

NATIONAL VIOLENT DEATH REPORTING SYSTEM

WEB CODING MANUAL

VERSION 5.1*

**National Center for Injury Prevention and Control, Division of Violence Prevention
Centers for Disease Control and Prevention**

**Revision Date: 6/30/2015*

The National Violent Death Reporting System (NVDRS) Coding Manual was developed through an extensive consultation process. It is published by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention. Use of trade names is for identification purposes only and does not constitute endorsement by the Department of Health and Human Services. This document and subsequent revisions can be found at the National Center for Injury Prevention and Control website: <http://www.cdc.gov/injury>

Suggested citation:

Centers for Disease Control and Prevention. National Violent Death Reporting System (NVDRS) Coding Manual Revised [Online] 2015 National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from URL: www.cdc.gov/injury

TABLE OF CONTENTS

INTRODUCTION	3
Definitions	6
Entering a Case/Data Structure	15
Data Sources	16
SECTION 1: INCIDENT VARIABLES	21
SECTION 2: DOCUMENT TRACKING VARIABLES	27
SECTION 3: DEMOGRAPHIC VARIABLES FOR VICTIMS	30
Demographics, Race, and Ethnicity.....	30
Place of Residence, Birthplace, Industry, Occupation, and Education	39
SECTION 4: INJURY AND DEATH VARIABLES	47
Manner of Death Variables.....	47
Injury Locations, Time, and Events	49
Hospital Codes	58
Wounds and Death Certificate.....	59
SECTION 5: CIRCUMSTANCE VARIABLES	68
Mental Health, Substance Abuse, and Other Addictions	72
Relationships, Abuse and Life Stressors.....	78
Crime and Criminal Activity	88
Manner Specific Circumstances for Homicide	95
Manner Specific Circumstances for Suicide	104
Manner Specific Circumstances for Unintentional Firearm deaths.....	115
Other Circumstances: All Manners	122
SECTION 6: WEAPON VARIABLES	125
Weapon Type	126
Firearm Variables	127
SECTION 7: SUSPECT VARIABLES	134
SECTION 8: TOXICOLOGY VARIABLES	142
SECTION 9: CHILD FATALITY REVIEW OPTIONAL MODULE	150
SECTION 10: INTIMATE PARTNER VIOLENCE OPTIONAL MODULE	172

INTRODUCTION

Last Modified on 6/30/2015

1.1 Purpose of the Coding Manual

The NVDRS Coding Manual is a reference document to be used for defining cases, entering data, and checking data once they are entered. It contains information about all data elements and the way the data are structured. It should be kept at hand when doing data entry or checking, both in the office and in the field.

1.2 Companion documents

Starting in 2013, historical information on variables contained in the NVDRS system as well as a description of how each data element can be used in analyses has been moved to a separate analytic manual. This NVDRS Analytic Manual is currently under development.

1.3 Background on NVDRS

Public health leaders and others are aware of the long-standing gap in information about violence and emphasized the need for a national surveillance system for violent deaths since 1989. In 1999, the Institute of Medicine recommended that Centers for Disease Control and Prevention (CDC) develop a fatal intentional injury surveillance system modeled after the National Highway Traffic Safety Administration's Fatality Analysis Reporting System. That same year, six private foundations pooled their funds to demonstrate the importance and feasibility of data collection about violent deaths given adequate funding. They supported the National Violent Injury Statistics System (NVISS). NVISS was administered by the Harvard Injury Control Research Center and included 12 participating universities, health departments, and medical centers.

In 2000, dozens of medical associations, suicide prevention groups, child protection advocates, and family violence prevention organizations joined a coalition whose purpose was to secure federal funding to extend NVISS-like surveillance nationwide. Congress approved \$1.5 million to start the new system, called the National Violent Death Reporting System (NVDRS), in fiscal year 2002. The first cooperative agreements were established with six state health departments in September 2002, including: Maryland, Massachusetts, New Jersey, Oregon, South Carolina and Virginia. Funding for additional states was made available in fiscal year 2003 and another seven states implemented NVDRS (Alaska, Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin). Further funding became available in 2004, and Kentucky, New Mexico, Utah and four counties in California began data collection in 2005. The most recent expansion of the program began in 2009, with the states of Michigan and Ohio joining NVDRS and collecting data beginning in 2010. California data is available only from 2005 to 2008.

1.4.1 Vision

To assist in the prevention of violent deaths in the U.S. through the facilitation of systematically and routinely collected, accurate, timely, and comprehensive data for prevention program development.

1.4.2 Goals

1. Collect and analyze timely, high-quality data for monitoring the magnitude and

characteristics of violent deaths at the national, state, and local levels.

2. Ensure that violent death data are routinely and expeditiously disseminated to public health officials, law enforcement officials, policy makers and the public, in accordance with data release plans.
3. Track and facilitate the use of NVDRS data for researching, developing, implementing and evaluating strategies, programs and policies designed to prevent violent deaths and injuries at the national, state and local levels.
4. Build and strengthen partnerships with organizations and communities at the national, state, and local levels to ensure that data collected are used to prevent violent deaths and injuries.
5. Identify creative strategies for expanding and sustaining NVDRS in all 50 states, the District of Columbia (DC) and U.S. territories.

2.0 NVDRS Methodology

NVDRS is a population based active surveillance system that provides a census of violent deaths that occur among both residents and nonresidents of funded U.S. states. There is no sampling involved, and thus all violent deaths are included.

The system uses the World Health Organization (WHO) definition of a violent death: “a death resulting from the intentional use of physical force or power against oneself, another person, or against a group or community”.¹ The case definition includes suicides, homicides, deaths from legal intervention (a subtype of homicide where the victim is killed by law enforcement acting in the line of duty), deaths of undetermined intent, and unintentional firearm fatalities. Deaths of undetermined intent are included because this category includes deaths with some evidence of intent, but without enough to definitively classify the death as purposeful. Unintentional firearm injury deaths are included because the category is likely to include some deaths that are in fact intentional or of undetermined intent.

The following deaths are excluded from NVDRS: 1) Legal executions, which are considered to be a form of death from legal intervention, are excluded from NVDRS as they are beyond the scope of public health. 2) Legal assisted suicides. 3) Deaths due to acts of war (acts due to terrorism are included, however)

The system is coordinated and funded at the federal level and depends on separate data collection efforts in each funded state managed by the state health departments. Unlike most public health surveillance systems that are based on the individual victim, the NVDRS is incident-based and links all victims and alleged perpetrators (suspects) associated with a given incident in one record. Decisions about whether two or more deaths belong to the same incident are governed by the timing of the injuries, rather than the timing of the deaths. Specifically, deaths that occur within 24 hours of each other (i.e., the 24-hour rule) and are clearly linked by source documents, as discussed below in the guidelines on entering a case, would be considered part of the same incident.

Examples of a violent death incident are:

- One isolated violent death
- Two or more homicides, including legal interventions, when the deaths involve at least one person who is a suspect or victim in the first death and a suspect or victim in the second death and the fatal injuries are inflicted less than 24 hours apart
- Two or more suicides or undetermined manner deaths, when there is some evidence that the second or subsequent death was planned to coincide with or follow the preceding death, and the fatal injuries are inflicted less than 24 hours apart

Each incident record contains information about victims, suspects, the relationship of the victim to the suspect, toxicology findings for the victim and any weapon(s) involved in the incident. To fully characterize the incidents, states collect information about each incident from numerous data sources.

Required primary sources:

- Death Certificates (DC)
- Coroner/Medical examiner (CME) records, including toxicology reports
- Law enforcement reports (LE); including Supplementary Homicide Reports (SHR) and National Incident-Based Reporting System (NIBRS) reports, where available
- Data abstractor input

Secondary or optional sources:

- Child Fatality Review (CFR) team data
- Intimate Partner Violence (IPV) expanded data
- Crime Lab Data
- Hospital Data

Supplementary Homicide Reports (SHR) and National Incident-Based Reporting System (NIBRS) reports were treated as a separate data source prior to the 2009 data year. Information from these sources, when available, is now entered into the appropriate law enforcement report data elements.

Prior to the launch of the NVDRS web system in August, 2013, CFR circumstances were entered into a separate screen. After the August, 2013 launch, CFR circumstances should be entered as law enforcement circumstances. Law enforcement agencies are often a member of a Child Fatality Review Board and contribute to developing a CFR report by providing: 1) case status and death scene investigation information, 2) suspect and family member criminal histories, 3) expertise on law enforcement practices (e.g. evidence collection) and 4) access to and information from other law enforcement agencies. When available, CFR reports can be a means to endorse and enhance the completeness of law enforcement circumstances.

Data collection is done by either abstraction from the records maintained by the primary sources at their offices or by transfer of data from the primary sources to the health department's NVDRS office. Data may be manually entered into the software or electronically imported. Data collection is staged so that basic demographic information is available for early analyses and more detailed information about potential causal factors can be analyzed later. Death certificates often provide the earliest information in most states, but other states may identify incidents through the coroner/medical examiner or law enforcement offices. Regardless of the source(s), information on the number of violent deaths is typically available to the health department and entered into the system within six months of the occurrence of death. Law enforcement (LE) and CME data are expected to be available within eighteen

months of the occurrence of the death.

For victims, NVDRS collects demographic data and personal characteristics such as marital and pregnancy status. It also collects data on the injury event (e.g., date, time, and place of injury), the occurrence of the death (e.g., time, place and cause of death), as well as other related factors such as toxicology findings. For suspects, basic demographic information is collected as well as the relationship between the victim and suspect.

NVDRS makes a unique contribution in that it captures information on circumstances for suicide, undetermined deaths, homicides, and unintentional firearm injury. The circumstances for homicide, suicide and undetermined death include factors such as mental health history and status, whether a victim disclosed intent to die by suicide, interpersonal conflicts, and criminal acts. Circumstance variables for unintentional firearm deaths record the context and specific use of the firearms. For homicides, details are collected on relationships between victims and suspects, as well as whether there was a history of abuse or whether the suspect was a caregiver of the victim. The system also collects data on mechanisms leading to injury and detailed information on firearms and poisons, such as the type of firearm or substance involved.

The data are entered into a national web system and are stored in a secure national database maintained by CDC.

Deaths occurring in 2003 constitute the first year of data for NVDRS.

Over time, additional data sources that are particularly useful for specific kinds of death may be added to the system. In the first year of NVDRS, for example, some of the funded state health departments tested the availability and utility of data from child fatality review teams, using a module specially designed to take advantage of the detailed information available from that source. An intimate partner violence module was also subsequently added to the system and is available to states interested in collecting detailed information on intimate partner violence-related deaths. Other modules may be developed in the future.

3.0 Coding training

Coding training is required for new states joining NVDRS. Ongoing coding support is provided through an email helpdesk, monthly conference calls with all states, and conference calls with individual states as needed or requested.

This coding manual provides detailed information on every NVDRS data element and should serve as the standard reference for anyone working with NVDRS.

4.0 Definitions

CDC has developed case definitions specifically for NVDRS. States should collect information about all cases that meet these definitions. States may also develop their own additional state-specific definitions. If their definitions are broader than those shown here, states may enter these cases, but the cases should be identified as “not an NVDRS case” in the Case Status field. Reports generated by CDC will include only those cases that meet the CDC definitions. States should cite which definition they are using, state-specific or the federal NVDRS definition, when they cite their own data.

I. Violent Death

A. Conceptual definition

A violent death is a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only have intended to use force or power; they need not have intended to produce the consequence that actually occurred. “Physical force” should be interpreted broadly to include the use of poisons or drugs. The word “power” includes acts of neglect or omission by one person who has control over another.

In addition, NVDRS captures unintentional firearm deaths. Such deaths are defined in Section IV.D, below.

B. Operational definition to be used in case ascertainment

Death certificates that are coded with an underlying cause of death as one of the ICD-10 codes listed on Table 1 should be included. A death that is not given an appropriate ICD-10 code may be included, if the death certificate, law enforcement report, or coroner/medical examiner report characterizes the death as a suicide, homicide, legal intervention death, or death of undetermined intent, and the death meets the conceptual definition given above.

A death of a fetus prior to birth that is caused by violence is not included in the case definition, and such deaths should never be included in NVDRS. However, states who want to collect such deaths may enter these as a separate incident (in instances where there are multiple victims) and follow the guidance as described in the Definitions section above.

II. Resident and Occurrent Violent Deaths

A. U.S. resident violent death

The decedent was a resident of the United States, including its territories, or a resident of an American Indian reservation at the time of injury, according to the death certificate.

B. State resident violent death

The decedent was an official resident of the state (or territory) including those portions of an American Indian reservation within the state at the time of injury, according to the death certificate.

C. U.S. occurrent violent death

The initial injury must have occurred within the United States, including its territories, or on an American Indian reservation.

D. State occurrent violent death

The initial injury must have occurred within the state or on those portions of the American Indian reservations within the state.

Note: The collection of all resident violent deaths is essential for calculating population-based rates. The collection of all occurrent fatal injuries is essential for designing and evaluating prevention efforts focused on specific communities. Usually the state of residence and state of occurrence of a fatal injury will be the same, but every state will have some exceptions. States are expected to collect violent deaths among their residents, wherever they occur, and fatal violent injuries occurring within their

borders irrespective of residence. If the states of residence and injury occurrence are both NVDRS states, the state of injury occurrence is responsible for collecting the information.

III. Preliminary versus Confirmed Violent Death

A. Preliminary violent death

The underlying cause of death has not yet been officially coded using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and

Review of the uncoded death certificate or official law enforcement (LE) or coroner/ medical examiner (CME) records indicate that the death is likely to be ultimately coded as one of the ICD codes included in the case definition above.

B. Confirmed violent death

The underlying cause of death has been officially coded using ICD-10. The ICD-10 code assigned to the death matches the case definition above. Alternatively, the death has been identified/confirmed as such by abstractors from other data sources (e.g., law enforcement and CME).

IV. NVDRS Incident Death Types (Abstractor Assigned Manner of Death)

For public health purposes, violent deaths are assigned to types according to the ICD code assigned to the underlying cause of death indicated on the death certificate by the CME (per Table 1). However, CMEs may not uniformly apply the same criteria in assigning manner of death in all states. Therefore, NVDRS will also try to achieve some standardization of death type through these definitions. Some of the NVDRS incident types are not included as options on a standard death certificate. For instance, a person dying after being shot by a law enforcement officer in the line of duty may be called a 'homicide' on the death certificate but will be called a 'legal intervention' death in NVDRS. Similarly, a self-inflicted firearm death ruled 'accidental' on a death certificate will be included as an 'unintentional firearm' death in NVDRS. NVDRS sites should use the definitions below to identify preliminary cases.

A. Suicide

A suicide is a death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.

Specific scenarios that should be classified as suicide:

- A person engaged in a suicidal act, then changed his mind, but still died as a result of the act
A person intended only to injure rather than kill himself (e.g., a man shot himself in the leg with intent to injure but severed the femoral artery and died) Assisted suicide involving passive assistance to the decedent (e.g., supplying only means or information needed to complete the act) Intentional, self-inflicted deaths committed while under the influence of a mind-altering drug taken voluntarily
- Intentional, self-inflicted deaths committed while under the influence of a mental illness

Specific scenarios that should not be classified as suicide: (The preferred category is shown in parentheses.)

- The physical consequences of chronic substance abuse, including alcohol or drugs (natural death)
- Acute substance abuse including alcohol or drugs with less than a preponderance of evidence of intent to use the substance(s) against oneself (undetermined or unintentional)

- injury death)
- Death as a result of autoerotic behavior, e.g., self-strangulation during sexual activity (unintentional injury death)

B. **Homicide**

Homicide is defined as a death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A preponderance of evidence must indicate that the use of force was intentional. Such deaths resulting from legal intervention are included in a separate category below. Two special scenarios the National Center for Health Statistics (NCHS) regards as homicides are included in the NVDRS **Definition:** (1) arson with no intent to injure a person, and (2) a stabbing with intent unspecified.

Specific scenarios that should be classified as homicide:

- Deaths when the suspect intended to only injure rather than kill the victim
- Deaths resulting from heart attacks induced when someone uses force or power against the decedent
- A death resulting from a weapon that discharges unintentionally while being used to control or frighten the victim
- Deaths that result when a person kills an attacker in self-defense
- Deaths labeled “justifiable homicides” where the person committing the homicide was not a law enforcement officer
- Death that result from a variation of Russian roulette where one person aims a partially loaded gun at another person and pulls the trigger knowing that there was at least some chance that the gun would fire
- Death attributed to “child abuse” without an intent being specified
- Death of a child after birth that results from a direct injury due to violence sustained prior to birth
- Death that results from an intentional act of neglect or omission by one person against another

Specific scenarios that should not be classified as homicide: (The preferred category is shown in parentheses.)

