

Law enforcement and the National Violent Death Reporting System: a partnership in the making

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“Police agencies throughout the country are realizing the potential of comprehensive, integrated databases for crime fighting and crime prevention. Using data more effectively allows police to do their job better in protecting and defending the citizenry.” Daniel B Bibel, Crime Reporting Unit, Massachusetts State Police

The above quote¹ provides a backdrop for the importance to law enforcement of comprehensive and integrated databases, such as the National Violent Death Reporting System (NVDRS). The NVDRS can aid law enforcement's efforts to design community level interventions, thereby ultimately reducing crime. Similarly the NVDRS can aid in the development and implementation of strategies to prevent injury and protect and improve health.

Collaboration with law enforcement provides public health agencies with increased access to violent death data otherwise unavailable to them. In turn, through collaboration with public health agencies, law enforcement can obtain a more comprehensive view of violent deaths. Case information provided by coroners and medical examiners, death certificates, and child fatality review teams can supplement data routinely collected by law enforcement, such as the Federal Bureau of Investigation (FBI)'s Supplementary Homicide Reports, trace information of firearms gathered by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), crime lab case files, state and local police reports, and other investigative records. States that participate in the NVDRS, however, currently collect information from four primary data sources: death certificates, medical examiner/coroner records, law enforcement record, and crime laboratory records. Over time, additional sources that are particularly useful for specific kinds of death may be added to the system.² A comprehensive view of data from all sources is necessary to fully understand violent deaths in the US.

This commentary contains a brief description of the benefits of collaboration between law enforcement and

public health in the implementation and utilization of the NVDRS. It contains examples of collaborative efforts between law enforcement and public health in the NVDRS states and descriptions of some of the challenges to the NVDRS and solutions that have been found.

NVDRS COLLABORATION WITH LAW ENFORCEMENT ON A NATIONAL LEVEL

The US Centers for Disease Control and Prevention (CDC) has central coordinating responsibility for the NVDRS. The CDC has ongoing relationships with a number of federal law enforcement agencies, including the ATF and the FBI, both part of the US Department of Justice. Representatives from these agencies have participated in the NVDRS forums and conferences. The CDC also seeks to expand collaboration with national non-governmental law enforcement organizations, such as the International Association of Chiefs of Police (IACP), and the Police Executive Research Forum, to determine how these collaborations can provide mutual benefit. Relationships at the national level between both governmental and non-governmental organizations help to foster and support relationships and collaborations with similar organizations at the state and local level.

COLLABORATION WITH LAW ENFORCEMENT IN NVDRS STATES

Law enforcement officials who do not have a clear understanding of how the NVDRS data can further their mission might, understandably, be reluctant partners. Perhaps the best way to demonstrate how the NVDRS data can aid law enforcement is through exam-

New Jersey

New Jersey law enforcement is under a mandate to report all suicides and suspicious deaths to the County Prosecutor's Office. Prior to implementation of the New Jersey Violent Death Reporting System (NJ-VDRS), the prosecutor's office had no systematic way to assess compliance with this mandate. Implementation of the NJ-VDRS has aided law enforcement's effort to track and maintain suicide data. The NJ-VDRS has both provided data for this assessment and allowed the prosecutor's office to cross-check its own database. The NJ-VDRS has also entered into a collaborative relationship with the New Jersey Domestic Violence Fatality and Near Fatality Review Board. The Review Board will choose its cases for its retrospective review based on the NJ-VDRS variables and summaries. This provides an opportunity for the NJ-VDRS to inform a state mandated review board and to further publicize the value of the data.

Kentucky

The Kentucky State Police produce the *Crime in Kentucky Annual Report*, which provides a summary of state crime statistics. Prior to the development of the Kentucky Violent Death Reporting System (KY-VDRS), the *Crime in Kentucky Annual Report* included only summary and frequency statistics on crime including violent death. Data obtained from the KY-VDRS have broadened this report to include a greater level of detail than was previously available, such as incident circumstances. The KY-VDRS has facilitated the reporting of linked data, such as homicide victim characteristic and toxicology results. Prior to the development of KY-VDRS, the Kentucky State Police were unable to link and cross tabulate this type of data. It is anticipated that future issues of the *Annual Report* will include this additional information obtained from the KY-VDRS.

Oklahoma

The Oklahoma state health department works with the Oklahoma State Bureau of Investigation (OSBI) and the Oklahoma Chiefs of Police Association (OCPA) to collect data for the Oklahoma Violent Death Reporting (OK-VDRS). The OK-VDRS funds the OSBI to provide a full time program officer to collect and enter all of the data from police sources; this includes police reports, crime lab, local law enforcement agencies and supplemental homicide reports. The OCPA contributes to the project by networking and communicating, on behalf of the OK-VDRS, with law enforcement agencies in the state.

