

The purpose of this report is to summarize violence and injury data and trends for the City of Cleveland from 2017-2021. Data includes gun violence, homicides, motor vehicle accidents, assaults, sexual assault, domestic violence, and falls. The report also summarizes the distribution of events by demographics such as age, race, sex, zip code of residence, and zip code of incidence.

Key Findings

- There was a 76% increase in gunshot wound (GSW) hospital visits between 2019 (37.01 per 100k residents) and 2020 (52.76 per 100k residents). GSWs were more likely to affect Cleveland residents that are Black, male, and between the ages of 18-29. Cleveland EMS is most likely to be dispatched to zip codes 44104, 44105, and 44102. GSW fatalities in Cleveland City are increasing and are already nearly 4x the national average that is listed on the CDC webpage.
- According to Emergency Medical Services (EMS) data, there was an increase in motor vehicle accident (MVA) fatalities between 2019 and 2020. Hospital data includes all residents that are involved (driver, passenger, and pedestrians).
- According to Ohio vital statistics data, there was a stable homicide by firearm rate of roughly 35.4 homicides per 100,000 residents from 2017-2019. In 2020, this increased by 42% to 52.8 homicides per 100,000 residents and remained high in 2021. Homicides by firearm make up 86% of the homicides in Cleveland.
- Cleveland averaged 704 assault related hospital visits each year from 2017-2021. Black residents were more likely to present to an Emergency Department compared to White residents. The number of assault related Emergency Department visits for Cleveland residents peaks at age 25.
- Domestic violence hospital visits increased by 256% in 2020 for Cleveland residents of all ages, races, and genders. White females age 18-29 were affected the most.
- Emergency Department visits for fall-related injuries increased each year from 2017-2021. In 2021, there were 1,576 fall-related injuries per 100,000 residents. These injuries appear to affect Cleveland residents that are White and over the age of 60 most.

Gunshot Wounds (GSWs)

Data shows an increase in gun violence between 2019 and 2020 (see Figure 1). Between 2017 and 2021, there was an average of 119 hospital visits per 100,000 residents for GSWs each year. Data shows a 50% increase in GSWs and GSW fatalities between 2019 and 2020. The rate of hospital visits for GSWs were 92 visits per 100,000 residents in 2019 and increased to 153 per 100,000 residents in 2020. After holding steady in 2020, the rate of GSWs increased in 2021.

Among Cleveland residents, Black males between the ages of 18-24 (See Figure 2 on page 3) were most likely to be victims of a GSW. Nearly half of the locations that Cleveland EMS were dispatched to for GSWs were in 44104, 44105, 44108, or 44102 zip codes.

Figure 1.