- “Vehicular homicide” without a preponderance of evidence of intent to use force against another (unintentional injury)
- Hunting accident with a gun (unintentional firearm injury) Accidental deaths at shooting ranges (unintentional firearm injury)
- A youth kills someone by playing with a gun he believes is unloaded (unintentional firearm injury)
- Deaths that take place in combat in declared or undeclared wars (operation of war – not collected by NVDRS)
- Death of a child after birth that results indirectly from violence sustained by its mother before its birth, e.g., a death from prematurity following premature labor brought on by violence (coded as “condition originating in the perinatal period – Not collected by NVDRS”)
- Accidental poisoning deaths due to illegal or prescription drug overdose, even when the person who provided those drugs was charged with homicide (unintentional deaths not involving firearms are outside the scope of NVDRS; a death of this type might be within the scope of “undetermined manner of death,” below, if it is impossible to determine whether

the death was intentional or unintentional)

C. **Undetermined manner of death**

Undetermined death is a death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death. Unlike homicide and suicide deaths which can be detected using the ICD-10 codes and reviewing the manner of death on the preliminary death certificate, law enforcement report, or coroner/medical examiner report, the identification of undetermined deaths involves looking at the ICD-10 codes and reviewing both underlying cause of death and the manner of death on the preliminary death certificate, law enforcement report, or coroner/medical examiner report. The process is described below.

Information should be collected on all deaths assigned a qualifying undetermined ICD-10 code. Cases can also be identified by reviewing the death certificate (DC), law enforcement (LE) or coroner/medical examiner (CME) information and following the three-step procedure below.

Step 1: Before looking at the manner of death, confirm that **the cause of death is known and that it results from the use of force or power against oneself or another person** (e.g., gunshot wound, drug overdose, hanging/suffocation, or fall) or that mechanism of the death is an unspecified trauma. In other words, the NVDRS weapon type must be known for the death to be included with an Abstractor Assigned Manner of Death = “Undetermined”. A manner of death of “could not be determined” on the death certificate, law enforcement report, or coroner/medical report by itself is not sufficient to classify a death as Undetermined for NVDRS.

- *Tips on reading the death certificate:* To identify the possible cause of death (NVDRS weapon type), abstractors should review the text or narrative information on the death certificate, particularly the text associated with the Cause of Death (Part I and Part II) and the description for “How the Injury Occurred”.
- *Tips on law enforcement and CME reports:* Confirm the NVDRS weapon is known.
- *Examples of cases that are potentially undetermined and the abstractor should review the manner of death (See Step 2)*
 - 1) Victim died of a drug overdose
 - 2) Victim died from a fall off a cliff in a national park
 - 3) A child asphyxiated
 - 4) A victim died from blunt trauma to the head from a fall
 - 5) A victim died from abdominal trauma
- *Examples of cases NOT to code as undetermined*
 - 1) A body is found in the woods and the cause of death is unknown.
 - 2) A 3-month old child is found dead in his crib by his parents. The cause of death is unspecified.
 - 3) Deaths due to “Sudden Infant Death Syndrome”, or SIDS.

Step 2: Deaths meeting the criteria for step 1 can be classified as “Undetermined” in NVDRS if the reason the manner could not be determined was because the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.

- *Tips on reading the death certificate:* From the “Manner of death” checkbox, identify deaths

with manner of death equal to “Could not be determined”. Inspect other information to confirm that multiple manners of death are plausible or are being considered.

- *Tips on law enforcement and CME reports:* Confirm the manner of death is “Could not be determined”.
- *Examples of cases to classify as Undetermined for NVDRS*
 - 1) Victim died of a drug overdose and it could not be determined if it was unintentional (i.e., accidental) or a suicide.
 - 2) Victim died from a fall off a cliff in a national park and it could not be determined if it was unintentional or a suicide.
 - 3) The victim was found in their home and had died of a head trauma sustained in a fall. Foul play was not ruled out (*Note:* It may be unclear from narrative information what manners the CME are competing. In this case, possibility homicide and unintentional manners)
- *Examples of cases NOT to classify as undetermined*
 - 1) An adult falls off a cliff while hiking with a group of friends and the manner of death is listed on all three data sources as “accidental/unintentional”.

Step 3: When the ICD-10 codes for the underlying and contributory causes of death become available, compare deaths classified as undetermined intent by the ICD-10 codes (i.e., those with Y10-Y34, Y87.2 or Y89.9) and the deaths identified using the steps above to identify new cases and possible misclassifications.

D. Unintentional firearm injury death

A death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim. Other types of unintentional deaths (e.g. accidental overdose) are not covered here.

Specific scenarios that should be classified as unintentional firearm deaths:

- Celebratory firing that was not intended to frighten, control, or harm anyone
- A person shoots himself when using a gun to frighten, control, or harm another person
- A child less than the age of 6 shoots himself or another person
- A soldier who is shot during field exercises in peacetime
- A person mistakenly thinks a gun is unloaded and shoots himself or another person while fooling around with it
- A child who dies after birth from an unintentional firearm injury that is sustained prior to birth, i.e., in utero

Specific scenarios that should not be classified as unintentional firearm deaths: (The preferred NVDRS category is shown in parentheses.)

- A person unintentionally shoots someone while defending himself against an aggressor (homicide)
- A person unintentionally shoots another person while using a gun to commit a crime (homicide)
- Firearm injuries caused by unintentionally striking a person with the firearm, e.g., by dropping it on someone’s head, rather than with a projectile fired from the firearm (potential homicide or unintentional)

- Unintentional injuries from non-powder guns such as BB, pellet, and other compressed air or gas-powered guns (outside of system scope)

E. Legal intervention death

A death in which the decedent was killed by a law enforcement officer or other peace officer (persons with specified legal authority to use deadly force), including military law enforcement, acting in the line of duty.

Specific scenarios that should be classified as legal interventions: “Justifiable” and “criminal” homicides meeting the above definition.

Specific scenarios that should not be included in the legal intervention category in NVDRS: Legal executions and cases of justifiable homicide not involving a law enforcement or other peace officer.

F. Terrorism-related death

Terrorism deaths are homicides or suicides that result from events that are labeled by the Federal Bureau of Investigation (FBI) as acts of terrorism. Terrorism is a mechanism of death rather than a manner of death. The manner of such death is either homicide or suicide.

G. Unintentional /accidental poisoning death

(Only applicable to certain states that collect this info)

Unintentional poisoning deaths are those that result from unexpected or unplanned ingestion, inhalation, injection or other exposure to an amount of any substance that interferes with normal body functions.

V. Violent Death Incident

Unlike most public health surveillance systems that are based on individual persons, the NVDRS is incident-based and reports all victims and suspects associated with a given incident in one record.

A violent death incident can be made up of any of the following:

- One isolated violent death
- Two or more homicides, including legal interventions, when:
 1. the deaths involve at least one person who is a suspect or victim in the first death and a suspect or victim in the second death, and
 2. the fatal injuries are inflicted less than 24 hours apart
- Two or more suicides or undetermined manner deaths, when:
 1. there is some evidence that the second or subsequent death was planned to coincide with or follow the preceding death, and
 2. the fatal injuries are inflicted less than 24 hours apart
- One or more homicides or unintentional firearm deaths combined with one or more suicides when:
 1. the suspect in the first death is the person who commits suicide, and
 2. the fatal injuries are inflicted less than 24 hours apart
- Two or more unintentional firearm deaths when:
 1. the same firearm inflicts two or more fatal injuries, and
 2. the fatal injuries are inflicted by one shot or burst of shots

Examples of single incidents that involve more than one death:

- Homicide: A member of Gang A kills a member of Gang B and Gang B reciprocates, killing a member of Gang A, all during a street brawl. (The members of Gang A are suspects in the first killing, and one of them becomes the victim in the second.)
- Homicide: A man kills his family and then drives to work to kill his supervisor (The suspect in the first homicide is also the suspect in the second homicide.)
- Homicide and legal intervention: law enforcement kills a suspect as he flees the scene of a homicide (The first suspect is the victim in the second death.)
- Suicide: An elderly couple commits suicide together (The deaths were planned to coincide.)
- Homicide-suicide: A man kills his wife at home and then kills himself 12 hours later when pulled over by law enforcement.
- Unintentional firearm-suicide: A boy unintentionally kills his father while hunting and shoots himself within 24 hours due to feelings of guilt.

Examples of separate incidents:

- Homicides: A sniper kills a person and two days later returns to the same location and kills another person (more than 24 hours apart).
- Suicides: Two teenagers agree to commit suicide on the same day. One kills himself a week after the first victim dies (more than 24 hours apart).
- Homicide-suicide: A woman learns that her son has murdered her husband. She kills herself from grief. (The suspect in the first death is not the person who commits suicide.)

Note: Decisions about whether two or more deaths belong to the same incident should be based on the timing of the injuries, rather than the timing of the deaths and the establishment of a clear link between victims.

VI. Resident and Occurrent Violent Death Incidents

A. Resident incident

The majority of the deaths in the incident must be resident (as described in Section II.A-D above) violent deaths. If no jurisdiction accounts for the majority of victims, the incident would be a resident incident for the jurisdiction of residence of the first victim.

B. Occurrent incident

The majority of fatal injuries in the incident must be occurrent fatal injuries. If no jurisdiction accounts for the majority of fatal injuries, the incident would be an occurrent incident for the place of injury of the first victim.

Note: The responsibility for abstracting an incident falls on the state where the injury occurred irrespective of where the victim was a resident or died. NVDRS states should cooperate whenever possible by sending records to the state with responsibility for abstraction when incidents cross state lines. However, NVDRS are also responsible for abstracting the incident if one of their own residents dies violently in a state that is not currently part of NVDRS.

VII. Data Year

C. Year of a violent death

The year of death is the calendar year in which the victim died. So, for example, if a victim was injured at the end of December 2002, but died in early January 2003, the death would be reported in the 2003 data year. Although the NVDRS software allows for specific month or date

of death to be entered as “Unknown,” the year of death must be filled in. In the case of a true unknown year of death (as in skeletal remains with unknown year of death, or an unattended death that may have occurred either shortly before or shortly after January 1), enter the year in which the body was found as the year of death.

D. Year of a violent death for multiple death incidents

The year of a violent death incident is the first year in which any of the victims in the incident died. For example, if two people are shot on December 21st 2006 and one dies on December 22nd 2006 and the second dies on January 4th 2007, the year of the incident would be 2006. The only exception to this rule occurs when any of the deaths occurred in a year prior to 2003, the first year of NVDRS. In that case, place the incident in the first year of death after 2002. In other words, incidents with deaths in 2002 and 2003 should be placed in 2003. Incidents with deaths in 2002 and 2004 should be placed in 2004. Incidents with deaths in 2003 and 2004 should be placed in 2003.

VIII. Violent Death Rate per Year

The violent death rate per year is the number of resident violent deaths recorded during the calendar year divided by the resident population of the jurisdiction, as defined in official U.S. Census figures, and multiplied by 100,000 for a rate per 100,000 persons. Preliminary rates include both preliminary and confirmed deaths. Confirmed rates include only confirmed deaths. Intercensal state population estimates may be used for intercensal year rates when official U.S. Census figures are not available. Whether U.S. Census or state estimates are used, the state should specify the source of the population estimate.

5.0 Table 1: ICD-10 External Causes of Death Codes for Manners of Death Meeting the NVDRS Case Definition ICD-10 Codes

Manner of Death	Death <1 year after the injury	Death >1 year after the injury
Intentional self-harm (suicide)	X60–X84	Y87.0
Assault (homicide)	X85–X99, Y00–Y09	Y87.1
Event of undetermined intent	Y10–Y34	Y87.2, Y89.9
Unintentional exposure to inanimate mechanical forces (firearms)	W32–W34	Y86 determined to be due to firearms
Legal intervention excluding legal executions (Code Y35.5)	Y35.0–Y35.4, Y35.6–Y35.7	Y89.0
Terrorism	U01, U03	U02

6.0 Notes on Terminology

Use of the term “homicide” can be a point of confusion in a violent death reporting system. The term literally means the killing of one person by another, whether intentionally or unintentionally. Law enforcement and many CMEs adhere to this broader definition of homicide and therefore refer to unintentional car crash deaths as “vehicular homicides” and the unintentional death of a person which results from another’s negligence as “negligent homicides.” Examples of the latter category are

unintentional shootings of one person by another (as in two 12-year-old boys playing with a gun they believe is unloaded) and negligent acts by a caregiver of a dependent person (as in a toddler who is left unattended in the bathtub briefly while her mother answers the phone).

The ICD system, on the other hand, uses the term homicide in its narrower sense to indicate the intentional or assault-related killing of one person by another. NVDRS also uses this narrower definition of homicide.

The disjuncture between the law enforcement and public health uses of the term homicide can lead to coding problems. The ICD system is the basis for coding underlying cause of death on the death certificate. However, the code is chosen based on the information supplied by the CME on the death certificate. So, for example, in the case of the 12-year-old boys playing with the gun they mistakenly believed was unloaded, the CME is likely to code the manner of death as “homicide” and supply only medical information in the text fields for underlying cause of death. The information regarding the unintentional nature of the shooting will be available only in the narrative report, not on the death certificate itself. The Vital Statistics coder will likely code the case in the homicide range, not the unintentional range, because the information that would place it in the unintentional range according to ICD protocols is not available on the death certificate. This confusion in terms is one reason that the NVDRS has chosen to include the abstractor-assigned “Type of Death” code in the reporting system. This code applies a uniform protocol to categorizing violence-related homicides, unintentional deaths, suicides, and deaths of unknown intent.

One useful piece of information when attempting to distinguish a violence-related homicide from a negligent homicide is to check how the case was reported on the Supplementary Homicide Report form (if the state collects SHR data). Violence-related homicides are reported as “1A – Murder/non-negligent manslaughter” offenses, while unintentional homicides (e.g., “accidental” shooting while hunting, children playing with a gun) are coded as “1B – Negligent manslaughter” offenses.

(See: Barber C, Hochstadt J, Hemenway D, Azrael D. Underestimates of unintentional firearm fatalities: Comparing Supplementary Homicide Report data with the National Vital Statistics System. *Injury Prevention* 2002; 8:252–6.)

7.0 Entering a Case/Data Structure

An incident involving one or more violent deaths is the unit of surveillance in NVDRS. To understand how all the variables fit together in one incident, it may be helpful to think of them in a hierarchy with two levels:

- The first, or incident level, is information about the incident to be described, such as how many victims were involved and a narrative of the event.
- The second, the victim level, demographically describes the victim, the suspect (when appropriate), weapon causing the death, and the circumstances related to his or her death.

In addition, the system allows states to track the documents from which data are abstracted.

In outline form, this hierarchy looks like the following:

1. Incident: Incident summary (Site ID, case status, number of persons/documents/weapons and incident narratives.)

2. Victim(s): Multi-sourced identity or demographics
 - 5.5.2.1 Description, location and time of injury
 - 5.5.2.2 Suspects involved
 - 5.5.2.3 Weapon(s) involved
 - 5.5.2.4 Toxicology report
 - 5.5.2.5 Circumstance associated with the death (e.g., depressed before a suicide or an argument preceding the homicide)
 - 5.5.2.6 Cause of death
3. Optional Modules
 - 5.5.2.1 Child Fatality Review (CFR)
 - 5.5.2.2 Intimate Partner Violence (IPV)
4. Documents Used

Note: Given all the data entry fields available to handle various scenarios, the number of variables in NVDRS is large. Not every section of NVDRS can be completed for every incident. If one of the persons involved is a suspect who did not die in the incident, only limited demographic information is collected. If the weapon was not a firearm, there can be no information from the crime lab. Also, the structure is designed to handle all types of violent deaths. It allows the use of data from the three primary data sources (death certificate, law enforcement, and C/ME including toxicology) and four additional ones (crime lab/ATF, hospitals, child fatality review teams, and additional intimate partner violence information), and provides places for input from the abstractor. Data from additional data sources (such as press accounts) may be included in the incident narrative but must be identified in the narrative as not coming from an official NVDRS source (i.e., sources used to code circumstances) and the source from which it originated (e.g., a newspaper may report a circumstance not identified in a CME or PR).

8.0 Data Sources

A strength of NVDRS is its use of multiple, complementary data sources. Using its knowledge of available resources, each state integrates data across data sources. Prior work has found that data across sources on many variables such as victim's demographics are very similar. By reviewing multiple sources over time, more comprehensive and accurate information is collected on each incident as more information becomes available. Information on circumstances is collected by law enforcement and CME because circumstance information has been found to vary by these sources because each investigates different aspects of the death. Thus, tracking circumstances by source helps document similarities and differences between the findings of different agencies.

The table below shows the sources from which data on different topics are to be recorded.

Data Topic	DC	CME	LE	CFR	LAB	USER	HOSP
Case Status						X	
Incident narrative		X	X	X			
Document tracking						X	
Person type	X	X	X				
Name, zip code, county	X	X	X				
Age/sex/race/ethnicity	X	X	X				
When and where (injury/death)	X	X	X				
Type of medical treatment (inpatient or Emergency Department)							X
Cause of death ICD-10- code(s)	X						
External injury ICD-9-CM							X
Manner of death	X	X		X		X	
Additional person descriptors	X	X	X	X			
Alcohol and drug tests		X					
Wounds		X	X				
Associated circumstances		X	X	X			
Victim-suspect relationship		X	X	X			
History of victim abuse		X	X	X			
Suspect was victim caretaker		X	X	X			
Weapon type	X	X	X			X	
Firearm descriptors		X	X		X		
Poison details		X	X				

DC= Death Certificate; CME= Coroner/Medical Examiner; LE= Law Enforcement report; CFR= Child Fatality Review; LAB= Crime lab; USER= User of NVDRS software/Abstractor(s); HOSP=Hospital

9.0 Hover over text

These brief descriptions of each variable are intended to aid abstractors in accurately entering data. They contain short one to two sentence descriptions on what to include/exclude when coding/entering data. These descriptions were updated in August, 2013.

