



# A 21<sup>st</sup> Century Look at Threats to the Personal Safety of Emerging Adults in Massachusetts

Robert O Motley, Jr., Rebekah Siddiqi, Awanti Acharya, Eric Williamson, Danielle T. Walker, & Kaycee L. Bills • May 2022

## KEY FINDINGS

- ▶ Black emerging adults in Massachusetts accounted for higher rates of homicides during 2010-2014 (47.4%) and 2015-2019 (48.1%).
- ▶ Hanging was the most prevalent mechanism used for suicide during 2010-2014 (53%-64%) among emerging adults in the state of Massachusetts.
- ▶ Black emerging adults in Massachusetts (8.37 per 100,000) were killed by police at higher rates than Hispanic (2.22 per 100,000) and White (1.16 per 100,000) during 2013-2022.
- ▶ White emerging adults accounted for higher rates of emergency room visits and hospitalizations for non-fatal injuries (63%) and drug overdoses (78.1%) among emerging adults in Massachusetts during 2016-2019.

## ABOUT THE LAB

The Racism-based Violence Injury & Prevention Lab examines racism, violence, and trauma among Black emerging adults 18 to 29 years of age. Our goal is to provide evidence-based science that informs the development of culturally relevant prevention and intervention practices that combat racism-based violence.

## OVERVIEW

The World Health Organization (2002) defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (pp. 4). Violence, whether interpersonal (e.g., homicide) or self-directed (i.e., suicide), puts one’s personal safety at risk. An individual’s personal safety relies deeply on the absence of fear or actual threat of physical, psychological, or emotional harm from others or self (Waters et al., 2004). Especially affected are emerging adults aged 18-29 in the U.S., a population with high rates of exposure to interpersonal (Council on Criminal Justice, 2021; Edwards et al., 2019; Hyland et al., 2015) and self-directed violence (Curtin, 2020; Miron et al., 2019).

Emerging adulthood is a distinct developmental life stage where individuals between 18 to 29 years of age are experiencing instability, the transition from adolescence, and engaged in identity exploration and perceived possibilities in the areas of love, education, and work (Arnett, 2016). This stage of life may be especially unstable, particularly for emerging adults who identify as male and/or a member of an ethnic minority group, due to documented increases in the prevalence of violence exposure (interpersonal and self-directed) that pose a grave threat to the personal safety of this population (Council on Criminal Justice, 2021; Miron et al., 2019).

The present report, A 21<sup>st</sup> Century Look at Threats to the Personal Safety of Emerging Adults in Massachusetts, provides current estimates of homicide, suicide, police use of fatal and non-fatal force, and emergency department visits and hospitalizations for emerging adults in Massachusetts to shed light on factors that pose the greatest threat to their personal safety by gender, ethnicity, and location.

## DEFINITION OF TERMS

**Homicide** was coded using the descriptions of homicide in the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These include cutting or piercing, drowning, falling, fire or hot object/substance, fire or flame, firearm, method of transportation, poisoning, struck by or against, suffocation, and other.

**Police killings** were coded as fatal police encounters that include deaths by shooting, chokehold, baton, taser, or other means by on- and off-duty police officers.

**Police contacts involving non-fatal use-of-force** refer to police contacts that involved individuals being frisked or searched by police.

**Suicide** is death voluntarily caused by injuring oneself with the intent to die.

**Mechanism of suicide** includes firearm, hanging, poisoning, fall, sharp object, and other/unknown methods used to intentionally take one's own life.

**Emergency department visits for non-fatal drug overdose** represent individuals who were treated in an emergency room for drug overdose and survived.