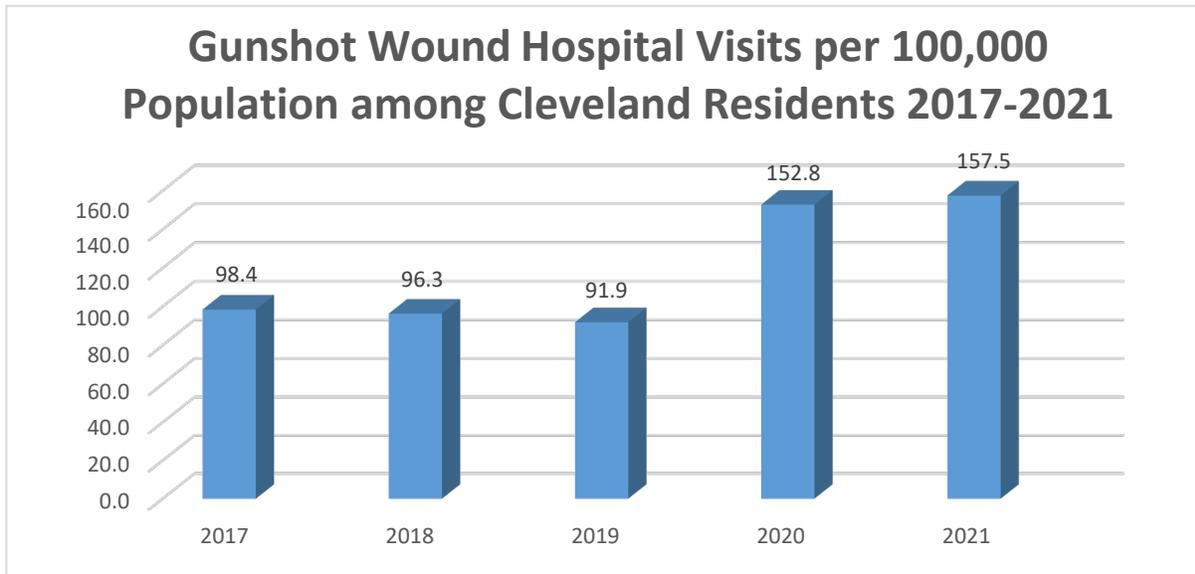
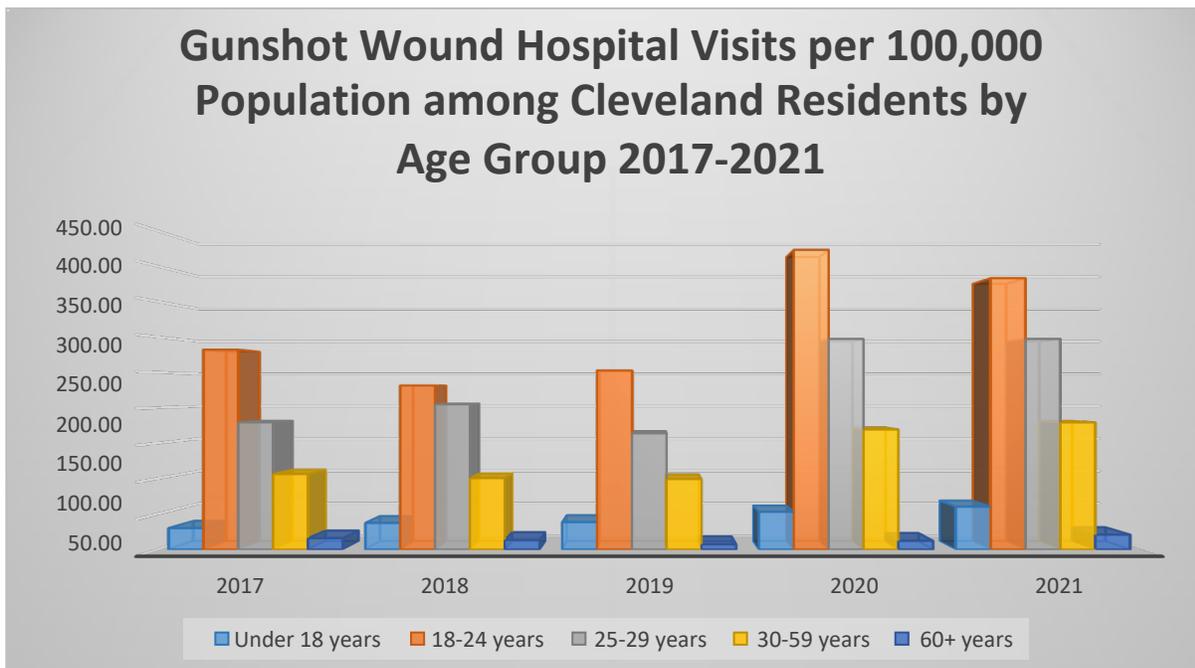


Figure 2.