10.0 Auto Filling

Some data are auto filled to ensure accurate data entry. For instance, pregnancy status for males is auto-filled as “Not applicable”.

11.0 Gray-out

In order to prevent entry of invalid data, the software includes automatic gray-out of fields that are logically contingent upon another data element. For example, an abstractor cannot complete type of mental health problem until they identify that the decedent had a mental health problem.

12.0 Additional Features

Data are coded or use lookup tables whenever possible to avoid problems with variant spellings and valid entries.

13.0 Unknown and Inapplicable Information

Throughout the manual a standard approach is used to code 'Unknown'. For numerical fields, the numbers '9', '99', or '999' are mostly used to indicate 'Unknown'. Similarly, the numbers '8', '88', or '888' are usually used for 'Not applicable'. It is suggested that 'Unk' be entered for 'Unknown' in any relevant text field.

14.0 Tasks associated with starting an Incident

Refer to the Software Manual for instructions on how to start or create an incident, if needed.

Task 1: Decide what constitutes an "incident"

- See the definition of an incident in the definitions section of this coding manual. In general, deaths that occur within 24 hours and are linked according to the data sources (e.g., a suicide of the suspect right after killing the victim) are considered part of the same incident.

Task 2: Open a new incident in the software

Task 3: Decide how many victims should be included in the incident and enter information about each victim (e.g., demographics, description of injury and location of death). As part of this process, the abstractor will be asked to identify suspects for homicides/legal interventions/unintentional firearms that are not self-inflicted.

- There are no suspects for isolated suicides and self-inflicted unintentional firearm deaths.
- For homicides, include as suspects people who are listed by the law enforcement or the CME as suspects.
- For unintentional firearm deaths that are not self-inflicted, include the person who fired the weapon as a suspect and anyone else listed by the law enforcement as a suspect.
- A person does not have to be arrested or identified to be listed as a suspect. As long as the number of persons involved in the death is known, (e.g., law enforcement report that the victim was stabbed by two men), list each as a suspect, even if nothing further is known about him.
- If there is no information at all about suspects in the source documents, however, do not include any suspects in the incident.

Task 4: Enter information on the weapon that killed the victim
(*See Weapons Section for detailed guidance*).

- The concept of a weapon in NVDRS combines the concepts of objects used to injure and actions that lead to injury. Weapons can therefore range from instruments commonly thought of as weapons, such as a gun or bayonet, to actions such as setting fires, pushing someone over a cliff, or shaking (as in shaken baby syndrome). Additional descriptive data

- elements exist for firearms and poisons.
- Only the weapon(s) that caused the death should be entered. For the vast majority of deaths, only one weapon should be entered.
- If a weapon caused a non-fatal injury, do not enter the weapon.

Task 5: Enter information about each document collected to describe the violent incident

- Information about documents does not have to be entered to open a case. If states choose to use these fields as logbooks or to track the completion of a case, the following information may prove helpful:
 - Information about a document should be entered as it is collected (i.e., initiate a document record when first requesting a document).
 - A document was conceived as a piece of paper or a computerized record that contains information that is used to complete an incident.
 - A document referenced within another document would usually not be counted as a separate document. The minimum expected number of documents per incident is three: a death certificate, a law enforcement report and a CME report. Also, toxicology reports are routinely collected as a fourth document. Two deaths in one incident would have a minimum of five documents: two death certificates, two CME reports, and a law enforcement report (this is assuming that law enforcement described both deaths in the incident in one report).
 - States can count multiple reports contained within a CME or law enforcement file as part of one document. Such files often contain autopsy reports, toxicology reports, gun traces, and the like. States can also record each of these documents separately, at their discretion.

Once these Tasks are completed, the software will set up the appropriate number of blank screens so that the incident can be captured. The user can then complete the case, one source document at a time. The next section of the coding manual provides details about the data elements to be completed.

15.0 Reabstraction Guidelines

Reabstraction of cases is an important quality control measure for users of the NVDRS software. It is far superior to review completed incidents without access to the original source documents. The primary purpose of reabstraction is to identify errors in the coding of key data elements in a timely way. Another purpose is to identify data fields that have low reliability (i.e., they are not completed in the same way by trained independent observers in a significant percentage of incidents, perhaps because of their inherent subjectivity).

We suggest the following reabstraction guidelines:

- Reabstraction should be done by the person who is most skilled in coding. This does not need to be the original abstractor's supervisor. It should not be done by the same person who did the original coding.
- The reabstractor should have access to all the original records used by the original abstractor.
- The reabstractor should reabstract five percent of incidents completed in the previous quarter or previous month. By completed incidents, we mean incidents that have had data entered from the death certificate, law enforcement report, and CME record.

- Reabstractors should select the incident numbers of the incidents they want to reabstract along with the necessary identifiers.
- Reabstraction should start soon after the end of the first quarter of data collection and be done on an ongoing basis so that feedback to abstractors is timely.
- State reabstractors will want to compare their results with the original abstractions themselves manually by printing an incident or by setting up queries to do record comparisons for specified pairs of incidents. Any discrepancies noted should be reconciled through **Discussion** with the original abstractor.
- It is important to distinguish between the two possible sources of error: true coder disagreement and data entry error.
- Retraining or clarification of coding instructions may help with coder disagreement, while changes in question format may help with data entry error.

16.0 Data Elements Key

The next sections provide detailed information for each data element captured by NVDRS. The sections are organized by screens as they appear in the NVDRS software application. Within each section, the data elements are arranged by location on the screen. Each data element or group of related data elements begins on a new page and follows the format below:

Variable Label: Variable Name

Definition:

Short definition of the variable

Response Options:

Lists all valid response options

Discussion:

Provides guidance on how to code the data element or group of data elements

Note: The default response option is built in for each variable in the web-based NVDRS program. With the exception of variables that have a 'not applicable' response option, if data are unavailable, the variable should be left blank/unchecked.

SECTION 1: INCIDENT VARIABLES

1.1 Incident Year: IncidentYear

Definition:

Year in which the incident occurred

Response Options:

Date (format: YYYY)

Discussion:

When creating a new record or importing a record, the incident year must be provided. For incidents involving a single death, the incident year is the calendar year in which the victim died. So, for example, if a victim was injured at the end of December 2002, but died in early January 2003, the death would be reported in the 2003 data year. Although the NVDRS software allows for specific month or date of death to be entered as “Unknown,” the year of death must be filled in. In the case of a true unknown year of death (as in skeletal remains with unknown year of death, or an unattended death that may have occurred either shortly before or shortly after January 1), enter the year in which the body was found as the year of death.

If the incident involved multiple victims who died in multiple years, incident year is the first year in which any of the victims in the incident died. For example, if two people are shot on December 21st 2006 and one dies on December 22nd 2006 and the second dies on January 4th 2007, the year of the incident would be 2006. The only exception to this rule occurs when any of the deaths occurred in a year prior to 2003, the first year of NVDRS. In that case, place the incident in the first year of death after 2002. In other words, incidents with deaths in 2002 and 2003 should be placed in 2003. Incidents with deaths in 2002 and 2004 should be placed in 2004. Incidents with deaths in 2003 and 2004 should be placed in 2003.

1.2 Site Identifier: SiteID

1.3 Incident Number: IncidentNumber

Definitions:

- **SiteID:** indicates which state has abstracted the incident. This may not be the state of injury or the state of residence of any victim in the incident, as discussed in the Definitions section. The Site ID number is the Federal Information Processing Standards (FIPS) code assigned to the state or U.S. territory.
- **IncidentNumber:** is automatically assigned by the software. Incidents are numbered within a year and state with the first incident being assigned 1. Each new incident added is automatically assigned the next sequential number. Consequently, within each state, the first incident in 2007 and the first incident in 2008 will be assigned Incident ID=1. Thus, incident number always needs to be considered within a state and year.

Response Options:

- **SiteID:** Automatically generated by the program based on the abstractor’s permission when a new incident is created
- **IncidentNumber:** Automatically generated by the program when a new incident is initiated by the

abstractor

Discussion:

- Used together, the SiteID, IncidentYear, and Incident Number uniquely identify each incident and can be used to link incident level information with victims and documents.
 - If an incident is merged or deleted, no information will be displayed for that incident number. For instance, if a 2008 homicide occurring in Maryland assigned IncidentNumber 5 is later found to be part of a multiple homicide and merged into Maryland 2008 incident 6, no information will be displayed for incident number 5.
 - The SiteID and LocationID should never be missing on a record that is displayed or exported by the system.
-

1.4 Incident type: IncidentType

Definition:

Overall description of whether the incident involved a single or multiple victims and the manner of all the victim’s deaths.

Response Options:

- 1 Single suicide
- 2 Death of undetermined intent
- 3 Single homicide
- 4 Multiple homicides
- 5 Homicide(s) followed by suicide(s)
- 6 Unintentional firearm death(s)
- 7 Multiple suicides
- 8 Other
- 9 Not an NVDRS case

Discussion:

If a violent incident involves two or more undetermined deaths and no other manners of death, please code as “2”, or death of undetermined intent.

Note: Response Option #7: Multiple suicides is a new option added in 2013

1.5 Incident Narrative CME: NarrativeCME

1.6 Incident Narrative LE: NarrativeLE

Definition:

Narrative accounts of the incident serve multiple purposes:

- To briefly summarize the incident (who, what, when, where, why).
- To provide supporting information on circumstances that the abstractor has endorsed in an incident.
- To provide the context for understanding the incident.
- To record information and additional detail that cannot be captured elsewhere.
- To facilitate data quality control checks on the coding of key variables.

Response Options:

Text

Discussion:

Incident narratives are written based on a single type data source (e.g., law enforcement or CME) that may involve single or multiple documents (e.g., CME report and toxicology findings). Consequently, there is an incident narrative that summarizes the law enforcement findings and a narrative that describes the CME's findings. The narratives based on these separate data sources will often vary in the level of detail they contain, and may even differ from each other on details of the incident.

In referring to persons in the narrative, use "Victim" or "V" to refer to the Victim, or "V1," "V2," etc., in incidents with multiple victims. Similarly, use "Suspect" or "S1," "S2," etc. Victim/Suspects may be designated as "V/S" or "B" (for "both").

At a minimum, the following should be included in all narratives:

- The number of victims, suspects, and victim/suspects described in the source document who was injured, and by whom
- The relationship between victim and suspect if injury was not self-inflicted
- Where the injury occurred (or the victim was found)—not a specific place or address, but a description such as "at home," "at work," or "on the street," such as listed in the "Type of location where injured" data element
- Additional detail on all circumstances coded in the data source tab
- Timing of circumstances (e.g., was the argument right before the suicide or the night before)
- A description of other circumstances not captured in standardized coding
- Sex and age of person(s) involved
- Weapon(s) involved

The following should not be included in any narratives:

- Personally identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations (with the exception of V, S, S/V, and B for the persons in the narrative or commonly used abbreviations such as DUI, ADHD)
- Incomplete sentences (as they are hard to understand)

Sometimes you will receive two data sources from one document (e.g., a CME report contains a copy of the police report) or multiple documents from the same source (e.g., medical examiner report on two victims in the same incident).

- If two data sources are found in one source (i.e. the LE includes a copy of the CME report), information from both sources should be entered. In the circumstance section where LE and CME data are distinguished, the CME information should only be listed in the CME section and the LE information should only be listed in the LE section regardless of how the information was collected.
- A LE or CME report may contain information on multiple victims or suspects involved in a violent incident. In these instances, the information from this report can be used to fill out information about both victims. LE and CME information, however, should always be requested for all victims.

Sometimes information across or within CME and LE reports may provide different or conflicting information.

- Because CME and LE circumstances come from different investigations, the CME and LE narratives are expected to provide unique insights into the violent death. Thus, the differences between the coding sources provide a more comprehensive understanding of the death. If the CME and LE narratives are conflicting, please record the information as reported by the data sources and code the circumstances accordingly.
 - The one exception to this rule is when either the CME or LE report clearly has found through further investigation that a previous description of the event was incorrect (e.g., witness lied or more evidence comes to light that disproves previous conclusion). In this case, please indicate in the narrative that provides false information that this information was disapproved and do not check any circumstance that was found false.
- If multiple law enforcement records conflict about the narrative details, record what you believe to be in the most accurate narrative. Do the same for multiple CME records. The circumstances coded should be consistent with these decisions.

Note: With the implementation of the NVDRS web in August 2013, please put all narrative details collected in the Child Fatality Reviews in the law enforcement narrative.

1.7 Number of source documents in incident: NumberofDocuments

Definition:

Counts the number of source documents in the incident. This number is automatically generated by the program.

Response Options:

Number of documents

Discussion:

There must be a minimum of one document in each incident and each incident should have at least three documents, or one for each of the required data sources:

- death certificates
- coroner/medical examiner reports
- law enforcement reports

A list of all documents can be found in the variable document type.

1.8 Number of victims in incident: NumberofVictims

Definition:

Counts the number of victims in the incident. This number is automatically generated by the program.

Response Options:

Number of victims

Discussion:

There must be a minimum of one victim in each incident. Victims in the incident are only those who are fatally injured. An individual may be both a suspect and a victim, as in the case of a husband who murders his wife and then kills himself. Identifying the victims in the incident is not difficult once you have determined how to define an incident (see Definitions section).

1.9 Number of nonfatally shot persons in incident: NumberNonfatallyShot

Definition:

Number of persons who were non-fatally shot in the incident.

Response Options:

Number of non-fatally shot victims

0 None
9999 Unknown

Discussion:

- Record the total number of victims who sustained a projectile wound from a firearm during the course of the incident and survived.
 - Victims of pistol whipping should not be counted here.
 - Enter “0” if there is no indication of a nonfatal shooting. Enter “9999” if the number of such persons is unknown.
-

1.10 Flag this incident for follow-up: FollowUp

Definition:

The user can manually flag an incident for follow-up. These incidents can be located with the search function.

Response Options:

Check box

Discussion:

This function allows the user to indicate an incident needs further follow-up. For instance, an abstractor may want to flag incidents that they need advice from their supervisor. Flagged incidents can be retrieved using the search function.

1.11 Data Abstraction Completion Indicators

1.12 Date supervisor checked incident: SupervisorCheckedDate

1.13 Date supervisor rechecked incident: SupervisorRecheckedDate

Definition:

Supervisors can use these fields to track whether they have checked or finalized an incident. Problems or questions noted in the supervisor’s review can be placed in the activity log.

Response Options:

Date (format: MM/DD/YYYY)

Discussion:

Completion of these fields is not required. Their sole purpose is to support the data entry and verification process. Missing dates are not allowed because exact dates should be known.

1.14 Abstractor Name: AbstractorName

Definition:

List the name(s) of the abstractors working on the record

Response Options:

Text

Discussion:

This helps states track who entered their data and can be used to examine data quality by abstractor. Multiple data abstractors can be tracked by listing their name separated by a delimiter such as a comma or slash (e.g., Craig / Shane). This field is not required and is provided to support state abstraction and data quality efforts.

SECTION 2: DOCUMENT TRACKING VARIABLES

2.1 Document unavailable: DocumentUnavailable

Definition:

Enter if the document did not exist, was unavailable to NVDRS or could not be obtained for other reasons.

Response Options:

Checkbox

2.2 Document type: DocumentType

Definition:

Type of document being requested, logged in, or tracked. Death certificate, medical examiner/coroner and police report are required documents.

Response Options:

- 1 Death certificate
- 2 Medical examiner report
- 3 Coroner report
- 4 Police report
- 5 SHR
- 6 NIBRS
- 7 Crime lab report
- 8 Toxicology report
- 9 Hospital discharge record
- 10 ED record
- 11 Gun trace
- 12 EMS report
- 13 CFRT report
- 14 Newspaper article
- 88 Other

Discussion:

None

2.3 Source agency requested from: AgencySource

Definition:

Provides the agency name from which the data are being collected. This allows a record to be kept of the document sources used for each incident.

Response Options:

Text

Discussion:

This variable is optional, but can be used to help track requests. Do not enter the names of people at the agency or other personal identifying information in this field.

2.4 Date record requested: Date record requested

2.5 Date record re-requested: Date record re-requested

2.6 Date record received: Date record received

Definition:

These variables allow a record to be kept of the dates each document was requested, re-requested if necessary, and the date received. This can be useful as an abstractor “logbook” to track the status of records that have been requested.

Response Options:

Date (format: MM/DD/YYYY)

Discussion:

These variables are optional, but their use is encouraged. Missing dates are not allowed because exact dates should be known.

2.7 Date record abstracted/imported: AbstractedDate

2.8 Date entered data checked: Date entered data checked

Definition:

These variables record the date documents were abstracted and checked by another abstractor, supervisor(s), or principal investigators.

