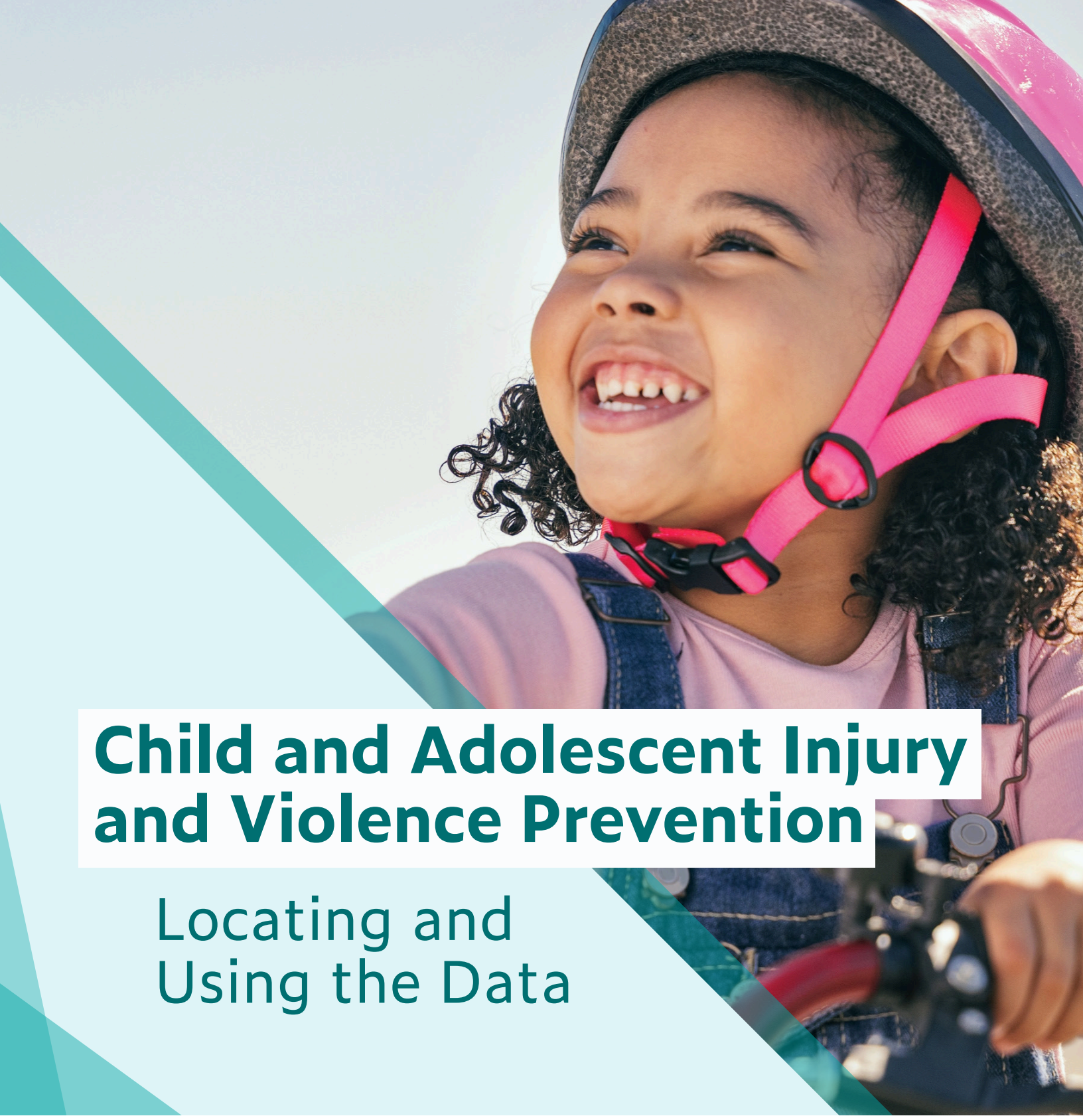

Child and Adolescent Injury and Violence Prevention

Locating and Using the Data

CSNA Children's Safety Now Alliance

EDC.ORG

MAY 2026

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for $5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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Why Collect and Analyze Injury and Violence Data?

