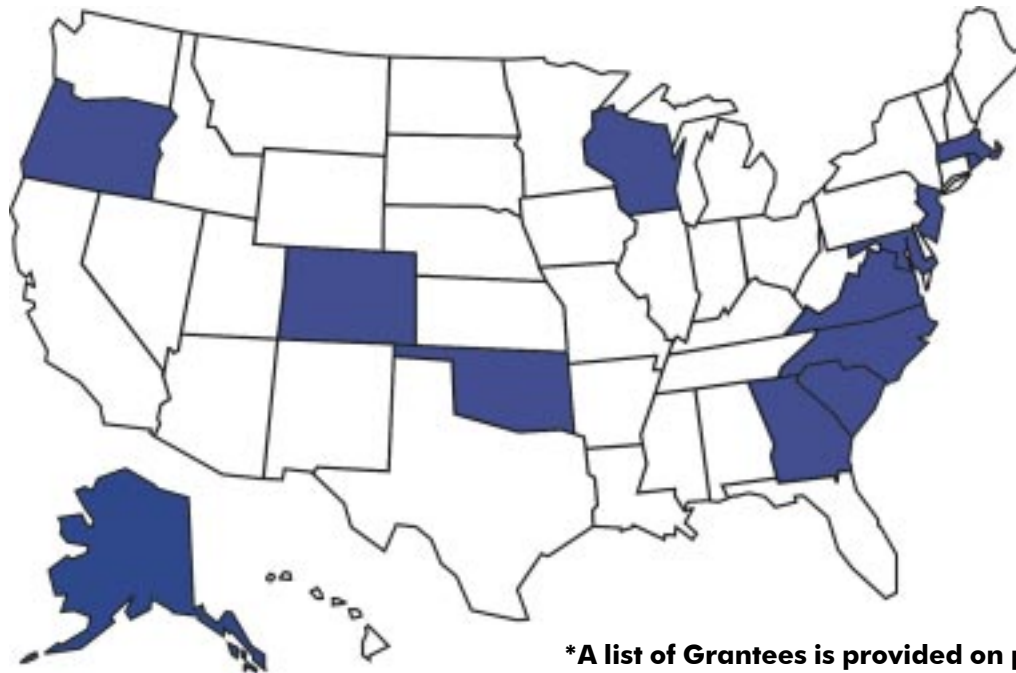




National Violent Death Reporting System: Monitoring and Tracking the Causes of Violence-Related Deaths 2004

CDC's National Violent Death Reporting System (NVDRS) Grantees



*A list of Grantees is provided on page 3.

“Understanding the circumstances related to violent deaths is critical if we are to design effective prevention activities for suicide or homicide. NVDRS, by linking data from death certificates and other data sources, will make this possible for the first time.”

*Mel Kohn, MD, MPH
Oregon State Epidemiologist*



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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Impact of Violence on Health

Violence – the threatened or actual use of physical force against a person or a group that either results or is likely to result in injury or death – is a large public health burden on the United States today. More than 46,000 Americans die from violence annually; of these, more than 60% die by suicide. Among Americans ages 15-24, homicide was the second leading cause of death in 2001, contributing an average of 14 deaths per day in this age group. Suicide was the third leading cause, claiming an average of 10 deaths per day in this age group.

These data highlight the need for a purposeful and strategic approach to preventing violent deaths. However, the existing information gap about the risk factors and circumstances that sustain violent deaths is a significant barrier to developing prevention efforts. A national violent injury tracking system will help close this gap by linking fatality data from multiple sources. Without such a system, many of these questions

cannot be answered: Is the national level of violent death in schools increasing or decreasing? What proportion of homicides is associated with illicit drug deals? What percentage of people who commit suicide are under treatment for mental illness at the time of death? The lack of answers to such questions impedes the development of effective violence interventions. The quest to clarify these unknowns has led to the development of the National Violent Death Reporting System (NVDRS).

NVDRS collects data on violent deaths from death certificates, police reports, medical examiner and coroner reports, and crime laboratories. Individually, these sources offer fragmented data that explain violence in a narrow context. Together, these sources provide the who, what, when, where, why, and how of violent incidents and should offer insight into the optimal points for community and programmatic intervention.

Development of NVDRS

Although there has been no tracking system for violent deaths, monitoring systems for other kinds of fatal injuries have already proven their worth. Since 1975, the Department of Transportation's Fatality Analysis Reporting System (FARS) has been recording information on fatal motor vehicle crashes, which result in 40,000 deaths annually in the United States. The data captured by this system has been critical to the research and prevention of motor vehicle-related deaths.

The success of FARS encouraged six private foundations to launch the National Violent Injury Statistics System (NVISS), administered through Harvard University, in 1999. Thirteen NVISS sites across the country began collecting comprehensive, multisource data on violent deaths. The system demonstrated that compiling multisource data on violent injuries was both feasible and valuable for a better understanding

of violence. It revealed facts about violence that had not been appreciated. For example, in 2001, nearly 60% of mentally ill suicide victims in San Francisco poisoned themselves with prescription drugs. Across all NVISS sites, nearly 60% of men who killed their intimate partners committed suicide shortly thereafter.