Response Options:

Date (format: MM/DD/YYYY)

Discussion:

These variables are optional, but their use is encouraged. They can be used for measuring timeliness by calculating the interval between date of death and date abstracted. Because the abstractor should always know the date the incident was finished or checked, partial missing date values cannot be entered (e.g., 02/99/2013). Please leave blank if you choose not to use this field.

2.9 Document notes field: DocumentNotes

Definition:

This variable allows a record to be kept of notes regarding the source document receipt process. Personal identifying information about the incident, victim and suspect should not be entered.

Response Options:

Discussion:

This variable is optional.

SECTION 3: DEMOGRAPHIC VARIABLES FOR VICTIMS

3.1 Demographics, Race, and Ethnicity

3.1.1 Person type: PersonType

Definition:

This variable indicates whether the person was a victim of violence or both a victim and suspect (e.g., the person killed someone else and then died by suicide).

Response Options:

- 1 Victim
- 3 Both victim and suspect

Discussion:

Victims (Person Type = 1)

Victims are those who died in a suicide, violence-related homicide, legal intervention, as the result of a firearm injury, or from an undetermined manner.

Note: A baby who dies as the result of direct, violent injuries sustained before birth (i.e. a fetal death) should not be recorded as a victim. Only babies who were delivered and lived outside the womb for any period of time and were issued both a birth certificate and a death certificate OR those who a CME have conclusively determined to have been born alive and subsequently killed should be included as victims. However, states who want to collect such deaths may enter these as a separate incident and follow the guidance as described in the Definitions section (4.0) of this document.

- Example of Person Type = 1 Victim
 1. Individual died by suicide and found dead in his residence

Both Suspect/Victim (Person Type= 3)

Suspect/Victims are victims of homicide, suicide or legal intervention, or undetermined intent, who also killed someone else in the incident.

- Examples of Person Type = 3 Suspect/Victim
 1. A man kills his wife and then kills himself. He is a suspect because he killed someone else, and a suicide victim because he killed himself; thus he is both suspect and victim (Person Type = 3).
 2. A person robs a store and kills the store clerk. While running from the store he is shot and killed by a law enforcement officer. The person is a suspect in the killing of the store clerk and is a legal intervention victim because he is killed by a law enforcement officer; thus he is both suspect and victim (Person Type = 3).
 3. A husband learns his wife is having an affair with a male friend. The husband kills the male friend in anger. The distraught wife kills her husband. The husband is a suspect because he killed the male friend, and a victim because he was then killed by his wife; thus he is both suspect and victim (Person Type = 3).

DO NOT CODE as a suspect/victim if the victim is a suspect in another violent incident (i.e., occurs 24 hours after the original death). For instance, a man kills a guard during a bank robbery. Two weeks later the man dies by suicide when he is surrounded by police and refuses to be arrested. The person should be listed as a suicide victim in a violent incident describing the circumstances of his suicide. Also, the person should be a suspect in a different violent incident that describes the robbery.

Note: Before August 2013, this variable was also used to collect information on suspects as well as victims and victim/suspects. As of August 2013, suspect information is collected as part of the victim's record and thus no longer captured by this variable.

3.1.2 First initial of last name: LastNameFirstInitial

Definition:

This variable indicates the first initial of the victim's last name

Response Options:

Text

Discussion/Uses:

This de-identified information can be used to match victims across data sources (e.g., law enforcement and coroner/medical examiner reports) and link with identifying information maintained by states. This is an optional variable.

3.1.3 Day of birth: BirthDayofMonth

Definition:

This variable indicates the day of the month in which the victim was born.

Response Options:

Please enter the day as a two digit number (e.g., the 6th is entered as 06 and the 21st is entered as 21).

Discussion/Uses:

This de-identified information can be used to match victims across data sources (e.g., law enforcement and coroner/medical examiner reports) and link with identifying information maintained by states. This is an optional variable.

3.1.4 Last 4 of CME: CMENumberLastFour

Definition:

This variable provides the last 4-digits on the CME record associated with the victim. State abstractors may also choose to enter less than 4-digits to preserve confidentiality.

Response Options:

Text

Uses:

This de-identified information can be used to match victims across data sources (e.g., law enforcement and coroner/medical examiner reports) and link with identifying information maintained by states. This is an optional variable.

3.1.5 Last 4 of DC: DCNumberLastFour**Definition:**

This variable provides the last 4-digits on the death certificate record associated with the victim. State abstractors may also choose to enter less than 4-digits to preserve confidentiality.

Response Options:

Text

Uses:

This de-identified information can be used to match victims across data sources (e.g., law enforcement and coroner/medical examiner reports) and link with identifying information maintained by states. This is an optional variable.

3.1.6 Sex of victim: Sex**Definition:**

The victim's biological sex at the time of the incident

Response Options:

- 1 Male
- 2 Female
- 9 Unknown

Discussion:

Sex captures the biological sex of the victim. If the victim is transgender, please record the victim's legal sex as indicated by at least one of the three primary data collection sources: death certificate, coroner/medical examiner, or law enforcement. A disagreement on the sex of the victim across data sources may indicate transgender status.

3.1.7 Transgender: Transgender**Definition:**

The victim self-identifies as transgender or a friend/family member reports that the victim self-identified as transgender.

Response Options:

Checkbox

Discussion:

Transgender is defined as people “who experience incongruence between birth sex and gender identity”.¹ For instance, a person with a biological sex of a male may identify themselves as female. An individual should be identified as transgender if he or she identified as transgender or family, friends, physician or other acquaintances identified the individual as transgender. Also, check this variable if the victim was undergoing or had undergone sex change surgery or hormone therapy to support a sex change.

Note: This variable was added in August, 2013.

¹Badgett & Goldberg (2009). Best Practices for Asking Questions about Sexual Orientation on Surveys. Los Angeles, CA: The Williams Institute.

3.1.8 Age: Age**3.1.9 Age Unit: AgeUnit****Definitions:**

- **Age:** Age of victim
- **AgeUnit:** Type of unit (e.g., years, hours) used to report age

Response Options:

- **Age**
Numeric
999 Unknown

- **Age Unit:**
 - 1 Years
 - 2 Months
 - 3 Weeks
 - 4 Days
 - 5 Hours
 - 6 Minutes
 - 9 Unknown

Discussion:

Age is reported using the same conventions that vital statistics data uses to facilitate more precise reporting of newborn and infant ages.

- It is reported in two variables: “Age” identifies the number of years, months, or other units of the victim and “AgeUnit” identifies the type of unit used. So, for example, a three-month-old baby has an Age of 3 and an AgeUnit of 2 (months).
- Age should be reported in years for victim’s who are one year or older
- For victims, use the age at the time of death.
- In some cases, the victim’s exact age will not be known. In these cases, please apply the rules below in coding age.

1. If age is provided within a five-year age range or less, choose the midpoint of the range and round to the lower year if the midpoint calculation results in a half year. For example, a suspect reported to be 20 to 25 years of age would be entered as 22.
 2. If an age range of > 5 years is provided, enter the age as unknown.
 3. Do not calculate age from date of birth and date of incident.
 4. If age is not provided, code as 999 for unknown.
-

3.1.10 Height feet: Heightfeet

3.1.11 Height inches: Heightinches

3.1.12 Weight: Weight

Definitions:

- **Heightfeet & Heightinches:** Victim's height is reported in two variables, feet and inches.
- **Weight:** Victim's weight in pounds (If conversion for weight is required, 2.2 pounds =1 kilogram) at the time of death

Response Options:

Select number of feet and number of inches separately from drop down menus.

- **Heightfeet:**
0 to 9 Feet
99 Unknown
- **Heightinches:**
0 to 11 Inches
99 Unknown
- **Weight:**
Enter number of pounds (range=000-998)
999 Unknown

Discussion:

If the victim's height is missing for feet or inches, please enter '99' for height and/or '99' for inches. If a victim's weight is missing, please enter '999'.

Note: These variables were added in August, 2013.

3.1.13 Victim Race Variables

3.1.13.1 White: RaceWhite

3.1.13.2 Black or African American: RaceBlack

3.1.13.3 Asian: RaceAsian

3.1.13.4 Native Hawaiian or other Pacific Islander: RacePacificIslander

3.1.13.5 American Indian or Alaska Native: RaceAmericanIndian

3.1.13.6 Unspecified race: RaceUnspecified

Definitions: Race[±]

- **White:** Person with origins among any of the original peoples of Europe, North Africa, or the Middle East
- **Black or African American:** Person with origins among any of the black racial groups of Africa
- **Asian:** Person with origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- **Native Hawaiian or other Pacific Islander:** Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians)
- **American Indian or Alaska Native:** Person with origins among any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives)
- **Unspecified:** If a person’s ethnicity is provided in place of their race, e.g., race is given as “Hispanic”, and no other valid race value is given, mark their race as “unspecified”

Response Options:

Checkbox

Discussion:

For multi-racial decedents, please check each race identified in source documents (e.g., if the decedent is identified as “white” and “Asian”, please check “white” and “Asian”). If source documents indicate “Mulatto,” check both “white” and “black”. If “Asian/Pacific Islander” is indicated, check both “Asian” and “Pacificisland”. These standards were used by the U.S. Census Bureau in the 2000 decennial census.

Note: “Other” race category was removed as response choice in 2015.

± NVDRS follows U.S. Department of Health and Human Services (HHS) and Office of Management and Budget (OMB) standards for race/ethnicity categorization. HHS guidance on race/ethnicity is available from: <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

3.1.14 Hispanic/Latino/Spanish: Ethnicity

Definition:

Ethnicity[±] is a concept used to differentiate population groups on the basis of shared cultural characteristics or geographic origins. In NVDRS, victims with Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin should be considered Hispanic or Latino, regardless of race.

Response Options:

- 0 Not Hispanic or Latino
- 1 Hispanic or Latino
- 9 Unknown

Discussion:

None

±NVDRS follows HHS and OMB standards for race/ethnicity categorization. HHS guidance on race/ethnicity is available from: <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

3.1.15 Marital status: MaritalStatus

Definition:

Victim's marital status

Response Options:

- 1 Married /Civil Union/ Domestic Partnership
- 2 Never Married
- 3 Widowed
- 4 Divorced
- 5 Married/Civil Union/Domestic Partnership, but separated
- 6 Single, not otherwise specified
- 9 Unknown (*Note: If marital status is not explicitly noted, code as 9, "Unknown".*)

Discussion:

Marital status is regularly completed on the death certificate and often noted in law enforcement or medical examiner records.

- Marital status should be completed for persons of all ages, including children.
- If a source document describes a person as being in a common-law marriage or civil union according to the laws of that state, code this as "Married/Civil Union/Domestic Partnership."
- If a source document describes a person being in a committed relationship with someone of the same sex, code this as "Married/Civil Union/Domestic Partnership". Domestic partnership is defined as a committed intimate relationship between two adults of either the same or opposite sex, in which the partners are each other's sole partner, intend to remain so indefinitely, maintain a common residence, and intend to continue to do so, are not married or joined in a civil union or the domestic partner to anyone else, and are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed [±].
- Use the "Single, not otherwise specified" option when this term is used in CME records and it is not clear whether the person was never married, widowed, divorced, or separated.
- In an incident in which a person kills his or her spouse or partner, marital status should be coded as "Married/Civil Union/Domestic Partnership", not "Widowed". Use "Widowed" for a person of either sex whose spouse has died before the violent death.

± This definition is based in part on the U.S. Office of Personnel Management (OPM) definition of Domestic Partnership. Source: <http://www.opm.gov/faqs/QA.aspx?fid=3f64bd3d-1107-44e7-9962-c8b652848f14&pid=a9bc0ec4-5116-45e4-aff3-baab937208c7>

3.1.16 Relationship Status

Definition:

Victim's relationship status at the time of incident.

Response Options:

- 1 Currently in a relationship
- 2 Not currently in a relationship
- 9 Unknown

Discussion:

This variable is used to identify the victim's relationship status at the time of the incident. The victim's relationship with another person(s) is described as a relationship beyond the level of friendship that may be serious, casual, short-, or long-term. The relationship also involves some level of intimacy that may or may not be sexual in nature. Relationship status should only be inferred from marital status information on the death certificate or other source documents if the victim is married at the time of the incident; otherwise, this information must be noted in either the CME or LE report. If information about the victim being in a relationship is not explicitly stated in either report, code "unknown".

- If victim's marital status is "Married/Civil Union/Domestic Partnership", you can infer that the victim was in a relationship at time of incident.
- If victim's marital status is "Married/Civil Union/ Domestic Partnership, but separated", code this as "Unknown", unless information is provided to suggest the victim was in a relationship at the time of incident.
- If victim is noted to be in multiple relationships, code this as "currently in a relationship".
- Regardless of the victim's age, code "unknown" if victim's relationship status is not mentioned in the CME or LE record.

Note: Variable was added in March 2015

3.1.17 Sex of Partner**Definition:**

Sex of the victim's partner in relation to the victim's sex

Response Options:

- 1 Same sex as victim
- 2 Opposite sex of victim
- 8 Not applicable
- 9 Unknown

Discussion:

- If the victim's marital status is "Married/Civil Union/ Domestic Partnership" and the victim is also in another relationship (e.g. extra-marital affair), code this variable based on the sex of the partner to whom the victim is married.
- If the victim is noted to be in multiple relationships at the time of the incident, code "unknown" unless narrative captures sex of one of the partners. If more than 1 partner is discussed, then capture the sex of the partner that is most salient, given the context of the incident.
- If relationship status is "unknown," then sex of partner = "unknown."

Note: Variable was added in March 2015

3.1.18 Victim was pregnant: Pregnant**Definition:**

Victim was pregnant or recently pregnant at the time of death

Response Options:

- 0 Not pregnant within last year
- 1 Pregnant at time of death
- 2 Not pregnant but pregnant w/in 42 days of death
- 3 Not pregnant but pregnant 43 days to 1 year before death
- 4 Not pregnant, not otherwise specified
- 5 Pregnant, not otherwise specified
- 8 Not applicable
- 9 Unknown if pregnant within past year

Discussion:

This variable is used to identify pregnant or recently pregnant victims and to document types of violence against pregnant and postpartum women. Victim’s pregnancy status is often noted on the death certificate and in the CME report. Findings are more likely to be authoritative if a full autopsy has been performed.

- This variable should be coded for all female victims regardless of age.
- The variable will not apply to males and will be automatically coded ‘8’, not applicable.
- This variable is based on the codes used on the new U.S. standard death certificate. As such, it collects pregnancy status at the time of death, not at the time of injury.
- If your state’s death certificate has a pregnancy variable that does not match the NCHS national standard, use the 4 and 5 options to capture this information or use another data source to code this category.
- Regardless of the victim’s age, code “Unknown if pregnant within past year” if the victim’s pregnancy status is not mentioned on the CME record and not completed on the birth certificate

3.1.19 Sexual orientation: SexualOrientation

Definition:

This variable is used to report sexual orientation which includes heterosexual, gay, lesbian, or bisexual.

Response Options:

- 0 Heterosexual
- 1 Gay
- 2 Lesbian
- 3 Bisexual
- 9 Unknown

Discussion:

Sexual orientation is a multi-component construct that is commonly measured in three ways: attraction (e.g., the sex of a person one is sexually attracted to), behavior (e.g., ask respondents to report on the sex of people with whom they had willing sexual experiences), and self-identification (e.g., how would you describe your sexual orientation).²

In NVDRS, this variable captures whether the victim self-identified as heterosexual, gay, lesbian, or

bisexual based on interviews of friends, family or acquaintances. Only code this variable if the information is reported in the LE or CME report. Sexual orientation should not be inferred from marital status. If the information is not explicitly reported, select “unknown”. Currently, this information is usually not collected systematically and consequently this variable will likely only detect decedents who were gay, lesbian or bisexual according to friends, families or acquaintances. Definitive information on sexual orientation may be unavailable.

Note: This variable was added in August, 2013.

²*Badgett & Goldberg (2009). Best Practices for Asking Questions about Sexual Orientation on Surveys. Los Angeles, CA: The Williams Institute & Saewyc, E.M., Bauer, G.R., Skay, C.L., Bearinger, L.H., Resnick, M.D., Reis, E., & Murphy, A. (2004). Measuring sexual orientation in adolescent health surveys: Evaluation of eight school-based surveys. Journal of Adolescent Health, 35(4), 345e1-e15.*

3.1.20 Current or former military personnel: Military

Definition:

Has the person ever served in the U.S. Armed Forces?

Response Options:

0 No
1 Yes
9 Unknown

Discussion:

Military status is indicated on the death certificate in the section captioned, “Ever a member of U.S. Armed Forces†.” If a state’s death certificate has the variant wording, “If U.S. War veteran, specify war,” a blank or missing response should be coded as “Unknown” rather than “No”.

Note: Prior to 2010, the label for this data element was “Veteran status.” The label was changed in 2010 to reflect the actual wording on the standard death certificate.

†U.S. Armed Forces comprises five armed service branches: Air Force, Army, Coast Guard, Marine Corps, and Navy.