Nearly 43,000 children and adolescents aged 0-19 died in the U.S. in 2023, and more than one-third of those deaths (37.1%) were attributed to injuries and violence.[1]

Injury deaths have a profound and lasting effect on the children's families, while also generating broader societal repercussions that extend across communities and public systems.

Given the toll of injury and violence, data are important tools for public health practitioners and professionals to help define the extent and types of injury and violence that are occurring in our communities, decide where we need to concentrate our prevention efforts, and compare the injury and violence trends and patterns in one community with that in other communities.

Questions that can be answered using child and adolescent injury and violence data include:

- To what extent is injury and violence occurring?
- What types of injury and violent incidents are occurring? For example, unintentional (i.e., accidental injuries from various causes, such as motor vehicle traffic, poisoning, and drowning), homicide, assaults, suicide attempts, and suicide deaths.

According to the 2023 children and adolescent fatality data,

- **57.0%** of the injury deaths are due to unintentional injuries (i.e., accidental injuries from various causes, such as motor vehicle traffic, poisoning, firearm, and drowning)
- **16.6%** of the injury deaths are suicides (i.e., intentionally self-inflicted injuries)
- **23.2%** of the injury deaths are homicides (i.e., injuries inflicted by another person with intent to injure or kill)
- **2.9%** of the injury deaths are undetermined (i.e., injuries that have insufficient information to identify intent type)
- **0.3%** of the injury deaths are from legal intervention (i.e., injuries inflicted by the police or other law-enforcing agents)

Note: Injury intents follow CDC definition available here: https://wisqars.cdc.gov/glossary

[1] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2023 on CDC WONDER Online Database, released in 2024. Data are from the final Multiple Cause of Death Files, 2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-expanded.html [accessed 24 Mar 2025].

- In what areas are these incidents taking place? For example, rural communities versus urban communities.
- In which particular locations are these incidents taking place? For example, specific counties and towns.
- What are the demographic characteristics of the victims, such as age, sex, race, and ethnicity?
- How serious are the injuries sustained in these incidents? For example, fatal, or require emergency room care or hospitalization.
- What are the circumstances under which these injuries occur? For example, alcohol or other drug involvement.
- How does one community, city, county, or state compare with others in the amount (or types) of injury and violence it experiences?

About This Data Guide

This resource was developed with the perspective that leveraging data from existing data systems can often be less complex and more cost-effective than collecting new data.

In this resource guide,

- We provide a brief overview of various national-level, publicly available injury and violence data sources that are commonly used to inform child and adolescent injury and violence prevention efforts. We group these data sources into four areas:

  A. Fatality data
  B. Emergency department data
  C. Hospital data
  D. Other surveys and data systems

- We list sources of technical assistance that may be used to obtain additional support around access and use of injury and violence data

It is important to consider several factors when interpreting and using existing data. These include:

- **Definitions used by the data system**
  Variables across different data systems may not be consistent and comparable (e.g., injury, fatality, hospitalization, and demographic categories)

- **Data accuracy**
  Some data systems rely on self-reported information, which may contain biases
- **Timeliness**
  Public data systems often have a delay between data collection and release, which means the information may be outdated and may not accurately reflect current patterns or emerging trends
- **Completeness**
  Some data systems may underrepresent or exclude certain populations or types of injuries (e.g., nonfatal injuries, rural areas)
- **Confidentiality**
  Small incident numbers in databases may allow indirect identification and raise privacy concerns
- **Methodological changes**
  Survey design or coding may change over time

Data methodologies are frequently reviewed and updated, new data systems may emerge, and some data systems may be archived over time. Accordingly, this guide should be regarded as a living document. It is designed to be adapted and updated as new information becomes available.

