



The National Violent Death Reporting System (NVDRS): Linking Data. Saving Lives

Thank you for this opportunity to submit testimony in support of increased funding for the National Violent Death Reporting System (NVDRS), which is administered by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC). The National Violence Prevention Network, a broad and diverse alliance of health and welfare, suicide and violence prevention, and law enforcement advocates (names attached on last page) is requesting a \$4 million increase in funding for Fiscal Year 2009 to allow the CDC to expand NVDRS beyond the 17 states that currently participate in the program.

Each year, 50,000 Americans die violent deaths. Homicide and suicide are, respectively, the third and fourth leading causes of death for people aged 1–39 years. An average of 80 people take their own lives every day.

Before NVDRS was created, federal and state public health and law enforcement officials collected valuable information about violent deaths, but didn't combine it into one comprehensive reporting system. Instead, data was held in a variety of different systems, and policymakers lacked the clear picture necessary to develop effective violence prevention policies.

When it was created in 2002, NVDRS promised to capture data that is critical to identifying patterns and developing strategies to save lives. With a clearer picture of why violent deaths occurs, law enforcement and public health officials can work together more effectively to identify those at risk and provide effective preventive services.

Currently, NVDRS funding levels only allow the program to operate in 17 states, including Alaska, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. Eight additional states, plus the District of Columbia, were previously approved for participation in the NVDRS, but were unable to join due to funding shortfalls: Connecticut, Illinois, Maine, Michigan, Minnesota, New York, Ohio, and Texas. Several other states have expressed an interest in joining once new funding becomes available.

While NVDRS is beginning to strengthen violence and suicide prevention efforts in the 17 participating states, many other states will lack this benefit until additional funding is allocated.

NVDRS Provides Critical Data for Suicide Prevention

Although it is preventable, more than 30,000 Americans die by suicide each year, and another 1.8 million Americans attempt it, costing more than \$3.8 billion in hospital expenses and \$13 billion in lost earnings.

In the United States today, there is no comprehensive national system to track suicides. However, because NVDRS includes information on all violent deaths – including deaths by



suicide – information from the system can be used to develop effective suicide prevention plans at the community, state, and national level.

For instance, NVDRS data from 13 states uncovered significant racially and ethnically-based differences in mental illness diagnoses and treatment among those who died by suicide. Specifically, whites were more likely to have been diagnosed with depression or bipolar disorder, while blacks were more likely than other groups to have been diagnosed with schizophrenia. Hispanics were less likely to have been diagnosed with a mental illness or to have received treatment at all, although the family reports of depression were comparable to other racial groups.

Of particular note, CDC determined from national NVDRS data for 2005 that the suicide of veterans comprised 20% of all suicides. The types of data collected by NVDRS on these suicides, including gender, blood alcohol content, mental health diagnosis, and intimate partner violence or physical health problems, will guide our military communities and veterans' services in formulating effective programs to identify and treat at-risk individuals.

With such information available for the first time, officials in participating states are using NVDRS data in a myriad of ways. For example,

- With the sixth-highest rate of elder suicide in the nation, Oregon tailored its NVDRS data to develop an epidemiological profile of victims and establish an elder suicide prevention plan. NVDRS data indicated that most victims of elder suicide in Oregon had been suffering from physical illness, and that 37 percent had visited a doctor in the 30 days prior to their death. As a result of this NVDRS data, the state developed an elder suicide prevention plan that calls for better integration of primary care and mental health services, so that potential suicide victims can be better identified and treated. The plan also calls for training primary health care providers, integrating mental health care into primary care, and educating family members about the risks of suicide and warning signs of depression.
- NVDRS data found that one in four of Virginia's suicide victims had served in the military. Among male victims over 65, more than 60 percent were veterans. These findings indicate that the state's suicide prevention and education efforts must extend to veterans' hospitals and service providers.
- NVDRS data provides state health officials in South Carolina with vital information that indicates behavior patterns, enables health officials to identify individuals at risk, and to intervene early with appropriate preventive measures. After NVDRS data showed that more than 40 percent of suicide victims were currently or formerly receiving mental health treatment or tested positive for psychiatric medication, the state established its first ever suicide prevention plan, which also included the formation of a Suicide Prevention Task Force.



- In New Jersey, state officials using NVDRS information discovered that far more homicides were related to gang violence than they had previously been aware of, and they were able to inform police departments of a broader gang violence profile. Now that they track the gang violence problem more accurately, they are adapting violence reduction efforts based on these findings.

NVDRS Provides Critical Data to Protect Children and Adolescents

Child abuse and other violence involving children and adolescents remains a problem in America, and it is only through a comprehensive understanding of its root causes that many needless deaths can be prevented. Studies suggest that between 3.3 and 10 million children witness some form of domestic violence annually. Additionally, 1,387 children died as a result of abuse or neglect in 2004, according to the federal Administration on Children, Youth, and Families, part of the Department of Health and Human Services.

