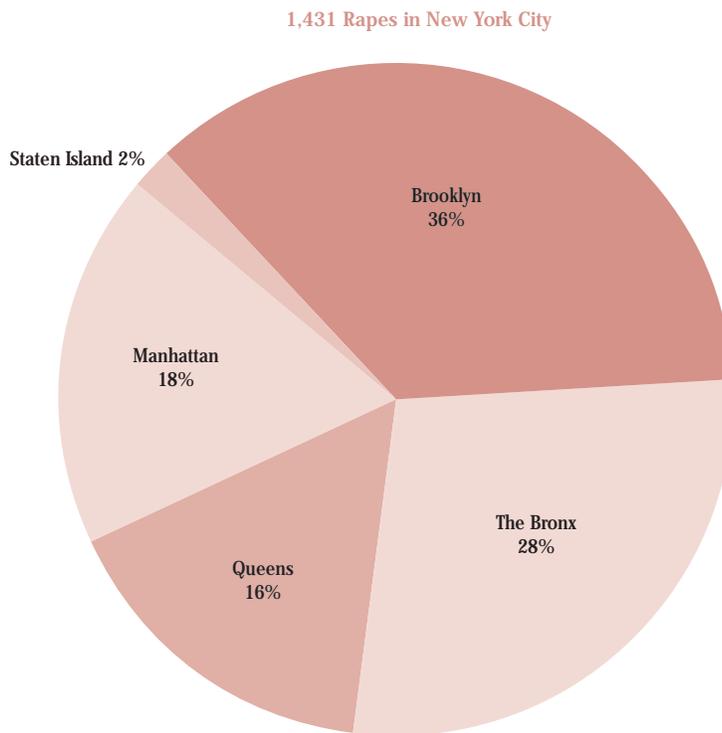
Source :
Bureau of Injury Epidemiology, NYC Department of Health and Mental Hygiene, 2004



ASSAULTS

Rapes in New York City by Borough, 2003

In 2003, more than a third of all rapes in New York City occurred in Brooklyn.

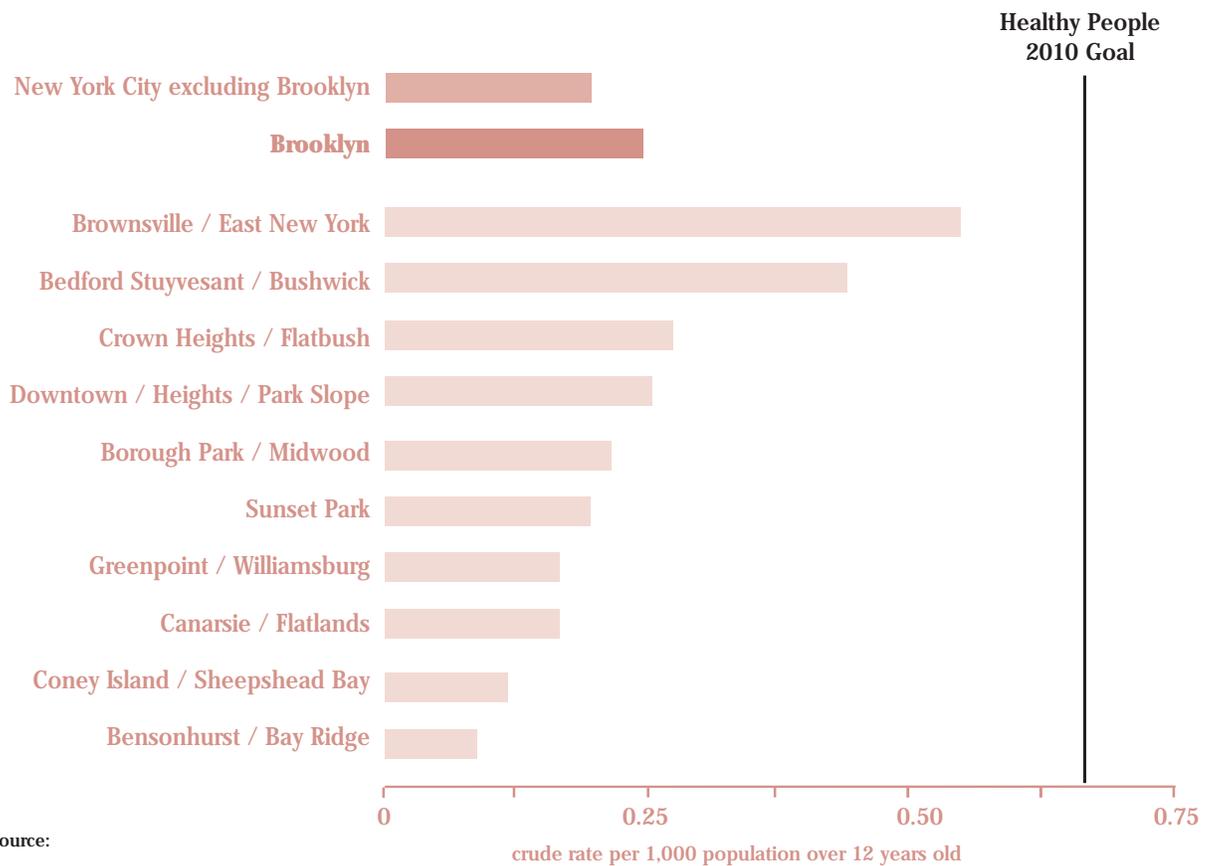


Source:

