

# Firearm Violence in Wilmington, DE:

## An Update on 2020

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### Abstract

Firearm violence within Delaware has been concentrated in the City of Wilmington and rates disproportionately affect populations, with the highest disparity and inequity in mortality among young Black men. This commentary provides an update to a prior review from 2018 with an analysis of the factors contributing to a surge in 2020 and the years beyond.

### Introduction

Firearm violence and structural violence cannot be separated. While the former clearly propagates from person to person, the latter is by nature an indirect injury. Johan Galtung, who first characterized structural violence in 1969, describes it this way:

The violence is built into the structure and shows up as unequal power and consequently as unequal life chances. *Resources* are unevenly distributed, as when income distributions are heavily skewed, literacy/education unevenly distributed, medical services existent in some districts and for some groups only, and so on. Above all the *power to decide over the distribution of resources* is unevenly distributed (p. 171).<sup>1</sup>

There are few health disparities in which the inequity in outcomes is as stark as that for bullet wounds. A recently published report in the Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report* describes that from 2019 – 2020, the firearm homicide rate increased by 34.6% across all age groups, reaching the highest levels since 1994.<sup>2</sup> The rise was highest for young Black men: for those ages 10-24, this rate was between 54.9 – 77.3 deaths per 100,000 persons, which is 20.6 times higher than the rate for young White men in 2019, and within these subsets, the greatest rise was among those with the highest poverty levels.

How might we estimate this relative impact on the life expectancy of Black men? By historic contrast, a decline in violent deaths for Black men between 1991 to 2012 was an improvement significant enough to be “roughly equivalent to the impact of eliminating obesity altogether (p.69).”<sup>3</sup> The threat of losing such progress will be staggering, yet we already know that in 2020, firearm-related injuries have been the number one cause of death among persons 1-19 years of age.<sup>4</sup>

As an extension of a 2018 summary of firearm violence in Wilmington published here, this commentary describes context for understanding interval developments with a focus on these changes in 2020 and beyond.<sup>5</sup>

## History of Firearm Violence and Practice Implementation

The epidemic of firearm violence is a complex problem deeply rooted in the fabric of American culture and the socio-economic climate. Academic and policy perspectives span many disciplines including medicine, politics, economics, sociology, and criminology. Though the United States has seen many public health successes in the prevention and management of chronic, metabolic, and infectious diseases over the last half century, the framing of violence as a public health crisis has seen more variable progress. In 1979, violence was identified as one of the 15 priority areas in the *The Surgeon General's Report on Health Promotion and Disease Prevention*<sup>6</sup> and in the 1980s, urban communities with predominantly young African American male communities saw alarming increases in the incidence of gun violence.<sup>7</sup> By 1983, the CDC established the violence epidemiology branch to focus study and resources on the issues of violence<sup>8</sup> and published *The Prevention of Youth Violence: A Framework for Community Action* in 1992 outlining a public health approach to violence prevention.<sup>9</sup>

Yet the cause of the subsequent decline in violence following the 1990s is not clearly or purely attributable to healthcare interventions alone. Sharkey argues in his book, *Uneasy Peace*:

After decades in which urban communities were mostly left on their own to deal with the problem of rising crime, the most fundamental change that has taken place since the 1990s is that a wide range of different people and institutions began to take over urban spaces. The most visible and most controversial of these urban guardians, then and now, are the police (pp. 44-45).<sup>3</sup>

## Firearm Violence in Delaware

In Delaware, firearm violence has been concentrated in the city of Wilmington. With a modest population of just over 70,000, the *rate* experienced in the city has been such an outlier among cities in the United States that the CDC performed an epidemiologic investigation in 2014.<sup>10</sup>