South Carolina

The South Carolina State Law Enforcement Division maintains a real time web-based system intended to collect and share crime data statewide. This system, called the South Carolina Information Exchange (SCIEEx), incorporates data elements collected by the South Carolina Violent Death Reporting System (SC-VDRS) that were not previously available. Basing their efforts on the SC-VDRS, the state of South Carolina was able to avoid duplicative effort of determining what data elements to collect in SCIEEx.

Massachusetts

Violence can spread from large urban centers to nearby small communities. The state of Massachusetts uses the Massachusetts Violent Death Reporting Systems (MA-VDRS) data to inform small communities near urban centers about trends in violent deaths. This allows such communities to plan and prepare for the potential spread of specific types of crime much sooner than might otherwise be possible. Since data files are updated daily at the state level and on a monthly basis at the CDC, preliminary violent deaths data can become available within six months of case initiation. Massachusetts has also used MA-VDRS data to confirm what law enforcement officers are reporting and to demonstrate the need for additional prevention resources.

CHALLENGES TO SUCCESSFUL COLLABORATION

Development of any partnership, including the NVDRS/law enforcement partnership, involves challenges. Among some of the commonly reported barriers to interagency coordination are: (1) the lack of mechanisms for sharing confidential data, (2) differing agency structures, (3) legal barriers, and (4) lack of a common language, especially as it relates to terminology.³ The design of the NVDRS helps to reduce these barriers and find solutions for the challenges. A functioning NVDRS requires the sharing of confidential data from both law enforcement and non-law enforcement sources. However, law enforcement and public health agencies typically have stand-alone computer systems, an inability to link data in an automated fashion, no data transfer protocols, and no agreements for sharing data. The collection and sharing of data requires authorizing statutes and rules, established relationships, and resources to provide sufficient data security. These are typically not covered in public health surveillance statutes, which enable the monitoring of diseases

and communicable conditions not in law enforcement statutes. Sharing data within these disparate environments requires overcoming an assortment of technological and political barriers associated with the availability of and access to the data.

The goals and structure of public health and law enforcement agencies also impact their ability to share data, since they often do not share the same focus on violence. The goals of law enforcement are to prevent and control crime, while public health's primary goal is the prevention of injury and disease. Finding commonality among these goals is critical to the success of the NVDRS. Through relationship building and communication, public health must work with law enforcement to demonstrate how the NVDRS data can assist law enforcement with both crime-fighting efforts and reducing injury due to violence. Articulating the benefits of proposed public health measures to police officers and the law enforcement system helps bridge the gap between law enforcement and public health.⁴ In addition to differing goals, public health and law enforcement agencies, as well as many other types of organizations, may not have an internal structure that fosters coordination and information sharing.

Jurisdictional authority limits access to data in some states. For example, in the state of Oklahoma, small jurisdictions that do not have sufficient resources to investigate their own homicide cases often call on the OSBI. Oklahoma law specifies that OSBI cases be sealed and therefore are unavailable to the OK-VDRS.⁵ As another example, the state of Colorado has overlapping state statutes regarding the release of information in certain circumstances (juvenile cases, sexual assault, child abuse, mental health cases, etc). These legal statutes can limit data availability for the Colorado Violent Death Reporting System (CO-VDRS). Although the number of affected deaths is small, such jurisdictional issues can limit the law enforcement data that are entered into the state database.

Another challenge to successful collaboration between law enforcement and public health is the lack of a common definition and common language. It is widely known that public health and law enforcement use the same words to mean different things, for example the term "surveillance". The use of different case definitions is problematic for the NVDRS, for example, a medical examiner may rule a case to be an undetermined death, but law enforcement may consider it a homicide. Finding a common language, and understanding each

other's interpretations and terms, are necessary parts of collaboration. Some progress has been made in this area. For example, both law enforcement and public health agree that for collection of data related to gangs, a consistent definition of the term "gang" is needed.

OVERCOMING THE CHALLENGES TO SUCCESSFUL COLLABORATION

To facilitate the data sharing required for the NVDRS, collection of data from multiple sources needs greater standardization. Further, the NVDRS must provide an environment to link, in a private and confidential manner, multiple agencies' documents. Developing these linkages and moving towards computerized systems, as well as supporting efforts to standardize death investigation and crime lab reporting are important long term goals of the NVDRS.⁶ Efforts to develop an electronic death certificate and efforts by the Department of Justice to develop the National Incident Based Reporting System, which coordinates law enforcement information, may dramatically reduce the need for manual data abstraction.²

Each state's Violent Death Reporting System (VDRS) benefits from the guidance of an Advisory Group. Members of the Advisory Group include coroners/medical examiners and state health department personnel, representatives from the crime lab, state departments of justice, housing and treasury, as well as researchers and interested community partners. These partners each bring information that is specific to their own interest, but work to achieve a common purpose. The Advisory Group makes recommendations and provides support and direction to the VDRS. Working with an Advisory Group that represents all the partners and stakeholders helps to eliminate or reduce the hurdles created by differing agency structures and paves the way for solutions to barriers yet to be identified.