New York City
Police Department,
2004

Rapes by Brooklyn Neighborhood, 2003

Four neighborhoods—Brownsville/East New York, Bedford Stuyvesant/Bushwick, Crown Heights/Flatbush, and Downtown/Heights/Park Slope—had higher rates for rape than Brooklyn as a whole. However, all of Brooklyn and New York City had lower rates than the guidelines established by Healthy People 2010.



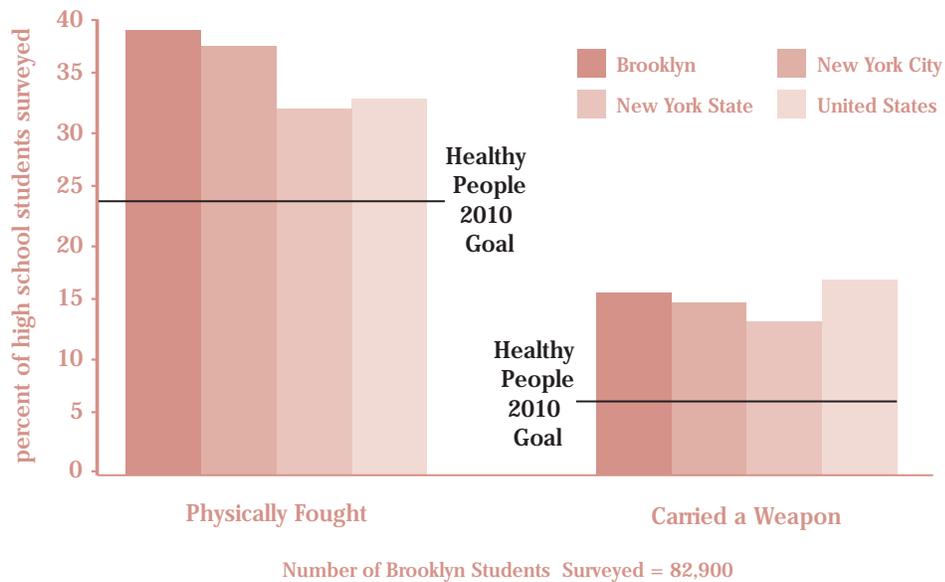
Source:
New York City
Police Department,
2004

VIOLENT BEHAVIORS AMONG YOUTHS

Physical violence and behaviors that increase the risk of injury are widespread among high school students. In a national student survey, more than 17 percent of students reported carrying a gun, knife, or other kind of weapon on at least one day in the past month, 33 percent reported being in a fight during the past year, and 9 percent said they had been physically hurt by a boyfriend or girlfriend. The results of a similar survey conducted among students in New York City public schools are reported below.

Students Who Fought or Carried a Weapon, 2003

Among high school students surveyed, nearly 40 percent of Brooklyn students said they had fought at least once in the past year. This was slightly higher than the percentage of students in New York City's other boroughs and nationwide who reported being in fights. Compared to other City students, a higher percentage of Brooklyn students said they had carried a weapon in the past month.



Source:
 Youth Risk Behavior
 Survey, New York City
 Department of Health
 and Mental Hygiene and
 CDC, 2003

Students Who Fought or Carried a Weapon by Race/Ethnicity, 2003

Both in Brooklyn and in the rest of the City, a greater percentage of Black and Hispanic high school students than White or Asian students reported having been in a fight or carried a weapon. The percentage of high school students of all races and ethnicities who said they had carried a weapon in the past month was far greater than the Healthy People 2010 goal of 5 percent.



Source:
Youth Risk Behavior Survey,
New York City Department
of Health and Mental
Hygiene, 2003

Students Who Fought or Carried a Weapon by Grade Level, 2003

The percentage of high school students who reported fighting or carrying a weapon was greater among 9th graders than 12th graders. Younger students may feel they need to protect themselves because they are more vulnerable.