Children are most vulnerable and most dependent on their caregivers during infancy and early childhood. Sadly, NVDRS data has shown that young children are at the greatest risk of homicide in their primary care environments. Combined NVDRS data from Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia determined that African American children four years old and under are more than four times more likely to be victims of homicide than Caucasian children, and that homicides of children four and under are most often committed by a parent or caregiver in the home. The data also shows that household items, or “weapons of opportunity,” were most commonly used, suggesting that poor stress responses may be factors in these deaths. Knowing the demographics and methods of abusers can lead to more effective, targeted prevention programs.

Other examples of how NVDRS data is informing programs to protect children and adolescents from violence include the following:

- Data from NVDRS pilot sites in Connecticut, Maine, Utah, Wisconsin, Pennsylvania, and California found that almost 30 percent of suicide victims age 17 and under told someone they felt suicidal. Many teen suicides also appear to be linked to recent events in their lives, with nearly one-third of suicides taking place on the same day as a crisis and almost half within the same week. This data underscores the importance of developing community-based programs to rapidly respond to the warning signs of suicide.
- With data generated by NVDRS, state health officials in Massachusetts have been able to monitor suicides and homicides more accurately among specific populations, such as foster children and youths in custody. The NVDRS data has been used to secure grants for violence prevention programs for these special populations, about whom data had previously been impossible to obtain.



NVDRS Provides Critical Data to Prevent Intimate Partner Violence

While intimate partner violence (IPV) has declined along with other trends in crime over the past decade, thousands of Americans still fall victim to it every year. Women are much more likely than men to be killed by an intimate partner. Intimate partner homicides accounted for 33.5 percent of the murders of women and less than four percent of the murders of men in 2000, according to the Bureau of Justice Statistics.

Although the program is still in its early stages, NVDRS is providing critical information that is helping law enforcement and health and human service officials allocate resources and develop programs in ways that target those most at risk for intimate partner violence, thereby preventing needless deaths. For example, NVDRS data shows that while occurrences are rare, most murder-suicide victims are current or former intimate partners of the suspect, and a substantial number of victims were the suspect's children. In addition, NVDRS indicates that women are about seven times more likely than men to be killed by a spouse, ex-spouse, lover, or former lover, and the majority of these incidents occurred in the women's homes.

Examples of how state officials are using NVDRS data to better understand and prevent intimate partner violence include:

- Based on an analysis of NVDRS data, the Kentucky Injury Prevention Research Center concluded that among women killed by an intimate partner, only 39% had had filed for a restraining order or been seen by or reported to Adult Protective Services. This finding underscored a perceived need in the community to improve outreach linking potential victims to local protective services.
- Working with the state's NVDRS program, the Alaska Department of Law and Public Safety found there is a high risk for intimate partner violence, both homicide and suicide, when one partner is attempting to leave the relationship. Findings such as this one are molding the state's strategy for domestic violence prevention.

Strengthening and Expanding NVDRS in FY 2009

At an estimated annual cost of \$20 million for full implementation, NVDRS is a relatively low-cost program that yields high-quality results. 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 establish effective national violence prevention policies and programs.

That is why the National Violence Prevention Network, a coalition of national organizations who advocate for national violence prevention programs, is calling on Congress to provide no less than \$7.5 million for NVDRS for FY 2009 – an increase of \$4 million. The cost of *not*



NATIONAL VIOLENCE
PREVENTION NETWORK

implementing the program is much greater: without national participation in the program, thousands of American lives remain at risk.

We thank you for the opportunity to submit this statement for the record and applaud your past commitment to NVDRS. The investment in NVDRS has already begun to pay off, as the 17 participating states are adopting effective violence prevention programs. We believe that increased funding that will lead to national implementation of NVDRS is a wise public health investment, and our nation will reap enormous benefits in reducing deaths from domestic violence, veteran suicide, teen suicide, gang violence and other violence that affects our citizens so tragically each year. We look forward to working with you secure an appropriation of at least \$7.5 million in FY 2009.

For additional information please contact, Paul Bonta, Associate Executive Director for Policy and Government Affairs at the American College of Preventive Medicine, at pbont@acpm.org or 202-466-2044.



NATIONAL VIOLENCE PREVENTION NETWORK

The following organizations — representing a diverse alliance of health and welfare, suicide and violence prevention, and law enforcement advocates — urge Congress to provide at least \$7.5 million to strengthen and expand the National Violent Death Reporting System in FY 2009:

Ambulatory Pediatric Association
American Academy of Pediatrics
American Association of Suicidology
American College of Emergency Physicians
American College of Physicians
American College of Preventive Medicine
American Pediatric Society
American Psychiatric Association
American Psychological Association
American Public Health Association
Association of Medical School Pediatric Department Chairs
Child Welfare League of America
Children's Healthcare Is a Legal Duty (CHILD)
Coalition for American Trauma Care
Council of State and Territorial Epidemiologists
Emergency Nurses Association
Family Violence Prevention Fund
National Association of County & City Health Officials
National Association of Medical Examiners
National Association of Pediatric Nurse Practitioners
National Black Police Association
National Organization of People of Color Against Suicide
National School Safety Center
New York Academy of Medicine
The Police Foundation
Society for Adolescent Medicine
Society for Pediatric Research
Society for Public Health Education
State and Territorial Injury Prevention Directors Association
Suicide Awareness/Voices of Education (SAVE)
Suicide Prevention Action Network USA (SPAN USA)
Voices for America's Children