States take different approaches to collaboration and communication with law enforcement. Some states have promoted collaboration by identifying a single person as direct contact with law enforcement. Having a point person in law enforcement to help navigate the system is important to the NVDRS. The identification of liaisons in the police departments also works very well in helping public health to navigate the law enforcement system. Hiring of law enforcement officers can help state VDRS programs build a relationship with law enforcement agencies. For example, the states of Oregon and Colorado contract with retired law

enforcement officers to serve as contacts with law enforcement and to help gather data; and the state of Massachusetts plans to hire a police liaison to work with all major local police departments. Other states take other approaches. For example, NJ-VDRS staff holds regular meetings with stakeholders that lead to improved collaboration and data sharing. They have also assembled a panel, including a cross section of law enforcement officials, to lend expertise to a discussion on gang violence prevention in the state. These approaches have helped to promote communication between law enforcement and the NVDRS, and to help attune the NVDRS and law enforcement to each other's needs.

Most of the NVDRS states have formal Memoranda of Agreement and/or letters of support from state officials (for example, Governor, Attorney General) and law enforcement officials (commissioners, police chiefs), as well as professional law enforcement organizations. Such agreements help to provide credibility and support as the state VDRS works to promote collaboration. States also provide a variety of educational and informational sessions, to promote the NVDRS and to disseminate the results of the data collection. These sessions provide an opportunity for face-to-face communication with law enforcement.

The CDC is working to provide ongoing technical assistance to states on an as-needed basis, regarding development of partnerships. The CDC also works with partners to develop uniform definitions and works closely with law enforcement, particularly the IACP, to enhance the access and availability of quality data.

INTERNATIONAL IMPLICATIONS OF THE NVDRS

The success of the NVDRS and its partnership with law enforcement in the 17 participating states can serve as a model for countries considering the development of their own national violent death reporting systems.

However, each country has its own unique challenges and opportunities.

South Africa and Jamaica, for example, currently have violent death reporting systems. The South Africa National Injury Mortality Surveillance System (NIMSS) was developed in the late 1990s.⁷ The bulk of NIMSS data comes from law enforcement. In South Africa, the coroner and medical examiner offices are housed within the police department, unlike the US where they are often in the Department of Health or a stand-alone decentralized agency. This placement in South Africa may require a different kind of collaborative effort for data collection. In Jamaica, the police have the most comprehensive record of reported homicides. The health department has only recently developed a system for collecting data on victims of violence who present at hospital emergency rooms. Developing a comprehensive system in Jamaica would require linkages of the police, and health department systems.⁸ Each country seeking to develop a national VDRS must work within the nation's statutory framework, examine and make best use of existing data systems, and develop the support system that will enable partnerships between public health and law enforcement agencies.

CONCLUSION

Implementation of the NVDRS will require continued efforts to build and maintain cooperative relationships with stakeholders, including law enforcement.⁶ Relationships with law enforcement, in states that currently participate in the NVDRS and others yet to be brought on, are crucial and must be nurtured.

Collaboration between law enforcement agencies and state VDRS is in various stages of development. The examples provided here show how a strong relationship between state VDRS and law enforcement benefits both parties. Public health surveillance methods applied to the problem of violent death have engendered new and evolving partnerships among public health and law enforcement officials. This collaborative relationship can lead to

program and policy changes that will ultimately reduce violent deaths.

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REFERENCES

- 1 Centers for Disease Control. The National Violent Death Reporting System: an overview for law enforcement professionals. Atlanta, GA: Centers for Disease Control.
- 2 Paulozzi LJ, Mercy J, Frazier L Jr, et al. CDC's National Violence Reporting System: background and methodology. *Inj Prev* 2004;**10**:47-52.
- 3 US Department of Justice. A cross-national comparison of interagency coordination between law enforcement and public health. Research report—RTI Project # 08914, Washington, DC: DOJ, 2005.
- 4 Blankenship KM, Smoyer A. (2004). Public health, research, and law enforcement: The case of HIV/AIDS prevention. Conference Report, Yale University Center for Interdisciplinary Research on AIDS (CIRA). Available at http://cira.med.yale.edu/law_policy_ethics/lperesources.html (accessed March 2006).
- 5 Oklahoma Statutes Title 74 – State Government. 74-150.5 Subsection D. Available at <http://www.lsb.state.ok.us/OKStatutes/CompleteTitles/os74.rtf> (accessed September 2006).
- 6 Centers for Disease Control. National Violent Death Reporting System original implementation plan. Unpublished Manuscript, 2000.
- 7 In: Richard Matzopoulos, ed. (2005). A profile of fatal injuries in South Africa: Sixth Annual Report of the National Injury Mortality Surveillance System 2004. Medical Research Council. Available at www.sahealthinfo.org.za/violence/nimss/htm (accessed March 2005).
- 8 Lemard G, Hemenway D. Violence in Jamaica: an analysis of homicides 1998-2002. *Inj Prev* 2006;**12**:15-18.