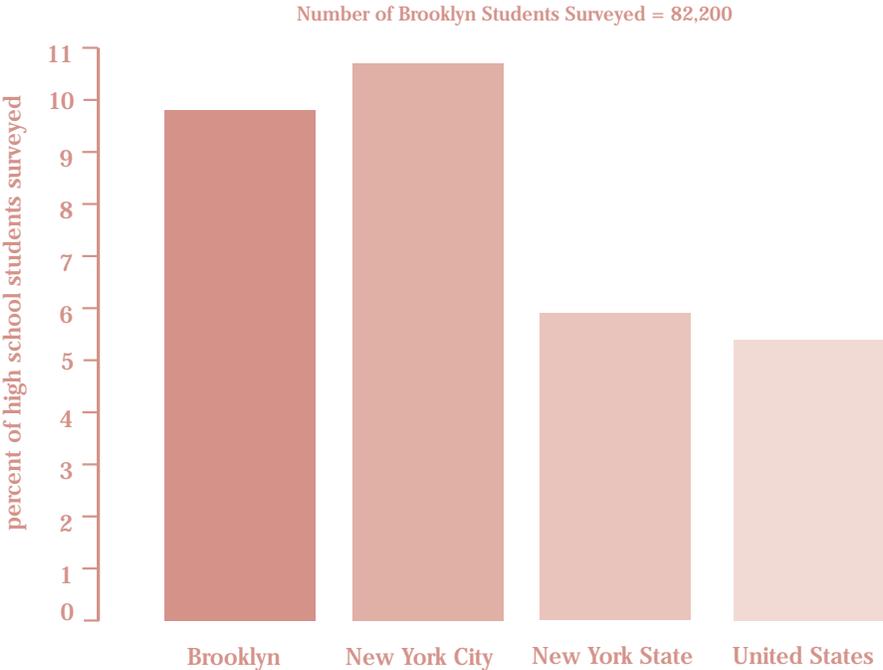
Source:
Youth Risk Behavior Survey,
New York City Department
of Health and Mental
Hygiene, 2003

FEAR OF VIOLENCE AMONG YOUTHS

School violence is a problem in all types of communities, regardless of size, income levels, race, and culture. According to a recent government study, nearly one in ten high school students reported being threatened or injured with a weapon on school property in the past year. According to the Centers for Disease Control, more than half of the most serious violent incidents happened at the beginning or end of the school day or during lunch. Without a safe school environment, young people are denied the chance to learn.

Students Who Did Not Go to School for Fear of Violence, 2003

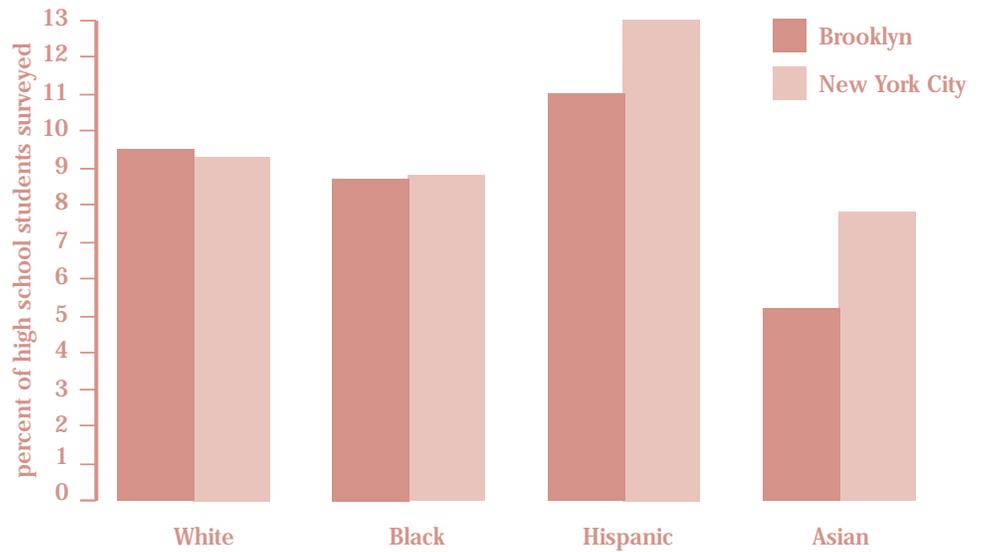
In 2003, nearly 10 percent of Brooklyn high school students said they did not go to school one or more times in the past month because they felt unsafe at school or on the way to school. This is slightly less than the percentage for New York City as a whole. While not shown here, more younger students and more male than female students in Brooklyn reported staying home from school because they felt unsafe.



Source:
Youth Risk Behavior Survey, New York City Department of Health and Mental Hygiene and CDC, 2003

High School Students Who Did Not Go to School for Fear of Violence by Race/Ethnicity 2003

A greater percentage of Hispanic students than White, Black, or Asian high school students reported missing school in the past month because of fears for their safety. Asian students were the least likely to miss school.



