

Kentucky Violent Death Reporting System (KVDRS)



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State Web Site: <https://kvdrs.ky.gov/Pages/default.aspx>

Sources of Information for the Database

Information collected for this surveillance system is gathered from death certificates, coroner/medical examiner reports, police reports, crime laboratory reports, and toxicology reports and then combined into the KVDRS database. After all raw data is stripped of personal identifying information, it is sent to the national database to be combined with information from the other 40 funded states, the District of Columbia and Puerto Rico. Together, this information provides a more complete picture of violent death. The national database is the only state-based surveillance system that pools data on violent deaths from multiple sources into a database. The sources that are used include the local and state medical examiner, coroner, law enforcement, crime lab, and vital statistics records. Without these pieces, the problem of violent Death in Kentucky, or in the nation, cannot be accurately explained. This project is funded by Cooperative Agreement CE09-904 from the Centers for Disease Control and Prevention. While there may be mandates for the data sources (i.e. death certificates and police), there is no federal or state mandate that requires the collection of this data. However, if the data were not collected, funding would be lost.

Description of the Data Collected

In Kentucky, information related to homicides, suicides, and firearm-related deaths have, in the past, remained inaccessible and unreliable. The coroner system is not centralized, and while police and forensic laboratory data are centralized and available, they have not been collected and combined with additional investigative information for violent death research purposes. By integrating multiple data sources to form a violent death surveillance system, formerly disparate pieces of information can be compiled and analyzed.

In addition to adult data, Kentucky collects Child Fatality Review (CFR) data using the pediatric module within the National Violent Death Reporting System (NVDRS). The Division of Maternal and Child Health (MCH) within the Department for Public Health collects CFR data, and data is exchanged for use by both agencies.

Strengths of the Data

To improve coroner reporting *The Coroner Investigation Reporting System (CIRS)* was designed, developed, and distributed. County coroners use CIRS reporting forms and/or notebooks and/or the CIRS web system for improved record keeping. This system was the first step in centralizing coroner investigation reports in the commonwealth for the benefit of not only the KVDRS, but of many other research activities. The CIRS is expanding to the "Death Scene Investigation" (DSI) system with users being any death investigator.

Data Limitations

KVDRS reports include only deaths occurring within Kentucky; this allows KVDRS staff to collect additional investigative information. Therefore, the counts of suicides, homicides, and unintentional firearm-fatalities in KVDRS reporting will differ from the Office of Vital Statistics and the National Center for Health Statistics, who report on Kentucky residents regardless of where the death occurred.

Specific Uses of Information

Results from KVDRS data analysis are used for peer-review publications, reports, briefs for advocacy groups preventing suicide, intimate partner violence, veteran suicide, child abuse, and responding to media requests. KVDRS data has also been used to develop proposals for National Institute of Health funding and National Institutes of Justice funding.

Publications

Khaleel H, Brown SV, Christian WJ, Fleming S. Alcohol Sale Status and Suicide in Kentucky, 2005-2012. *J Alcohol Drug Depend.* 2016, 4:3.

Comiford A, Sanderson WT, Chesnut L, Brown SV. Predictors of Intimate Partner Problem-Related Suicides among suicide decedents in Kentucky. *Journal of Injury and Violence Research.* 2016 April 19, 8 (2).

Cerel J, Brown SV, Singleton, M, Brown M, Brancado C, Thaxton A & Bush HM. Emergency department visits prior to suicide and homicide: Linking statewide surveillance systems. *Journal of Emergency Medicine.* Crisis. 2016 Jan; 37 (1):5-12. [Epub ahead of print, 2015 Dec 1].

Publications (Continued)

Holland KM, Brown SV, Hall J, Logan JE. Homicide-Followed-By-Suicides Involving Child Victims: A Qualitative Assessment of Perpetrators. *Journal of Interpersonal Violence*. 2015 Sep 17; [Epub ahead of print].

Cerel J, Moore M, Brown MM, Van De Venne J, Brown SV. Who Leaves Suicide Notes? A Six-Year Population-Based Study. *Suicide & Life Threatening Behavior*. 2015 Jun; 45(3):326-34. [Epub ahead of print, 2014 Oct 13].

KVDRS Reports

Brown SV, Seals J, McCarthy M, Bush H (2017). *Violent Deaths in Kentucky 2005-2014: A Statewide Statistical Summary of Homicides, Suicides and Unintentional Firearm Fatalities*. Lexington, KY, College of Public Health, Kentucky Injury Prevention and Research Center, University of Kentucky.

