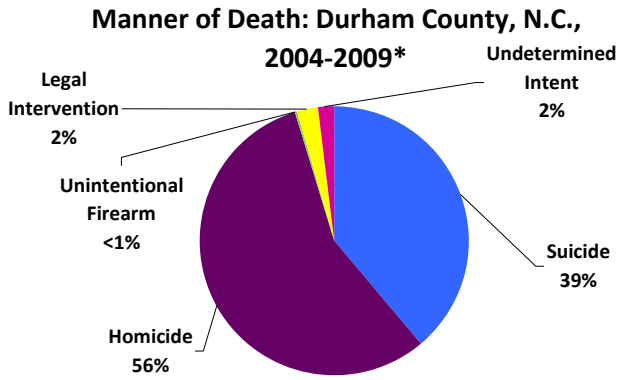
VIOLENT DEATH IN NORTH CAROLINA: DURHAM COUNTY INCIDENTS: 2004-2009

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded state-wide surveillance system that collects detailed information on deaths that occur in North Carolina resulting from violence: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths for which intent could not be determined. NC-VDRS is a multi-source system that gathers information from death certificates, medical examiner reports, and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. All deaths reported in this document are based on location of *occurrence* rather than residence and, instead of a rate, the ocurrent ratio is reported. This statistic is derived from the total number of violent deaths resulting from injuries in a specified geographic region divided by the number of residents in this region. This document summarizes all fatal injuries from violence that occurred in Durham County for the years 2004 through 2009.



*Based on the county of injury occurrence.

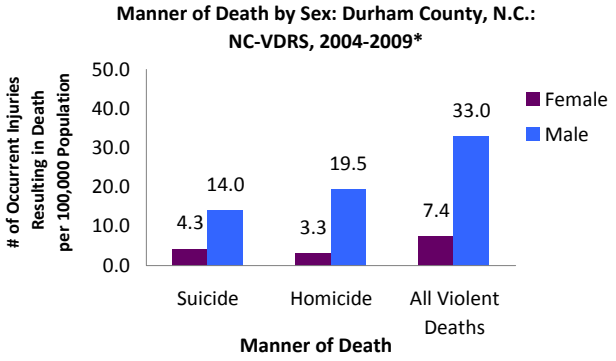
• For the years 2004-2009, there were 301 violent deaths from injuries sustained in Durham County. Of these 301 deaths, 297 were N.C. residents (99%) and 272 were Durham County residents (90%).

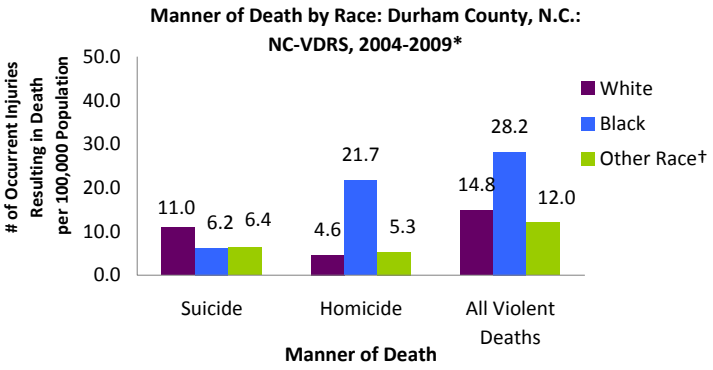
• There were 170 homicides (56 %), 117 suicides (39 %), seven deaths from legal interventions (2%), six deaths of undetermined intent (2 %), and one unintentional firearm death (<1 %).

• In Durham County, the suicide ratio was 3.3 times greater for males than females, and the homicide ratio was 5.9 times greater for males than females.

• Patterns of suicide and homicide differed by race. Suicide victims were more likely to be white than black or another racial group. Whites had 11.0 suicides per 100,000 population versus 6.2 suicides per 100,000 population for blacks. The 'Other Race' category had 4 deaths.

• In contrast, blacks had 21.7 homicides per 100,000 population as opposed to whites who had 4.6 homicides per 100,000 population.





*Based on the county of injury occurrence.

†Other race refers to American Indians, Asians, and other races. Rates might beunstable due to the small number of deaths.

