

Opportunities To Disrupt Violent Injury among Cleveland's Youth: Evidence From Integrated County-Level Data

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In Cleveland, what are the significant differences in youth's early life social system involvement between youth who presented to an emergency department with an assault or gunshot wound (GSW) and matched non-injured youth? Answering this question and identifying risk factors will help develop programs or policies to prevent violent injuries among youth.

Problem Statement

In late June 2024, the U.S. Surgeon General issued a groundbreaking advisory recognizing gun violence as a significant public health issue in the United States. Concurrently, the Health Alliance for Violence Intervention (HAVI) emphasized the urgent need to invest in innovative, evidence-based public health intervention to reach the most impacted. Low-income Black youth experience disproportionately high rates of violent injuries. The causes of youth experiencing violence are rooted in systemic racism and poverty. These injuries lead to physical, and mental health consequences and risk of re-injury. Even youth who are not directly injured by gun violence, but live in the same neighborhood, report increased depressive symptoms.



Cleveland is a predominantly Black city with a population composition of 49% Black, 34% White, and 12% Hispanic/Latino. It ranks number one in child poverty among US cities with populations over 300,000 and, like many cities, has a deep history of racial discrimination against Black communities. These factors make Cleveland youth particularly vulnerable to violence. The lack of early intervention and support exacerbates this issue, impacting the youth, their families, and the city's future. The City of Cleveland also has unique resources, cultural traditions, and deep roots of philanthropy to build multi-sector initiatives that combine community member involvement with institutional resources, providing a strong foundation for making the opportunity to disrupt violent injury a reality.

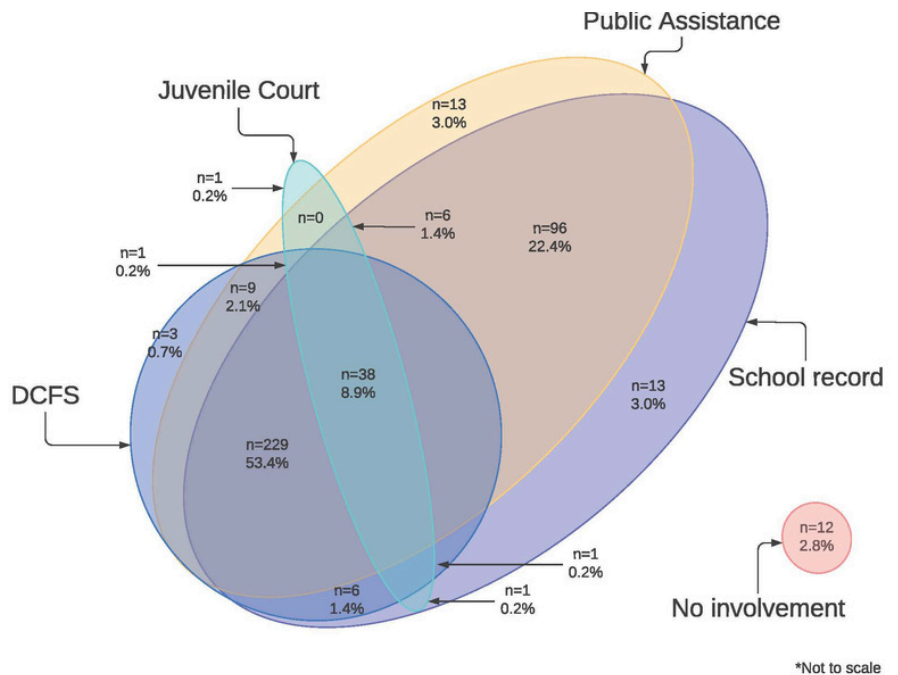
Methodology

- ▶ Using medical records from a level-1 pediatric trauma center, this study identified 429 patients aged 6–15 years old who presented to the emergency department for assault or gunshot wounds (GSW) between July 1, 2017, and June 31, 2018, and who could be successfully identified in the Child Household Integrated Longitudinal Data (CHILD) System housed at the Center on Poverty and Community Development at Case Western Reserve University. Among these youth, 91.29% were Black, 57.11% were male, and the average age was 12.09.
- ▶ Possible youth were also identified in the CHILD System matched on age and residence to form a comparison group. 5000 youth were randomly drawn from the eligible population. Among them, 89.02% were Black, 49.50% were male, and the average age was 12.11.
- ▶ Youth in the two groups were linked to their administrative records, including birth certificates, juvenile delinquency filings, child welfare investigation and foster care records, emergency and shelter stays, public assistance receipts, early childhood lead screening and testing results, and public school records.
- ▶ Statistical methods were used to assess differences between the two groups.