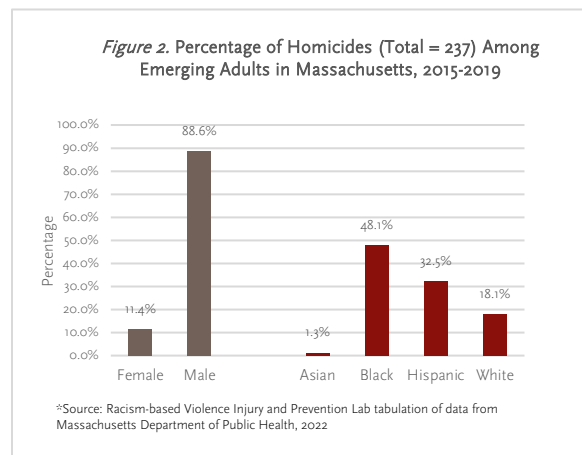
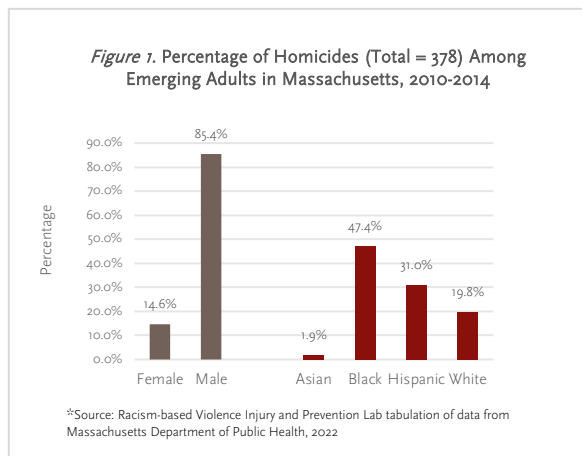
**Emergency department visits and hospitalizations for non-fatal violence related injuries** represent visits for active treatment of interpersonal and self-directed violence related injuries that include cutting or piercing, drowning, falling, fire or hot object/substance, fire or flame, firearm, method of transportation, poisoning, struck by or against, suffocation, and other.

## INTERPERSONAL VIOLENCE

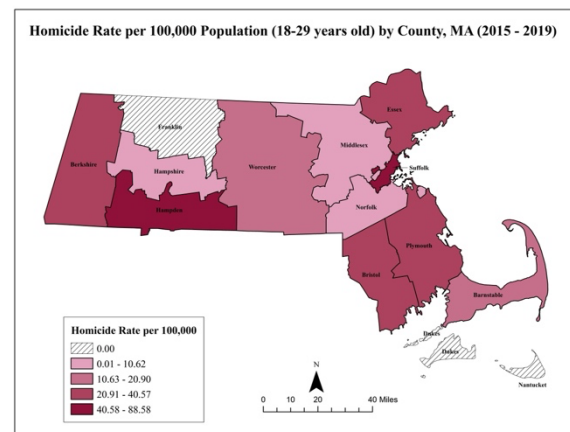
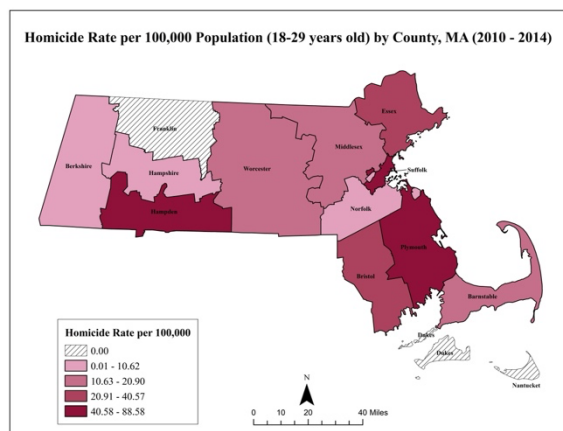
### Homicides

According to the Centers for Disease Control and Prevention (2022), homicide is the third leading cause of death for emerging adults aged 18-24 in the U.S. Nationally, homicide rates for emerging adults are trending upward for those who identify as Black and male. During 2010-2014, roughly 48.38 per 100,000 of non-Hispanic Black emerging adults died by homicide compared to 11.1 per 100,000 Hispanic, 3.60 per 100,000 non-Hispanic White, and 2.88 per 100,000 Asian (National Center for Injury Prevention and Control, 2021). Although homicide rates were similar for Hispanic (11.1 per 100,000) and Asian emerging adults (2.25 per 100,000) during 2015-2019, rates increased for non-Hispanic Black (54.23 per 100,000) (National Center for Injury Prevention and Control, 2021). Similarly, rates of homicides increased for emerging adult men during these two-time frames. Approximately 20.29 per 100,000 non-Hispanic and 18.56 per 100,000 Hispanic emerging adult men died by homicide during 2010-2014 compared to Non-Hispanic and Hispanic women (3.42 per 1000, and 2.64 per 100,000, respectively), with rates increasing for non-Hispanic men (23.04 per 100,000) during 2015-2019.

