The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide 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 occurrence 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 Forsyth County for the years 2008-2017.

• In Forsyth County, the suicide ratio was 3.0 times higher in males than females, and the homicide ratio was 4.4 times higher in males than in females.

• Patterns of suicide and homicide differed by race. Suicide victims were more likely to be non-Hispanic (NH) white than NH black. NH whites had 18.8 suicides per 100,000 population versus 6.5 suicides per 100,000 population in NH blacks. All other racial groups combined had 13 suicides.

• In contrast, NH blacks had 12.3 homicides per 100,000 population as opposed to NH whites who had 2.8 homicides per 100,000 population. All other racial groups combined had 23 homicides.

• For the years 2008-2017, there were 680 violent deaths from injuries sustained in Forsyth County. Of these 680 deaths, 672 were N.C. residents (98.8%) and 628 were Forsyth County residents (92.4%).

• There were 428 suicides (62.9%), 198 homicides (29.1%), 2 unintentional firearm deaths (0.3%), 5 deaths from legal intervention (0.7%) and 47 deaths of undetermined intent (6.9%).


<table>
<thead>
<tr>
<th>Manner of Death</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>21.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Homicide</td>
<td>9.2</td>
<td>2.1</td>
</tr>
<tr>
<td>All Violent</td>
<td>29.5</td>
<td>9.0</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Manner of Death</th>
<th>NH white</th>
<th>NH Black</th>
<th>Other Race^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>18.8</td>
<td>6.5</td>
<td>9.2</td>
</tr>
<tr>
<td>Homicide</td>
<td>6.5</td>
<td>12.3</td>
<td>2.8</td>
</tr>
<tr>
<td>All Violent</td>
<td>21.4</td>
<td>21.4</td>
<td>19.3</td>
</tr>
</tbody>
</table>

*Based on the county of injury occurrence.

† Rates based on less than 10 deaths are considered unstable and should not be used. Rates based on less than 5 deaths are too small to support the calculation of a rate.

^Other race refers to Hispanics, American Indians, Asians, other races, and unspecified or unknown race.
• Suicides and homicides displayed dissimilar age patterns. Homicides peaked among those 20-24 with 12.1 homicides per 100,000, where suicides peaked among those 55-64 with 21.8 suicides per 100,000.

• The majority of homicides (75.3%) and approximately half of suicides (50.0%) were committed using firearms.

• Suspicion of intoxication was reported in 30.3% of homicides and 20.8% of suicides.

• For homicide incidents where one or more suspects were identified, the relationship of the victim to the suspect was known (current or former spouse/boyfriend/girlfriend, family, friend or acquaintance) more frequently for female (81.0%) than male (64.7%) victims.

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32.5% of male and 44.3% of female Forsyth County suicide victims with circumstance information were characterized as being currently depressed when they completed suicide.

68.1% of female and 49.3% of male suicide victims were characterized as having a current mental health problem.

Females (36.3%) were more likely to have attempted suicide in the past as compared to males (16.2%).

Arguments or conflicts were more likely to be a contributing factor for male homicides (52.7%) than for female homicides (37.1%).

22.9% of female homicides and 35.1% of male homicides were precipitated by another crime such as robbery, burglary or drug trafficking.

Intimate partner violence was a contributing factor in 62.9% of female homicides, but only 12.2% of male homicides.

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5NU17/CE002613-05-00 from the Centers for Disease Control and Prevention (CDC).

N.C. Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit / 919-707-5425
N.C. Violent Death Reporting System / 919-707-5432
State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov
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Please see the NC-VDRS 2017 Annual Report for additional data and technical information.