Findings: Key Differences Between Violently Injured Youth and Non-injured Peers

Figure: System Overlap of Injured Population

Note. DCFS-Department of Child and Family Services



Compared to their peers who were not injured, youth who visited the ED due to assault or gunshot wounds:

Public Assistance

Between the ages of 0 to 5, they were more likely to have used public assistance. This is true even when accounting for factors like homelessness, involvement in child welfare, and juvenile court cases.

Child Welfare

Beginning on average at the age of 4, they had much more contact with the child welfare system.

Housing

Beginning between the ages of 7 and 8, they had more utilization of homeless shelters.

Juvenile Court:

By the age of 12, youth with a violent injury were 5.78 times more likely to have been involved with juvenile court (but not child welfare).

Education:

Injured youth had 1.74 times higher odds of chronic absenteeism (missing 10% or more school days) than non-injured youth and 1.56 times higher odds of repeating a grade.

Child Welfare System Contact	Injured Youth	Non-injured Youth
Any Contact with Child Welfare	66.9%	47.9%
Substantiated Incident	26.3%	13.7%
Foster Care Placement	14.9%	6.2%
Both substantiated Incident and Foster Care Entry	11.2%	4.0%

Dual-System Involvement:

9.3% of injured youth had contact with both child welfare and juvenile delinquency systems, while only 1.9% of non-injured peers had similar contact. 4.9% of injured youth had a substantiated incident of child maltreatment along with a juvenile delinquency filing, while only 0.9% of non-injured peers had similar issues.

Key Differences between Youth with Gunshot Wounds and Assault Injuries

When dividing the injured youth into two groups—those with gunshot wounds and those with assault injuries—and comparing them, the following differences were found:

Demographics

Youths with GSWs were more commonly male (74.7%).

Health Care

More youth with GSWs were born prematurely (23%) compared to youth with assault injuries (9.6%).

Public Assistance

Before age 5, youths with GSWs received public assistance at higher rates:

Childcare subsidy: 77.5% vs. 61.5%
TANF: 77.5% vs. 64.5%
SNAP: 95.8% vs. 87.2%
Medicaid: 97.2% vs. 89.4%
Combination of all: 63.4% vs. 46.7%



Juvenile Court:

Youths with GSWs had nearly double the prevalence rate of engagement with the juvenile court (18.3%) compared to youth with assault injuries (9.8%).

Education:

Youths with GSWs were chronically absent at significantly higher rates (64.2%) in the year preceding their injury compared to youth with assault injuries (47.3%).

Recommendations: Addressing Youth Violence Requires A Multi-system, Trauma-Informed, School-based Approach

► Multi-system

The intersection of different systems (juvenile courts, child welfare, public school, public assistance) plays a crucial role in the rates of injury among youth. This necessitates urgent consideration of investing in multi-system, collaborative approaches to enhance family access to healthy environments, especially for families with young children.

► Addressing complex trauma

Beginning in early childhood, injured youth's involvement with social systems threatens their safety and stability. Systems and organizations serving the youth of color must consider embedding trauma-informed and healing-centered principles in order to deter future re-traumatization and promote healing.

► School-based

The vast majority of injured youth were in public school and had contact with either public assistance or child welfare in early life. Injured youth had significantly higher rates of grade repetition and chronic absenteeism, therefore, schools can serve as an early detection system.

Recommendations For A School-Based Approach

- **Universal Screening**

Schools can adapt protocols to conduct universal screening for key factors, and service use engagement related to violent injury, such as youth receiving public assistance or having contact with child welfare before age 6.



- **Development of Screening Tools**

Future development of more comprehensive measurement tools applied in the school context needs to be prioritized.

- **"Wrap Around" or "Community School" Models**

- Engaging with other system and community partners, using coordinated approaches.
- Provide targeted services for families based on the level of need.

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A full Paper Titled *Identifying Risk Factors and Advancing Services for Violently Injured Low-Income Black Youth* was authored by Laura A. Voith, Meghan Salas Atwell, Alena Sorensen, Tito J. Thomas, Claudia Coulton, and Edward M. Barksdale Jr. This work was supported in part by the Victim of Crimes Act (VOCA). The full paper, available [here](#), provides more detailed insights and comprehensive analysis.