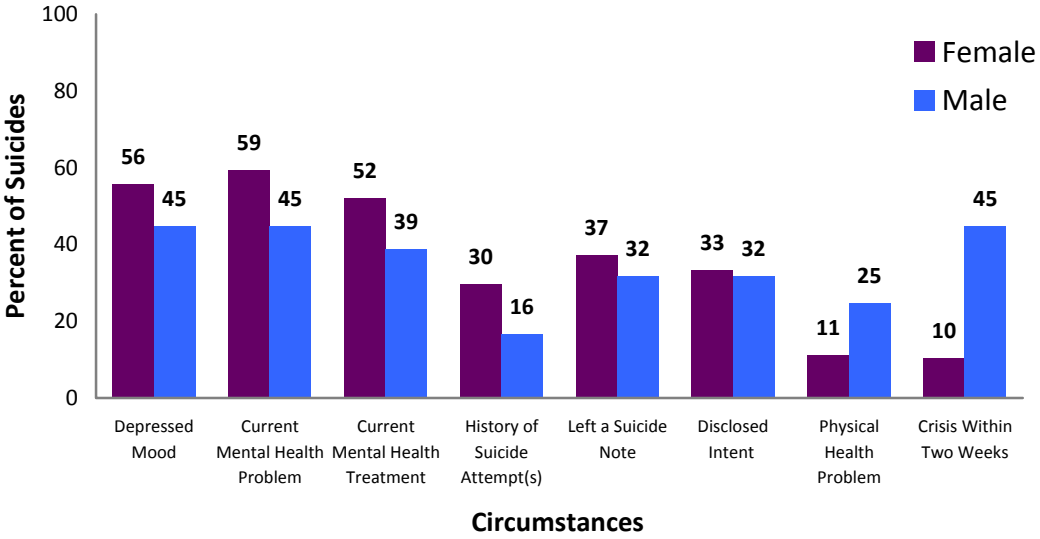
• Suicide and homicide rates displayed dissimilar age patterns. Homicides peaked in the 15-24 year age group with a smaller peak in infants, whereas suicides increased with age and peaked in adults 65-74 and adults 85 and over.

• Most homicides (73 %) and suicides (44 %) were committed using firearms.

• Suspicion of intoxication was reported in 25 percent of homicides and 30 percent of suicides.

• For homicide incidents where one or more suspects were identified, the relationship of the victim to the suspect was known (spouse or ex-spouse, family, friend or acquaintance) more frequently for female (90 %) than male (68 %) victims.

Circumstances of Suicides: Durham County, N.C., 2004-2009*



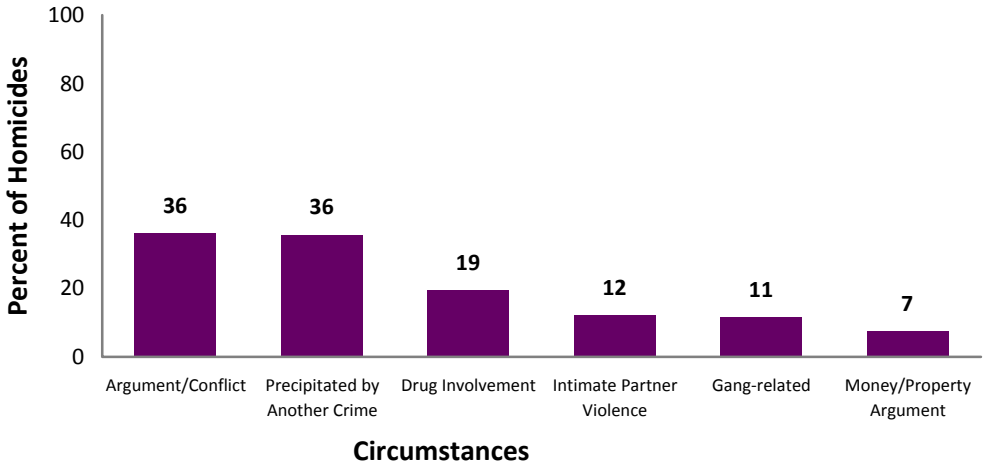
*Based on the county of injury occurrence. Ninety-seven percent of males and 93 percent of femaleshad circumstance information.

• Fifty-six percent of Durham County females and 45 percent of males with circumstance information were characterized as being depressed.

• Fifty-nine percent of female suicide victims and 45 percent of male victims were characterized as having a current mental health problem.

• Males (45 %) were more likely to have experienced a crisis within two weeks of death by suicide compared with females (10 %).

Circumstances of Homicides: Durham, N.C., 2004-2009*



*Based on the county of injury occurrence. Eighy-nine percent of cases had circumstance information.

• Argument, abuse, or conflict unrelated to intimate partner violence (IPV) was noted as a contributing factor in almost 36 percent of homicides with reported circumstances.

• Thirty-six percent of homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.

• Nineteen percent of all homicides with circumstances were identified as having drug involvement.

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5U17/CE423098-09 from the Centers for Disease Control and Prevention (CDC).

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