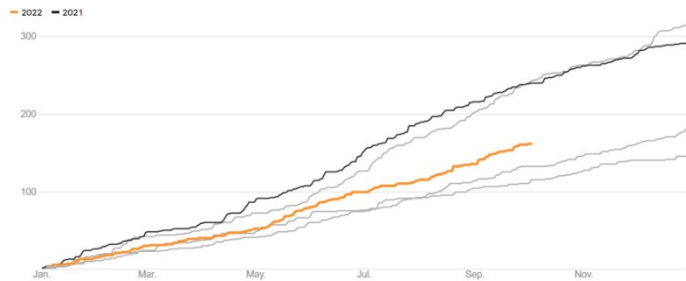
Through the early to mid-2010s, shooting incidents rose rapidly and 2013 saw a 45% increase in shooting incidents from the preceding years. The growth of Delaware's homicide rates per capita grew at a faster rate than any other state and with a rate ranked as 4<sup>th</sup> highest for a city of comparable size. The report called for a collaborative arena for data sharing between Delaware social agencies to identify and support high risk individuals such as through the establishment of a local advisory committee for the evaluation of wraparound services/programs.

In the years since, the state of Delaware found that all forms of serious crime declined from 2016 – 2020 except for firearm-related offenses.<sup>11</sup> Firearm-related assaults increased by 31% over those years (pp. 3-7) and while this trend began prior to the onset of the COVID-19 pandemic, the rise in the year 2020 was especially sharp.

Even so, interpretation of local firearm violence trends from year to year are challenging and controversial. For example, 2017, 2020, and 2021 represent the three highest years on record for number of firearm victims as tabulated by the Delaware News Journal; a current year-to-date

tally of victims for October 3, 2022 would appear lower compared to one, two, and five years prior yet is simultaneously higher than a year-to-date sample from 2018 or 2019 (see Figure 1).<sup>12</sup> Do trends in 2022 represent a regression to mean, and is that is the consequence of local interventions or would they have occurred regardless? Are the factors that contributed to the rise in 2020 rooted in the same as those in 2017? Gross statistical observations alone, especially percentage changes and point estimates, lack context for judging intervention effectiveness; more intermediate and proximal factors are needed to infer causality.

Figure 1. Yearly Number of Firearm Victims in Delaware<sup>12</sup>



Year	Annual total				Year-to-date (Oct 3)			
	Incidents	Wounded	Killed	Victims	Incidents	Wounded	Killed	Victims
2022	128	134	28	162	128	134	28	162
2021	232	212	81	293	187	178	62	240
2020	248	249	69	318	187	195	48	243
2019	155	146	43	189	106	103	30	133
2018	130	102	47	149	101	76	40	116
2017	245	229	54	283	199	187	43	230

Delaware Online/The News Journal identifies a shooting victim as someone wounded or killed by gunfire. Occasionally, this may include a shooting that concludes in a neighboring state if and when the pursuit began in Delaware and was directly connected with another shooting.

## Frameworks

Myriad models have been developed for identifying and modifying the primary factors influencing firearm violence, but there are two especially notable frameworks from the past five years. One is classically public health oriented with the most modern description emerging from a large summit in 2019 convened by 44 medical and injury prevention organizations.<sup>13</sup> This framework uses a simple set of matrices to organize and classify evidence-based interventions, depicting a grid in which three prevention approaches (pre-injury/primary, injury/secondary, and post-injury/tertiary) are each “crossed” with four opportunities (host factors, agent factors, the physical environment, and the social environment).

The other framework, proposed by Thomas Abt in 2017, begins with the public health prevention model, though with modifications to explicitly include evidence-based law enforcement strategies: in addition to primary, secondary, and tertiary prevention are the categories suppression (i.e. policing) and rehabilitation (i.e. justice system involvement).<sup>14</sup> These are also crossed with interventions for the highest risk places, people, and behaviors.

The strength of frameworks, though simple, is profound in being able to leverage structure and classification in organizing public discourse and consequently the associated mechanisms of research, implementation, and funding. Specifically, it encourages the articulation of proportion, focus, and temporality (i.e. causality) in interventions, which are critical tools in assessing effectiveness or lack thereof. In its best application, the relative and independent contributions

and distinctions by different programs can be recognized without false dichotomization, fostering collective efficacy instead of competition.