Presentations

Seals J, Brown SV, (March 2017) Kentucky's Homicide and Suicide Trends Examined by Stream Analogy for Lethal Violence, 2005-2014. University of Kentucky – College of Public Health's Annual Clinical and Translational Science Conference. Lexington, KY.

McCarthy M, Seals J, Brown SV, (March 2017) Millennials and Suicide: an Ecological Study of Kentucky Suicide deaths, ages 18-24. University of Kentucky – College of Public Health's Annual Clinical and Translational Science Conference. Lexington, KY.

Blondino C, Brown SV, Seals J, (March 2017) Do numbers matter? Comparing single homicide followed by suicide and multiple homicide followed by suicide using the National Violent Death Reporting System, 2003-2012. University of Kentucky – College of Public Health's Annual Clinical and Translational Science Conference. Lexington, KY.

Akosua A, Brown SV, Sanderson W, Abner E, Meints L. "IPP/IPV-associated suicides and homicides in pregnant, postpartum and non-pregnant suicide and homicide victims (15-54 years), NVDRS 2003-2012." Poster Presentation during the APHA 2016 Annual Meeting and Expo (Oct. 29-Nov.2, 2016) in Denver, CO.

Brown SV, (May 2014) Panelist, The Value of the NVDRS Data. National Violence Prevention Network's National Violent Death Reporting System Midwest Regional Meeting. Chicago, Ill.

Brown SV, (May 2014) Oral Presentation, Opportunities for NVDRS Data Publication. National Violence Prevention Network's National Violent Death Reporting System Midwest Regional Meeting. Chicago, Ill.

Khaleel HA, Brown SV, Brown M (May 2014) Poster Presentation, Association of Alcohol-Related Suicides with Alcohol Sale Status in Kentucky from 2005-2012. College of Public Health Research Day. 10th Annual Center for Clinical and Translational Science Spring Conference. Lexington, KY.

Brown, M, Brown, SV, Cerel, J (April 2014) Intimate Partner Problems and Violence in Kentucky and North Carolina, a Reason for Suicide? Poster Presented at the American Association of Suicidology, Los Angeles, CA.

Brown SV, Bonta P (April 2014) Deaths from Violence: A Look at 18 States (Data from the National Violent Death Reporting System 2009-2010). Congressional Hill Briefing, Washington DC.

Media

Brown SV. Invited guest as an expert in violence prevention for WUFT Public Radio segment, "Public Health Minute."

<http://wp.lehman.edu/public-health-minute-with-william-latimer/homicide-suicide-dr-sabrina-brown-phd-university-of-kentucky/>

System Evaluation

The data collection is routinely monitored utilizing quality control standards developed by CDC. Evaluation of quality is determined through quarterly and annual reports of these performance standards.

Data Set Availability

Statewide and county level aggregate summary data can be provided upon request. In addition to reports, unidentified Excel data files may be requested.

This data set includes hundreds of variables including circumstantial data (i.e. precipitating events leading to a violent death), demographic and weapon information. Data are available from 2005 to 2015. National data are also available following the approval of the Data Sharing Agreement (DSA) with the Centers for Disease Control and Prevention (CDC). The NVDRS DSA was created to govern the protection and use of sensitive or potentially identifiable NVDRS data, as required by the NVDRS Data Release Plan. Prior to release of NVDRS restricted access microdata (RAD) by the CDC, a data sharing agreement must be established for any users who are not currently employed by the Division of Violence Prevention or the Office of Statistics and Programming, National Center for Injury Prevention and Control (NCIPC).

Average Yearly Sample Size: 1000-1300

Smallest Geographic Level Released: County

If you would like to request data please provide the following information:

Name, organization, reason for data, and intended data usage. The request will need to include years, geographic level, and specific variables. There is no cost for data sets, but following data usage, a return email would be greatly appreciated specifying in what capacity the data was used (i.e. citation from a presentation, grant application or a report).

Send data requests to Dr. Sabrina Brown, sabrina.brown@uky.edu.

Data Release Policy

Data with cell counts less than 5 will need to be reported as "<5." No personal identifying information will be released.

Data Publications

The KVDRS program produces annual statewide statistical summary briefs of important topics that emerge when monitoring trends and patterns of violent deaths. Staff and College of Public Health students produce peer-reviewed publications, contribute to state and national reports each year, collaborate on proposals for new funding, and conduct state and national presentations.

KVDRS

Suggested Data Citation

Brown SV, Seals J, McCarthy M, Bush H. Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. *Kentucky Violent Death Reporting System Data*. Lexington, Kentucky: University of Kentucky, College of Public Health, [data year].

*Data are provisional and subject to change

Contributing Authors

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