

The Illinois Violent Death Reporting System

Violence is a public health problem that affects individuals, families and communities. According to data from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center), **2,129 Illinois residents died because of homicide or suicide in 2013** — nearly six violent deaths a day in Illinois.

The good news is that violence can be prevented. Accurate information about who, what, when, where, how and why violent deaths occur is key to developing and evaluating violence prevention efforts. The National Violent Death Reporting System (NVDRS) is a public health surveillance system which compiles facts about violent deaths from four main sources:

- Death certificates
- Coroners/Medical examiners
- Law enforcement
- Crime labs

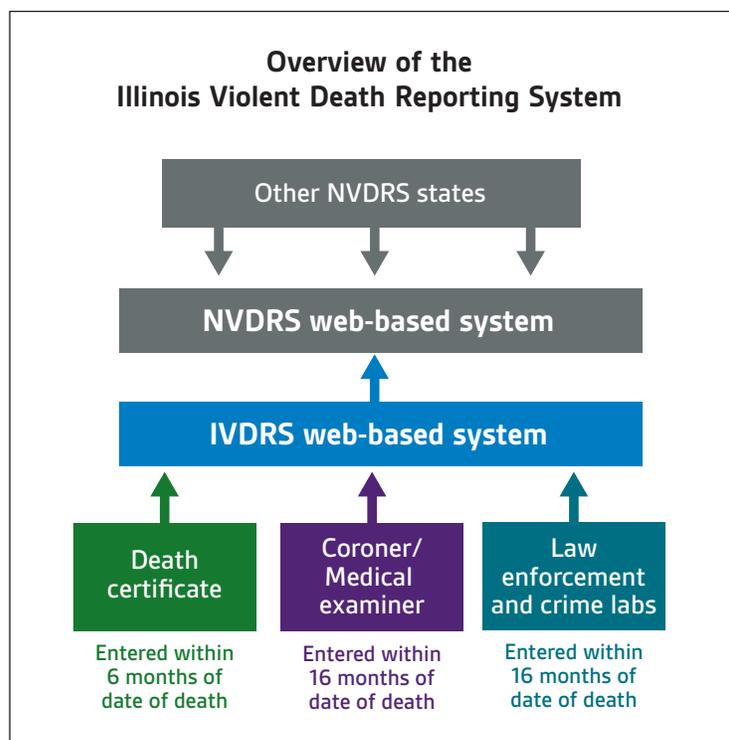
NVDRS is a unique system that provides a complete picture of each violent death in a way no other data system can. NVDRS is able to link related deaths (e.g., multiple homicides or homicides followed by suicide), describe the circumstances surrounding and/or contributing to the event, and provide information on how the person died.

NVDRS data may be accessed from CDC's Web-based Injury Statistics Query and Reporting System (WISQARS™), an interactive, online database which also includes fatal and nonfatal injury data for each state.

NVDRS defines a violent death as a death in which the manner is homicide, suicide, death of undetermined intent, or unintentional firearm death.

In 2014, Illinois became one of 32 NVDRS states funded by the CDC Injury Center. The **Illinois Violent Death Reporting System (IVDRS)** is a project of the Injury Prevention and Research Center of the Stanley Manne Children's Research Institute at Ann & Robert H. Lurie Children's Hospital of Chicago. IVDRS acts as a bona fide agent for and receives additional funding from the Illinois Department of Public Health, to collect and enter violent death data on its behalf.

IVDRS currently collects data from six of the 102 Illinois counties: Cook, DuPage, Kane, Lake, McHenry and Peoria. These counties comprise 78% of all homicides and 56% of all suicides which occur in Illinois. Overall, IVDRS captures 64% of all Illinois violent deaths.



For more information on NVDRS participating states, visit the CDC website at cdc.gov/violenceprevention/nvdrs.

For more information on WISQARS™, visit the CDC website at cdc.gov/injury/wisqars.