Trends in homicide rates for emerging adults in Massachusetts were examined using data from the Massachusetts Violent Death Reporting System, Injury Surveillance Program, Massachusetts Department of Public Health. We found that from 2010 to 2014, 378 emerging adults were victims of homicide in Massachusetts (see Figure 1) and that number decreased to 237 during 2015-2019 (see Figure 2). However, a comparison of the two time periods shows consistent trends for certain populations of emerging adults. Consistent with national findings, males experienced higher rates of homicide compared to females for both time periods (85.4% males compared to 14.6% females in 2010-2014, and 88.6% males compared to 11.4% in 2015-2019, respectively), and Black emerging adults accounted for higher rates of homicides than their counterparts from other ethnic groups.



Using GIS mapping, we created a visual map of homicide rates per 100,000 emerging adults by counties in Massachusetts. Suffolk County, which encompasses the city of Boston, and Hampden County had 40.58-88.58 homicides per 100,000 emerging adults between 2010-2014 and between 2015-2019 (*see maps below*). Plymouth County had a homicide rate of 40.58-88.58 per 100,000 emerging adults between 2010-2014 with rates declining to 20.91-40.57 per 100,000 population between 2015-2019. Franklin County, Dukes County, and Nantucket County had no homicides for both time periods.

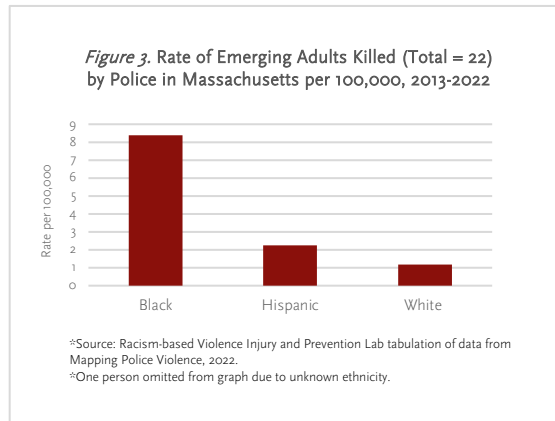


## Emerging Adults and Police Use of Lethal Force

Policing in America has become a national concern for Black emerging adults as our media and society at large have begun to recognize the unending practice of police excessive use of lethal force toward this population. The killing of unarmed 18-year-old Mike Brown by Ferguson police officer Darren Wilson, 25-year-old Freddie Gray by Baltimore police officers, 22-year-old Stephon Clark by Sacramento police officers, 26-year-old Breonna Taylor by Louisville detective Myles Cosgrove, and 20-year-old Daunte Wright by Minneapolis police officer Kim Potter, are just a few of the high-profile cases of police excessive use of lethal force. These senseless killings ignited national and global unrest and protest calling for transformative policies and practices to policing in the U.S. that hold police accountable for their callous treatment and killing of its Black citizenry. Data from the *Washington Post* reveals that 3.0 per 100,000 emerging adults were unarmed and killed by police between 2015 to 2020 compared to individuals aged 30-44 (2.5 per 100,000), 45 and older (0.3 per 100,000), and under 18 years of age (0.2 per 100,000). Within emerging adults, rates of death at the hands of police are uniquely high among Black emerging adult men (96 deaths per 100,000) and women (5.4 deaths per 100,000) in comparison to their Latino (53 per 100,000, and 2 per 100,000 respectively), and White (39 per 100,000, and 2 per 100,000 respectively) counterparts (Edwards et al., 2019).