3.2 Place of Residence, Birthplace, Industry, Occupation, and Education

3.2.1 Residence Variables

- 3.2.1.1 Country of residence: Country**
- 3.2.1.2 State of residence: ResidenceState**
- 3.2.1.3 County of residence: ResidenceCounty**
- 3.2.1.4 City of residence: ResidenceCity**
- 3.2.1.5 ZIP code of residence: ResidenceZip**
- 3.2.1.6 US Census tract of residence: ResidenceCensusTract**
- 3.2.1.7 US Census block group of residence: ResidenceCensusBlock**

Definitions:

Residential address information is collected at a number of levels (see below) to help support the identification of the agency responsible for potential public health interventions, to undertake geocoding, to better target interventions and to calculate population-based injury rates.

- **Country:** Residential country of victim
- **ResidenceState:** Residential U.S. state or territory of victim
- **ResidenceCounty:** Residential county (or county equivalents) address of victim,
- **ResidenceCity:** Residential city address of the victim (“place” code)
- **ResidenceZip:** Residential zip code
- **ResidenceCensusTract:** U.S. Census tract of victim’s residence
- **ResidenceCensusBlock:** U.S. Census block group of victim’s residence

Response Options:

- **Country:**
Start typing country name to activate auto-complete

- **ResidenceState:**
Start typing the state name or INCITS 38-2009 (formerly FIPS code) †
88 Not applicable
99 Unknown

- **ResidenceCounty:**
Start typing the county name or INCITS 31-2009 (formerly FIPS code) ††
888 Not applicable
999 Unknown

- **ResidenceCity:**
Start typing the city name or FIPS 55-3 or Census Code†††
88888 Not applicable
99999 Unknown

- **ResidenceZip:**
Enter 5-digit zip code
88888 Not applicable
99999 Unknown

- **ResidenceCensusTract:**
Enter 4-digit census tract and when applicable two-digits on right side of the decimal point††††
9999.99 Unknown

- **ResidenceCensusBlock:**
Enter the one-digit block group number††††

† State codes are unchanged between FIPS and INCITS 38-2009.

†† County codes from FIPS have been carried over into INCITS 31-2009. For missing codes, search for the correct code at the following web site: <http://www.census.gov/geo/reference/ansi.html>

These codes are provided for U.S. county and 'county equivalent' areas (i.e., parishes, boroughs, the District of Columbia, independent cities

+++ Though the U.S. Geological Survey officially replaced FIPS 55-3 with INCITS 446-2008 <http://www.itl.nist.gov/fipspubs/55new/nav-top-fr.htm>; NVDRS will continue using the standard FIPS 55-3 in order to facilitate data import and maintain consistency and familiarity.

++++ Census tract and census block information may be obtained from the following website: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>. From the toolbar on the left side of the screen (options) select "Geographies". Then click on the "Address" tab and type in the street address from the Death Certificate. This will elicit Census Tract and Block data directly. It is also possible to obtain Census tract and block information for multiple addresses at one time. Click on the following link: <http://geocoding.geo.census.gov/geocoder/geographies/addressbatch?form>. To perform the batch processing of addresses, create a Comma-Separated Values (CSV) file and upload the file in the "select address file" field. An example of what the CSV file should contain is listed at the following link: <http://geocoding.geo.census.gov/geocoder/Addresses.csv>.

Discussion:

Use place of residence from the death certificate. This should handle tourists, itinerants, part-time residents, etc.

- The address information should be collected at the local level in a format that meets the local standards for geocoding.
- If the person is not a resident of a U.S. state or territory, the program will automatically enter "88" for "Not applicable".
- An American Indian reservation should be coded as the state in which it is located. If the reservation spans multiple states, code based on state borders.
- For out-of-state addresses, the following website supplies FIPS place and county codes: <http://www.census.gov/geo/reference/ansi.html>.
- Notes on institutionalized individuals:
 - If a person is currently residing in a short-term facility (expected to return to his or her residence after a stay of generally no more than 3 months) such as a rehabilitation hospital, drug treatment program, jail, etc., use his or her home address as the residential address. Only use the address of the facility if no home address is noted.
 - If a person is residing in a long-term facility, such as a college dormitory, prison, or residential nursing home, use the facility's address.

3.2.2 Birth place: BirthPlace

Definition:

Birth state, territory, or country

Response Options:

Start typing U.S. state abbreviation (e.g., GA for Georgia), full state name (e.g., Georgia), or a listed country name (e.g., Canada, Cuba, or Mexico), or a U.S. territory. Full list of categories is provided below:

1	Alabama	22	Massachusetts	43	Tennessee
2	Alaska	23	Michigan	44	Texas
3	Arizona	24	Minnesota	45	Utah
4	Arkansas	25	Mississippi	46	Vermont
5	California	26	Missouri	47	Virginia
6	Colorado	27	Montana	48	Washington
7	Connecticut	28	Nebraska	49	West Virginia
8	Delaware	29	Nevada	50	Wisconsin
9	District of Columbia	30	New Hampshire	51	Wyoming
10	Florida	31	New Jersey	52	Puerto Rico
11	Georgia	32	New Mexico	53	Virgin Islands
12	Hawaii	33	New York	54	Guam
13	Idaho	34	North Carolina	55	Canada
14	Illinois	35	North Dakota	56	Cuba
15	Indiana	36	Ohio	57	Mexico
16	Iowa	37	Oklahoma	59	Remainder of the world (specify in birthplace text)
17	Kansas	38	Oregon		
18	Kentucky	39	Pennsylvania		
19	Louisiana	40	Rhode Island	61	American Samoa
20	Maine	41	South Carolina	62	Northern Marianas
21	Maryland	42	South Dakota	99	Unknown

Discussion:

The place of birth is indicated on the death certificate. If the victim was not born in the United States or one of the listed countries, enter “59,” or “Remainder of the world,” and specify the victim’s country of birth in the field, “Country of birth, if not listed.”

Note: the code list used for place of birth is not a FIPS code list; it is a National Center for Health Statistics code list.

3.2.3 Birth Country, if other: BirthCountryOther

Definition:

Victim’s country of birth, if not the U.S. and not on list of other countries in the variable “Birth Place”.

Response Options:

Text

Discussion:

For victims not born in the United States or one of the countries listed in the code list for “Birth place,” (i.e., coded “59 – Remainder of world”), please enter the country of birth in this field.

3.2.4 Usual Occupation Variables

3.2.4.1 Kind of business/industry code: Industry

3.2.4.2 Usual industry text: IndustryText

3.2.4.3 Usual occupation code: UsualOccupation

3.2.4.4 Usual occupation text: OccupationText

Definitions:

“Usual industry” is the kind of business or industry to which the victim’s occupation is related, such as insurance, farming, or government.

- **Industry:** Victim’s usual business / industry code as recorded on the death certificate
- **IndustryText:** Victim’s usual business/industry text as recorded on the death certificate
- **UsualOccupation:** Usual Occupation of the victim as recorded on the death certificate
- **OccupationText:** Usual occupation text of the victim as recorded on the death certificate

Response Options:

Provide the usual industry and occupation codes of the person as recorded on the death certificate±.

080 If text only; indicates the actual code is not available.

090 "unknown", "N/A" or "blank"

Discussion:

Most states’ registry of vital records encodes the decedent’s usual occupation and industry on the death certificate. Usual occupation/industry is not necessarily the victim’s current occupation/industry. Provide information exactly as it appears in the death certificate data. Sites should NOT code the information themselves, as industry and occupation coding requires special training.

- The codes “999” for occupation and “090” for industry are assigned by the Occupation and Industry coder to indicate “blank, unknown, or NA”. These codes should only be used if they appear in the death certificate data.
- If the text descriptor is recorded on the death certificate, and a numeric code is not provided, report only the text information and use the code “080” to indicate that the actual code is unavailable.
- If the death certificate is blank (e.g., both code and text information is blank or missing), use the code “080” to indicate unavailable and use the text field to indicate blank, unknown, or not available.

± Occupation codes recorded on the death certificate are based on the Bureau of Labor Statistics’ Standard Occupational Classification guidelines. See <http://www.bls.gov/soc/>

3.2.5 Current occupation: OccupationCurrentText

Definition:

Occupation is an indicator of socioeconomic status. Certain occupations may also be associated with the occurrence of suicide or homicide.

Response Options:

Enter victim’s current occupation in free text, OR enter:

- Employed, specific occupation unknown
- Unemployed
- Homemaker
- Retired
- Student
- Disabled
- Self-employed
- NA (under age 14)
- Unknown

Discussion:

Report the current occupation in a text field exactly as it appears in one of the required data sources. The information can later be coded at the national level using Standard Occupational Classifications. Note that “current occupation” is different from “usual occupation”, which is recorded on the death certificate. If the victim is not employed, enter one of the standard text options listed above. These are not currently available on a drop-down menu, so please be careful to enter them exactly as they appear under “**Response Options**,” and not in an abbreviated version.

- People who work 17.5 hours or more per week are considered employed; people who work less than that are not.
- For victims under the age of 14, the current occupation should be listed as “N/A” unless the CME report lists an occupation.

3.2.6 Homeless: Homeless

Definition:

Indicator of victims’ homeless status. Homeless persons are those who reside in one of the following: 1) Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including the following: a car or other private vehicle; park, on the street or other outdoor place; abandoned building (i.e., squatting); bus or train station; airport; or camping ground, or 2) A supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons.

Response Options:

0	No
1	Yes
9	Unknown

Discussion:

Marking this variable “Yes” means that there was clear evidence in a document that the victim was homeless, such as living in a car.

- Examples of **Coding Homeless “Yes”**:
 - Victim had been living in his car since his wife discovered he had relapsed on meth and kicked him out of the family home.
 - Victim had been staying at a local homeless shelter for the past 3 months.
 - Victim lived in an abandoned house or building along with several other homeless individuals.
 - Victim was residing in a tent on a local campground
- If you code homeless as “Yes”, you must code “Injured at Victim’s Home” as “No”. A person cannot be homeless if he or she was injured at home. Being injured at a shelter, on the street, in their car or makeshift quarters in an outdoor setting is not considered being injured at home.

Victims who have no homes of their own, but are staying indefinitely with friends or family, live in a hotel, or have a residential address that is not a shelter are not considered homeless.

- Examples of **Coding Homeless “No”**:
 - Victim had been staying at a motel after being evicted 2 weeks ago.
 - Victim had recently retired and had been residing and traveling in a motor home (i.e., RV) that she owns.
 - Victim was a long-distance trucker, and lived in a cabin within his truck when he was not driving.
 - Victim and her husband had recently been evicted and were staying with a friend until they could find housing.
 - Victim had recently sold her house and was staying at a hotel until a new house she had recently purchased was ready.
 - Victim was due to be evicted from his apartment in 3 days and did not have any place to stay once evicted.

Code homeless “Unknown” when the residential address is stated “unknown” and homeless status is not otherwise known. Otherwise, mark this variable “No”.

3.2.7 Education by degree: EducationLevel

Definition:

Represents victim’s educational level as measured by the highest degree attained.

Response Options:

- 0 8th grade or less
- 1 9th to 12th grade; no diploma
- 2 High school graduate or GED completed
- 3 Some college credit, but no degree
- 4 Associate’s degree (e.g., AA, AS)
- 5 Bachelor’s degree (e.g., BA, AB, BS)
- 6 Master’s degree (e.g., MA, MS, Mend, Med, MSW, MBA)
- 7 Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- 9 Unknown

Discussion:

The options for the “Education” variables are those on the 2003 death certificate. Since not all states may have moved to the new format, the pre-2003 education format is provided in the “Number years education” variable. Only one of the two (either EducationLevel OR EducationYears) has to be completed.

- Vocational and trade school should be coded as “High school graduate”.
- For very young children who are not in school, code as “0” or 8th grade or less.

3.2.8 Education by number years: EducationYears

Definition:

Represents victim’ educational level as measured by years of education completed beyond kindergarten

(e.g., completing 8th grade would be recorded as 8 years of education).

Response Options:

Numeric

0 to 17 Years

99 Unknown

Discussion:

Select the number of years of education completed by the victim beginning with the 1st grade. Do not count pre-kindergarten or kindergarten. The options for the “Education” variables are those on the 2003 death certificate. Since not all states may have moved to the new format, the pre-2003 education format is provided in this variable. Only one of the two (either EducationLevel OR EducationYears) has to be completed.

- For very young children who are not in school, code as “0”.

SECTION 4: INJURY AND DEATH VARIABLES

4.1 Manner of Death Variables

4.1.1 Manner of death on DC: DeathMannerDC

4.1.2 Manner of death per LE: DeathMannerLE

4.1.3 Manner of death per CME: DeathMannerCME

4.1.4 Manner of death per abstractor: DeathMannerAbstractor

Definitions:

- **DeathMannerDC:** Manner of death on death certificate
- **DeathMannerLE:** Manner of death recorded in law enforcement report
- **DeathMannerCME:** Manner of death recorded in CME report
- **DeathMannerAbstractor:** Manner of death based on abstractor review of all available data

Response Options:

- **DeathMannerDC**
- **DeathMannerLE**
- **DeathMannerCME**
 - 1 Natural
 - 2 Accident
 - 3 Suicide
 - 4 Homicide
 - 5 Pending investigation
 - 6 Could not be determined
 - 7 Legal intervention
 - 9 Record not available or blank
- **DeathMannerAbstractor**
 - 1 Suicide or intentional self-harm
 - 2 Homicide
 - 3 Unintentional firearm - self-inflicted
 - 4 Unintentional firearm - inflicted by other person
 - 5 Unintentional firearm - unknown who inflicted
 - 6 Legal intervention (by police or other authority)
 - 7 Terrorism homicide
 - 8 Terrorism suicide
 - 9 Undetermined intent
 - 10 Other unintentional death (outside NVDRS case definition)

Discussion:

When completing the manner of death, abstractors must record the Manner of Death exactly as they are reported on the CME, DC, and LE reports. The abstractor must also select an NVDRS manner of death, referred to as abstractor manner that must be consistent with the manner of death reported in at least one of the three required data sources: CME, DC, and LE.

Manner of Death on CME, DC, and LE

Manner of death is a broad classification of the cause of death as natural, accidental, suicide, homicide,

pending investigation, or not determined. Manner is determined by the coroner or medical examiner and, when considered in conjunction with the narrative cause of death statements on the death certificate, is the basis for how the official underlying cause of death is coded in vital statistics data. Data describing the manner of death are useful for public health surveillance, health care planning and administration, clinical and health services, and epidemiologic research. Because the CME's manner of death sometimes differ from the manner implied by the death certificate's underlying cause-of-death code, or the law enforcement designation of the death, it is useful to document manner by source.

- Record the manner of death exactly as it appears on the death certificate and CME report.
- If a manner is noted as "Pending investigation," check back on the case later to update the manner. "Pending" is considered a temporary designation.
- Since states' death certificates may have a state-added code to indicate "Legal intervention" as the manner of death, code "Legal intervention" only if it is presented on the death certificate (the abstractor-assigned type of death variable can capture legal intervention deaths that are not coded on the death certificate in that fashion).
- Do not use the DC manner for the CME manner field even if the DC is found in the ME records. Record the manner from the CME records.

Assigning Abstractor Manner of Death

The abstractor assigns this manner of death based on reading the DC, CME reports and law enforcement information about the death as well as applying the NVDRS case definitions. In general, the data sources will agree on the manner of the death (e.g., CME, LE, and DC indicate homicide) and the abstractor manner should match or be consistent with the three reports. When the case is initiated, often with the DC, the abstractor should immediately enter an abstractor manner consistent with the available data source and then update the manner as more information becomes available. Do NOT wait to receive all three data sources before completing the abstractor manner.

In some cases, the manner of death may vary across the data sources (e.g., law enforcement reports homicide and CME reports suicide) or the manner assigned to the death may be different than the manner indicated by the NVDRS case definition.

The points below provide guidance on how to handle these types of situations.

- **If an abstractor assigns a manner of death that does not coincide with the CME's manner of death, it must be consistent with a manner of death on at least one other document.**
- There may be incidents when the manner used by the CME does not exactly match the NVDRS cases definitions. The protocol for defining NVDRS Death Type is included in the Definition section of the manual. Please read this section.
 - If the facts of the case are clear and not in dispute, apply the NVDRS definitions in assigning Death Type. For instance, a clear unintentional shooting of one child by another, for example, may be categorized as an accident by one medical examiner and a homicide by another. In both these cases, the abstractor manner for the victim should be "Unintentional firearm – inflicted by another person"
 - If the facts of the case are unclear or in dispute, default to the CME's determination of manner. For example, the CME manner is "homicide" and the CME report states, "A 13-year-old teenager shot another 13-year-old; conflicting reports exist as to whether the shooting was intentional." In this instance, the abstractor should use CME's classification of manner of death (e.g., homicide) because the CME intentionally selected "homicide" over an "unintentional" death explanation.

- There may be a few cases where the ICD-10 code listed in the DC indicates a death was “natural” or “unintentional” even though the CME and LE report indicate the death was a “homicide” or “suicide”. This can occur for a variety of reasons, including the ICD-10 code recording the intent without the manner or an investigation leading to updated findings about the death. In these cases, the abstractor should use the manner recorded by the CME and LE report instead of the DC.
- Some states define all ‘legal intervention’ deaths (e.g., the victim was killed by law enforcement acting in the line of duty) as homicides. In contrast, NVDRS distinguishes between legal intervention deaths and homicides. Consequently, if after reviewing the CME and law enforcement reports an abstractor is able to determine that a homicide was due to legal intervention, the abstractor assigned manner should be coded legal intervention.