What violent death information is in IVDRS?

VICTIM DEMOGRAPHICS, RACE AND ETHNICITY

Age, sex, gender, race/ethnicity, height, weight, marital status, relationship status, sex of partner, sexual orientation, pregnancy status, military/veteran status

VICTIM PLACE OF RESIDENCE, BIRTHPLACE, INDUSTRY, OCCUPATION AND EDUCATION

Country, state, county, city, zip code, US census tract and U.S. census block group of victim's residence, whether or not victim is homeless, birthplace, kind of business/industry, usual and current occupation, education level by degree and number of years

There are instances in which data may be absent, incomplete or unreliable. This may be due to the nature of the deaths and is not related to data collection. For example, homicides with no witnesses may have very little information surrounding the event.

INJURY AND DEATH INFORMATION

Manner of death, state, county, city, zip code, U.S. census tract and U.S. census block group where injury occurred, type of place where injury occurred, date of injury, time of injury, EMS presence at scene of injury, survival time post-injury, whether or not the injury occurred at work or the victim's home, whether or not the victim was in custody when injured, was recently released from an institution, was suspected of using alcohol when injured

HOSPITAL CODES

Whether or not victim was seen in an emergency department, whether or not victim was admitted to inpatient care, hospital International Classification of Diseases (ICD) injury codes

WOUNDS

ICD codes, immediate cause of death, cause leading to immediate cause of death, next antecedent cause of death, underlying cause of death, place of death, date pronounced dead, date of death, whether or not autopsy was performed, number of penetrating wounds, number of bullets, location of each penetrating/bullet wound, multiple conditions listed on death certificate

TYPE OF WEAPON(S) USED

If weapon type is "poison": Poison type(s), poison source

If weapon type is "firearm": Firearm type/make/model, firearm storage (whether or not locked and/or loaded), firearm ownership, firearm stolen (if applicable)

SUSPECT INFORMATION

Information about suspect: Age, sex, race/ethnicity

Circumstances regarding suspect: Suspect's relationship to victim, history of abuse of victim by suspect, suspect was caregiver to victim, suspect attempted suicide after the incident, suspect is also a victim in the incident, whether or not suspect is mentally ill

TOXICOLOGY*

Testing for presence of: Alcohol, carbon monoxide, amphetamines, anticonvulsants, antidepressants, antipsychotics, barbiturates, benzodiazepines, cocaine, marijuana, muscle relaxants, opiates, other

**Testing for certain substances varies by county*

This data brief was supported by Grant Number 1U17CE001590-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. Additional support provided by the Illinois Department of Public Health.

What are the circumstances related to violent deaths?

MENTAL HEALTH, SUBSTANCE ABUSE AND OTHER ADDICTIONS

Current diagnosed mental health problem, current depressed mood, current mental health/substance abuse treatment, history of ever receiving mental health/substance abuse treatment, alcohol problem/substance abuse problem/other addiction, mental illness diagnosis

RELATIONSHIP, LIFE STRESSORS AND PREVIOUS EXPOSURE TO VIOLENCE

Intimate partner violence history (homicide only), intimate partner problem (suicide only), family relationship problem, other relationship problem, abuse/neglect led to death, history of abuse or neglect as a child, previous perpetrator and/or victim of violence in past month, physical fight, argument and timing of argument

CRIME AND CRIMINAL ACTIVITY

Death precipitated by another crime/nature of crime, first crime was in progress at time of death/nature of crime, stalking, prostitution or sex trafficking, terrorist attack, walk-by assault, gang related

CRISIS

A “crisis” is a current/acute event (within two weeks of death — past or impending); may be related to an existing circumstance, or entered as “other”

HOMICIDE/LEGAL INTERVENTION

Justifiable self-defense, victim was a police officer on duty, victim was a bystander, random violence, victim was an intervener, victim used a weapon, mercy killing, hate crime, jealousy (lover’s triangle), brawl (three or more people in a physical fight), drive-by shooting, drug involvement