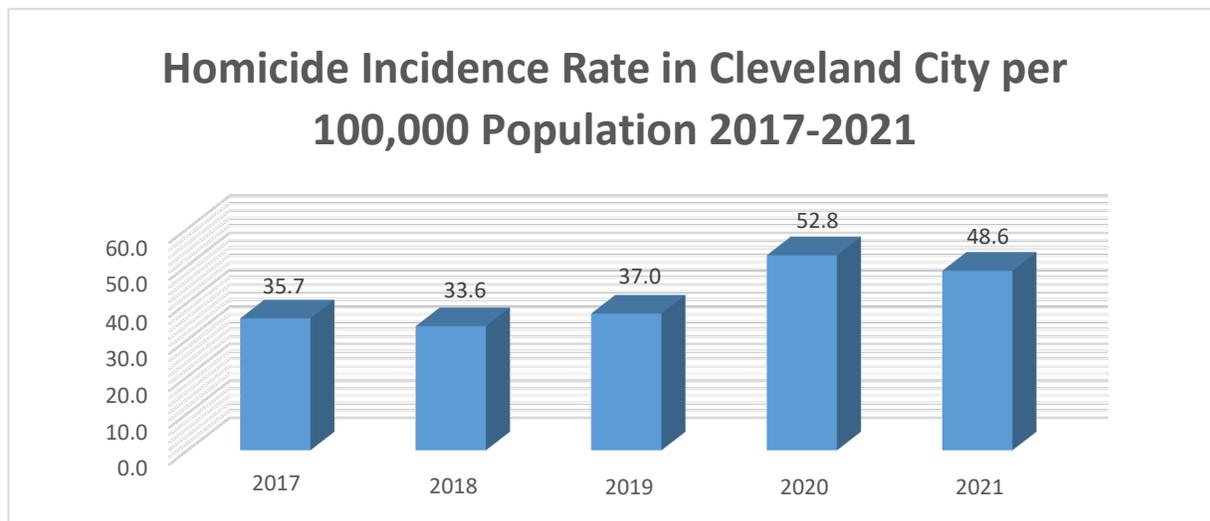
GSW hospital visits were highest among residents 18-24 years old followed by residents 25-29. All age groups experienced an increase in GSW hospital visits beginning in 2020. The age group with the biggest increase (81%) was 25- 29 year olds. Overall, 85% of the GSWs affected males; however, in 2020, the GSW rate among women doubled and continued to increase in 2021.

Homicide

Overall homicide rates remained steady from 2017-2019. In 2020, the homicide rate increased by 42% and then remained steady in 2021 (see Figure 3 on page 4). Firearms were involved in 86% of all homicides between 2017-2021. CDC’s Healthy People 2030 sets a goal to reduce firearm homicides by 10%. In 2019, the national rate of firearm homicides was 11.9 per 100,000 residents. In 2019, the homicide rate involving firearms in Cleveland city was nearly 3- times the national average with 30.7 firearm homicides per 100,000 residents. Black, male, Cleveland residents between the ages of 18-24 are disproportionately the victims of firearm homicides.

Education level is a protective factor against being the victim of homicide by a firearm. Between 2017-2021, 87% of homicides victims were Cleveland residents with a high school degree or less and 6% started but did not complete college. Approximately 3% have a post-secondary degree.

Figure 3.



Physical Assault

Hospital visits due to physical assault injuries doubled between 2017 and 2018 and was highest among 18-29 year olds. Assault related hospital visits peak at age 25. Between 2017-2021, hospital visits of Black residents due to physical assault injuries steadily increased.

