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 occurrent 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 Guilford County for the years 2009-2018.

- In Guilford County, the suicide ratio was 2.9 times higher in males than in females, and the homicide ratio was 4.5 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 non-Hispanic Black. NH whites had 19.1 suicides per 100,000 population versus 4.7 suicides per 100,000 population in NH Blacks. All other racial groups combined had 24 suicides.
- In contrast, NH Blacks had 16.5 homicides per 100,000 population as opposed to NH whites who had 2.5 homicides per 100,000 population. All other racial groups combined had 27 homicides.

For the years 2009-2018, there were 996 violent deaths from injuries sustained in Guilford County. Of these 996 deaths, 966 were N.C. residents (97.0%) and 894 were Guilford County residents (89.8%).

There were 562 suicides (56.4%), 378 homicides (38.0%), six unintentional firearm deaths (0.6%), 17 deaths from legal intervention (1.7%), and 33 deaths of undetermined intent (3.3%).
Suicides and homicides displayed dissimilar age patterns. Homicides peaked among those aged 25-34 with 19.8 homicides per 100,000, where suicides peaked among those aged 55-64 with 15.8 suicides per 100,000.

Nearly three quarters of homicides (76.2%) and more than half of suicides (51.1%) were committed using firearms.

Suspicion of intoxication was reported in 23.0% of homicides and in 28.3% 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 (82.1%) than for male (66.4%) victims.

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• Forty-two percent (42.3%) of male and 41.0% of female Guilford County suicide victims with circumstance information were characterized as being currently depressed when they completed suicide.

• Seventy-four percent (73.7%) of female and 52.5% of male suicide victims were characterized as having a current mental health problem.

• Females (32.1%) were more likely to have attempted suicide in the past as compared to males (19.3%).

• Arguments or conflicts were more likely to be a contributing factor for male homicides (44.7%) than for female homicides (27.1%).

• Twenty-three percent (22.9%) of female homicides and 39.0% of male homicides were precipitated by another crime such as robbery, burglary, or drug trafficking.

• Intimate partner violence was a contributing factor in 40.0% of female homicides, but only 5.7% of male homicides.