For the current report, data for police killings was drawn from Mapping Police Violence which currently represents one of the most comprehensive databases of police killing victims in the U.S. (Sinyangwe et al., 2021). Documented fatal police encounters include deaths by shooting, chokehold, baton, taser, or other means by on- and off-duty police officers between January 2013 and March 2022. A total of 22 emerging

adults in Massachusetts were killed by police during this time. Comparable to findings from previous studies, we found higher rates of police killings among Black emerging adults (8.37 per 100,000) in comparison to Hispanic (2.22 per 100,000) and White (1.16 per 100,000) (see Figure 3).

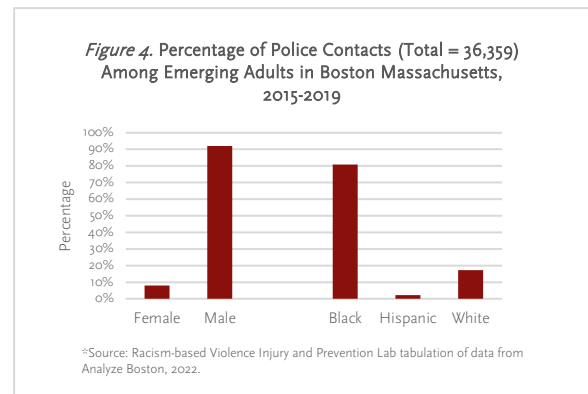


### Emerging Adults and Police Contacts Involving Use of Non-Lethal Force

Emerging adults, specifically Black, also bear the burden when it comes to rates of police-initiated contacts. Data from the Bureau of Justice Statistics 2018 Police-Public Contact Survey revealed that significantly more individuals aged 16-25 experienced a police contact (25.5%) than those aged 26 and older (7.6%) during 2002-2011 (Davis, Whyde, & Langton, 2018). Contacts between police and emerging adults can result in police use of non-lethal force. Frisk and searches are two types of non-lethal police use of force practices that are frequently used towards Black emerging adults. For example, Hyland, Langton, and Davis (2015) found that among a nationally representative sample of U.S. residents age 16 and older, significantly more Black emerging adult residents (8.0%) experienced police searching them during a police-initiated stop in comparison to their Hispanic (2.7%) and White (2.1%) counterparts. These types of non-lethal police use of force are potential threats to the personal safety of emerging adults, particularly Black emerging adults, because they often and very quickly escalate to another senseless police killing (Edwards et al., 2019).

To examine rates of police contacts that involved frisk or searches among emerging adults in Boston, Massachusetts, we used data from Analyze Boston database ([data.boston.gov/dataset/boston-police-department-fio](https://data.boston.gov/dataset/boston-police-department-fio)). The dataset encompasses interactions between the Boston Police Department

and Black, White, and Hispanic emerging adults during 2015-2019. Figure 4 shows the percentage of police contacts among emerging adults. Out of 36,359 reported police contacts, Black emerging adults accounted for 80.7% of police contacts followed by White (17.2%) and Hispanic (2.1%). In addition, more men (92%) than women (8%) reported experiencing a police contact.



Using GIS mapping, we created a visual map of police contacts across Boston neighborhoods (see maps below). Data on the map revealed that Beacon Hill, Longwood, Mission Hill, and parts of Roxbury and Dorchester had the highest number of police contacts for Black, White, and Hispanic emerging adults in Boston, Massachusetts.

