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 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 Mecklenburg County for the years 2007-2016.

In Mecklenburg County, the suicide ratio was 2.9 times higher in males than females, and the homicide ratio was 4.3 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 15.7 suicides per 100,000 population versus 6.1 suicides per 100,000 population in NH Blacks. All other racial groups combined had 63 suicides.

In contrast, NH Blacks had 15.9 homicides per 100,000 population as opposed to NH whites who had 2.1 homicides per 100,000 population. All other racial groups combined had 90 homicides.

For the years 2007-2016, there were 1,627 violent deaths from injuries sustained in Mecklenburg County. Of these 1,627 deaths, 1,570 were N.C. residents (96.5%) and 1,474 were Mecklenburg County residents (90.6%).

There were 901 suicides (55.4%), 667 homicides (41.0%), 11 unintentional firearm deaths (0.7%), 18 deaths from legal intervention (1.1%) and 30 deaths of undetermined intent (1.8%).
Suicides and homicides displayed dissimilar age patterns. Homicides peaked among those 20-24 with 23.6 homicides per 100,000, where suicides peaked among those 75-84 with 15.5 suicides per 100,000.

Most homicides (78.9%) and nearly half of suicides (49.4%) were committed using firearms.

Suspicion of intoxication was reported in 27.0 percent of homicides and 29.5 percent 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 (74.8%) than male (54.3%) victims.

• 39 percent of male and 48.3 percent of female Mecklenburg County suicide victims with circumstance information were characterized as being currently depressed when they completed suicide.

• 70 percent of female and 41.0 percent of male suicide victims were characterized as having a current mental health problem.

• Females (35.2%) were more likely to have attempted suicide in the past as compared to males (15.3%).

Arguments or conflicts were more likely to be a contributing factor for male homicides (48.6%) than for female homicides (29.4%).

• 31.8 percent of female homicides and 43.0 percent of male homicides were precipitated by another crime such as robbery, burglary or drug trafficking.

• Intimate partner violence was a contributing factor in 46.8 percent of female homicides, but only 8.8 percent of male homicides.

Circumstances of Homicides: Mecklenburg County, N.C.:
NC-VDRS, 2007-2016*

*Based on the county of injury occurrence. 92.1% of cases had circumstance information. 44 males and 9 females were missing circumstance information.

Circumstances of Suicides: Mecklenburg County, N.C.:
NC-VDRS, 2007-2016*

*Based on the county of injury occurrence. 96.0% of cases had circumstance information. 6 females and 30 males were missing circumstance information.

**N.C. Division of Public Health - N.C. Violent Death Reporting System **