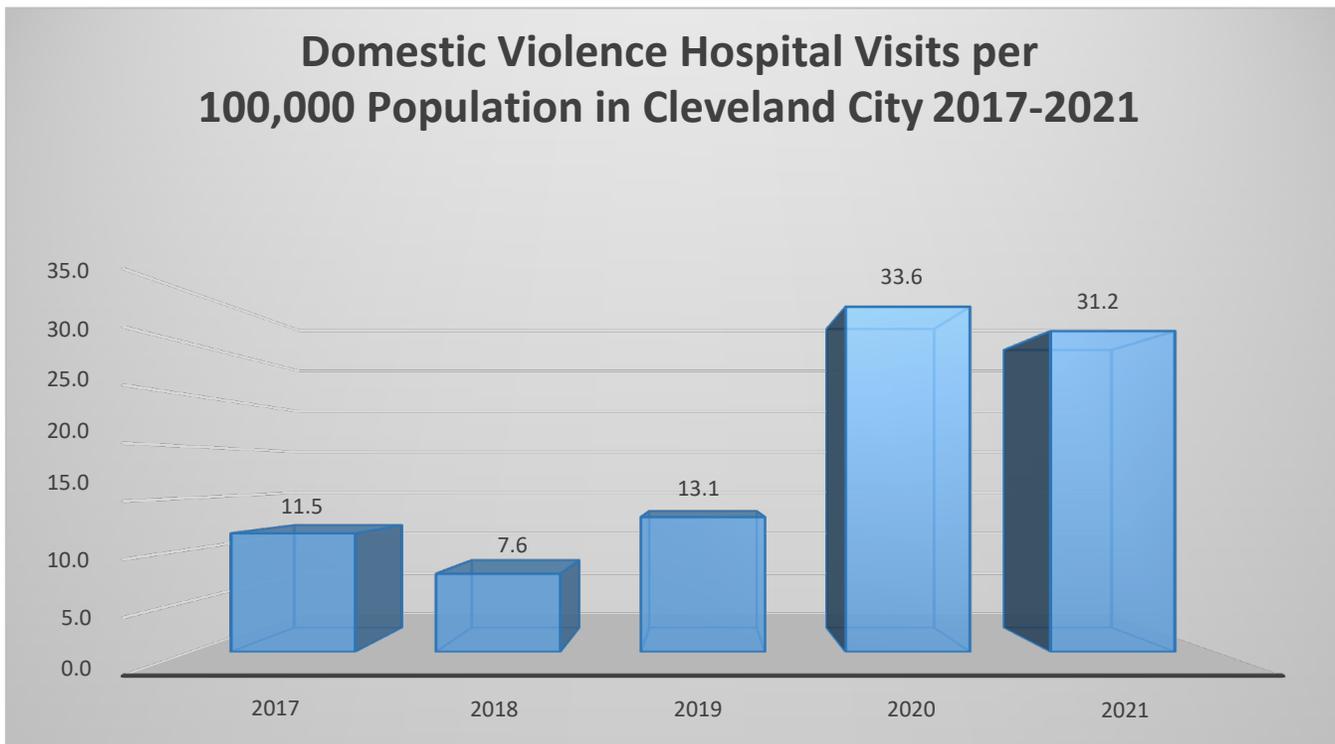
Sexual Assault

Women and children under 18 report to the Emergency Department for sexual assault injuries significantly more than any other demographic. Female residents make up 88% of hospital visits for sexual assault injuries and 30% were among residents under 18 years of age. Sexual assault hospital visits of Black and Hispanic residents increased each year from 2018-2021 and there was a 98% increase of hospital visits of White residents between 2017 and 2018 before dropping 35% in 2019 and then stabilizing. Note that sexual assault is generally underreported. Therefore, the true rate of sexual assault is likely higher than is reported here.

Domestic Violence

Between 2019 and 2020, there was a 256% increase in Emergency Department visits for domestic violence (see Figure 4). Most Emergency Department visits for domestic violence were for White women ages 18-29. In 2021, Emergency Department visits decreased for Black residents and continued to increase for White residents. Similar to sexual assault, domestic violence is generally underreported. There is no distinction made between intimate partner violence and violence between people with shared residence.

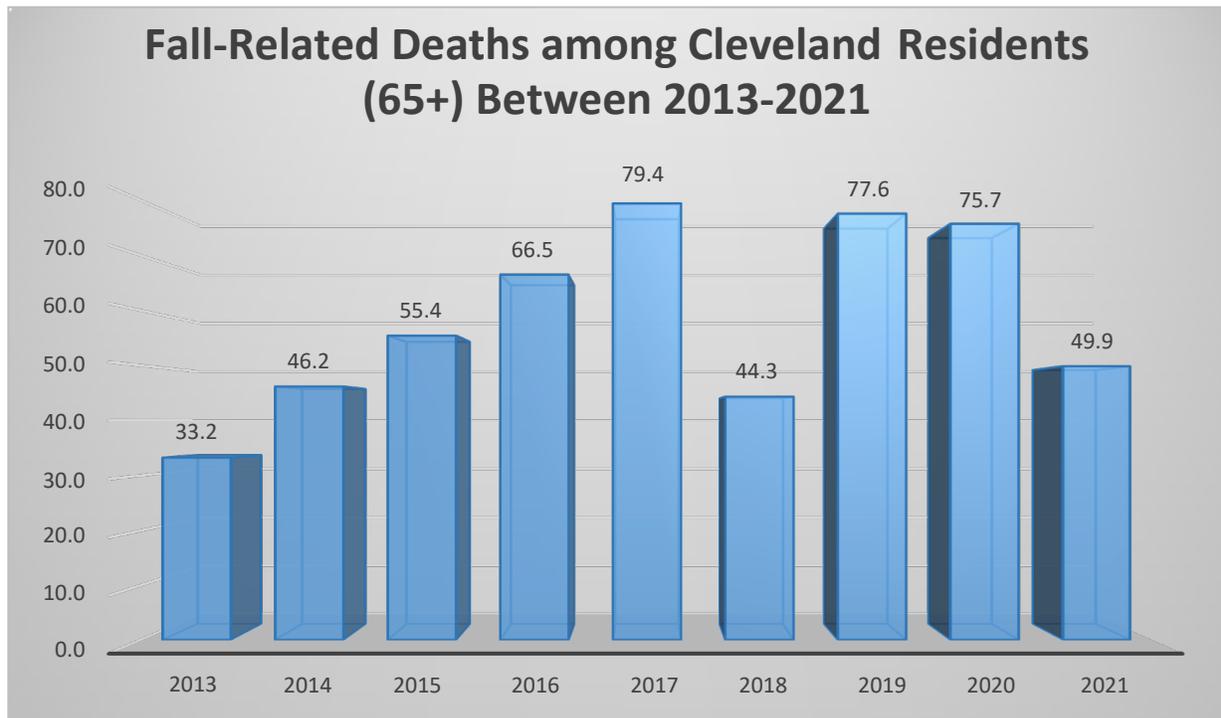
Figure 4.