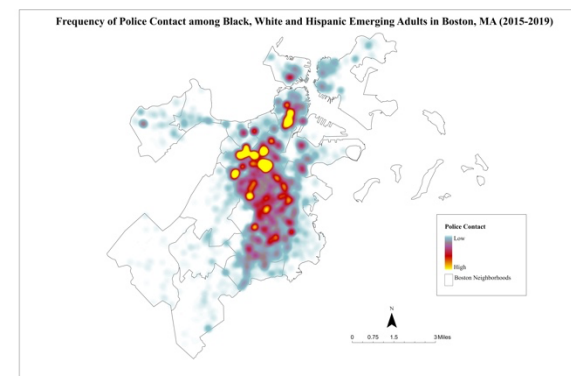
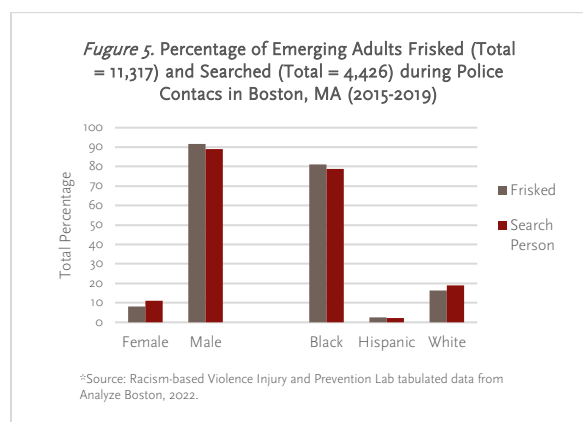


Figure 5 shows the percentage of emerging adults in Boston, Massachusetts that were frisked or searched during police contacts by gender and ethnicity during 2015-2019. More males than females reported being frisked (91.7% compared to 8.3%) and searched (88.9% compared to 11.1%) during a police contact. Congruent with previous national findings, we found disproportionate rates of police contacts and use of frisk and search among Black emerging adults. Black emerging adults reported more police contacts where they were frisked (81.2%) or searched (78.8%) followed by White (16.4% and 19%, respectively) and Hispanic (2.4% and 2.2%, respectively).

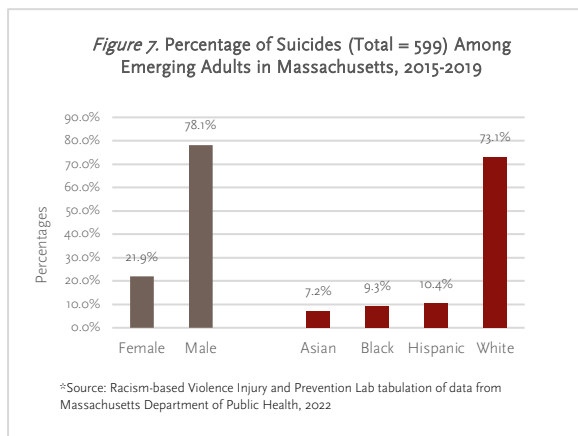
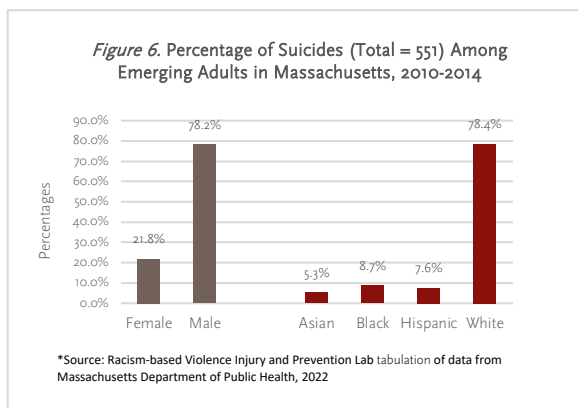