SUICIDE/DEATH OF UNDETERMINED INTENT

History of suicide attempts, history of expressed suicidal thoughts/plans, recently disclosed suicidal thoughts/plan to commit suicide and to whom, whether or not a suicide note was found

Life Stressors: Continuing criminal legal problem, civil legal problems, financial/school/job (including under- or unemployment) problem(s), eviction/loss of home, suicide of friend/family contributed to death, non-suicide death of friend/family, anniversary of a traumatic event, disaster exposure

UNINTENTIONAL FIREARM DEATHS

Context of injury: Hunting, target shooting, self-defense shooting, celebratory firing, loading/unloading gun, cleaning gun, showing gun to others, playing with gun, other context of injury

Mechanism of injury: Thought safety was engaged, thought gun was loaded/magazine disengaged, thought gun was unloaded (other), unintentionally pulled trigger, bullet ricochet, gun defect or malfunction, fired while holstering/un-holstering, dropped gun, fired while operating safety/lock, gun mistaken for toy, other mechanism of injury

Descriptive content (narrative)

Written by data abstractors, narratives tell the story of and provide context for understanding the violent death incident. They can be used for case review and identification of appropriate cases for targeted analyses. Narratives can capture information of local interest and are included in (1) coroner/medical examiner and (2) law enforcement files.

How can IVDRS data be used?

The ultimate goal of IVDRS is to provide data to those who can use it to decrease the number of violent deaths.

You may want to request IVDRS data if you are a policy maker, organization that works to decrease violence or a member of the media. Any parties interested in requesting IVDRS data should be aware of the following:

FOR EVERYONE, INCLUDING MEDIA:

- Anyone can request a data report to be included in the IVDRS queue
- Data will be provided as aggregated numbers only; individual-level data will not be provided
- Instances in which there are fewer than 10 cases will be suppressed

FOR RESEARCHERS:

- A formal agreement must be arranged between the requestor's institution, Ann & Robert H. Lurie Children's Hospital of Chicago and the Illinois Department of Public Health
- IVDRS must be appropriately cited on any and all publications

FOR IVDRS DATA PROVIDERS:

Data providers for IVDRS can request aggregated data for their jurisdiction for use in local violence prevention efforts

How are our partners using IVDRS data?

The Peoria Police Department (Peoria, Illinois) used IVDRS data to describe an increase in infant deaths and develop a targeted intervention to educate parents on how to prevent infant death.

The League of Women Voters-Lake County used the location of Lake County homicides to inform community-based educational programming.

Strengthening Chicago's Youth (SCY) utilized information from the IVDRS data brief *Homicides of School-Aged Children*

and *Adolescents* (May 2011) to connect community-based organizations and journalists to community violence data.

Following the release of the IVDRS data brief *Alcohol in Victims of Homicide* (June 2014), further analysis was requested by the University of Chicago Crime Lab which resulted in a *Washington Post* blog (Harold Pollack, "Alcohol is still the deadliest drug in America, and it's not even close." *Wonkblog. The Washington Post*, 19 Aug 2014. Web. 3 Jun 2015.)

CONTACT INFORMATION

For more information on the Illinois Violent Death Reporting System, please contact:

Maryann Mason, PhD
Principal Investigator
312.227.7026
mmason@luriechildrens.org

Injury Prevention and Research Center
Smith Child Health Research Program
Stanley Manne Children's Research Institute
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 157
Chicago, IL 60611-2991

Stanley Manne
Children's Research Institute
Smith Child Health Research Program

Ann & Robert H. Lurie
Children's Hospital of Chicago



Visit us at our website:
luriechildrens.org/IVDRS



Like us on Facebook:
facebook.com/IVDRS



Follow us on Twitter:
[@IllinoisVDRS](https://twitter.com/IllinoisVDRS)