A. Fatality Data

I. National Vital Statistics System Mortality Data

Source	Data abstracted from death certificates that are completed by county or state medical examiners and coroners. The National Center for Health Statistics (NCHS) compiles these data for the nation.
Summary	All states and jurisdictions require a medical examiner's or coroner's report for each person whose death resulted from unintentional injury, homicide, suicide, legal intervention, or undetermined intent.
Strengths	Database contains information on every reported death in a given locale. Each state maintains a uniform death certificate format usually based upon the U.S. Standard Certificate of Death, which is a periodically revised form developed by the National Center for Health Statistics in collaboration with the states.
Limitations	Limited contextual information is available. The quality of information and death reporting varies across states, including reports based on full autopsies. Medical examiners are usually appointed, while coroners may be appointed or elected by a county board of supervisors depending on the state. Coroners often are not required to have any medical training. Although medical examiners usually are physicians, they do not always have a background in forensic pathology.
Data Availability	Data are available annually at national, state, and county levels. There is usually a delay in data collection and release of final mortality data. However, provisional and partial data are generally available in real time to identify emerging trends and inform current practices.
Cost	Free
Data Access	Data can be accessed through a public query portal or by applying for access to Restricted-Use Vital Statistics Data: https://wonder.cdc.gov (public query portal), https://wisqars.cdc.gov (data query portal) and www.cdc.gov/nchs/nvss/nvss-restricted-data.htm (Restricted-Use Vital Statistics Data).

II. National Violent Death Reporting System (NVDRS)

Source	Data abstracted from death certificates, coroner and medical examiner reports, law enforcement reports, and toxicology reports. The Centers for Disease Control and Prevention (CDC) compiles these data for the nation.
Summary	Data on circumstances surrounding violent deaths, including homicides, suicides, and legal intervention.
Strengths	Robust data based on multiple data sources that provide detailed contextual information on the precipitating circumstances leading to a violent death.
Limitations	The quality and completeness of data can vary across states and jurisdictions. Data are not nationally representative.
Data Availability	Data are available annually at the national level. There is usually a delay in data collection and release.
Cost	Free
Data Access	Data can be accessed through a public query portal or by applying for access to the NVDRS Restricted Access Database (RAD): www.cdc.gov/nvdrs

III. Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) Data

Source	Information collected and discussed during multidisciplinary fatality review meetings, including from birth certificates, death certificates, medical examiner/coroner reports, medical records, child protective service reports, social services records, school records, civil and criminal court records, and law enforcement. The National Center for Fatality Review and Prevention (National Center) manages the free Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS) for FIMR and CDR teams to enter their data using a standardized form.
Summary	Information on stillbirth, infant, and child deaths from multidisciplinary CDR and FIMR teams. These data often provide more detailed information on the prevalence of risk and protective factors, life stressors, and other circumstances of deaths than hospital records, criminal justice, or vital statistics data alone.

Strengths	Each death is reviewed by a team representing a number of agencies and disciplines, including law enforcement, social services, medical examiner/coroner, emergency medical services, pediatrician or other healthcare provider, public health, mental health, education, and criminal justice. Pediatric NFR-CRS is the first national U.S. data system for compiling, analyzing, and learning from the circumstances of pediatric deaths.
Limitations	Criteria for fatality review and documentation in the Pediatric NFR-CRS differs by state and often by county. Age of the child and type of death is often key criteria. No individual data are available to the public. Data are not nationally representative as not all deaths are reviewed.
Data Availability	Review teams operate at the local level, state level, or a combination of both. There is usually a delay in data collection and release.
Cost	Free public data; possible fee for data requested for research
Data Access	The National Center produces national-level data products, including infographics, dashboards, and peer-reviewed publications: https://ncfrp.org/center-resources/data. The National Center has a website with a variety of data dashboards available to the public: https://fatalityreviewdata.org. Researchers can request data through an approval process from the National Center, and there are policies and guidelines for researchers interested in requesting and using Pediatric NFR-CRS data: https://ncfrp.org/center-resources/data. For state or local level data, contact the coordinator to see if public data are available. For more information, visit https://ncfrp.org.