In conclusion, the purpose of the abstractor manner is not to second-guess the CME or to enable an abstractor to come to his or her own conclusion about the case; rather the purpose is to characterize the conclusions of the official death investigation about the intent type of the incident in a manner that is consistent with the CME, DC, and/or law enforcement records AND is consistent with the NVDRS case definitions.

4.2 Change in Collection of Injury and Death Variables

The remaining injury and death variables have traditionally been obtained from death certificates. Beginning in 2013, these variables may be abstracted from any source when appropriate. While death certificates can continue to be used to collect these variables, the best sources for each variable may vary across states.

4.3 Injury Locations, Time, and Events

4.3.1 Injury Address Variables

- 4.3.1.1 State or territory where injury occurred: InjuryState**
- 4.3.1.2 County where injury occurred: InjuryCounty**
- 4.3.1.3 City where injury occurred: InjuryCity**
- 4.3.1.4 ZIP code where injury occurred: InjuryZip**
- 4.3.1.5 US Census tract where injury occurred: CensusTract**
- 4.3.1.6 US Census block group where injury occurred: CensusBlock**

Definitions:

- **InjuryState:** State in which injury was inflicted
- **InjuryCounty:** County (or county equivalent) in which injury was inflicted
- **InjuryCity:** City/town in which injury was inflicted
- **InjuryZip:** Postal ZIP code in which injury was inflicted
- **CensusTract:** Census tract in which injury was inflicted
- **CensusBlock:** Census block group in which injury was inflicted

Response Options:

- **InjuryState:**
 - Start typing the name of the state or INCITS 38-2009 (formerly FIPS code) †
 - 88 Not applicable
 - 99 Unknown

- **InjuryCounty:**
 - Start typing the name of the county or INCITS 31-2009 (formerly FIPS code) ††
 - 888 Not applicable
 - 999 Unknown

- **InjuryCity:**
 - Start typing the name of the city or FIPS 55-3 or Census Code †††
 - 88888 Not applicable
 - 99999 Unknown

- **InjuryZip:**
 - 5-digit zip code of injury
 - 88888 Not applicable
 - 99999 Unknown

- **CensusTract:**
 - 4 to 6-digit census tract ††††
 - 9999.99 Unknown

- **CensusBlock:**
 - 1-digit description of block group ††††

† State codes are unchanged between FIPS and INCITS 38:2009.

†† County codes from FIPS have been carried over into INCITS 31:2009. For missing codes, search for the correct code at the following web site: <http://www.census.gov/geo/reference/ansi.html>

These codes are provided for U.S. county and 'county equivalent' areas (i.e., parishes, boroughs, the District of Columbia, independent cities)

††† Though the U.S. Geological Survey officially replaced FIPS 55-3 with INCITS 446-2008 <http://www.itl.nist.gov/fipspubs/55new/nav-top-fr.htm>; NVDRS will continue using the standard FIPS 55-3 in order to facilitate data import and maintain consistency and familiarity.

†††† Census tract and census block information may be obtained from the following website: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>. From the toolbar on the left side of the screen (options) select "Geographies". Then click on the "Address" tab and type in the street address from the Death Certificate. This will elicit Census Tract and Block data directly.

Discussion:

- If the address of injury covers more than one address, code the address where the first injury was

inflicted.

- If there is no explicit address for the injury incident (e.g., in a field or park), record the nearest address or cross streets. If the nearest street address or intersection is not available from the records, enter the place name (e.g., the name of the park or beach) when entering the location information.
- Reporting sites that geocode their data at the local level using address information (*Note:* specific address information should never be entered into the web system) can generate the census block group and tract where the incident occurred from a geocoding program. In some states, the vital statistics registry or law enforcement department will have already geocoded the address and will have census tract and block group information available.
- The county and city/town are coded using standard Federal Information Processing Standards (FIPS) codes. These codes are provided in drop-down menus in the NVDRS software.

Note: Vital Statistics data use two coding systems for states: FIPS and their own system. Please use the FIPS version here.

4.3.2 Date and Time of Injury Variables

4.3.2.1 Date of injury: InjuryDate

4.3.2.2 Time of injury: InjuryTime

Definition:

- **InjuryDate:** Date of injury leading to death
- **InjuryTime:** Time of Injury leading to death

Response Options:

- **InjuryDate**
Date (format: MM\DD\YYYY)

You must enter “MM” and “DD” as two-digit numbers (e.g., “06” for June, not “6”). If month or day is missing enter ‘99’. Enter ‘9999’ if year of injury is missing.

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month and day unknown

- **InjuryTime**

Code using 24-hour format or military time, with midnight as “0000” and noon as “1200” and 2 PM as “1400”.

Discussion:

Date of injury can be used to examine trends over time in violent deaths, to detect epidemics, and to test for seasonal effects on violent death. Time of injury can be used to identify times of day incidents may be more likely to occur. Date and time of injury can also be used to interpret toxicology test results.

Exact date and time of injury are sometimes unknown, as in an un-witnessed suicide or homicide.

- Do not enter the date that the victim was last seen if actual date of injury is unknown. The software allows for partially known date information to be entered. Specifically, enter “99” if

the month or day is unknown and “9999” if the year is unknown.

- For instance, if month and day of injury are unknown, but the year is known, code the date as, 99/99/2003. If no information is known about when the incident occurred (as in when skeletal remains are found), it is acceptable to code date of injury as 99/99/9999.
- Sometimes the injury will be described as occurring within a time range (e.g., between 1 and 2 PM).
 - If a range of less than an hour is given (e.g., “around 9:30 a.m.” or “between 9:30 and 10:30”), code that as the lowest time in the range (0930 in both cases).
 - If a range of greater than one hour is noted for the time of injury (e.g., “sometime between 9:30 a.m. and noon”), treat time as unknown.

4.3.3 Type of location where injury occurred: InjuryLocation

Definition:

Type of place at which the injury occurred

Response Options:

- 1 House, apartment, rooming house, including driveway, porch, yard, garage
- 2 Street/road, sidewalk, alley
- 3 Highway, freeway
- 4 Motor vehicle, regardless of where motor vehicle is located (excluding school bus (15), and public transportation (21)); includes motor homes
- 5 Bar, nightclub
- 6 Service station
- 7 Bank, credit union, ATM location
- 8 Liquor store
- 9 Other commercial establishment (e.g., grocery store, restaurants, retail outlet, Laundromat), including parking lot
- 10 Industrial or construction areas (e.g., factory, warehouse)
- 11 Office building
- 12 Parking lot/public parking garage (e.g., parking lot at mall, parking lot shared by four or more households)
- 13 Abandoned house, building, or warehouse
- 14 Sports or athletic area (e.g., stadium, baseball field, gymnasium, recreation center)
- 15 School bus
- 16 Child care center, daycare, preschool
- 17 Elementary school, middle school (i.e., K-8) including school dormitory, residential school
- 18 High school, including school dormitory, residential school
- 19 College/University, including dormitory, fraternity/sorority
- 20 Unspecified school
- 21 Public transportation or station (e.g., bus, train, plane, airport, depot, taxi)
- 22 Synagogue, church, temple
- 23 Hospital or medical facility
- 24 Supervised residential facility (e.g., shelter, halfway house, group home)
- 25 Farm
- 26 Jail, prison, detention facility
- 27 Park, playground, public use area
- 28 Natural area (e.g., field, river, beaches, woods)

29	Hotel/motel
30	Railroad tracks (other than on public transportation (21) or within station)
31	Bridge
66	Other
99	Unknown

Discussion:

Data on the type of place at which an injury occurred help to describe the injury-producing event and are valuable for planning and evaluating prevention programs.

- If a victim was injured in a variety of locations (e.g., the victim was stabbed on a bus and was pursued by the attacker off the bus and into a store and stabbed a second time), code the location at which the victim was first injured.
- Designations of specific buildings (such as “House, apartment” or “Bar, nightclub”) include both the building itself and the area directly outside, such as a driveway, porch, front walk, or garage.
- Events that occur on public sidewalks should be coded as “2 - Street”, with the exception of those occurring on sidewalks that are the private property of an adjacent building. Those should be coded as the adjacent building.
- If an incident occurs while the victim is in a motor vehicle (e.g., died in a motor vehicle at home), please code “4 – Motor vehicle” rather than the location of the motor vehicle. Injury “site”, injury “location”, and injury “scene” can all be used as synonyms.

Note: The category “31”, or bridge, was added in August 2013.

4.3.4 Injured at work: InjuredAtWork

Definition:

Injury occurred at work or while the person was working

Response Options:

- 0 No, injury did not occur at work or while the victim was working
- 1 Yes, injury occurred at work or while the victim was working
- 8 Not applicable (e.g., child, unemployed, retiree)
- 9 Unknown

Discussion:

“**InjuredAtWork**” includes those incidents that occur while the victim is at work or on official work business; regardless of whether they are working at the time the injury occurs. These injuries could occur at the victim’s place of work or off-site during the course of work-related activities. The InjuredAtWork definition applies only to current jobs.

The “**Injured at work**” item on the death certificate is supposed to be filled out for all injury victims with the exception of those less than age 14 (unless warranted for a younger child injured at work). “Not applicable” can therefore be coded for victims ages 13 years and younger.

- If the victim is injured while they are working as a volunteer fireman or police officer, the death should be coded as occurring at work.
- Students injured while going to school or on school ground should not be considered injured at work.

4.3.5 Injured at victim's home: InjuryAtVictimHome

Definition:

Injury occurred at the person's residence

Response Options:

0 No
1 Yes
9 Unknown

Discussion:

This variable is completed for each victim in an incident and is victim-specific (e.g., two victims are killed in a home. The first victim lived there –code "Yes". The second victim was visiting for dinner – code "No". The victim's residence includes any homes they own (e.g. vacation/second homes).

A victim who resides in an institution (e.g., jail, locked mental health facility, long-term care facility, etc.) should be coded 'no' even though he/she resides in the institution.

4.3.6 EMS at scene: EMSPresent

Definition:

Emergency medical services were present at the scene of the injury incident

Response Options:

0 No
1 Yes
9 Unknown

Discussion:

EMS status describes the involvement of emergency medical services in violent injury cases. This may assist in planning and evaluating EMS services and in capturing costs associated with violence. Code "EMSPresent" only to indicate the presence of medical services at the scene, not to indicate whether any medical services were delivered. If the victim was transported from the scene via ambulance, this variable should be coded "Yes."

4.3.7 Victim in custody when injured: VictimInCustody

Definition:

Person was in public custody when injury occurred

Response Options:

0 Not in custody
1 In jail or prison

- 2 Under arrest but not in jail
- 3 Committed to mental hospital
- 4 Resident of other state institution
- 5 In foster care (i.e., child-in out-of-home placement, etc.)
- 6 Injured prior to arrest
- 8 Other (including house arrest, electronic monitoring, legal home confinement)
- 9 Unknown

Discussion:

A victim is in public custody if he or she is under arrest, in foster care (i.e., out of home placement), or remanded by law to an institution such as a jail, prison, detention center, psychiatric ward, psychiatric hospital, or other institution. Custody is coded on the basis of when the fatal injury was inflicted or when the death occurred.

- If the injury was inflicted while the person was not in custody, but they died in custody, code “Victim in Custody” as “Yes”.
- The response “In jail or prison” also covers incarcerations in juvenile detention facilities and other detention facilities.
- When coding this variable, abstractors must distinguish between voluntary and involuntary commitments
 - The response, “Committed to mental hospital or ward” includes involuntary commitments and involuntary observations at psychiatric wards within standard hospitals or at psychiatric institutions. These types of commitments should be coded with the appropriate institution (e.g., mental hospital would be “3”)
 - People who voluntarily commit themselves should not be coded as in custody, or “Not in Custody”.

4.3.8 Recent release from institution: RecentRelease

Definition:

Deaths that occurred within a month of the decedent being released from or admitted to an institutional setting.

Response Options:

- 0 No evidence of recent release
- 1 Jail, prison, or a detention facility
- 2 Hospital
- 3 Psychiatric hospital
- 4 Other psychiatric institution
- 5 Long term residential health facility (e.g., nursing home)
- 6 Supervised residential facility related to alcohol or substance abuse treatment (e.g., residential treatment facility, sober house or group home)
- 7 Supervised residential facilities not related to alcohol or substance abuse treatment (e.g., halfway houses or work-release homes)
- 9 Other
- 99 Unknown type of institution

Discussion:

If there is no evidence of a release within the past month from an institutionalized setting in the data sources, this variable should be coded as '0'. In contrast, if there is evidence that the victim was released from an institutionalized setting in the last month; the type of institution (e.g., jail, hospital, or psychiatric hospital) should be coded. The decedent is considered institutionalized if they spent one or more nights in the institution. For instance, if a victim was released three days ago from an overnight institutional stay or a stay of over a year, the abstractor would record the type of institution from which they were released. If an individual was recently released from more than one facility/institution, code the one from which they were **MOST RECENTLY** released.

- In contrast to the variable "victim in custody when injured", code both voluntary and involuntary commitments. The death should be coded as "0" if a decedent visits an institution for medical care (e.g., emergency department) and does not stay overnight or is arrested and not held overnight.
- Deaths that occur while the decedent is living at the institution should not be coded. The type of institution, however, should be coded in the variable, "Victim in custody when injured".
- If the document(s) state that the victim was "just" or "recently" released and provides no specific timing on the release, the abstractor should consider the victim recently released and record the type of institution from which he or she was released.
- If the victim was hospitalized in a psychiatric ward of a non-psychiatric hospital, code type of institution as "Psychiatric Hospital"

When this code is endorsed, the narrative should include information on the reason for being institutionalized (e.g., incarcerated for aggravated assault, hospitalized for a broken hip or released from court mandated drug treatment), the type of institution (e.g., hospital or prison), the length the decedent was institutionalized and problems related to the release, if applicable (e.g., unable to find a job after release or financial difficulties after release).

Note: This variable was added in August, 2013.

4.3.9 Alcohol use suspected when injured: AlcoholUseSuspected

Definition:

Victim's suspected alcohol use in the hours preceding the incident

Response Options:

- | | |
|---|----------------|
| 0 | No |
| 1 | Yes |
| 8 | Not Applicable |
| 9 | Unknown |

Discussion:

"**AlcoholUseSuspected**" can be coded as "Yes" based on witness or investigator reports (e.g., Law enforcement note that the victim "had been drinking heavily"), or circumstantial evidence (e.g., empty six pack scattered around suicide victim). This variable refers only to alcohol use and not drug use. The phrase "in the hours preceding the incident" can be interpreted relatively broadly.

- If there is no evidence of alcohol use, code this variable as "No".
- Use the "Unknown" option only if the source does not have a narrative that could provide the evidence of alcohol use. For instance, if the narrative does not mention use of alcohol in any way,

code “No”.

- This code should be based solely on the scene investigation and should not refer to toxicology reports. This is important because it allows a comparison and integration of scene investigation information with toxicology information.

4.3.10 Survival time (no. of units): **SurvivalTime**

4.3.11 Unit of time used in survival time: **SurvivalTimeUnit**

Definitions:

- **SurvivalTime**: Interval between injury and death
- **SurvivalTimeUnit**: Unit used to report interval between injury and death

Response Options:

- **SurvivalTime**
 - 999 Unknown
- **SurvivalTimeUnit**
 - 1 Minutes
 - 2 Hours
 - 3 Days
 - 4 Years
 - 5 Months
 - 8 Not applicable
 - 9 Unknown

Discussion:

Survival time is noted on the death certificate in the section called “Approximate interval between onset and death” to the right of the cause of death text. It is often either explicitly mentioned in the CME’s report or it can be calculated based on date and time of injury and death.

- Use only the survival time listed for the violent injury.
 - Do not use the survival time listed for the consequences or complications of injury.
 - Do not add the survival times listed next to each cause of death listed on the death certificate.
- If date and time of injury or death are unknown, do not calculate survival based on the interval between the time the person was last seen and the body found (unless that was less than two hours).
- Indicate the length of survival interval in **SurvivalTime** and the units of measurement for the interval (e.g., minutes, hours, days) in **SurvivalTimeUnits**.
 - For under two hours, use minutes;
 - for two hours through 47 hours, use hours;
 - for 48 hours and over, use days;
 - for 365 or more days, use years;
 - Round to the nearest whole number.
- If survival time was noted as a range, use the high end of the range (e.g., 15–30 minutes, use 30).
- If survival time is not precisely noted, indicate 999 in **SurvivalTime** and the applicable unit in **SurvivalTimeUnits** (e.g., “patient survived a few minutes” would be 999 in **SurvivalTime** and 1 in **SurvivalTimeUnits**).

- If death is described as “immediate,” “sudden,” or “instantaneous,” indicate 0 in **SurvivalTime** and 1 in **SurvivalTimeUnits**.
-

4.4 Hospital Codes

4.4.1 Victim seen in emergency department: EmergencyDepartment

Definition:

Victim was seen in emergency department following the fatal incident.

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Victims who arrived at the emergency department should be coded as “Yes,” regardless of whether they were dead or alive on arrival and regardless of whether they received treatment.