Source:

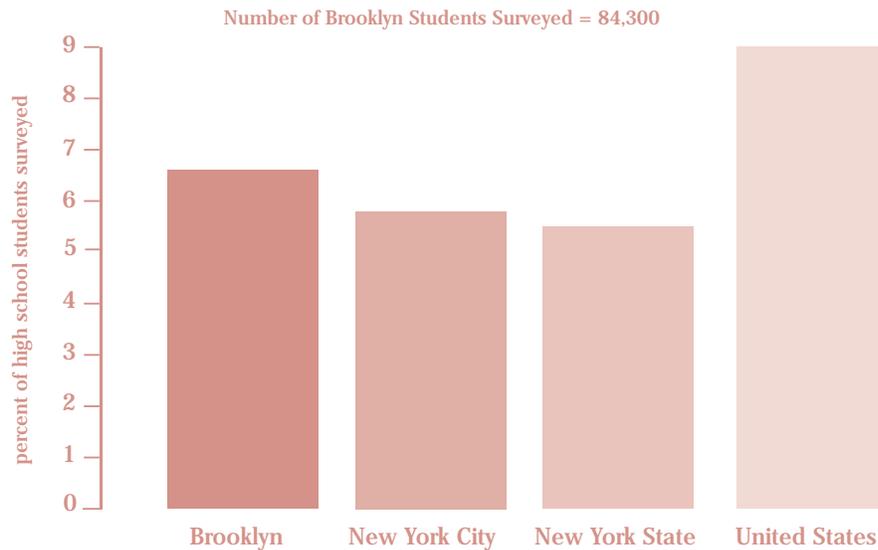
Youth Risk Behavior Survey, New York City Department of Health and Mental Hygiene, 2003

VIOLENT SEXUAL BEHAVIORS AMONG YOUTHS

Many students who responded to the Youth Risk Behavior Survey reported that they felt pressured to have unwanted sex. Since the survey specifically asks about sexual intercourse, the students may not have realized that other sex acts they engage in also put them at risk for physical and psychological harm.

Students Who Felt Forced to Have Sexual Intercourse, 2003

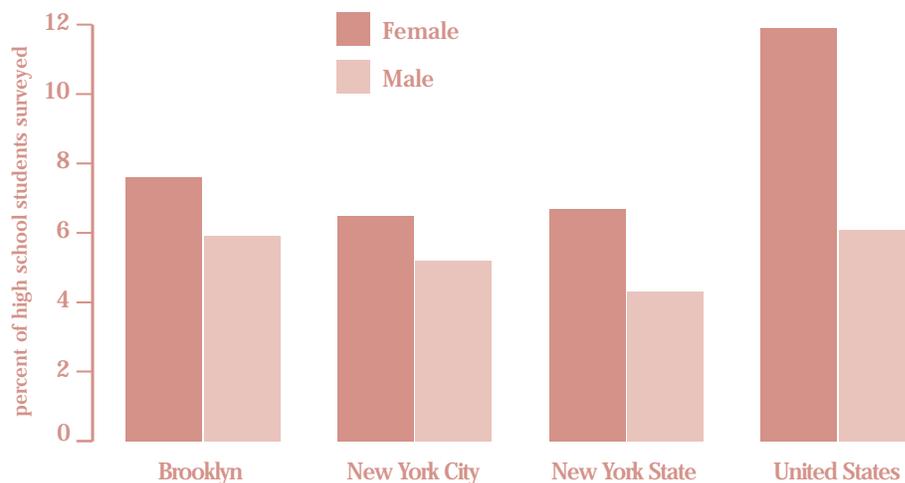
The percentage of high school students who reported that they felt forced to have unwanted sex was higher in Brooklyn—for both males and females—than it was elsewhere in the City and State. The survey shows, however, that this problem is even more common elsewhere in the United States than it is in Brooklyn and New York City.



Source:
Youth Risk Behavior Survey,
New York City Department
of Health and Mental
Hygiene and CDC, 2003

Students Who Felt Forced to Have Sexual Intercourse by Gender, 2003

More Brooklyn high school students reported feeling forced to have unwanted sex compared to students elsewhere in the City and State. While both female and male students reported feeling forced to have sex, the percentage of female students was higher. In the nation as a whole, it was nearly double that of male students.



Source:
Youth Risk Behavior Survey,
New York City Department
of Health and Mental
Hygiene and CDC, 2003

VIOLENT SEXUAL BEHAVIORS

Students Who Felt Forced to Have Sexual Intercourse by Race/Ethnicity, 2003

A greater percentage of Black and White high school students in Brooklyn reported that they felt forced to have sex than those who lived in the four other boroughs. Among Hispanic and Asian students, the opposite was true: Brooklyn students were less likely to report feeling forced to have sex.

Source:
Youth Risk Behavior Survey, New York City
Department of Health and Mental Hygiene,
2003



Students Who Felt Forced to Have Sexual Intercourse by Grade Level, 2003

Both in Brooklyn and elsewhere in the City, 12th grade students were more likely than 9th graders to report feeling forced to have sex.