IV. Fatality Analysis Reporting System (FARS)

Source	Reports from police, state driver licensing and vehicle registration files, vital statistics (death certificates), coroner/medical examiner, and toxicology. It is collected and maintained by the National Highway Traffic Safety Administration (NHTSA).
Summary	A nationwide census of all police-reported motor vehicle traffic crashes that result in a fatality within 30 days of the crash.

Strengths	Data from multiple sources provide a detailed picture of each fatal crash, including crash circumstances, vehicles, drivers, passengers, roadway conditions, and toxicology.
Limitations	Limited contextual information restricted to crash-level data. It does not capture nonfatal crashes or near-miss events. Reporting and testing variability exist across sources that are included in the data system.
Data Availability	Data are available annually at the national level. There is usually a delay in data collection and release.
Cost	Free
Data Access	Data can be accessed through a public query portal or database download: https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars.

B. Emergency Department Data

I. Nationwide Emergency Department Sample HCUP-NEDS)

Source	National estimates of emergency department (ED) visits that do not result in hospital admission. These data come from the Healthcare Cost and Utilization Project (HCUP), which is sponsored by the Agency for Healthcare Research and Quality (AHRQ).
Summary	Medical records are kept on all patients treated in the ED. As of 2025, discharge data are available for ED visits from 993 hospitals located in 41 States and the District of Columbia, approximating a 20-percent stratified sample of U.S. hospital-owned EDs.
Strengths	A valuable source of information on the frequency of ED visits for injury and violence, as well as the medical consequences of and ED visit charges associated with these cases. Data are nationally representative.
Limitations	State participation varies. Because discharge data are used for reimbursement, they tend to focus on the nature of an injury and its medical treatment rather than its cause or the circumstances under which it occurred.

Data Availability	Data are available annually at the national level. There is usually a delay in data collection and release.
Cost	There is a cost associated with this dataset purchase that can be viewed on the website.
Data Access	Data can be purchased from: www.hcup-us.ahrq.gov/nedsoverview.jsp or accessed through a public query portal: https://datatools.ahrq.gov/hcupnet.

II. National Electronic Injury Surveillance System (NEISS)

Source	National estimates of ED visits, operated by the U.S. Consumer Product Safety Commission (CPSC).
Summary	NEISS provides details on ED visits related to consumer product injuries (e.g., toys, appliances, sports equipment). Data are based on a nationally representative probability sample of approximately 100 U.S. hospitals with EDs.
Strengths	Data are nationally representative. Detailed data include diagnosis, body part injured, product codes, and narratives, which can be used to identify hazard patterns and inform prevention strategies.
Limitations	State participation varies. Data cannot be used for state- or county-level injury surveillance. It only captures injuries treated in participating hospital EDs and does not account for patients who receive care in outpatient clinics, urgent care centers, private doctors' offices. The narratives are based on coders' interpretation and may not align with detailed clinical procedures and terminologies.
Data Availability	Data are available annually at the national level. There is usually a delay in data collection and release.
Cost	Free
Data Access	Data can be accessed through a query builder and data download: www.cpsc.gov/Research--Statistics/NEISS-Injury-Data.

