

**THE NATIONAL VIOLENT DEATH  
REPORTING SYSTEM  
UPDATE 2003**

# **NVDRS UP AND RUNNING**

Through a Congressional appropriation in 2002, the Centers for Disease Control and Prevention (CDC) took the first steps in establishing an initiative known as the National Violent Death Reporting System (NVDRS). State health departments applied to join this ground-breaking program, and six states – Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia – received federal funds to collect and analyze data about homicides, suicides, and other forms of violent death.



# A NETWORK OF STATES BUILDING THE NATIONAL SYSTEM

Support for the six initial states covers a five-year period. In 2003, Congress appropriated \$3 million to extend implementation of NVDRS to additional states.

CDC has published a second invitation for state health departments to submit funding requests. The goal is to increase the number of states participating in NVDRS each year until it becomes fully operational in all states.

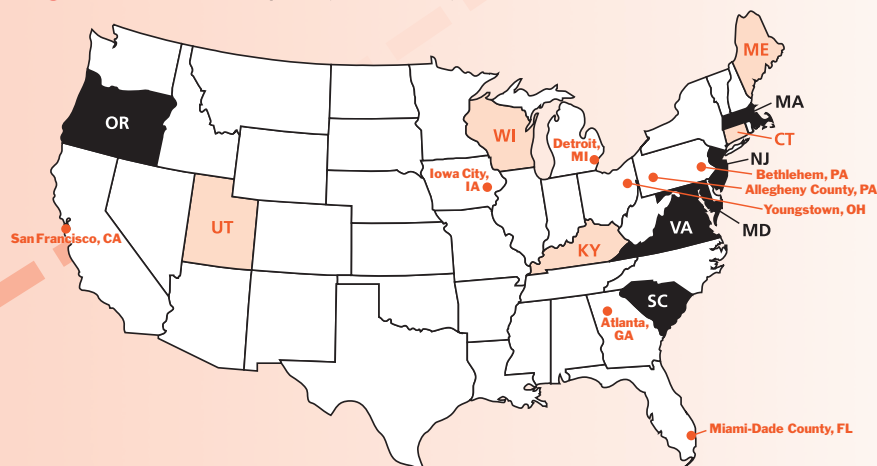
NVDRS will combine data from health and law enforcement sources to provide a clearer picture of the circumstances surrounding violent deaths.

## A Smooth Transition

A privately funded system known as the National Violent Injury Statistics System (NVISS) has been testing a prototype for NVDRS at 13 sites nationwide. CDC is building on this private sector investment by adopting many features of that system and adding improvements of their own, such as expanded information on drug overdose deaths. NVISS collaborators (Harvard School of Public Health, Medical College of Wisconsin, and ten other universities, medical centers, and health departments) will continue to provide technical assistance to CDC as NVDRS gets underway.

## NVDRS AND NVISS SITE MAP

- NVDRS Site
- NVISS Pilot Participant (Until 2004)



For more information about NVDRS or how to apply, visit [www.cdc.gov/ncipc/dvp/dvp.htm](http://www.cdc.gov/ncipc/dvp/dvp.htm).

## RESULTS MATTER: REAL-LIFE APPLICATIONS

Data collected and linked by NVISS sites have illuminated both local and national patterns. As researchers put the data to work, we are gaining unprecedented insight into the characteristics and circumstances that contribute to the 50,000 violent deaths that occur annually in the United States.



Equipped with information about how, when, where, and why violence

happens, we can better implement policies and programs that will reduce its toll.

**Crimes of passion:** Combined NVISS data show that about 60% of men who kill their intimate partners commit suicide shortly thereafter – information that was largely unavailable in the past. This intersection of self-inflicted and outwardly-directed violence suggests that suicidal impulses may be a risk factor for the most deadly forms of intimate partner violence.

**Suspects close to home:** At the Miami-Dade County NVISS site, researchers at Jackson Memorial Medical Center uncovered the fact that, in 2001, more than 90% of female firearm homicide victims were killed by an intimate partner, friend, or acquaintance. This finding has implications for crime-fighting

and murder investigations. It may also inform prevention efforts such as restraining orders and be used to put friends and family on alert for dangerous situations.

**The impulsivity factor:** Preliminary data from multiple NVISS sites indicate that close to a third of firearm suicide victims faced an acute crisis – such as a relationship break-up or an arrest – in the two weeks preceding their death. For teen victims, close to half (46%) faced such crises. These facts suggest that family members, counselors, physicians, law enforcement, and community members alike can stop tragedies by connecting the dots between recent hardships and desperate acts.

## Lifting the Curtain on Suicide

Suicides account for roughly 60% of violent deaths. As better data reveal the role of alcohol or other drugs, or histories of psychiatric treatment, caregivers and policy-makers can pinpoint ways to intervene before resolvable situations unravel irreversibly. Indeed, the Institute of Medicine's October 2002 report "Reducing Suicide: A National Imperative" called for implementation of NVDRS as a key to preventing suicide.



