Violent death, violent states, and American youth

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During the past two decades, more and more young Americans have been dying violent deaths. Although rates for every age group have been rapidly declining since the turn of the century, the death rates for those aged 15–24 have, since 1960, been on the rise. In these years the rate of youths involved in motor vehicle and other accidental deaths has been climbing while suicide and homicide rates have shot up dramatically. Moreover, violent deaths are becoming a larger proportion of all youth mortality. In 1960, suicides and homicides accounted for less than 8 percent of all youth deaths; two decades later they accounted for 20 percent. While many recent studies have noted the increasing role of drugs, crime, and pregnancy in the lives of young people, perhaps no set of figures as those concerning violent death so vividly illustrate the increasing amount of self-destructive behavior among American youth. What we are seeing is not a uniquely American trend; youth death rates are increasing in most urban-industrial nations. But youth in the United States have a higher death rate than their counterparts in England, Japan, and Sweden and the rate appears to be increasing more rapidly.

This disparity in behavior between the United States and other nations is sometimes explained by the large percentage of minorities
in the U.S. But for this study we focus on the white population. The nonwhite population—blacks, Orientals, native Americans, for example—has markedly different patterns of violent death. Even when we limit ourselves to white youth, we still find a disturbing trend of violent death. However, when we examine where these deaths occur, this trend is useful for understanding American youth and violent death.

**Patterns of violence**

Data on death rates are compiled by the National Center for Health Statistics (NCHS), whose figures are based on state reporting of every death certificate. The NCHS figures, compiled annually, include a separate descriptive category of “external cause of injuries and poisoning.” Among youth aged 15–24 the overwhelming majority of these deaths are violent ones. The NCHS defines violent death by five subcategories: (1) homicide, or death purposely inflicted by others; (2) suicide; (3) motor vehicle accidents, which are limited to highway accidents; (4) all other accidents, such as boating accidents, falls, fires, and drowning; and (5) a catchall category that is used when the cause cannot be determined. Since this last miscellaneous group of deaths accounts for only 3 percent of all violent deaths, we have excluded it from this study.

In order to examine the influence of location on violent death, we first computed the rates of violent and nonviolent (i.e., disease) death among whites aged 15–24 in the forty-eight contiguous states for five different periods: 1939–1941, 1949–1951, 1959–1961, 1969–1971, and 1977–1979, the latest period for which data were available. (These periods were chosen to coincide as much as possible with the U.S. Census Bureau population counts in order to get the most accurate rates.)

The results are remarkably consistent: The Western states invariably had the highest death rates, the Northeast ones the lowest. Eight states had rates above the national averages for all causes of death (the sum of violent and nonviolent deaths) in all five time periods: Arizona, Idaho, Kentucky, Montana, Nevada, New Mexico, Texas, and Wyoming. Of these eight, all but Kentucky and Texas—the two that are not in the West—always had youthful death rates 20 percent or more above the national averages.

On the other hand, seven states had rates below the national averages for all causes in all periods: Connecticut, Massachusetts,
Map I. Death Rates, 15 to 24 years olds

State Rate Compared with National Rate

- 20% or more above national rate
- higher but less than 20% above the national rate
- neither consistently higher or lower than national rate
- 15% or more below the national rate


Maryland, New Jersey, New York, Pennsylvania, and Rhode Island. Of these Northeast states, Connecticut, Massachusetts, New Jersey, and Rhode Island always had rates 15 percent or more below the national averages. Map I illustrates the state youth death rates as compared to the national rates.