III. National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP)

Source	National estimates of ED visits, operated by the U.S. Consumer Product Safety Commission (CPSC) in collaboration with the CDC National Center for Injury Prevention and Control (NCIPC).
Summary	Includes all types of nonfatal injuries and poisonings, regardless of product involvement. It is an extension of NEISS that uses a subset of those same NEISS hospitals with EDs (approximately 66 hospitals) to collect data on all nonfatal injuries.
Strengths	Data are nationally representative. Detailed data include diagnosis, body part injured, product codes, and narratives, which can be used to identify hazard patterns and inform prevention strategies.
Limitations	State participation varies. Data cannot be used for state- or county-level injury surveillance. It only captures injuries treated in participating hospital EDs and does not account for patients who receive care in outpatient clinics, urgent care centers, or private doctors' offices. The narratives are based on coders' interpretation and may not align with detailed clinical procedures and terminologies.
Data Availability	Data are available annually at the national level. There is usually a delay in data collection and release.
Cost	Free
Data Access	Data can be accessed through a data portal or full data download: https://wisqars.cdc.gov (data query portal) and www.icpsr.umich.edu/web/ICPSR (full data download).

C. Hospital Data

I. National Inpatient Sample Database (HCUP-NIS)

Source	National estimates of hospital admissions. These data come from the Healthcare Cost and Utilization Project (HCUP), which is sponsored by the Agency for Healthcare Research and Quality (AHRQ).
Summary	Data on persons admitted to a hospital, completed on patient discharge. As of 2025, 47 states plus the District of Columbia participate in the NIS, approximately a 20-percent stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals.
Strengths	A valuable source of information on the frequency of hospital admissions for injury and violence, as well as the medical consequences of and hospital charges associated with these cases.
Limitations	State participation varies. Because discharge data are used for reimbursement, they tend to focus on the nature of an injury and its medical treatment rather than its cause or the circumstances under which it occurred.
Data Availability	Data are available annually at the national level. Some data are available to the public for free on the website. There is usually a delay in data collection and release.
Cost	There is a cost associated with this dataset purchase that can be viewed on the website.
Data Access	Data can be purchased from: www.hcup-us.ahrq.gov/nisoverview.jsp or accessed through a public query portal: https://datatools.ahrq.gov/hcupnet.

D. Other Surveys and Data Systems

I. Youth Risk Behavior Surveillance System (YRBSS)

Source	School-based survey administered to a sample of middle and high school students, maintained by the Centers for Disease Control and Prevention (CDC).
Summary	A nationally representative survey that measures the prevalence of risk and protective behaviors among young people.
Strengths	The national school-based YRBSS is a survey from a nationally-representative sample of high school students. Data are also available from middle school students for some states, districts, territories, and tribes that have elected to conduct a middle school YRBSS in their jurisdiction. Its rigor and comprehensiveness provide an accurate measure of student behaviors.
Limitations	Not all states participate in this surveillance system, and some participating states do not obtain representative data. States and schools have the option of omitting questions. This system includes self-reported data that are not verified or corroborated.
Data Availability	Data are available biannually, but state participation varies. In 2025, 39 states, 3 tribal governments, and 5 territories conducted the survey.
Cost	Free
Data Access	Data can be accessed through a public query portal or database download: https://www.cdc.gov/yrbs/results.

II. National Survey of Children's Health (NSCH)

Source	Address-based survey with household screener and child topical questionnaires, directed by the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA) and conducted and maintained by the U.S. Census Bureau.
Summary	National survey that provides national and state-level data on the health and well-being of children ages 0-17.

Strengths	Provides rich data on multiple aspects of children's lives, including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context. The survey also focuses on special health care needs and access to related services.
Limitations	Surveys are parent/caregiver-reported, which may include biases, such as social desirability and recall. Responses are not verified or corroborated.
Data Availability	Data are released annually. There is usually a delay between data collection and release. Data collection typically begins each year in June and closes in January/February of the following year. Data are typically released in early October of the same year data collection ends.
Cost	Free
Data Access	Public use datafiles are available for download: https://www.census.gov/programs-surveys/nsch.html Additionally, data can be accessed through an interactive data query: www.childhealthdata.org/ or a data request that includes the query indicators: www.childhealthdata.org/dataset.