Falls

Hospital visits for fall-related injuries increased each year from 2017-2021 among all demographics. Falls mostly affected elderly White residents. Asian residents and residents 18-29 were least likely to have fall-related hospital visits. Fall-related injuries are of most concern among elderly Cleveland residents for a number of reasons. Not only are they occurring more frequently among older residents, but also a higher prevalence of chronic illness can make their outcomes worse.

Figure 5.

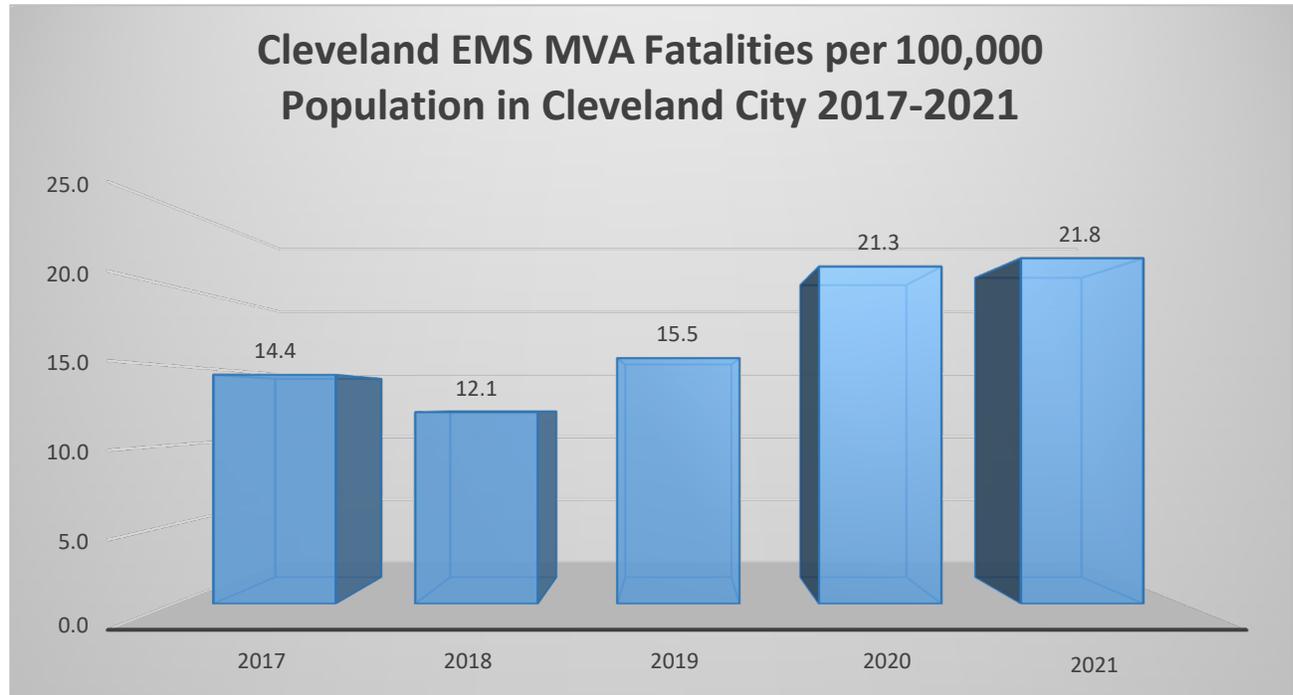


Motor Vehicle Accidents (MVAs)