To learn more about NVISS, please call 617-432-3353 or visit [www.nviss.org](http://www.nviss.org).

## HOW IT ALL WORKS

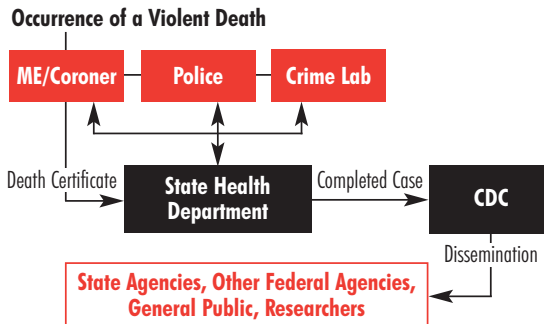
### NVDRS Nuts and Bolts

The system combines data from death certificates, coroner and medical examiner investigations, police reports, and occasionally from local crime labs. Typically, the process starts when state health department personnel are notified of a violent death via a death certificate. They then identify the relevant records that reside with the police and medical examiner or coroner. They merge information from these sources into one registry. After stripping off any personal identifiers to ensure confidentiality, they forward it to CDC's multi-state database.

### Protecting Kids: Child Fatality Review Module

In most states, Child Fatality Review Teams (CFRT) meet after the death of a child to combine the knowledge of police departments, social service workers, medical examiners, pediatricians, and others to prevent similar tragedies in the future. While CFRTs are widespread, there is little standardization in the information they collect or how it is coded from

### Flow of Information for the National Violent Death Reporting System



one state to the next. To make use of the wealth of information obtained by these groups, NVISS has worked with several CFRT leaders to design an optional child fatality module for NVDRS.

The module documents, for example, whether a child had come to the attention of Child Protective Services before his or her death. Such information can help identify any missed opportunities to intervene.



## CONTINUED SUPPORT FROM ADVOCATES AND DATA PARTNERS

In 2002, nearly 60 organizations, representing medicine, public health, mental health, child welfare, law enforcement, criminal justice, and religious communities, again voiced their support for NVDRS to members of Congress. From the American Academy of Pediatrics to the American Public Health Association to the Police Foundation, many civic, academic, and professional groups and individuals wrote letters, called, or visited with legislators to express enthusiasm for the new system.

In addition, professional organizations whose members are vital to collecting and linking public health data have been active partners. The feedback and insight of these groups have been invaluable, including:

- American Society of Crime Laboratory Directors
- Association of State and Territorial Health Officials
- Council of State and Territorial Epidemiologists
- National Association of Medical Examiners
- State and Territorial Injury Prevention Directors' Association

## SUMMING UP: THE BOTTOM LINE

**Problem:** Every year, we're failing to use critical information on what's killing us. And every year another 50,000 Americans die.

**Solution:** A federally funded National Violent Death Reporting System will enable states to collect and access uniform, detailed information about violent deaths – information that will help us save lives.

**Cost:** An estimated \$17 million annual appropriation to the CDC is needed for 50-state implementation. Phasing in the system will require \$8.5 million over each of the next two years.



## IN THE NEWS

### The New York Times

The New York Times took note of the budding system at CDC, with a major story in their Science Times section.

Reporter David Tuller interviewed

spokespersons at CDC, the Harvard School of Public Health, and several NVISS sites. He used findings from Wisconsin, Miami, and Pittsburgh to make the case that “shared information may help agencies with prevention.”

– January 14, 2003

### The Boston Globe

After several brutal slayings put homicide on the front pages, city officials tried to make sense of the rise. Despite a 31-year low in violent crimes, Boston’s murder rate

had actually doubled in the past two years. The limited depth of knowledge offered little about contradictory findings like these. As the opinion editorial put it, “the only thing that is clear right now is that we don’t have all the facts,” but better data can help explain dramatic changes in homicide rates and identify effective models of prevention. – August 24, 2002

### The Miami Herald

Judy Schaechter, director of the NVISS-collaborating site in Miami, authored an opinion piece in response to a spate of murders in the area in the summer of

2002. “Knowing everything we can about the problem of violence will help families, counselors, law enforcement, and policymakers to step in before a breakup or domestic dispute turns tragic...Without a comprehensive reporting system, we can only speculate about which education and outreach policies work to keep Americans safe. NVDRS is the critical first step to better understanding the bigger picture of violence and creating effective policies tailored to each community’s needs.” – August 14, 2002

### The Washington Post

Health columnist Abby Trafford decried the stark contrast between the quality of data we collect about automobile-related fatalities versus violent deaths. To bridge

what Trafford dubbed the “Fatal Data Gap,” she argued we must match the Department of Transportation’s data collection system when it comes to documenting homicides and suicides. She also highlighted NVISS data showing that more than 65% of women who are murdered are killed at home, implying that “home visits by social workers might [help] protect women.” – June 25, 2002