III. National Emergency Medical Services Information System (NEMSIS)

Source	Data submitted by State EMS Offices from U.S. states, territories, tribal nations, and the District of Columbia. It is maintained by the National Highway Traffic Safety Administration (NHTSA).
Summary	Voluntary data are recorded by emergency medical technicians every time an ambulance or other emergency vehicle responds to a call.
Strengths	Provides additional information on the circumstances of an injury, such as time, location, and cause, which are not always recorded in the ED visit data. Data are being submitted by all 50 states, the District of Columbia, and 4 US territories. This is estimated to represent close to 90% of all EMS calls nationwide.
Limitations	Though some states require submission of data from their EMS agencies, states submit data voluntarily to NEMSIS. States may vary in criteria used to determine the types of EMS events submitted to the NEMSIS dataset. Not all serious injuries are brought to an emergency room by EMS. EMS events submitted by states to NEMSIS do not necessarily represent all EMS events occurring within a state.

Data Availability	Data availability varies and is dependent on who requests data (e.g., state data managers, agencies and clinicians, researchers, EMS systems software developers, EMS educators, and the general public). Data availability can be viewed on the website.
Cost	Free, but there are different levels of availability
Data Access	Data can be requested from https://nemsis.org.

IV. National Poison Data System (NPDS)

Source	Data warehouse for the 53 poison centers in the U.S. that serve all 50 states, the District of Columbia, Puerto Rico, and many U.S. territories. America's Poison Centers (APC) manages NPDS, as well as evaluates and reports out data findings at the state and national level.
Summary	A national database that houses near real-time case information from all 53 U.S. poison centers. It allows for adverse event monitoring and serves as a tool for public health surveillance.
Strengths	Case information is uploaded to NPDS in near real time. Data collection is standardized across all poison centers.
Limitations	Case records in NPDS are based on data submitted by Specialists in Poison Information at poison centers. Data in cases are from self-reported calls, often collected during active poisoning emergencies, and case records only include information from the call. Not all exposures are reported to a poison center. APC cannot fully verify the accuracy of every case entered.
Data Availability	Data availability varies depending on who makes the request (APC member vs non-member). Data availability can be viewed on the APC website.
Cost	There is usually a cost associated with data requests. Some data are available to the public for free on the website.
Data Access	Information and data points can be accessed for free from annual NPDS reports and accompanying data snapshots: https://poisoncenters.org/annual-reports, as well as by using the NPDS interactive dashboard: https://poisoncenters.org/national-poison-data-system. Additionally, data can be requested from https://poisoncenters.org/national-poison-data-system.

Sources of Technical Assistance for Data Use

Children's Safety Network (CSN)

Education Development Center

- **Website:** https://www.childrenssafetynetwork.org/technical-assistance
- **Data-Related TA Includes:** Supports identification of appropriate child safety data sources, facilitation to access those data, and capacity building to interpret and apply data for decision-making and program improvement

Data Resource Center (DRC) for Child & Adolescent Health

Johns Hopkins Bloomberg School of Public Health

- **Website:** https://www.childhealthdata.org/ask-us-a-question
- **Data-Related TA Includes:** Provides guidance on navigating the interactive data query tool, accessing and using datasets, and interpreting data related to the National Survey of Children's Health

Emergency Medical Services for Children (EMSC) Data Center

University of Utah

- **Website:** https://emscdatacenter.org
- **Data-Related TA Includes:** Supports interpreting data and improving emergency care, while functioning as a central hub for collecting, managing, and disseminating EMSC-related data

National Center for Fatality Review and Prevention (National Center or NCFRP)

Michigan Public Health Institute

- **Website:** https://ncfrp.org/contact-us
- **Data-Related TA Includes:** Supports data access, navigation, interpretation, analysis, and support with methodology and documentation related to Child Death Review Data and Fetal and Infant Mortality Review Data

New Hampshire Technical Assistance Center (NHTAC)

New Hampshire, Department of Health and Human Services

- **Website:** https://nhtac.org/yrbs
- **Data-Related TA Includes:** Supports data access, analysis, and interpretation to ensure effective use of YRBS data

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