Source:
Youth Risk Behavior Survey, New York City
Department of Health and Mental Hygiene,
2003



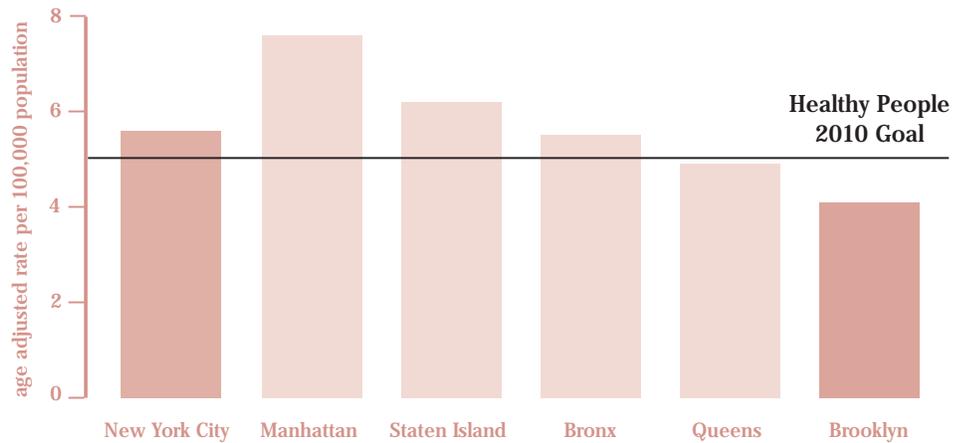
SUICIDE

Suicide is a form of violence against oneself and is a significant public health problem. In the United States, some 30,000 people deliberately kill themselves each year. Suicide attempts take place much more frequently than completed suicides. Even though it is a highly personal act, age, race/ethnicity, and socioeconomic factors do play a part.

The causes of suicide or suicidal thinking are complex. Depression and family relationships can play a role, and some teenagers may see suicide as a way out of life's problems.

Suicide in New York City and Brooklyn, 2002

In 2002, 495 people committed suicide in New York City. Of the City's five boroughs, Brooklyn had the lowest suicide rate—lower, in fact than the nationwide goal of 5 suicides per 100,000 people set by Healthy People 2010. According to the New York City Department of Health and Mental Hygiene, the number of suicides in Brooklyn declined steadily between 1993 and 2003, from 161 to 103.

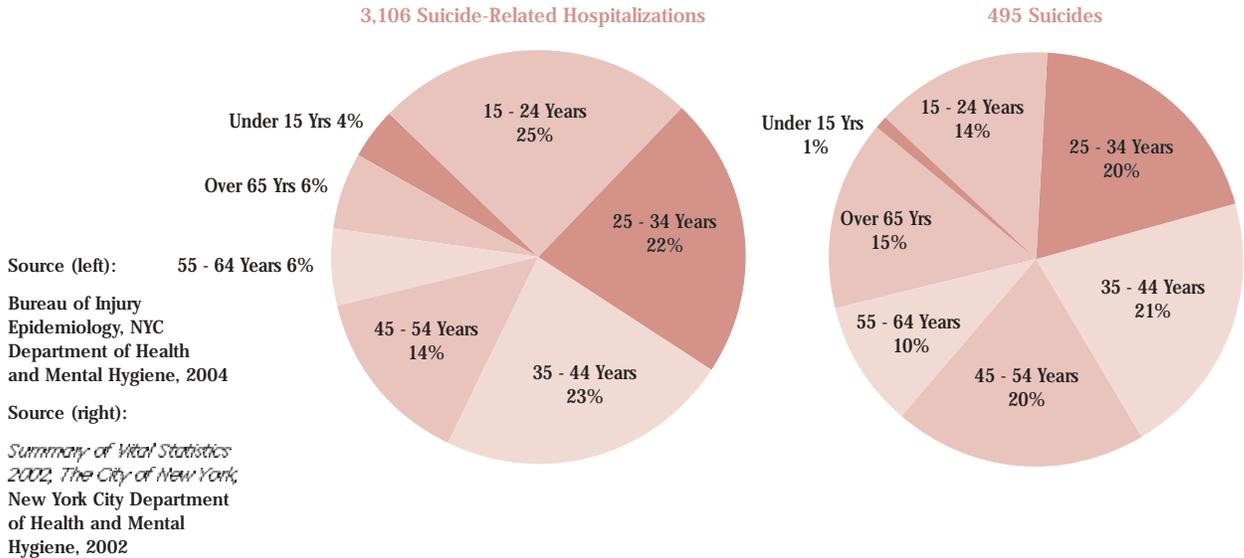


Source:

Bureau of Injury
Epidemiology, NYC
Department of Health
and Mental Hygiene,
2004

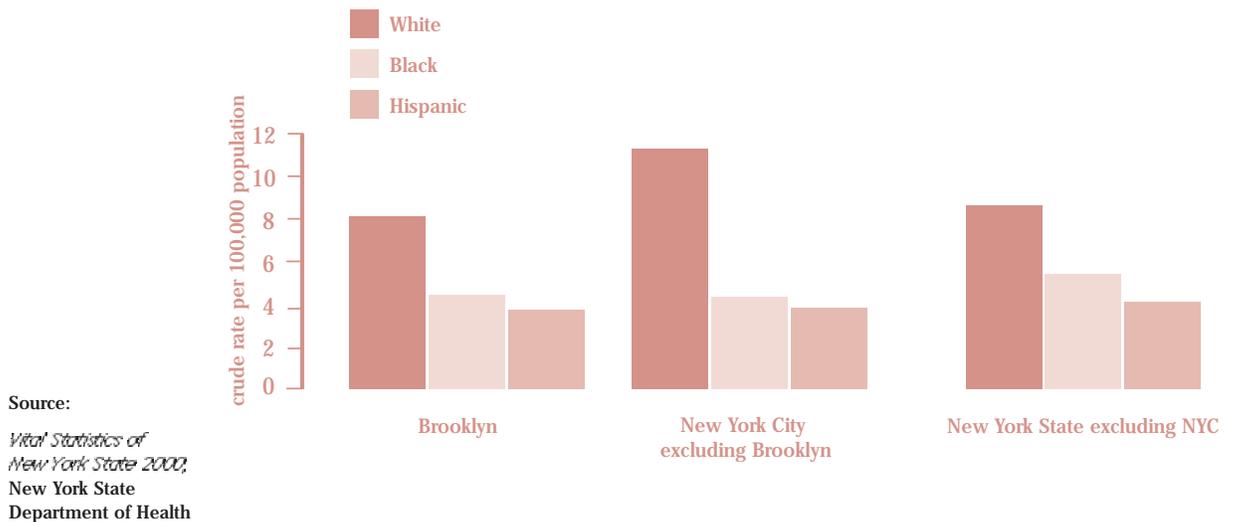
Suicide by Age Group in New York City, 2002

More than half of all patients hospitalized in New York City in 2002 after an attempted suicide were under the age of 35. More than a third of the 495 suicides that year were committed by people under 35.



Suicide by Race/Ethnicity, 2000

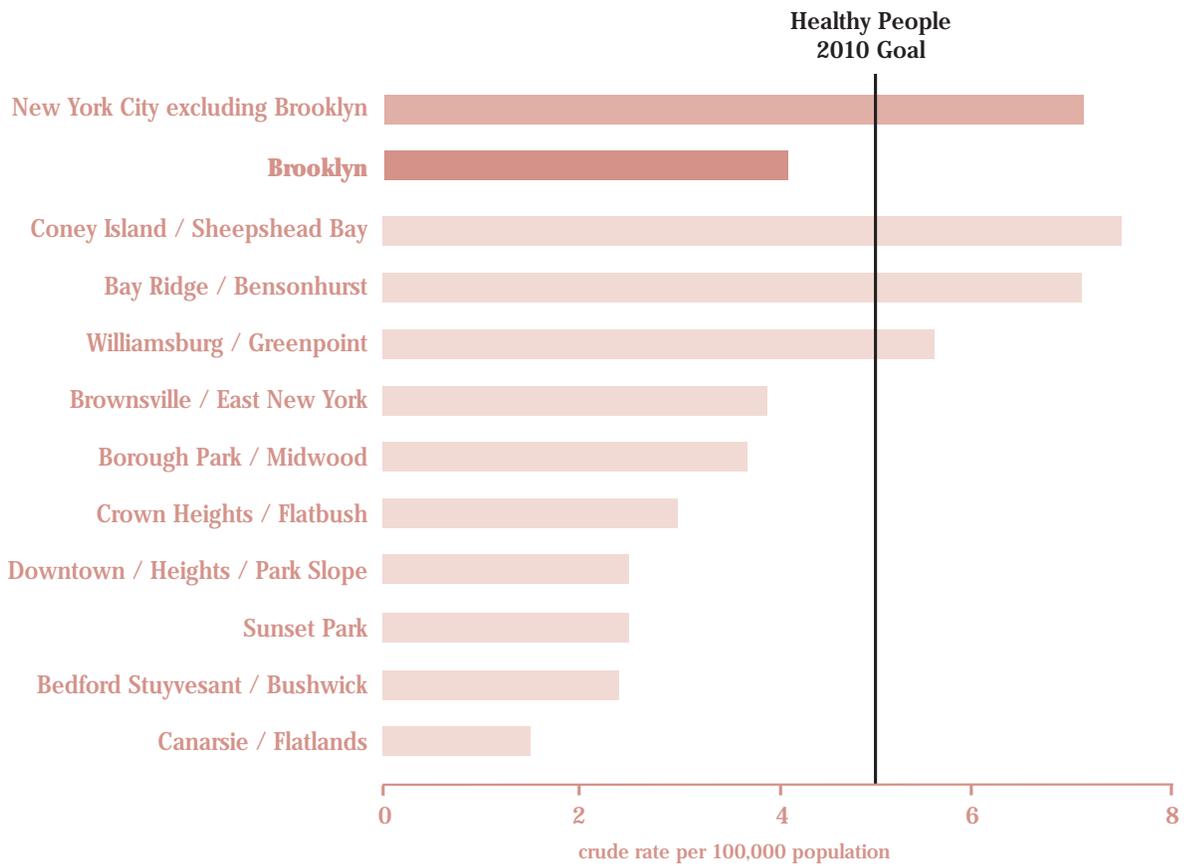
In 2000, the suicide rate for Whites was higher than for other racial and ethnic groups throughout the borough, city, and state. Black residents of Brooklyn had a slightly higher suicide rate than Blacks in the rest of the city.



