

## FOR IMMEDIATE RELEASE

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### New Research from National Violent Death Reporting System Lauded *Data Leads to Prevention Efforts, Partnerships, Awareness*

Washington, DC (December 14, 2006) – Research findings on violent death can help identify prevention strategies, a coalition of health and welfare, violence and suicide prevention, and law enforcement advocates said today. The groups hailed studies published in the journal *Injury Prevention*, which draw on data from the National Violent Death Reporting System (NVDRS) to identify patterns of violent death in America.

Among the findings from the NVDRS data:

- **Child Homicide** - Black children ages 4 and under are 4.2 times more likely than white children to fall victim to a violent death. Most perpetrators of child homicide were found to be caregivers or parents, and most occurred at home, using weapons of opportunity such as household objects.
- **Murder-Suicide** - While murder-suicides are rare, some 30 percent of males who murdered their intimate partner ultimately committed suicide. Most victims were current or former intimate partners of the perpetrator, and a substantial number of victims were the perpetrator's children. Nearly 75 percent of victims were women and nearly 92 percent of the perpetrators were men. The perpetrators commonly had a recent history of legal (25.3 percent) or financial (9.3 percent) problems.
- **Suicide** - Significant differences exist in mental illness diagnoses and treatment along racial and ethnic lines among those who die by suicide. Whites were more likely to be diagnosed with depression or bipolar disorder, and blacks were more likely than other groups to be diagnosed with schizophrenia. Hispanics were less likely to have been diagnosed with a mental illness or to have received treatment, although the family reports of depression were comparable.

The *Injury Prevention* studies drew on data from NVDRS, a database constructed by the Centers for Disease Control and Prevention. NVDRS currently includes information from 17 states identifying characteristics about victims and perpetrators of violent deaths, their relationship, plus information about location, weapons, presence of alcohol or drugs, and other factors. There are approximately 50,000 violent deaths each year in the United States.

“The information we can learn from NVDRS is invaluable when it comes to our ability to address and prevent violent deaths,” said Neal D. Kohatsu, MD, MPH, FACPM, president of the American College of Preventive Medicine, a member of the coalition. “This system effectively links existing data to create a critical public health tool to learn more about, and prevent, homicides and suicides.”

Other findings include:

- Among poisoning deaths, approximately 20 percent of unintentional poisonings and 25 percent of suicides by poison had a physical health problem, according to a New Jersey study. Poisoning deaths for those with a physical health problem disproportionately involved oxycodone.
- Women in North Carolina are about seven times more likely than men to be killed by intimate partner violence, according to a study by the state. Other types of argument or conflict were the leading cause of male homicides. Further, the homicide rate for African American women (5.2/100,000) was more than twice that of white women (2.4/100,000) in the state, and the homicide rate for African American men (27.7/100,000) was almost five times the rate for white men (5.6/100,000).
- More than half (57.4 percent) of those who died by suicide in South Carolina had visited a hospital or emergency room within two years prior to their death, with an average of three visits, according to a study of the state’s NVDRS data that was linked to human services databases.

The 17 states participating in NVDRS are Maryland, Massachusetts, New Jersey, Oregon, South Carolina, Virginia, Alaska, Colorado, Georgia, Oklahoma, North Carolina, Rhode Island, Wisconsin, California, Kentucky, Utah, and New Mexico. Eight additional states and the District of Columbia have been approved to join NVDRS but do not have funding, and another five have expressed an interest in participating. Lack of funding has held up full implementation of the database in all 50 states, which is estimated to cost \$20 million per year to maintain.

“At only \$20 million to implement the system nation-wide, NVDRS is a low cost program that yields high caliber results,” said Jerry Reed, executive director for Suicide Prevention Action Network USA of the hundreds of millions of dollars or more spent each year by the federal government. “Without national participation in the program, thousands of Americans’ lives will remain at risk.”

The benefits of NVDRS data are already evident, even though the program is still in its early stages. NVDRS states are using the data to identify prevention opportunities, revitalize the strategic planning process, and forge partnerships for prevention initiatives.

- At least six NVDRS states have released comprehensive suicide prevention plans with the assistance of NVDRS data.
- NVDRS data in Massachusetts is used to inform small communities near urban centers about trends in violent deaths, allowing them to plan and prepare for the potential spread of specific types of crime much sooner than might otherwise be possible. The state has also been able to monitor suicides and homicides more accurately among specific

populations, such as foster children and youths in custody, and according to specific causes, such as Shaken Baby Syndrome.

- In Virginia, media coverage of the findings has increased awareness of the broad spectrum of violent deaths, both in the general public and in those professions where such statistics are paramount (medicine, law enforcement, social workers, etc.).
- In South Carolina, two statewide violence prevention meetings have been convened in light of NVDRS findings, important information-sharing partnerships have been developed to further the reach of the existing data, and a suicide prevention plan has been developed.
- The Oregon NVDRS found that at least 37 percent of elder suicide victims visited their doctor within 30 days of their suicide. The state's elder suicide prevention plan, which drew on NVDRS data, calls for better integration of primary care and mental health services to better identify and treat elders at risk of suicide. The state has received a \$100,000 grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help implement the plan.

**TO SCHEDULE AN INTERVIEW WITH AN EXPERT FROM THE COALITION,  
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The members of the coalition include more than 35 national organizations who advocate for health and welfare, violence and suicide prevention, and law enforcement. The coalition will seek to obtain \$10 million in funding for the National Violent Death Reporting System for FY08.