HARBORVIEW
INJURY PREVENTION
& RESEARCH CENTER

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JISC Data Dissemination Committee
c/o Stephanie Happold
Data Dissemination Administrator
Administrative Office of the Courts
PO Box 41170
Olympia, WA 98504
Stephanie.Happold@courts.wa.gov

Re: Request for access to "defendant case history" information

Dear Members of the Data Dissemination Committee:

We are investigators at the Harborview Injury Prevention & Research Center (HIPRC) and have been studying gun violence in the community. In 2013, HIPRC established an agreement with the Administrative Office of the Courts (AOC) to facilitate data retrieval for a research project that examined long-term outcomes for patients who had been admitted to Washington State hospitals with gunshot wounds. The study found that such patients had a much greater likelihood of being re-hospitalized or dying due to future gunshot wounds as well as a much greater likelihood of perpetrating crimes than the population at large or even the population of hospitalized individuals who had sustained other traumatic injuries, including non-firearm assault-related injuries (e.g., stabbing). In that study, we used the data provided by AOC to examine the risk of subsequent convictions in the study population and compare it between individuals hospitalized due to firearm injuries with those hospitalized due to other injury and non-injury reasons.

HIPRC is building on that previous research by creating a targeted violence intervention program for gunshot wound patients. This patient population is small, but they disproportionately sustain violent victimization and perpetrate violent crime posing a notable burden on their communities. The goal of our violence intervention project is to determine whether targeted interventions such as motivational interviewing and community outreach programs reduce the burden of injury, crime, and death in this patient population. By targeting this high-risk population, we hope to reduce criminal activity and improve service linkages, both of which could have profound, positive implications for the community at large. Additionally, study results could inform important secondary and tertiary prevention strategies related to crime and injury. We are conducting this as a randomized trial, with funding from the City of Seattle and the US Department of Justice.

HIPRC respectfully requests that this committee authorize the AOC to provide data related to particular defendants' case histories. One of the primary outcomes for this intervention is crime, including arrests and convictions for both violent and non-violent crimes. Although crime can be measured, to some degree, with publicly available conviction data, we understand that the AOC records will include all cases filed against a particular defendant, irrespective of its outcome. The benefits of accessing this more comprehensive data are multiple. First, the records maintained by AOC are more comprehensive than conviction data. Accessing these records can give us a richer picture of our study participants'

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criminal conduct. Second, the records can help us identify communities in which our participants are regularly engaging, allowing us to file public records requests with local law enforcement agencies so that we have a more complete picture of the participants' law enforcement contacts. Third, the AOC records can be a source of information to assist us in locating participants who fail to appear for interviews or who disengage from the intervention services offered, thus improving our participant retention rate. All of these are crucial to this project's success.

The University of Washington's Human Subject Division has reviewed and approved this research project. Additionally, the National Institutes of Health has reviewed and issued a Certificate of Confidentiality to protect the privacy and welfare of all project participants. This certificate allows researchers to refuse requests to disclose identifiable, sensitive information (e.g., illegal activities) obtained through our research.

In order to accomplish our objectives, we do not need access to AOC's entire database of defendant case histories. Rather, we are seeking defendant case histories only for identified individuals, all of whom would have been admitted to Harborview Medical Center during the two-year study period with gunshot wounds. This population would include both patients offered interventions and the control group of patients. We anticipate that this population will consist of approximately 200 patients, each of whom would be followed for one year. We hope to obtain such information—the complete defendant case history—for each identified individual approximately every three months, especially because this data will help us locate participants.

If it would reduce the burden on AOC personnel, we would be happy to partner with agencies that have access to this data already, as long as we can do so in a way that protects the individuals' privacy. We would be happy to discuss this request further or to refine it as necessary to minimize the burden on your agency. Thank you for your consideration of this request.

Sincerely,

Ali Rowhani-Rahbar

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