These regional differences became even more striking when the death rates were broken down by gender. In what appear to be the six most “dangerous” Western states—Arizona, Idaho, Montana, Nevada, New Mexico, and Wyoming—the white male rates for all causes averaged 59 percent higher than the national rate in 1939–1941; the difference dropped to 40 percent in 1949–1951, where it has remained since. Among white females in the Western states the rates averaged 56 percent higher than the national rate for females in 1939–1941; the difference has since varied between 34 and 53 percent. In the four “safest” Northeast states—Connecticut, Massachusetts, New Jersey, and Rhode Island—the male death rates averaged 26 percent below the national rate in 1939–1941, and have since varied between 32 and 21 percent below it. The female averages ranged between 24 and 20 percent below the national female rate since 1939.
These figures tell us that, counting all causes of death among youth, both violent and nonviolent, the total death rates for the young in the six most dangerous Western states have been about twice as high as rates in the four safest Northeast states for two generations. Yet since 1939–41, death rates from nonviolent causes of death such as cancer and heart disease, which now account for about a quarter of the deaths in the 15–24 age group, have been about the same in the six Western and four Northeastern states. The difference in death rates between the two regions, therefore, springs entirely from death caused by violence.

This difference also accounts for the fact that the rates of violent death have consistently been higher in the six Western states than in the four Northeast ones for all four major categories of death listed by the NCHS. Specifically, in 1939–1941 the Western states had death rates from white male and female motor vehicle accidents that were about twice as high as the national rate. Since then, the difference has gradually dropped to the point where the Western rate is approximately half again higher than the national one. In 1939–1941, the four Northeast states had auto-related death rates that were about half of the nation’s, although they have since narrowed to about a quarter lower. Differences between the West and Northeast states in deaths from homicide, suicide, and nonauto accidents have also been marked, but have not narrowed. The regional differences for violent death have been stable since 1949–1951.

The fact that for nearly four decades, violent death has occurred in the West at a significantly higher rate than anywhere else in the country contrasts with the conventional wisdom on where American youth are most likely to encounter a tranquil environment. Suicide, for example, is often portrayed by the media as being primarily a Northeast, urban, ghetto, or suburban phenomenon. Yet in fact, for any given young white male or female, suicide is actually much more likely to occur in the rural West. Indeed, suicide is the cause of youthful violent death that most distinguishes the six Western states from the rest of the country. The difference in suicide rates between the Western states and the Northeast states has been relatively constant for over forty years: In the Western states they have consistently been twice as high for young males and three times as high for young females.

The “dangerous” West

To learn more about the West, we focused on county-by-county violent death rates for white youth in Arizona, Nevada, New Mexico,
and Utah. The ninety-one counties in these states have among the highest and lowest violent death rates in the United States. Nine of the ninety-one counties have populous cities and suburbs: in Utah, Salt Lake (Salt Lake City), Davis (suburban Salt Lake City), Weber (Ogden), and Utah (Provo); in New Mexico, Bernalillo (Albuquerque); in Nevada, Clark (Las Vegas) and Washoe (Reno); in Arizona, Maricopa (Phoenix), and Pima (Tucson). We contrasted these urban counties with groups of rural counties and then computed their rates for the thirteen-year period 1968-1980 (see Map II). We counted Hispanics as white, just as the Census does. But as indicated earlier, we did not count blacks, Orientals, native Americans, or other non-whites.

The most dangerous counties we found are those in rural areas. For example, the most dangerous counties in northwest New Mexico had 5.6 times the rate of youthful violent death as the least dangerous one, Utah County, which is centered on Provo, Utah. Indeed, the highest rates for rural Western whites are even higher than those for inner-city blacks! This finding may come as a surprise: The Cen-
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ters for Disease Control reported in 1982 that young black males die from homicide at a rate six times that of whites. A 1969 study by Mulvihill and Tumin found that the American cities with the highest rates of violent crime were Atlanta, Baltimore, Dayton, Fort Worth, St. Louis, and Washington, D.C.

But the rural areas of our four Western states typically have higher death rates among their white population than the six high-crime cities show for inner-city blacks. Indeed, the white male violent death rate in the six most dangerous Western counties is 13 percent higher than the comparable black rate in the six inner cities. To be sure, black inner-city homicide rates are high, but rural Western violent death rates from auto and other accidents as well as for suicide more than offset their lower homicide rates. The rural areas of the West, rather than the American urban ghetto, is where youth is far more likely to suffer violent death.