Motor vehicle accidents (MVAs) in Cleveland have been increasing from 2018-2021 with a 37% increase in motor vehicle accident fatalities in 2020 (see Figure 6). MVAs occurred more frequently in July and less frequently in January.

According to Healthy People 2030, there was an average of 11.1 motor vehicle traffic-related deaths per 100,000 population in the US in 2019 compared to 15.5 in Cleveland during the same period. The higher fatality rate in Cleveland is not due to an increased rate of drunk driving. Nationally, 29.3% of motor vehicle accident deaths involved a drunk driver compared to 24.3% in Cleveland.

Figure 6.



Summary of Trends Between 2019-2021

- There was an increase in gunshot wound hospital visits between 2019 and 2021. Between 2019 (37.01 per 100k residents) and 2020 (52.76 per 100k residents), there was a significant increase.
- An increase in MVA fatalities was observed between 2019 (15.49 per 100k residents) and 2020 (21.26 per 100k residents).
- The number of sexual assault hospital visits remained consistent between 2017-2021, except for a decrease in 2020.
- There was a 256% increase in Emergency Department visits for domestic violence between 2019 and 2020.
- Hospital visits for fall-related injuries increased each year from 2017-2021 and among all demographics.
- Beginning in March of 2020, the onset of the COVID-19 pandemic caused numerous restrictions such as ‘lockdowns’, stay-at-home orders, curfews, quarantines and limitations on in-person hospital visits. Increases in MVAs may correlate with relaxed traffic monitoring. Decreases in already underreported issues such as domestic violence and sexual assault may correlate with an overall decrease in hospital visits, as well as a correlation with decreased access to help and resources at school and work.

Violence, particularly gun violence is a public health threat and as such applying a public health approach is imperative. The public health approach defines and monitors the problem, identifies risk and protective factors, develops and tests prevention strategies, and assures widespread adoption of those strategies.

Prevention and Resources

According to City of Cleveland Mayor Justin Bibb's 2022 Transition Report:

A truly comprehensive approach to public safety in Cleveland must keep the following objectives as its foundation: Create the infrastructure necessary for a continuum of care to address violence in our communities; implement a group-violence reduction strategy; expand the capacity of community-based organizations; change environmental conditions that contribute to violence; and operate with transparency, compassion, and data driven programming. In pursuit of these objectives and across all city operations, the Bibb Administration must work to dismantle structural racism and reverse policies that perpetuate social and economic inequities.

Comprehensive Violence Prevention Framework

A comprehensive Violence Prevention Framework has been developed by a committee formed by the Mayor in early 2022. This comprehensive strategy seeks to tackle the root causes of violence, and strategically use interventions and public safety approaches for gun violence, violence against women and girls, and violence involving youth. In the words of Mayor Justin M. Bibb, we aim to "address violent crime before it starts" through intervention and prevention, communication and engagement, and social justice and public safety while ensuring that our first responders are equipped to perform at the highest levels.

Goals:

- To provide high quality, resident-driven interventions and programs that are visible and incorporated across a system of supports
- Intentional engagement with all stakeholders and a thoughtful communications strategy that sets a direction, has clear goals and objectives, and includes mechanisms for reporting progress.
- Public safety strategies that center social and restorative justice in the creation of a sustainable and community-serving system of safety and care.

Resources:

Mayor's Office of Prevention and Intervention Supervisors:

Bryanta Spencer, 216-548-9283 and Natalie Traschsel 216-548-9266

[City of Cleveland Community Relations Board](#) 216-664-3290

[City of Cleveland Office on Aging Senior Safety Program](#) 216-664-2000

[Journey Center for Safety & Healing](#) 216-651-8484

[The Cleveland Rape Crisis Center](#) 216-619-6194

[Witness Victim Services Center](#) 216-443-7345