SUICIDE

Suicide by Brooklyn Neighborhoods, 2002

While Brooklyn as a whole had a lower suicide rate than New York City, one neighborhood (Coney Island/Sheepshead Bay) had a higher rate than the City. Three neighborhoods (Coney Island/Sheepshead Bay, Bay Ridge/Bensonhurst, and Williamsburg/Greenpoint) had higher suicide rates than the borough.



Source:

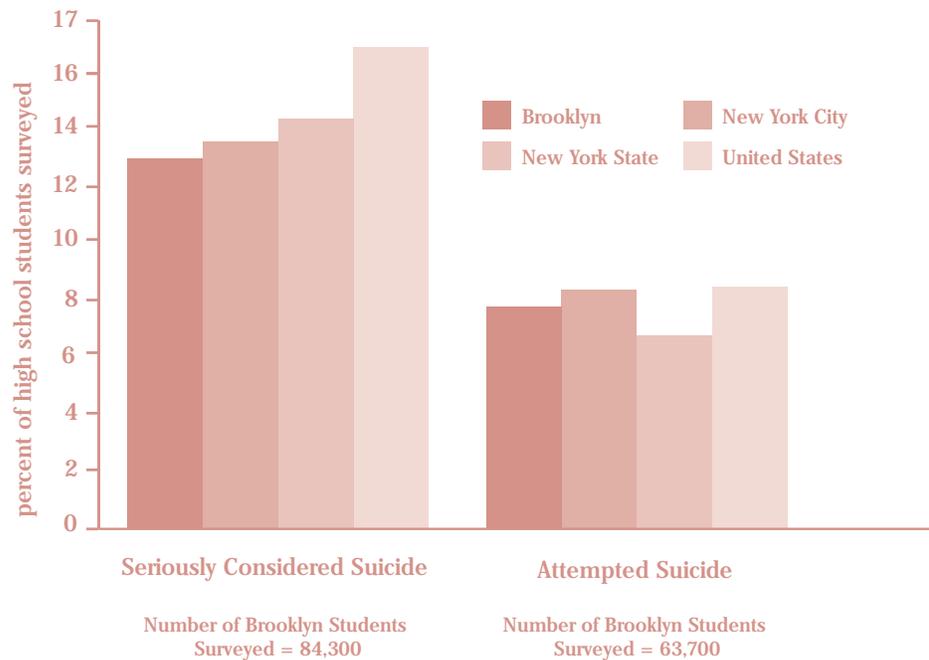
Summary of Vital Statistics 2002, The City of New York, New York City Department of Health and Mental Hygiene

SUICIDE AMONG YOUTHS

In recent surveys of students in New York City high schools, a surprisingly high percentage reported having considered committing suicide. More than a third of the 495 suicides in New York City and half of all patients hospitalized after attempting suicide in 2002 were under the age of 35.

Students Who Considered or Attempted Suicide, 2003

In a 2003 survey, the percentage of high school students who reported seriously thinking about suicide in the past year was lower in Brooklyn and New York City than in New York State or the nation as a whole. However, the percentage of students who actually attempted suicide was roughly equal across all regions.

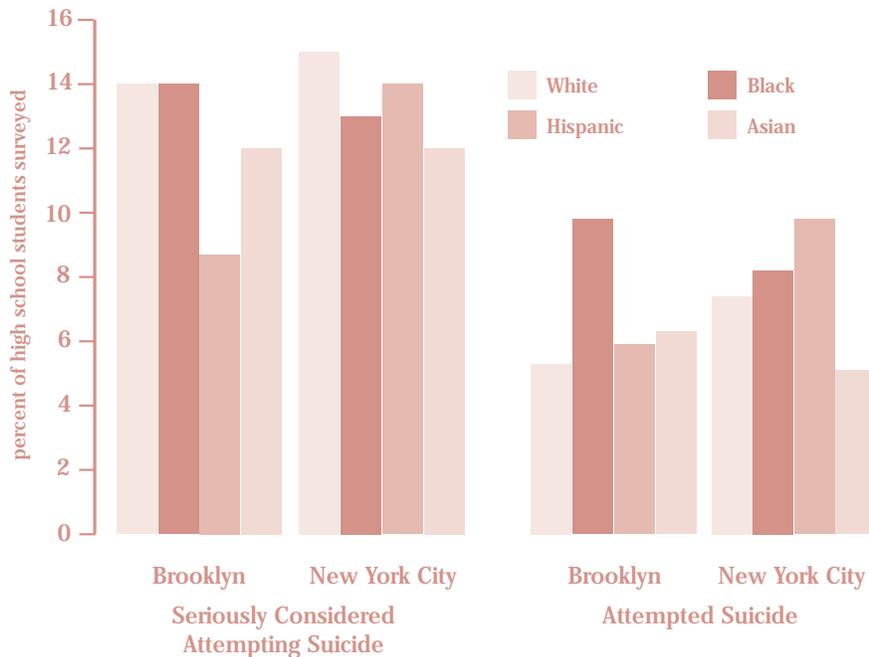


Source:
Youth Risk Behavior Survey, New York City Department of Health and Mental Hygiene, and CDC 2003

SUICIDE AMONG YOUTHS

Students Who Considered or Attempted Suicide by Race/Ethnicity, 2003

Among both Black and White high school students in Brooklyn, one in seven reported having seriously considered suicide in the past year. One in ten Black high school students in Brooklyn attempted suicide in 2003—the highest percentage reported for any borough. A higher percentage of Asian students in Brooklyn reported attempting suicide compared to the borough's Hispanic and White high school students, as well as Asian students living in other boroughs.



