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

New Jersey's 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 report, Morbidity and Mortality Weekly Report (MMWR) Surveillance Summaries (SS), provide data on violent deaths from 16 U.S. states for 2005, including New Jersey. NVDRS is a comprehensive, linked reporting system that collects and centralizes information on violent deaths from a variety of sources. NVDRS creates a clearer picture of the circumstances related to violent deaths, aiding prevention efforts in states and at the federal level. New Jersey began participating in NVDRS in 2003. The program has allowed state health officials to monitor suicides more accurately among specific populations, and better understand and possibly prevent suicide among foster children and youths in custody. Although NVDRS is currently funded in 17 states, data from California was not included in this report because NVDRS has been implemented in a limited number of California counties.

The MMWR SS report released today showed 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;
- Despite the high prevalence of mental health problems among suicide victims, only one third were known to be receiving treatment at the time of death;
- Suicides by current and former military personnel comprised 20% 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;
- 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.
- 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 nine percent of all male homicides
 - Thirty-two percent of all suicides were precipitated by a problem with an intimate partner.



“NVDRS captures information such as treatment status, diagnoses, employment status, and the results of toxicology screening for the presence of alcohol, antidepressants, and other drugs at the time of death,” said Katherine Hempstead, PhD, Principal Investigator, New Jersey Department of Health and Senior Services. “Having these data at our fingertips can provide answers to an individual’s condition and mental state at death, and potentially help us better understand how to develop and implement prevention programs.”

NVDRS collects data regarding violent deaths from death certificates, coroner/medical examiner reports, and law enforcement reports. NVDRS links multiple source documents to enable researchers to better understand each violent death and inform public health prevention. Before NVDRS, single data sources provided limited information from which to understand patterns and the circumstances surrounding violent deaths. 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.

“Previously, these data were not coordinated between public health departments, medical examiners, and law enforcement in a comprehensive system,” continued Hempstead. “Now we’re able to provide data from the NJVDRS to suicide prevention programs, and state and local organizations addressing violence.”

NVDRS Data Can Help Guide Prevention Efforts

NVDRS data indicates clear variations in risk of death from violence-related injuries in 2005, and suggests some prevention opportunities to reduce violent deaths. For example:

- Relationship problems or intimate partner conflict were precipitating factors for many forms of violence. 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.

“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.”

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 violent death 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 monitor the effectiveness of state and national violence prevention policies and programs.

View the CDC’s *Morbidity and Mortality Weekly Report* at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5703a1.htm>
To view the New Jersey state report, visit <http://www.preventviolence.net/statebystate/NewJersey.html>.