The success of NVISS and the demand for the kind of information it generates resulted in a Congressional appropriation in Fiscal Year 2002 that called for the Centers for Disease Control and Prevention (CDC) to begin implementing NVDRS in six states. In Fiscal Year 2004, CDC was appropriated \$3.7 million to continue implementation of NVDRS. It is anticipated that CDC will fund up to 16 state health agencies to participate in NVDRS in 2004. The goal is to eventually include 50 states, the territories, and the District of Columbia in the system.

NVDRS in Action: Goals and Benefits of the System

CDC's effort to develop NVDRS, a nationwide, state-based monitoring system for violent deaths has four main objectives:

- To link records from violent deaths that occurred in the same incident to help identify risk factors for multiple homicides or homicide-suicides;
- To provide timely information through faster data retrieval. Currently, vital statistics data are not available until two years after the death;
- To describe, in some detail, the circumstances that may have contributed to the violent death; and
- To better characterize perpetrators, including their relationship to the victim(s).

These objectives will illustrate a more comprehensive picture of violent incidents. These linked data will provide law enforcement officials and death investigators a clearer picture of violent activity in their jurisdictions and will aid program operators to design and implement potentially successful prevention plans.

NVDRS can link perpetrators to multiple victims, determine whether a homicide occurred in the course of another crime, and provide insight about social

circumstances surrounding suicides. This information is crucial to identify risk factors, whether they are interpersonal, behavioral, psychosocial, or emotional. Since these data are collected by an abstractor before they are routinely made available to the general public in annual reports, identifying any risk factors will be timely. This timeliness will allow potentially effective prevention techniques to be initiated earlier than would have otherwise been possible.

NVDRS will potentially offer unique insights about violence against children. Several participating states are now using a module to standardize data received from child fatality review teams (CFRTs). These committees are active in most states and meet after a child's death to examine the circumstances and to critique intervention practices. However, these data are not often compiled beyond the county level. When they are, one state's data are usually incompatible with those from other states. This makes identifying patterns in childhood violence difficult. NVDRS will collect standardized data on the child's death and the circumstances preceding it. For example, knowing the characteristics of children who are unknown to child protective services prior to their death could suggest changes to the case-finding methods of such agencies.

National Violent Death Reporting System Grantees

Alaska Department of Health and Social Services
Colorado Department of Public Health and Environment
Georgia Department of Human Resources
Maryland Department of Health and Mental Hygiene
Massachusetts Department of Public Health
New Jersey Department of Health and Senior Services
North Carolina Department of Health and Human Services

Oklahoma State Department of Health
Oregon Department of Human Services
Rhode Island Department of Health
South Carolina Department of Health and Environmental Control
Virginia Department of Health
Wisconsin Department of Health and Family Services

Grantees are funded for a period of 5 years.

Case Study

A 35 year-old man with a history of excessive drinking and mental health problems is removed from his girlfriend's residence after she files a restraining order against him. Two weeks later, the man returns and murders her and her two young children. He then takes his own life.

NVDRS can explore the following kinds of questions and data sources for information about this and similar incidents:

Death Certificates

- How often are homicide victims killed at home?
- How frequent are children ages 5 to 9 victims of homicide?
- How do suicide rates differ by race and sex?

Medical Examiner Records

- What percentages of suicide victims are legally intoxicated at the time of death?
- What percentages of suicide victims have psychoactive drugs in their bodies?
- What percentages of homicide victims are pregnant at the time of death?

Law Enforcement Records, e.g., Supplemental Homicide Reports

- What percentages of homicides are multiple homicides?
- What percentages of homicides are associated with a history of domestic violence?

NVDRS Aggregate Records

- Does monitoring a domestic homicide perpetrator for a subsequent 24-hour period reduce the risk of a suicide attempt?
- Is a woman involved in a violent relationship at greater risk after her partner has made a suicide attempt, considering that suicide attempts may be a risk factor for homicide-suicide?
- When is intervention by a mental health counselor crucial, judging from the most common life crises associated with suicide among men in their 30s?
- What are the risks of a violent death for a child whose mother is involved in a violent relationship?

Future Directions

NVDRS may include all states within 10 years. As the number of states increases, the system should identify regional differences in the patterns of violence across the country. Inclusion of more states will also make it easier to collect information about violent deaths that involve neighboring states, such as the 2002 sniper incident in the Washington, D.C. area.

CDC will process and perform quality control checks on data received from states and provide them with summary reports. The agency's future efforts will promote the use of NVDRS standard data elements by law enforcement, medical examiner/coroners, and child

fatality review committees. Adopting these standard elements will make data collection simpler and may, in some cases, allow for the electronic transfer of data into the system. CDC will also examine ways to support the integration of NVDRS into other ongoing state surveillance systems.

NVDRS is a promising initiative toward understanding the scope and nature of violent deaths. This understanding is critical for identifying risk factors for violence, for developing and testing prevention measures, and for the widespread dissemination of successful prevention plans.

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