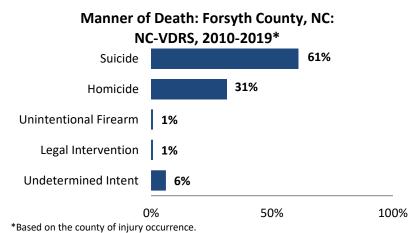
NC Violent Death Reporting System

VIOLENT DEATH IN NORTH CAROLINA: FORSYTH COUNTY INCIDENTS, 2010-2019

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on violent deaths that occur in North Carolina including: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths of undetermined intent. NC-VDRS triangulates information from death certificates, medical examiner reports, and law enforcement reports to understand and aid in the prevention of violent deaths. Data reported in this document are based on the county where the death occurred rather than county of residence¹. For more information, please visit https://www.injuryfreenc.ncdhhs.gov/About/ncVDRS.htm.

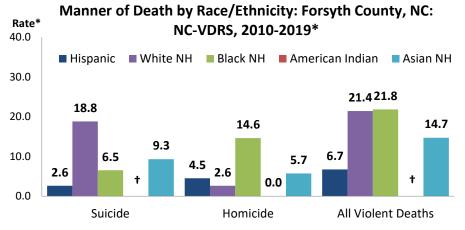
¹The occurrent ratio is used instead of the rate. This statistic is derived from the total number of violent deaths resulting from injuries in a specified geographic region divided by the number of residents in the region.



- For the years 2010-2019, there were 713 violent deaths from injuries sustained in Forsyth County. Of these 713 deaths, 704 were N.C. residents (98.7%) and 655 were Forsyth County residents (91.9%).
- There were 434 suicides (60.9%), 223 homicides (31.3%), six unintentional firearm deaths (0.8%), six deaths from legal intervention (0.8%), and 44 deaths of undetermined intent (6.2%).

- In Forsyth County, the suicide ratio was
 - 3.1 times higher in males than in females, and the homicide ratio was 5.3 times higher in males than females.

Manner of Death by Sex: Forsyth County, NC: NC-Rate* VDRS, 2010-2019* 40.0 31.4 ■ Female Male 30.0 21.2 20.0 10.6 8.7 6.8 10.0 2.0 0.0 Suicide All Violent Deaths Homicide *Rate per 100,000 based on the county

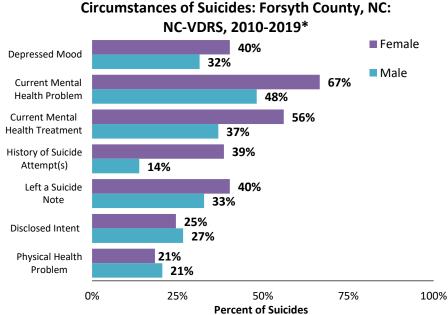


- The suicide rate was highest among non-Hispanic (NH) white victims (18.8 suicides per 100,000 population) followed by NH Asian victims (9.3 per 100,000).
- In contrast, the homicide rate was highest among NH Black victims (14.6 per 100,000 population) followed by NH Asian victims (5.7 per 100,000).

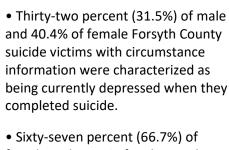
of injury occurrence

^{*}Rate per 100,000 based on the county of injury occurrence. † Rate suppresed, 1-4 deaths. Chart excludes zero deaths of unknown or other race/ethnicity

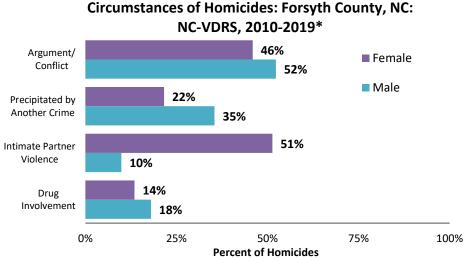
- Suicides and homicides displayed dissimilar age patterns. Homicides peaked among those aged 25-34 with 14.1 homicides per 100,000, while suicides peaked among those aged 55-64 with 21.1 suicides per 100,000.
- Three quarters of homicides (75.8%) and more than half of suicides (52.1%) were committed using firearms.
- Suspicion of intoxication was reported in 26.9% of homicides and 20.7% 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 (87.8%) than for male (59.0%) victims.



^{*}Based on the county of injury occurrence, 97.9% of cases had circumstance information. Two females and seven males were missing circumstance information.



- Sixty-seven percent (66.7%) of female and 48.2% of male suicide victims were characterized as having a current mental health problem.
- Females (38.6%) were more likely to have attempted suicide in the past as compared to males (13.8%).



*Based on the county of injury occurrence, 93.7% of cases had circumstance information. Two females and 12 males were missing circumstance information.

- Arguments or conflicts were more likely to be a contributing factor for male homicides (52.3%) than for female homicides (46.0%).
- Twenty-two percent (21.6%) of female homicides and 35.5% of male homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.
- Intimate partner violence was a contributing factor in 51.4% of female homicides, but only 9.9% of male homicides.

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5 NU17CE924955-02-00 with Centers for Disease Control and Prevention (CDC).





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N.C. DHHS is an equal opportunity employer and provider.

2019 FINAL DATA 8/16/21

Please see the NC-VDRS 2019 Annual Report for additional data and technical information.