Source:
Youth Risk Behavior Survey; New York City Department of Health and Mental Hygiene, 2003

High School Students Who Considered or Attempted Suicide by Grade Level, 2003

Younger students seem to be at greatest risk of taking their own lives. Both in Brooklyn and City-wide, more 9th grade than 12th grade students seriously considered suicide or attempted suicide in the past year.



Source:
Youth Risk Behavior Survey; New York City Department of Health and Mental Hygiene, 2003

WHERE DO WE GO FROM HERE?

The reduction in violent crime in New York City represents a remarkable achievement. It is important not only for the thousands of lives saved and for preventing damage to families, neighborhoods, and the City's economy but also because it shows us that violence is not a fact of city life. Violence is preventable.

Even though good police work has helped to reduce violent crime, law enforcement alone is not enough. Youth and family violence need to be addressed as public health problems. To reduce the level of violence further, New York City needs a long-term, community-wide effort. We need to:

- Make it harder for people to get guns.
- Improve school safety.
- Deal with the conditions of hopelessness that lead people to take their own lives or those of other people.

Treating violence as a public health problem also means changing people's behavior. Successful programs in Brooklyn and elsewhere show that young people can learn how to avoid situations that put them at risk and to manage conflicts without fighting.

In Brooklyn we need violence prevention programs that reach people from many walks of life, including those who speak other languages and come from other cultures. Preventing violence is a community-wide effort and requires a big commitment of time, energy, and money. At a time when city, state, and federal budgets are being cut back, we have to direct our efforts and limited resources to programs that are proven to be successful.

The resources listed on page 26 provide useful information on violence prevention programs and services. By learning more about what is being done elsewhere, we can develop effective strategies for our own communities.

GLOSSARY

Abuse: To cause physical or emotional harm.

Assault: To physically attack someone.

Felonious Assault: An unlawful physical attack.

Healthy People 2010: A set of goals developed by the U.S. Dept of Health and Human Services to prevent or reduce the risk of major diseases and health conditions by the year 2010.

Homicide: The act of killing someone.

Late Effects: Medical problems that result from injuries that happened a year or more before.

Legal Intervention: Death at the hands of law enforcement and legal execution.

Rape: To force sex on someone.

Rate: A calculated number used to show how many events happened among a group of individuals within a given period of time; for example: 150 deaths per 100,000 people per year.

Suicide: The act of killing oneself.

SOURCES OF INFORMATION

Children & Adolescents

Helping Children and Adolescents Cope with Violence and Disasters:
www.nimh.nih.gov/publicat/violence.cfm

National Center for Injury Prevention and Control:
www.cdc.gov/ncipc/factsheets/yvfacts.htm

National Youth Prevention Resource Center:
www.safeyouth.org

U.S. Surgeon General's Report on Youth Violence (2001):
www.surgeongeneral.gov/library/youthviolence

Domestic Violence

New York State Office for the Prevention of Domestic Violence:
www.opdv.state.ny.us/health_humsvc/health/index/html

Suicide

National Center for Injury Prevention and Control:
www.cdc.gov/ncipc/factsheets/suifacts.htm

National Strategy for Suicide Prevention:
www.mentalhealth.samhsa.gov/suicideprevention

Information on the web

TECHNICAL NOTES

Violence-related data for the state and, in some cases, city and borough come from *Vital Statistics of New York State, 2000*, a compendium of mortality and health-related conditions reported by cities and counties to the Bureau of Biometrics, New York State Department of Health (NYSDOH). City and borough data come from *Summary of Vital Statistics 2002, The City of New York*, Office of Vital Statistics, New York City Department of Health and Mental Hygiene. Injury and suicide data, which include hospitalization and emergency room visits, come from the Bureau of Injury Epidemiology, New York City Department of Health and Mental Hygiene. Survey data for adults and high school students are taken from New York City's "Community Health Survey" and "Youth Risk Behavior Survey," respectively. They are available through an online epidemiological data query system from the New York City Department of Health and Mental Hygiene. Crime-related data, such as assaults, rapes, and homicides, come from the New York City Police Department.

Police precinct data are aggregated to form larger neighborhoods in the Borough of Brooklyn. Since police precincts correspond to community districts, the appropriate population demographics were used to calculate rates. Every effort was made to provide as much local data as possible.

*SUNY Downstate Medical Center would like to thank the following individuals for their help in preparing the **Report on Violence among Adolescents and Young Adults.***

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