## SELF-DIRECTED VIOLENCE

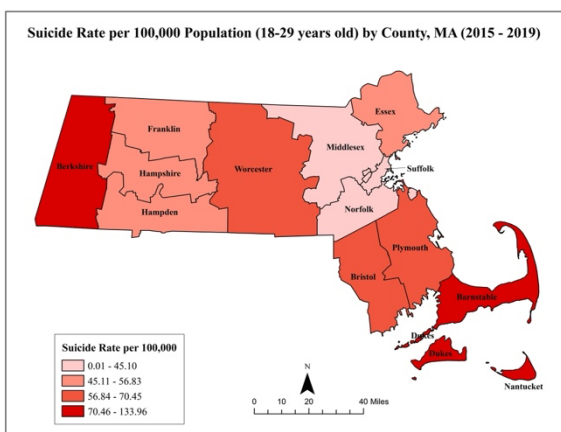
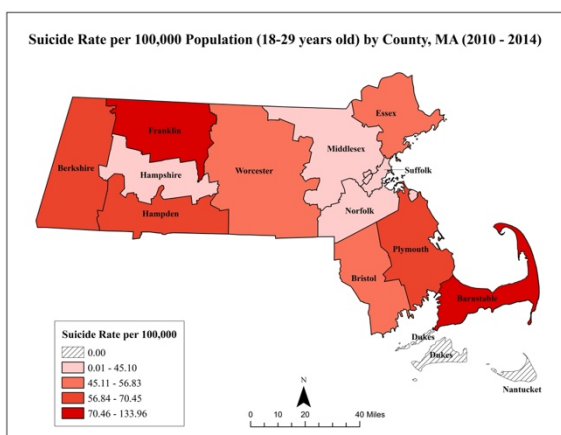
### Suicides

Similar to homicide, suicide among emerging adults is a major concern because it cuts at the generations of prime working age individuals to contribute financially, reproductively, or otherwise to our society. The WISQARS database (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2022) shows that male emerging adults accounted for the majority of suicides in comparison to females during 2010-2014 (82.0% compared to 18%) and 2015-2019 (81.5% compared to 18.5%). White emerging adults made up 83.1% of all suicides nationally during 2010-2014, followed by Black emerging adults (10.3%) and Asian emerging adults at (4.1%). This trend persisted during 2015-2019 with White emerging adults accounting for 80.3% of suicides in comparison to their Black (12.1%) and Asian (4.8%) counterparts. In addition, firearms were the most prevalent mechanism of suicide for emerging adults followed by suffocation/hanging.

Data for suicide deaths and mechanism of suicide were drawn from the Massachusetts Violent Death Reporting System, Injury Surveillance Program, Massachusetts Department of Public Health. Data included occurrent deaths only. Massachusetts residents who died out-of-state were excluded and counts less than six for any circumstance were suppressed. A total of 551 emerging adults living in Massachusetts committed suicide between the years of 2010 and 2014 (*see Figure 6*) and this number increased to 599 between the years 2015 and 2019 (*see Figure 7*). Across these two periods, patterns of which emerging adults committed suicide were observed. Specifically, a higher proportion of males (78.2%, and 78.1%, respectively) compared to females (21.8%, and 21.9%, respectively) fell victim to suicide during these two time periods. Additionally, White emerging adults accounted for most suicides, similar to trends demonstrated in national data (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2022).

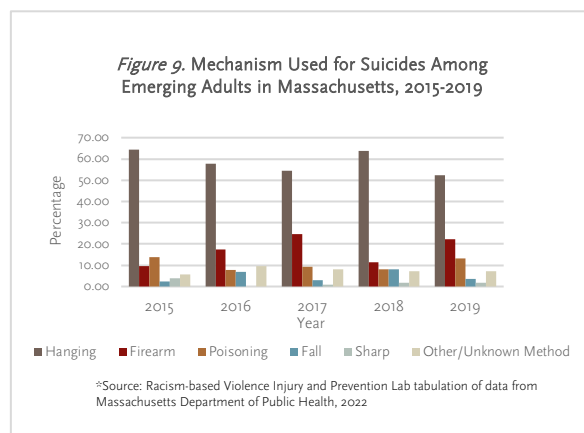
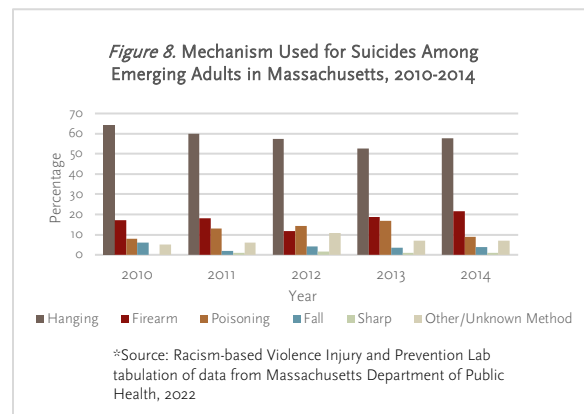


