

Abstract

This study describes and compares demographic, injury, and mortality characteristics of patients presenting with firearm injuries to a Level I trauma center in Colorado. We stratified patients by suicidal intent (SI) or assault-related firearm injury, as well as by race and ethnicity (i.e., People of Color vs. Other). Demographic data and injury-related characteristics were subsequently compared. Of the 283 firearm injuries in the analysis, 91% (n = 259/283) were assault-related, and 8% (n = 24/283) were due to SI. People of color comprised 90% (n = 234/259) of assaults, while white, non-Hispanic patients represented 62.5% (n = 15/24) of firearm injuries due to SI. Patients with SI had higher mortality compared to assault-related injuries (70.8% vs. 17.6%, $p < 0.01$), a greater proportion of injuries to the head (87.5% vs. 17.6%, $p < 0.01$), and higher overall injury severity scores (25 vs. 10, $p < 0.01$). This study concludes that, in the Denver Metropolitan area, people of color are disproportionately impacted by assault-related firearm injuries and white, non-Hispanic patients represent most firearm injuries due to SI. The differences between these groups highlights the need for different screening and intervention strategies. Given that hospital-based violence intervention programs are becoming more common amongst U.S trauma programs, they may be uniquely poised to develop novel strategies to impact local communities.