Furthermore, differences in death rates within the Western states themselves demonstrate striking fluctuations for all four categories of violent causes of death. For example, the highest homicide rate, 42.1 per 100,000 in northern New Mexico, is more than three times the national rate and over 20 times greater than the rate in Mormon and urban Utah County. For Western white males generally, the highest suicide rate during 1968-1980 was 7.8 times greater than the lowest rate; the highest auto accident rate was 6 times the lowest; and the highest nonauto accident rate was 4.5 times the lowest. For females the highest rates for homicide, suicide, auto, and other accidental causes were, respectively, 3.9, 21.4, 4.0, and 5.0 times the lowest rates in the region. Compared to the nation as whole, the highest Western rates are 2-4 times higher and the lowest rates are less than two-thirds of the national ones. The West, in short, is the place to look for large variations in youthful violent death rates and for the causes of them.

Environmental explanations

A stable geographical pattern of death has to be explained by equally stable regional environmental factors. In the late nineteenth century, the French sociologist Emile Durkheim offered a theory of suicide that we think also applies to other forms of violent death. Durkheim argued that people become functionally and psychically integrated with their peers in their social roles; they accept their roles as norms, and they learn to live within restraints of law, custom, and commonly accepted behaviors. Durkheim believed that the degree of social integration—how well one copes with society's
restraints—is a good indicator of suicide rates. A high level of personal integration into society generally inhibited suicide; a low level promoted it. Active participants in families, religious organizations, and other tightly structured socioeconomic systems were less likely to commit suicide than those with few or no ties to these institutions.

There is a remarkable fit between Durkheim's theory, first put forth in 1897 to explain suicide in European nations, and the geographic patterns of all forms of violent death we have found in the mid- and late-twentieth-century United States. For instance, the divorce rate in the six most dangerous Western states has long been two to three times that of the four safest Northeast states. The rate of Roman Catholicism, a religion that forbids suicide, is twice as high in the four Northeast states (nearly half their population) as in the six Western ones. Almost two-thirds of the people living in the Northeast states were born in the state where they reside, compared with two-fifths of those living in the Western states. Less than half the Northeasterners moved at least once every five years, as compared to almost 60 percent of the Westerners. The Western unemployment rate averages about one-third higher than the Northeast one. While these figures do not demonstrate greater suicidal or violent tendencies in the West, they do suggest that Western life in the region is more unstable than in the Northeast, which, following Durkheim's postulates, means that the Northeast should have lower rates of violent death than the Western states.

This same pattern holds within the four Western states we examined. People living in the six counties with the lowest rates of youthful violent death are primarily Mormon and urban; they do not move often, and they have relatively low divorce and unemployment rates. Those living in the counties with the highest death rates are likely to be rural and unaffiliated with an organized religion; they are more likely to move often, be divorced, and not have a job than their counterparts in the safer counties.

Some of the indicators of social integration that Durkheim used typically change slowly from year to year—for instance, religious participation. These establish a sort of stable benchmark for violent death rates. Other indicators, such as the business cycle and population migration, fluctuate rapidly and presumably exacerbate the instability and hence the violent tendencies in the lives of American youth.

Following Durkheim, we looked at the effect that rapid change in economic stability—that is, a boom or a bust—would have on violent death in all categories. In the four Western states an obvious linkage exists between economic stability and low violent death rates
—except for the category of suicide, the one form of violent death Durkheim examined. We do not know whether this finding springs from an actual lack of linkage or from some flaw in our figures or analysis.