An examination of the geographic distribution of suicides across the same two time periods revealed that the highest rates of suicide occur in western and southern counties in Massachusetts (see maps below). From 2010-2014, Franklin and Barnstable counties showed the highest rates of suicides among emerging adults (70.46-133.96 per 100,000). This rate persisted for Barnstable into 2015-2019, with Berkshire, Dukes, and Nantucket counties also showing similar rates of suicides. Plymouth County, also in the southern portion of the state, showed a persistent rate of 56.84-70.45 suicides per 100,000 emerging adults for both 2010-2014 and 2015-2019 time periods.



### Mechanism of Suicides

We found that hanging was the most prevalent mechanism used for suicide by emerging adults during 2010-2014 (53%-64%) and 2015-2019 (52%-65%), followed by use of firearm (12%-22%, and 8%-24%, respectively) (see Figures 8 and 9).



## EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS FOR SELF-DIRECTED AND INTERPERSONAL VIOLENCE

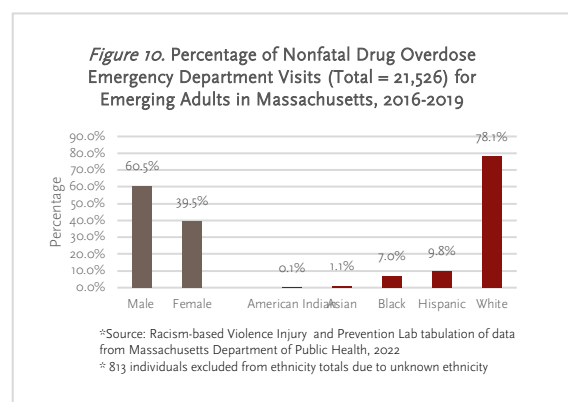
### ED Visits for Nonfatal Drug Overdoses

Nonfatal drug overdoses continue to affect the lives of many emerging adults in the U.S. In 2017, there were a total of 967,615 nonfatal drug overdoses for individuals of all ages treated in emergency departments throughout the U.S., which is an increase of 4.3% from 2016 (Vivolo-Kantor et al., 2020). Of the ED visits for nonfatal drug overdoses reported, individuals aged 25-34 accounted for 20.6% followed by those aged 20-24 (10.3%) and 15-19 (10.2%). In addition, females were more likely to have an ED visit for nonfatal overdoses for all drugs, whereas males were more likely to have an ED visit for opioid overdoses.

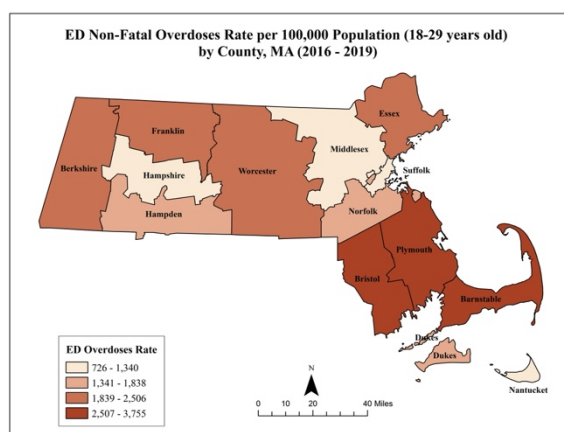
Counts of ED visits for nonfatal drug overdoses in Massachusetts were drawn from the Massachusetts Inpatient Hospital Discharge, Outpatient Observation Stay, and Outpatient Emergency



Department Discharge Databases, via the Center for Health Information and Analysis. Interestingly, for emerging adults in Massachusetts from 2016 to 2019, more males (60.5%) visited the emergency room for nonfatal overdoses compared to females (39.5%) (*see Figure 10*). Most ED visits for non-fatal drug overdoses occurred among White emerging adults (78.1%), followed by Hispanic (9.8%) and Black (7.0%). These numbers demonstrate the pervasiveness of ED visits for non-fatal drug overdose among White and male emerging adults in Massachusetts.



