

**Testimony of the National Violence Prevention Network
Concerning Fiscal Year 2014 Appropriations**

*Submitted for the Record to the House Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies – March 15, 2013*

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 at 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 supports increasing the FY 2014 funding level to \$25 million to allow for nationwide expansion of the NVDRS program. FY 2013 NVDRS funding is \$3.5 million.

BACKGROUND

Each year, about 55,000 Americans die violent deaths. Suicide and homicide are the fourth and fifth leading causes of death for Americans of all ages. In addition, an average of 105 people (22 of which are military veterans) take their own lives each day.

The NVDRS program makes better use of data that are already being collected by health, law enforcement, and social service agencies. The NVDRS program, in fact, does not require the collection of any new data. Instead it links together information that, when kept in separate compartments, is much less valuable as a tool to characterize and monitor violent deaths. With a clearer picture of why violent deaths occurs, law enforcement, public health officials and others can work together more effectively to identify those at risk and target effective preventive services.

Currently, NVDRS funding levels only allow the program to operate in 18 states, including **Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia,** and **Wisconsin**. Six additional states; **Connecticut, Illinois, Maine, Minnesota, New York,** and **Texas** plus the **District of Columbia**, were previously approved for participation in the NVDRS, but were unable to join due to funding shortfalls. 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 18 participating states, non-participating states continue to miss out on the benefits of this important public health surveillance program.

NVDRS IN ACTION

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 these needless deaths can be prevented. Studies suggest that between 3.3 and 10 million children witness some form of domestic violence annually. Additionally, 1,560 children died as a result of abuse or neglect in 2010.

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 own homes. Combined NVDRS data from **Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina,** and **Virginia** determined that African American children

aged 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 aged 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 child abusers can lead to more effective, targeted prevention programs.

Intimate partner violence (IPV) is another issue where NVDRS is proving its value. While IPV has declined along with other trends in crime over the past decade, thousands of Americans still fall victim to it every year. Intimate partner homicides accounted for 30 percent of the murders of women and five percent of the murders of men in 2006, according to the Bureau of Justice Statistics.

Despite being in its early stages in several states, NVDRS is already 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. 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 data indicate that women are about seven times more likely than men to be killed by a spouse, ex-spouse, lover, or former lover, and most of these incidents occurred in the women’s homes.

NVDRS & VA SUICIDES

Although it is preventable, every year more than 38,000 Americans die by suicide and another one million Americans attempt it, costing more than \$36 billion in lost wages and work productivity. 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 levels.

The central collection of this data can be of tremendous value for organizations such as the Department of Veterans Affairs that are working to improve their surveillance of suicides. For instance, CDC determined from national NVDRS data that veterans comprised 20% of all suicide victims. The types of data collected by NVDRS including gender, blood alcohol content, mental health issues, physical health issues, and intimate partner violence can help prevention programs better identify and treat at-risk individuals.

FEDERAL ROLE NEEDED

At an estimated annual cost of \$25 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, data from all 50 states, the U.S. territories and the District of Columbia must be obtained to complete the national picture. Aggregating this additional data will allow us to analyze national trends and also more quickly

and accurately determine what factors can lead to violent death so that we can devise and disseminate strategies to address those factors.

STRENGTHENING AND EXPANDING NVDRS IN FY 2014

In January 2013, President Obama and Vice President Biden released, “Now Is The Time: The President’s Plan to Protect our Children and our Communities by Reducing Gun Violence.”

Recognizing the utility of NVDRS in understanding violence, one of the major strategies in the report calls for an infusion of \$20 million for NVDRS to facilitate its nation-wide expansion.

The National Violence Prevention Network, a coalition of national organizations that advocate for national violence prevention programs, is supporting the Administration’s request by calling on Congress to provide \$25 million for NVDRS in FY 2014. As state funding is based on population and violent death rates, significant funding increases are necessary to incorporate larger states into the program. However, the cost of *not* implementing the program is much greater: without national expansion of the program, thousands of American lives remain at risk.

We thank you for the opportunity to submit this statement for the record. The investment in NVDRS has already begun to pay off, as the 18 participating states are adopting effective violence prevention programs. We believe that national implementation of NVDRS is a wise public health investment that will assist state and national efforts to prevent deaths from domestic violence, veteran suicide, teen suicide, gang violence and other violence that affects communities around the country. We look forward to working with you secure an FY 2014 NVDRS appropriation of \$25 million.