The weakness of frameworks populated with a heavy emphasis on evidence is that they favor the institutions capable of producing such evidence in the first place. When these are framed as an exclusionary list of interventions, it can reinforce structural inequity. As Abt describes it in his book, *Bleeding Out*:

Programs are embedded within institutions, and institutions are embedded within systems. Programs operating in and among weak institutions and systems can make a temporary difference, but for more sustainable change, there must be deeper and broader change in the institutions themselves (p. 228).<sup>15</sup>

## Legitimacy

With so many different interventions available, why did firearm violence rise so profoundly in 2020? In addition to an historic surge in new firearm purchases<sup>16</sup> and a catastrophic pandemic, there was the death of George Floyd and precipitated protests and property destruction, which within the City of Wilmington was immediately evocative of similar events in 1968 following the assassination of Martin Luther King, Jr.<sup>17</sup> While no firearm violence was involved, concurrent nationwide protests and responses by law enforcement prompted this statement by the National Network for Safe Communities (NNSC):

Police legitimacy – the community’s trust, or lack thereof in the police – is central to our work. As an organization focused on violence prevention, it is everything. Research – and our decades of experience on the ground – show clearly that as police legitimacy in a community goes up, violence in that community goes down. In this country, and especially in communities of color, there’s a huge legitimacy gap. Even in communities that experience the most violence, people respect the law, want to be safe, and want to work with the police. But they don’t trust the police or expect them to do the right thing.<sup>18</sup>

The public’s guarded response to public health interventions for COVID-19, such as masking mandates and vaccination campaigns, marks a parallel crisis in the “legitimacy” of medicine and medical institutions in caring for community health.<sup>19</sup> In the medical literature, “mistrust” and “unmet need” are analogous to legitimacy even as they extend beyond those directly injured. A qualitative study on patients with chronic health conditions found they may view medical providers’ response to community violence as misdirected, disconnected, or ineffective.<sup>20</sup> A study of survey data by Alang et al. found that “perceived police brutality is associated with greater likelihood of not getting needed medical care” and that “one of the ways by which perceived police brutality affects unmet need is by increasing medical mistrust (p. 4)”<sup>21</sup>

These observations begin to illustrate how, in communities disproportionately affected by firearm violence, there is a creeping collective failure in confidence in institutions to maintain health and safety. In other words, if Sharkey’s observation that the violent crime decline following the 1990s was a function of progressive institutional occupancy of urban public

spaces, it may be that the shocks and erosion of their capacity, legitimacy, and perceived trustworthiness in 2020 resulted in its return.

## Changes to the Local Landscape

Since 2018, the largest of local institutions have launched violence intervention programs that 1) focus on those at highest risk of victimization (and within policing programs, perpetration), 2) incorporate high-quality, intensive wraparound-style social service programming and case management, and 3) engage with “credible messengers.”<sup>7</sup> These are operationalized as: Group Violence Intervention, a Hospital-based Violence Intervention Program; and the Center for Structural Equity (using a violence interruption model similar to Cure Violence); as well as the continuation of the Youth Advocate Program which focuses on justice-involved adolescents. In 2022, a public safety consultant group, the Community-Based Public Safety Collective, conducted a landscape analysis of firearm violence in Wilmington, reviewing these programs and making a variety of recommendations for expansion and additions of services if given funding opportunities.<sup>22</sup>

And such funding is coming: \$8 million in American Rescue Plan Act (ARPA) dollars will be for the City of Wilmington’s use for violence prevention and intervention programs<sup>23</sup> and an additional \$1.9 million from Congressional funds for programs statewide.<sup>24</sup> Our hope is this unprecedented amount and work sets the precedent for measurable and enduring change.

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