Looking at the geographic distribution in Massachusetts, Plymouth, Bristol, and Barnstable counties have the highest rates of emergency department visits for overdoses for emerging adults during 2016 to 2019. (*see map below*). In contrast, Hampshire, Middlesex, and Suffolk counties had the lowest rates of emergency department visits for drug overdoses in Massachusetts.

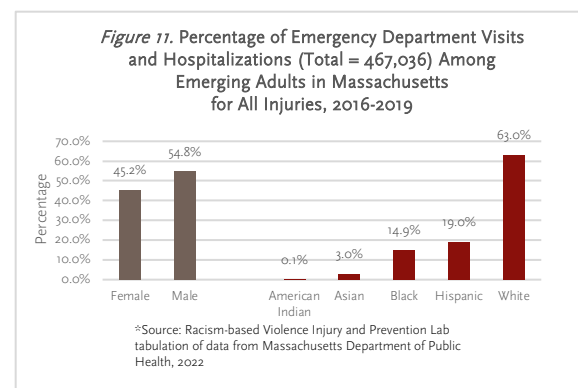


## ED Visits and Hospitalizations for non-fatal Violence Related Injuries

Like ED visits for non-fatal drug overdoses, emerging adults account for more ED visits and

hospitalizations for non-fatal violence related injuries in comparison to other age groups (Cairns, Kang, & Santo, 2018). Prior research found that 1,376 per 100,000 emerging adults aged 20-24 experienced an ED visit for nonfatal assault injuries during 2001-2015 in comparison to individuals aged 15-19 (1,115 per 100,000) and 10-14 (461 per 100,000), with rates significantly higher for males (1,265 per 100,000) than females (729 per 100,000) (David-Ferdon et al., 2018). Black emerging adults have been found to be at an even higher risk of going to the ED for nonfatal injuries. For example, roughly 12% of Black emerging adults has had two or more ED visits for nonfatal injuries in comparison to their Hispanic (7.5%), White (6.5%), and Asian (3.5%) counterparts (Centers for Disease Control and Prevention, 2019). Similarly, data from the Centers for Disease Control and Prevention (2022) show that 101 per 100,000 of emerging adults aged 18-29 experienced hospitalization for nonfatal assault injuries during 2001-2015 in comparison to individuals aged 30-44 (59.6 per 100,000) and 10-17 (28.6 per 100,000), with rates higher for males (107 per 100,000) than females (25 per 100,000). In addition, rates were higher for Black emerging adults (7.02 per 100,000) than White (2.9 per 100,000).

Counts of ED visits and hospitalization non-fatal violence related injuries for this report were drawn from the Massachusetts Inpatient Hospital Discharge, Outpatient Observation Stay, and Outpatient Emergency Department Discharge Databases. Counts represent the number of ED visits and hospital stays rather than the number of individuals treated. We found that 467,036 emerging adults experienced an ED visit and hospitalization for non-fatal injuries, with males accounting for 54.8% compared to 45.2% for females (*see Figure 11*). When looking specifically at ethnicity, White emerging adults accounted for 63% followed by Hispanic (19%) and Black (14.9%).



## CONCLUSIONS

Data from this report shows that violence, whether interpersonal or self-directed, is a major threat to the personal safety of emerging adults in Massachusetts during a life stage where they should be engaged in identity exploration, tertiary education, and skill development for perceived future careers.

The reported disparities in interpersonal and self-directed violence by gender, ethnicity, and location should inform and galvanize continued improvement of community-based violence prevention and

intervention efforts for emerging adults in Massachusetts. Without such efforts, we stand to lose generations of future leaders and contributors to our society due to premature death or debilitating mental illness (Hedtke et al., 2008; Tol, 2020). It is imperative that we continue to track and monitor the personal safety and well-being of emerging adults in Massachusetts and our collective investment in their healthy development and transition into adulthood.

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