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Centers for Disease Control and Prevention Report Provides Detailed Summary of Violent Death Data Collected by NVDRS

NVDRS Data Can Help Guide Prevention Efforts

Washington, D.C. (April 10, 2008) – A new report released by the [Centers for Disease Control and Prevention](#) (CDC) provides a detailed summary of a full year of data from 16 states concerning all types of violent deaths collected by the CDC's National Violent Death Reporting System (NVDRS). The report provides information about the circumstances surrounding these violent deaths.

The findings in the April 11, 2008 Morbidity and Mortality Weekly Report (MMWR) Surveillance Summaries, provide data on violent deaths from 16 U.S. states for 2005. NVDRS, which is currently operational in 17 states, is a comprehensive, linked reporting system that collects and centralizes information on violent deaths from a variety of sources. This linked system helps create a clearer picture of the circumstances surrounding violent deaths to aid violence prevention efforts. Although NVDRS operates in 17 states, this report includes 2005 data from 16 states. Data from California are not included because NVDRS has been implemented in a limited number of California counties.

The report shows that the majority of violent deaths were suicides (56.1%), followed by homicides and deaths involving legal interventions (29.6%), violent deaths of undetermined intent (13.3%), and unintentional firearm deaths (0.7%). Other findings from the report include:

- Rates of violent death were highest for persons aged 20-24;
- Rates of violent death by suicide were highest for persons aged 75-84 and 45-54 (17.0 and 16.9, respectively);
- Mental health problems were the most commonly noted circumstance for suicide;
- Although 42 percent of suicide victims were diagnosed with mental health problems, only 33 percent were known to be receiving treatment at the time of death.
- Suicides by current and former military personnel comprised 20 percent of all suicides;
- The home was the most common location of violent death for all manners of death;
- Homicides were precipitated primarily by an argument over something other than money or property, or in conjunction with another crime;
- Relationship problems or intimate partner violence (IPV) were precipitating factors for many forms of violence.
 - Nineteen percent of all homicides were precipitated by IPV.
 - Fifty-two percent of all female homicides were precipitated by IPV compared with 9 percent of male homicides.
 - Thirty-two percent of all suicides were precipitated by a problem with an intimate partner.
- Alcohol intoxication was involved in many violent deaths – of the victims tested for alcohol (76 percent), nearly 60 percent were above the legal limit of 0.08 BAC at the time of death.



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NVDRS collects data regarding violent deaths from death certificates, coroner/medical examiner reports, and law enforcement reports. The system links multiple source documents to enable researchers to better understand each violent death so they can better inform public health prevention efforts. Before NVDRS, single data sources provided limited information from which to understand patterns of violent death. CDC's NVDRS began collecting data in 2003 in 7 states and grew to include 17 states in 2006. Apart from the addition of new states over time, the system has not been in place long enough to analyze trends for this report.

“A unique benefit of NVDRS data is the greater understanding of the circumstances and situational stressors that surround suicide and violent deaths,” said Jerry Reed, executive director, Suicide Prevention Action Network USA and a member of the National Violence Prevention Network. “This information is indispensable in our ability to identify prevention opportunities and approaches.”

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The NVDRS data suggests some prevention opportunities to reduce violent deaths. For example:

- Relationship problems and intimate partner violence were precipitating factors in many types of violent death. Programs designed to enhance social problem-solving and coping skills, and skills dealing with stressful life events have potential to reduce violence.
- Prevention programs and efforts aimed at addressing mental health problems may reduce some of the precipitating factors for violence.
- Programs and efforts to increase education and outreach about warning signs for violence are very important for prevention.

States participating in this report include: Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Wisconsin, and Virginia.

The [National Violence Prevention Network](#) (NVPN) is working to fully implement NVDRS in the United States to enable every state to design and implement effective violence prevention programs. While state-specific information provides enormous value to local public health and law enforcement officials, national data from all 50 states, the U.S. territories and the District of Columbia, must be obtained to complete the picture and inform national suicide prevention policies and programs.

View the CDC's Morbidity and Mortality Weekly Report Surveillance Summaries:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5703a1.htm>.

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The National Violence Prevention Network is a broad-based coalition of national organizations dedicated to violent death prevention by advocating for the full implementation of NVDRS in the United States. For more information, go to www.preventviolence.net.