But correlations do exist between the business cycle and the three other forms of violent deaths among white American youth in the Western states. In 1973 and 1978, motor vehicle death among youth in the four Western states exceeded by 16 percent the values we predicted from trends by using three-year moving averages for both males and females; on the other hand, for 1975 and 1976, the numbers are 20 percent lower than expected. These fluctuations correspond to changes in the business cycle. The years 1973 and 1978 had relatively high employment and high net in-migration into the Western states, while 1975 and 1976—the years with few such deaths—had high unemployment and comparatively low in-migration. We infer that economic booms trigger more driving and riding in vehicles by youths, and perhaps more driving under the influence of alcohol and other substances.

For nonauto accidents, the male white death rate is 17 percent higher than expected in 1973 and 12 percent lower than we predicted for 1975. Almost all the 1973 excess and 1975 deficit was found in six counties—the counties with the highest violent death rates for the entire 1968-1980 period. These results are not surprising because the economies of these six counties are dominated by extractive industries. The National Safety Council reports violent death rates from trauma are 55 workers per 100,000 for mining and quarrying and 52 per 100,000 for agriculture. By contrast, the worker death rates for urban activities such as trade, manufacturing, and services are 5.0, 6.0, and 6.0, respectively. This finding suggests that those rural males employed in extractive and apparently dangerous industries, especially during economic booms, are more likely to die an accidental violent death than urban males and females.

Economic cycles may also be a factor in high male homicide rates in the West. We found 14 percent more homicides occurred among white males in the Western states in 1974 than predicted from moving averages. Why 1974? The year 1974 did not see particularly high rates of divorce or unemployment. Divorce rates were higher between 1975-1980 than in 1974, and unemployment rates, too, were higher in 1975-1976 than in 1974. But major jumps in the divorce and unemployment rates took place in 1974. For example, the average unemployment rate in New Mexico during 1968-1973 was 6.0; the rate in 1974 rose to 8.0. Arizona and Nevada also showed major increases of unemployment of 2 percent or more in 1974.
Divorce rates also jumped sharply in 1974. For example, from 1973 to 1974, Arizona's divorce rates increased from 6.2 per thousand to 7.9, New Mexico's from 4.7 to 7.0. The year 1974 seems to have been a year of change and instability, which might account for high homicide rates. In short, violent death rates in the Western states seem to reflect the stresses of overwork and some of the family and social stresses associated with fluctuations in the business cycle.

Extending Durkeim's work, students of non-European settings have suggested connections between violent death and other factors. Two of these—ethnicity and public intervention—seem to fit our data. Variation in ethnic background implies variation in behavioral norms, which in turn implies differences in violent death rates. For example, according to World Health Organization data, Mexico has one of the highest death rates in the world from homicide and non-automobile accidents. But many Mexicans are Roman Catholics, so Mexico has one of the lowest suicide rates in the world. More than 15 percent of the population of the six Western states is Mexican-American, compared to less than 1 percent in the four Northeast states. Perhaps this ethnic difference contributes to high violent death rates in some non-Mormon areas of the Western states and low rates in the Northeast states.

Public initiatives may also play a role in curbing or fueling violent behavior. For example, states that restrain the use of guns, limit driving speeds, prohibit driving without seatbelts, implement strong public health and environmental protection programs to protect their populations against diseases, offer effective medical care, and have higher minimum drinking ages usually have lower rates of violent deaths. Handguns in the Western states, however, are not closely controlled and are about twice as prevalent as in the Northeast states. The U.S. Department of Transportation reported in 1983 that driving faster than the 55 mph national speed limit is almost twice as prevalent in the Western states as in the Northeastern states. Studies also show that the four Northeastern states have almost all of the best cancer protection programs and among the best programs in environmental protection; the Western states have few of the former and among the weakest of the latter. Most Western states have resisted laws requiring the use of seatbelts and raising the drinking age; the Northeast states have not. (Under the 1984 federal National Drinking Age Act, states are required to raise their minimum drinking age to twenty-one or lose a portion of federal highway construction funds. Five of the six states fighting the implementation of the act—thereby costing themselves both young lives and federal money—have been Western.) While these examples don't tell us anything
directly about violent behavior, they do suggest that there is less institutional and private concern for health and safety—a more libertarian-loner attitude toward these matters—in the West than in the Northeast. If this is indeed the case, it helps account for the regional disparity in violent death rates.