- If the victim was admitted to inpatient care, also code as “Yes”. Most violent injury patients will have been seen in the emergency department if they were later admitted to inpatient care.
-

4.4.2 Victim admitted to inpatient care: HospitalAdmit

Definition:

Victim was admitted to the hospital for inpatient care following fatal incident.

Response Options:

- 0 No, Not Collected, Not Available, Unknown
- 1 Yes

Discussion:

Victims who were admitted to inpatient care should be coded as “Yes”.

- If a victim was admitted for an “observation only” overnight stay and not admitted as an inpatient, code as “No”.
 - If the victim was noted as having been in the operating room, code as “Yes” even if the victim died in the operating room.
-

4.4.3 ICD-9-CM Hospital Code Variables

4.4.3.1 First external cause of injury ICD9 code by hospital: ExternalCause1ICD9

4.4.3.2 Second external cause of injury ICD9 code by hospital: ExternalCause2ICD9

Definitions:

E-codes are specialized ICD-9-CM codes used to identify the cause of the fatal injury and are identified by an ‘E’ before the number.

Response Options:

Codes are provided by hospital in ICD format: E###. #

- 1.7 Not collected by reporting site
- 1.8 Not applicable
- 1.9 Unknown or missing

Discussion:

These variables should be coded as they appear in the hospital discharge data, or, if unavailable, in the emergency department records.

- E-codes are assigned by the medical records department using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD 9 CM), to describe the external cause of an injury. Thus, the codes supply information on whether a hospital visit involved suicidal behavior or being assaulted as well as mechanism of injury (e.g., poison or gun).
- Be sure to type in the 'E' when entering the code, unless the "Not collected by reporting site", "Not applicable" or "Unknown or missing" codes are being used.
- **DO NOT ENTER** other ICD-9-CM codes that are not e-codes (i.e., these codes will not have an "E" as the first digit.
- Do not use trailing zeroes after the decimal point (unless a true zero is part of the actual code).
- These codes will eventually be phased out and replaced by the ICD-10-

4.4.4 ICD-10-CM Hospital Code Variables**4.4.4.1 First external cause of injury ICD10 code by hospital: ExternalCause1ICD10****4.4.4.2 Second external cause of injury ICD10 code by hospital: ExternalCause2ICD10****Definitions:**

The US hospitals will eventually be moving from the ICD-9-CM codes to the ICD-10-CM codes. These variables allow the user to enter these codes as hospitals transition to them.

Response Options:

Codes are provided by hospital in ICD format: ###. #

- 1.7 Not collected by reporting site
- 1.8 Not applicable
- 1.9 Unknown or missing

Discussion:

These variables should be coded as they appear in the hospital discharge data, or, if unavailable, in the emergency department records.

- Do not use trailing zeroes after the decimal point (unless a true zero is part of the actual code).
- These codes will remain inactive until hospitals start to use them.

4.5 Wounds and Death Certificate**4.5.1 Underlying Cause of Death Variables****4.5.1.1 Underlying cause of death ICD-10 code: UnderlyingCauseCode**

4.5.1.2 Underlying cause of death ICD-10 code 4th digit: UnderlyingCauseCode4thDigit

4.5.1.3 Underlying cause of death ICD-10 code 5th digit: UnderlyingCauseCode5thDigit

Definitions:

- **UnderlyingCauseCode:**
 - Underlying cause-of-death code (ICD-10)
 - 4th_ICD: 4th character
 - 5th_ICD: 5th character

Response Options:

- **UnderlyingCauseCode:**
 - ICD-10 Format: L##. ## (the first character must be a letter, followed by at least two and up to four digits)
 - Use “99999 - L99.99” for missing values.

- **UnderlyingCauseCode4thDigit:**
 - ICD-10 coding of 4th character (type of place of occurrence) — applies only to codes in the W32 to Y34 range, except Y06 and Y07.

0	Home
1	Residential institution
2	School, institution, public administrative area (e.g., courthouse, hospital, daycare center)
3	Sports and athletic area
4	Street and highway
5	Trade and service area
6	Industrial and construction (e.g., factory, shipyard)
7	Farm
8	Other
9	Unspecified

- **UnderlyingCauseCode5thDigit:**
 - ICD-10 coding of 5th character (type of activity when injured) — applies only to codes in the W32 to Y34 range.

0	While engaged in sports activity
1	While engaged in leisure activity
2	While working for income
3	While engaged in other types of work (e.g., chores, school)
4	While resting, sleeping, eating, or engaging in other vital activities
5	While engaged in other specified activities
6	While engaged in unspecified activities

Discussion:

The underlying cause of death assigned on the death certificate is the basis for the nation’s official count of deaths due to homicide, suicide, and other causes. A comparison of this variable and the CME variable “Manner”, and the abstractor variable “Type of Death”, will indicate the degree to which data sources vary in classifying deaths.

Cause of death is coded using the system established by the World Health Organization’s International

Classification of Diseases (ICD), the most recent version of which is ICD-10. The variable should be coded exactly as it appears in the underlying cause of death field in the death certificate data and should never be determined by the abstractor. Use the decimal point following the second digit. Do not use trailing zeroes after the decimal point (unless a true zero is part of the actual code).

- If death certificate data are not available at the time that the reporting site is gathering data on the case, code as Unknown. The ICD-10 codes are added after the preliminary death certificate is created and consequently these data may not be available until months after the death or when you first receive the death certificate.
- The fourth ICD-10 digit in the underlying cause of death code is used with some external cause code categories to identify the place of occurrence of the external cause where relevant. If not available, please leave blank.
- The fifth ICD-10 digit is provided for optional use in a supplementary character position with some categories to indicate the activity of the injured person at the time the event occurred. This sub-classification should not be confused with, or be used instead of, the recommended fourth-character subdivisions provided to indicate the place of occurrence. If not available, please leave blank.

4.5.2 Cause of Death Variables **Immediate cause of death text: DeathCause1** **Cause leading to immediate cause text: DeathCause2** **Next antecedent cause of death text: DeathCause3** **Underlying cause of death text: DeathCause4**

Definitions±:

- **DeathCause1:** Immediate cause of death (text from death certificate): the final disease, injury, or complication directly causing death
- **DeathCause2:** Cause leading to the immediate cause of death (text from death certificate): Next sequential cause of death, if any leading to the immediate cause of death.
- **DeathCause3:** Next antecedent cause of death (text from death certificate): Next sequential cause of death, if any, leading to the immediate cause of death.
- **DeathCause4:** Underlying cause of death (text from death certificate): the disease or injury that initiated the chain of morbid events that led directly and inevitably to death

Response Options:

Text as it appears on death certificate

Discussion:

The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- Some death certificates will not have an entry on all four lines. In this case, the abstractor should only complete the lines with available data and leave the others blank.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these coded data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control/National Center for Health Statistics, Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source:

http://www.cdc.gov/nchs/data/dvs/blue_form.pdf Causes of death are typically listed top to bottom in

the order seen here, with Immediate cause of death listed first.

4.5.3 Place of death: DeathPlace

Definition:

Victim's place of death

Response Options:

- 1 Hospital inpatient
- 2 ED/outpatient
- 3 Dead on arrival
- 4 Hospice facility
- 5 Nursing home, long-term care facility
- 6 Decedent's home
- 7 Other (specify)
- 9 Undetermined

Discussion:

The code list the same list used on the current standard U.S. death certificate. The place of death may be useful for emergency response planning and to assist in evaluating hospital or EMS services. The older death certificate standard certificate uses slightly different codes (e.g., there is no separate code for "Hospice," and "residence" is used rather than "Decedent's home".)

- Some deaths will be coded on the death certificate as "Other" for place of death. This will usually refer to "scene" deaths (e.g., a homicide victim who dies on the street). If "Other" is coded on the death certificate, enter the place of death in the free text field if the place is specified on the death certificate. If it is not, leave the text field blank. In the free text field, do not enter an address or proper name that could identify the location. Only enter a general description of the place (e.g., bridge, road, forest, field, etc.)
- Do not enter the information supplied in the death certificate's item, "Place of injury", in this field as this may be a different location than the place where the victim actually died and is captured in another variable.
- "Body location" can be used as place of death if there is no indication that the person died elsewhere.
- If your state uses the older code list, "residence" should be coded as "Decedent's home" (although this may sometimes be incorrect).

4.5.4 Place of death if other: DeathPlaceText

Definition:

Text if place of death is "Other"

Response Options:

Text

Discussion:

Some deaths will be coded on the death certificate as "Other" for place of death. This will usually refer to "scene" deaths (e.g., a homicide victim who dies on the street). If "Other" is coded on the death certificate, enter the place of death in the free text field if the place is specified on the death certificate. If it is not, leave the text field blank. In the free text field, do not enter an address or proper name that

could identify the location. Only enter a general description of the place (e.g., bridge, road, forest, field, etc.)

4.5.5 Date pronounced dead: DeathPronouncedDate

Definition:

Date on which the victim was found or pronounced dead

Response Options:

Date (format: MM/DD/YYYY)

Use '99' if the day or month is unknown and 9999 if the year is unknown:

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month and day unknown

Discussion:

This variable is useful when a person is found dead and the actual date of death is unclear. It provides a date that the death must have preceded. This field is found on the standard death certificate as Item 24, "Date pronounced dead". It should differ from the actual date of death only when death was not observed and may have occurred prior to the date the body was found. This date should be known in every case, whereas the day, month, or even year of actual death may be unknown.

- If your state does not report a date pronounced, please notify CDC and leave the field blank.
-

4.5.6 Date of death: DeathDate

Definition:

Date of victim's death

Response Options:

Date (format: MM/DD/YYYY)

Use '99' if the day or month is unknown:

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown

Note: The system will not accept an unknown year of death. Year of death governs which year an incident should be entered in (*See Discussion*).

Discussion:

Date of death determines the data year in which the victim will be counted in conjunction with date and time of the incident and with survival time. When recording the information from the death certificate, enter the date of death exactly as it appears in the "Date of Death" field, even if the word "found" or "pronounced" precedes it on the hard copy.

- If the date on the CME report is referred to as an actual date of death, record it.
 - If the date is referred to as the date on which the body was found or the death was pronounced, and it is unknown on which date the death actually occurred, enter only that portion of the date that is known.
-

The process for placing violent deaths in the appropriate year is described below:

- Year of a violent death. The year of death is the calendar year in which the victim died. So, for example, if a victim was injured at the end of December 2002, but died in early January 2003, the death would be reported in the 2003 data year. Although the NVDRS software allows for specific month or date of death to be entered as “Unknown,” the year of death must be filled in. In the case of a true unknown year of death (as in skeletal remains with unknown year of death, or an unattended death that may have occurred either shortly before or shortly after January 1), enter the year in which the body was found as the year of death.
- Year of a violent death for multiple death incidents. The year of a violent death incident is the first year in which any of the victims in the incident died. For example, if two people are shot on December 21st 2006 and one dies on December 22nd 2006 and the second dies on January 4th 2007, the year of the incident would be 2006. The only exception to this rule occurs when any of the deaths occurred in a year prior to 2003, the first year of NVDRS. In that case, place the incident in the first year of death after 2002. In other words, incidents with deaths in 2002 and 2003 should be placed in 2003. Incidents with deaths in 2002 and 2004 should be placed in 2004. Incidents with deaths in 2003 and 2004 should be placed in 2003.

4.5.7 State or territory of death: DeathState

Definition:

State in which the death occurred

Response Options:

Start typing the state or territory to activate auto-complete

Discussion:

Identifies the state in which the death certificate was filed. This variable will be used to facilitate data sharing across states when state of injury and state of death differ.

State of death will usually be the same as state of injury; however, on occasion the two will differ. For instance, a victim who is injured in one state may be transported to another state for emergency medical care.

- If the state of death is unknown, enter the state in which the person was pronounced dead (i.e., the state that issued the death certificate)
- If the person was pronounced dead in a U.S. territory, enter the FIPS code for that territory.
- If the person was not pronounced dead in any U.S. state or territory, enter 88, for “Not applicable.” This can still be an NVDRS case if the victim was fatally injured within a participating NVDRS state.
- A death on an American Indian reservation should be coded as the state in which it is located or, if the reservation spans multiple states, based on state borders.

4.5.8 Autopsy performed: AutopsyPerformed

Definition:

Autopsy performed on the person

Response Options:

0 Not autopsied

1 Autopsied (full or partial)

Discussion:

Decedents who have been autopsied are likely to have more reliable cause of death codes and pregnancy findings. A yes/no item appears on the death certificate to indicate if an autopsy was performed. Autopsies are not performed on every case that comes to the attention of a CME. A “visual-only autopsy” (that is, the body was visually inspected, but not physically examined) does not qualify as an autopsy here, but a partial autopsy including physical examination does.

4.5.9 Wound Count Variables Number of penetrating wounds: NumberWounds Number of bullets: NumberBullets

Definitions: **NumberWounds** : Number of wounds to the victim

- **NumberBullets**: Number of bullets that hit the victim

Response Options:

- **NumberWounds**
- **NumberBullets**

Number of wounds/bullets up to 75

75	75 or more
76	Multiple, unspecified
88	Not applicable (no firearm or sharp instrument wounds)
99	Unknown

Discussion:

These data elements apply to firearm injuries and sharp instrument wounds (including shrapnel from explosions) only.

- For “NumberWounds,” code the total number of penetrating wounds on the victim. Count both entry and exit wounds.
 - If the victim was reported as having multiple wounds, but no numbers is provided, please use the code “76 – Multiple, unspecified”.
 - If the record refers only to a “wound” in the singular, the number of wounds is one. If it refers only to “wounds,” the number of wounds is “Multiple, unspecified”.
- For “NumberBullets” (for gunshot wound victims only), code the total number of bullets that hit the victim.
 - When determining the number of wounds and bullets for shotgun injuries, treat each shotgun blast as one injury and each shotgun shell as one bullet.
 - If the victim was reported as having multiple bullet wounds, but no numbers is provided, please use the code “76 – Multiple, unspecified”.

4.5.10 Wound Location Variables Wound to the head: WoundtoHead

4.5.10.2 Wound to the face: WoundtoFace

4.5.10.3 Wound to the neck: WoundtoNeck

4.5.10.4 Wound to an upper extremity: WoundtoUpperExtremity

4.5.10.5 Wound to the spine: WoundtoSpine

4.5.10.6 Wound to the thorax: WoundtoThorax

4.5.10.7 Wound to the abdomen: WoundtoAbdomen

4.5.10.8 Wound to a lower extremity: WoundtoLowerExtremity

Definitions:

- **WoundtoHead:** Presence of wound to the head
- **WoundtoFace:** Presence of wound to the face (e.g., mouth, nose, eyes, ears)
- **WoundtoNeck:** Presence of wound to the neck
- **WoundtoUpperExtremity:** Presence of wound in the upper extremities (shoulders, arms, hands)
- **WoundtoSpine:** Presence of wound to the spine
- **WoundtoThorax:** Presence of wound to the thorax (between the neck and the diaphragm, partially encased by the ribs and containing the heart and lungs; the chest), or upper back
- **WoundtoAbdomen:** Presence of wound to the abdomen (the part of the body that lies between the thorax and includes the pelvis) and encloses the stomach, intestines, liver, spleen, and pancreas, pelvic contents (including genital area), or lower back
- **WoundtoLowerExtremity:** Presence of wound to the lower extremities (feet, hips, legs)

Response Options:

- 0 Absent (not wounded)
- 1 Present (wounded)
- 8 Not applicable
- 9 Unknown

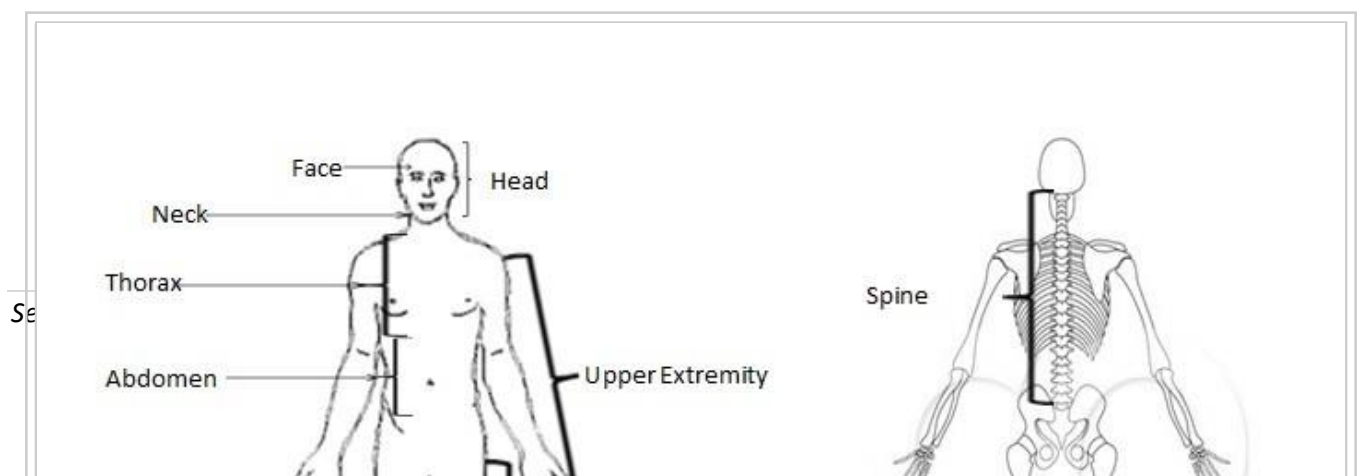
Discussion:

These codes help describe the relationship between incident circumstance and wound locations on the victim's body.