Looking for causes

Our research has implications for how we study violent death, where we study it, and our chances of reducing it through public policy. The regional covariation in rates of youth suicide, homicide, automobile fatalities, and other accidents suggests that they are all related. Indeed, many motor vehicle and other accidental deaths can have a suicidal or homicidal component: a suicidal driver, perhaps intoxicated by alcohol or drugs, may kill his passengers, a pedestrian, or another driver. Moreover, some coroners, especially in offices with informal procedures, will deliberately misclassify a death by suicide in order to spare the family grief, economic distress (insurance settlements may be jeopardized), or embarrassment (for religious or other reasons).

We believe that all the major types of violent death ought to be studied together as alternative responses to stress rather than—as they usually are—separately. Different government agencies and private groups only discuss specific forms of violent death in technical reports and specialized journals; they rarely communicate with groups studying other forms of violent death. Thus social scientists going back to Durkheim have linked suicide rates to such elements of social structure as family instability, atrophy of religious ties, and weak economic and political integration into the larger society. Yet, at least among the young, it may well be that these social and cultural factors will also provide comparably powerful explanations for high rates of other forms of violent death. The recent establishment of a violence epidemiology branch at the Centers for Disease Control is a step in the right direction for research on suicide and homicide.

Media treatments of violence typically suggest that high youth rates primarily occur in the inner cities' poverty-stricken minority populations and in the affluent suburbs' alienation-ridden upper-middle class. The New York Times, for instance, often runs stories about murderous gang warfare in Harlem or privileged Westchester County, New York, teenagers so pressured by their parents to achieve that they kill themselves. But these incidents, which produce striking journalism, are statistically misleading. Our study shows that youth death rates have been far higher in the rural West for most of
the twentieth century. Looking for causes of violent death outside of media-rich metropolitan areas—in the small towns, farm-and-ranch settlements, boom-and-bust towns, and other nonmetropolitan portions of the Western states—may well repay the effort in knowledge gained and lives saved. But while we may potentially save a higher percentage of high-risk youth by concentrating our efforts on the rural West, we may save fewer people in absolute numbers since the vast majority of Americans live in cities and suburbs.

There may also be another, intangible aspect to life in the West that makes its own contribution to violent behavior: the rural white ethos of the American West. It traditionally emphasizes outdoor machismo, individualism, risk taking, conspicuous athleticism, danger seeking, and nature conquering. In song and story, going at least back to Ned Buntline's 1870s dime novels and Owen Wister's *The Virginian* (1902), the culture stresses themes of gambling, restlessness, outlawry, and outsiderism. These cultural imperatives, as the historical residue of the region's relatively recent frontier past, are more prominent and influential in the West than elsewhere. Among the young, they seem to operate more strongly on white rural Westerners, than on their urban counterparts, white Americans generally, or black Americans (who may have their own imperatives leading to high homicide rates).

If we are correct that many of the determinants of youth rates of violent death are social and cultural, important practical consequences follow. The public health and social work professions, as well as public policy generally, will have to accept severe limits on their ability to control this mortality. Such frequently advocated measures as gun control restrictions, automobile speed limits, seatbelt laws, higher drinking ages, occupational health and safety laws, medical and health facilities, economic development programs, and social support networks during emergencies—however desirable for other reasons, however successful in some cases—may have disappointingly small effects on rates of violent death. The violent regional culture of the rural West, along with national and in some cases worldwide changes in the family, lifestyles, and values, combine to place enormous stress on the young, vast obstacles to their psychological and physical well-being, and nearly all are beyond the direct or immediate impact of public intervention. The challenge to American society—how to create a less threatening and more supportive setting for youth, one with less social isolation, despair, and depression—is a sobering one, but especially so in America's rural West.