These data elements apply to firearm injuries and sharp instrument wounds (including shrapnel from explosions) only.

- Code the wound locations of penetrating wounds only; do not code the locations of superficial grazing wounds or blunt trauma wounds.
- Code only the location of the external entrance or exit wound.
- For victims injured by both a gun and a knife, count all wounds from both weapon types and code all wound locations.
- If the record refers only to a "wound" in the singular, the number of wounds is one. If it refers only to "wounds," the number of wounds is "Multiple, unspecified".
- If a wound is described as being to the "back," with no reference to "upper" or "lower" back, code as "thorax."

WOUND LOCATION DIAGRAM



4.5.11 Multiple Condition Codes 1-10: MultiCond01ICD10-MultiCond10ICD10

Definition:

Describes the nature of the injury and other conditions leading to death. Up to 10 multiple condition codes can be entered

Response Options:

Format: L##. ## (the first character must be a letter, followed by at least two and up to four digits)
L88.88 Not applicable +
L99.99 Unknown or missing +

+ Not an ICD-10 code, but used by NVDRS to identify missing cases

Discussion:

The “nature of injury” (or “multiple condition”) codes assigned to the death certificate specify the anatomic location and nature of the injuries. This information may assist in evaluating emergency medical response. Multiple condition codes are assigned by the registry of vital records to death certificate records to indicate the nature of injuries and diseases leading to death. Codes are based on the International Classification of Diseases 10th edition coding protocols, thus “MultiCondxxICD10”. The MultiCondxxICD10 elements should be entered into NVDRS exactly as they are coded in the multiple cause of death fields in death certificate data. These codes can include both diagnosis codes (nature of injury and disease) and external cause of injury codes. Codes should be entered with decimal points in the fourth position. No more than 10 codes can be entered.

SECTION 5: CIRCUMSTANCE VARIABLES

5.1 General Guidance on Coding NVDRS Circumstances

NVDRS collects information on the specific circumstances that are reported or perceived in the investigative reports (i.e., coroner/medical examiner report, law enforcement and death certificate as being related to the violent death. For the vast majority of circumstances, inclusion in the investigation reports and/or occurring before or right after the fatal injury (e.g., preceding or impending events) is sufficient to code a circumstances. Specific guidance is provided below. These circumstances will help to identify, develop, and evaluate preventive interventions. This section describes these circumstances and general guidance on coding circumstances is provided below.

5.1.1 Circumstances Describe the Victim

Circumstance data elements in NVDRS are part of the victim's record and apply to victims in an incident. This is important to keep in mind when coding homicide incidents—circumstances must be interpreted as they apply to the victim, not to the suspect. For example, if a person is fired from a job and later kills the manager who fired him, this would not lead to endorsing the “Job problem” circumstance: the victim in this case is the manager who fired him.

Also, in incidents with multiple victims, please make sure to check the circumstances specific to that victim. For instance, one victim of an incident may have been killed as part of a robbery while the second victim was killed by law enforcement responding. The circumstances for these two victims should be different.

5.1.2 Coding Mental Health, Alcohol and Substance Abuse Problems

For circumstances related to mental health, alcohol or substance abuse problems or other addictions, abstractors should code these “Yes” if there is any indication of these problems in investigation reports. A direct link to the death is not required. These circumstances are coded for all victims.

5.1.3 Coding Circumstances Not Related to Mental Health, Alcohol, and Substance Abuse Problems

For other circumstances, the circumstance should be endorsed if there is an indication that it was perceived by investigators as related to the death based on interviews or the investigation (e.g., mentioned in suicide note, family reports the victim was upset about financial problems, or argument was perceived by witnesses to escalate into the homicide). Because law enforcement and coroner/medical examiner reports are investigative reports, inclusion in the report and/or the circumstance closely preceding or occurring right after the fatal incident (e.g., preceding or impending events) is sufficient to code the circumstance as “Yes”. For instance, a victim going bankrupt a few days before a suicide, a homicide occurring during a robbery, or a suicide occurring the day before a court appearance should be coded (i.e., inclusion in the investigative report does indicate its perceived involvement).

There are two exceptions to this rule. Health problems and criminal history are sometimes listed as a routine part of the investigation. Criminal legal problems and health problems should not be endorsed if they are simply listed as part of the routine investigation (e.g., victim had diabetes and heart disease or victim had criminal history of burglary) and there is no indication they were related to the death.

5.1.4 Changing Some Circumstances to Suicide or Homicide Only Circumstances

Due to low use and/or lack of clarity in coding, several circumstances currently coded for all deaths will now only be coded for homicide or suicides. Please review the guidance on each variable.

5.1.5 New Format for Crisis Variables

Prior to August 2013, abstractors were asked to indicate whether the event was related to a crisis by checking a crisis variable and then indicating in the narrative which circumstances related to a crisis. In order to better identify which circumstances were related to the crisis, the crisis option is now available as a checkbox for several circumstances for which it is appropriate. For each of these, the root circumstance must first be endorsed based on established criteria (See above for guidance). Once the root circumstance is endorsed, one can consider whether to also endorse a crisis related to that circumstance based upon the timing of the circumstance in relation to the incident. For instance, a victim may have an alcohol problem reported by their family. This would lead to checking the “alcohol problem” circumstance. The “alcohol” crisis circumstance would then be checked if the victim had a crisis related to their alcohol problem within two weeks of the death (e.g., a relapse a week before the death or losing their job due to the alcohol problem the day before the death) or an impending crisis within two weeks of death (e.g., was to be disciplined the day after the suicide for drinking on the job).

5.1.6 Coding the Crisis Variables

The crisis variable is important to identify deaths that appear to involve an element of impulsivity and be related to a crisis. Consistent with previous coding manual versions, a “Crisis” is a current/acute event (within 2 weeks of death) that is indicated in one of the source reports to have contributed to the death. Inclusion in the source document and indication that the event occurred within two weeks of the death is sufficient to code a circumstance as a crisis. Direct language that the event caused or contributed to the death is not required to code “Yes”.

The following guidance will assist in identifying crises:

- A crisis can precede the death (e.g., had a bad argument the day before the incident, divorce papers served that day, or victim laid off the week before) or be an impending event (e.g., house was to be foreclosed on the day after the incident or court date for a criminal offense three days after the suicide).
- Crisis should be interpreted from the eyes of the victim. This is particularly relevant for young victims whose crises, such as a bad grade or a dispute with parents over a curfew, may appear to others as relatively minor.
- An actual time period for the crisis may not be mentioned in the records, so use language as a clue.
 - “Decedent was experiencing financial difficulties after losing his job” would not trigger

- coding a recent crisis because the timeframe is unclear
- “Decedent had just received a pink slip at work” would be coded because the word “just” indicates that the crisis occurred right before the death, or within two weeks.
- Ongoing/chronic problems should not be coded as crises unless there was an acute change in the status (change in prognosis of chronic illness). Coding a case as being related to a crisis does not mean that there aren’t also chronic conditions that have contributed to the victim’s death.
- A homicide followed by a suicide should always be coded as “Yes” for “Crisis” for the suicide victim unless the two deaths were both clearly consensual and planned in advance (i.e., a double suicide).
- Crisis Not Related to an Existing Circumstance: If a crisis is related to a death AND not captured by any of the circumstances, the abstractor should code: “Crisis in past two weeks or upcoming two weeks (legacy data element)” and provide comments in the “other circumstance” field.

Examples of events that should and should not be coded as crises are provided below:

- **Code “Yes” for Crisis**
 - The victim’s husband announced the day of her suicide that he was divorcing her.
 - A 15-year-old adolescent had a heated argument with his mother, stormed out of the room, and shot himself.
 - The decedent killed his ex-wife and then himself.
 - Five days prior to the suicide, the victim was questioned about his suspected sexual abuse of his two nephews by police.
 - The victim was about to be returned to prison in a few days before the suicide.
 - After a recent break-up, the decedent went to his girlfriend’s house to attempt reconciliation. She refused, and he shot himself in her driveway (the crisis, in this case, would be the refused reconciliation, even if the break-up was not within the past two weeks).
 - An elderly man fell in the bathtub breaking his hip. The next day, his doctor told him that he would need to go to a nursing home. A week later, he dies by suicide.
 - Police were pursuing a suspect. As they drew near, the man turned the gun on himself and fired. Victim had just received a lay-off notice at work.
 - The victim was laid off from work. The next day the victim went back to his office and shot at his coworkers wounding two of them, before being fatally shot by police.
 - The decedent was despondent over recent job loss.
- **Code “No” for Crisis**
 - A 45-year-old man was unemployed and experiencing financial difficulties. (Had this statement been added to his case, “was to be evicted from his apartment the following weekend” the case would qualify as a “Yes”). The victim had emphysema and the condition was worsening.
 - The victim was in the process of divorcing her husband.

Unless otherwise noted, the response options for crisis variables are:

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

5.1.7 Export Format of Circumstances

When the circumstance variables are exported into .csv, the variable label for each circumstance will be preceded by its data source (i.e., “LE_” for law enforcement and “CME_” for CME). For instance, the circumstance job problem from law enforcement will be exported as “LE_jobproblem” and from CME as “CME_jobproblem”.

5.1.8 Handling Discrepancies across Data Sources

The circumstances between the CME and LE may not exactly match. This is expected because the different investigations may reveal different circumstances. For this reason, the circumstances from the different sources should be coded independently. In a rare instance, one investigation may disprove the circumstances listed from another data source. For instance, a legal investigation may find a suspect who killed a spouse originally misled authorities by blaming the death on a robbery. However, the CME report lists robbery as the precipitating circumstance because it was collected right after the death. In this rare instance where a circumstance is specifically listed and proved as false in a later report, please do not check the circumstance that was proved false. Instead, please note in narrative that that the circumstance was proved false (e.g., CME: Robbery was reported as precipitating circumstance, but later LE investigation revealed this was a false report).

5.2 Circumstances Known Variables

5.2.1 Circumstances from CME: CME_CircumstancesKnown

5.2.2 Circumstances from LE: LE_CircumstancesKnown

Definitions:

- **CME_CircumstancesKnown:** Indicates if any information is available in the CME record about the circumstances, including other circumstances, associated with this violent death.
- **LE_CircumstancesKnown:** Indicates if any information is available in the LE report about the circumstances, including other circumstance, associated with this violent death. For victims 17 years of age or less, states should enter in CFR circumstances in the LE section.

Response Options:

0 No
1 Yes

Discussion:

This variable operates as a stem question. Checking the circumstances known box causes the individual circumstances to appear on the screen. Un-checking the circumstances known box causes the circumstances to disappear and implies that the circumstances preceding the incident are not known.

Important Note: If the abstractor has entered circumstances and un-checks circumstances known box, the program will delete the entered circumstances when the abstractor presses save.

5.3 Mental Health, Substance Abuse, and Other Addictions

5.3.1 Current diagnosed mental health problem: CME/LE_MentalHealthProblem

Definition:

Current mental health problem

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

Code a victim as “Yes” for “CME/LE_MentalHealthProblem” if he or she has been identified as currently having a mental health problem. There does not need to be any indication that the mental health condition directly contributed to the death.

- Mental health problems include those disorders and syndromes listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) with the exception of alcohol and other substance dependence (as these are captured in separate variables).
- Examples of disorders qualifying as mental health problems include diagnoses such as major depression, schizophrenia, and generalized anxiety disorder, as well as neurodevelopmental disorders (such as intellectual disability, autism, attention-deficit /hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders (such as Alzheimer’s and other dementias).
- Also indicate “Yes” if it is mentioned in the source document that the victim was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., “was being treated for various psychiatric problems”).
- It is acceptable to endorse this variable on the basis of past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the victim was actually being treated for a mental health condition, such as a current prescription, the report of a family member, etc.

Also code: At least one Mental Health Diagnosis variable should also be coded if this is coded. If the type of mental health diagnosis is unknown, please code “Type of first mental illness diagnosed” as unknown or 99.

Manner of Death: All manners

5.3.2 Current diagnosed mental health problem was crisis: CME/LE_CrisisMentalHealth

Examples of possible mental health crises include, but are not limited to: 1) receives diagnosis within two weeks of a suicide; 2) condition abruptly changes or worsens within two weeks of the violence (such as, victim experiencing a psychotic episode or victim fails to comply with medication and symptomatology increases); and 3) changes in care within two weeks of care (such as victim was

hospitalized, victim's therapist moves).

Manner of Death: All manners.

Note: This variable was added in August, 2013.

5.3.3 Mental Health Diagnosis Variables

5.3.3.1. Mental health diagnosis 1: CME/LE_MentalHealthDiagnosis1

5.3.3.2. Mental health diagnosis 2: CME/LE_MentalHealthDiagnosis2

5.3.3.3. Other mental health diagnosis: CME/LE_MentalHealthDiagnosisOther

Definitions:

- **MentalHealthDiagnosis1:** Type of mental illness diagnosis
- **MentalHealthDiagnosis2:** Type of mental illness diagnosis
- **MentalHealthDiagnosisOther:** Other type of mental illness

Response Options:

- **MentalHealthDiagnosis1:**
- **MentalHealthDiagnosis2:**
 - 1 Depression/dysthymia
 - 2 Bipolar disorder
 - 3 Schizophrenia
 - 4 Anxiety disorder
 - 5 Post-traumatic stress disorder
 - 6 Attention Deficit/Hyperactivity Disorder (ADHD)
 - 7 Eating disorder
 - 8 Obsessive-compulsive disorder
 - 66 Other (specify in diagnosis text), including autism, personality disorders, Alzheimer's, etc.
 - 88 Not applicable
 - 99 Unknown
- **MentalHealthDiagnosisOther:**

Text

Discussion:

This variable indicates the nature of the victim's mental health problem (the diagnosis), if available.

- Code up to two diagnoses and then write in additional diagnoses (i.e., three or more diagnoses) in the "MentalHealthDiagnosisOther" field. When using the "MentalHealthDiagnosisOther" field, please separate diagnoses with a comma (e.g., personality disorder, autism).
- For cases in which the victim was noted as being treated for a mental health problem, but the actual diagnosis is not documented, code "Mental health diagnosis 1" as "Unknown".
- If a diagnosis is not on the code list, code "Other" and record the diagnosis in the text field, "MentalHealthDiagnosisOther".
- Do not attempt to infer a diagnosis based on reading the symptoms.
- While it is acceptable to endorse "Mental health problem" based on the victim's prescription for a psychiatric medication, please do not infer or code a specific mental health diagnosis based on the

medication.

Manner of Death: All manners.

5.3.4 Current depressed mood: CME/LE_DepressedMood

Definition:

Victim was perceived by self or others to be depressed at the time of the injury.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Only code this variable when the victim had a depressed mood at the time of injury. There does NOT need to be a clinical diagnosis and there does not need to be any indication that the depression directly contributed to the death. Other words that can trigger coding this variable besides “depressed” are sad, despondent, down, blue, low, unhappy, etc. Words that should not trigger coding this variable are agitated, angry, mad, anxious, overwrought, etc.

- If the victim has a known clinical history of depression, but had no depressive symptoms at the time of the incident, this variable should NOT be selected.
- Depressed mood should not be inferred by the coder based on the circumstances (e.g., because the person reports a bankruptcy); rather it must be noted in the record.

Manner of Death: All manners.

5.3.5 Current mental health/substance abuse treatment: CME/LE_MentalIllnessTreatmentCurrent

Definition:

Currently in treatment for a mental health problem or substance abuse problem

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This should be coded “Yes” if the victim was in current treatment (e.g., had a current prescription for a psychiatric medication, saw a mental health professional within the past two months or participated in treatment for substance abuse such as outpatient treatment or alcohol anonymous) at the time of the injury.

- Treatment includes:
 - Seeing a psychiatrist, psychologist, medical doctor, therapist, or other counselor (including religious or spiritual counselors) for a mental health or substance abuse problem;
 - Receiving a prescription for an antidepressant or other psychiatric medicine;

- Attending anger management classes;
- Residing in an inpatient, group home, or halfway house facility for mental health or substance abuse problems; or
- Alcohol or narcotics anonymous.
- Do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the victim was actually being treated for a mental health condition, such as a current prescription, the report of a family member, etc.
- Note that a diagnosis does not imply that treatment was received. A victim may have been out of compliance with treatment for a diagnosed condition.

Also code: If you code “Yes” for “current mental health/substance abuse treatment”, you MUST code “Yes” for “Ever treated for mental health/substance abuse”.

Also, code “Yes” for either “Current Mental Health Diagnosis”, “Alcohol problem” or “Other substance problem” as well.

Manner of Death: All manners.

5.3.6 Ever treated for mental health/substance abuse problem: CME/LE_HistoryMentalIllnessTreatment

Definition:

History of ever being treated for a mental health or substance abuse problem

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

The variable indicates whether the victim was noted as ever having received treatment (e.g., had a current prescription for a psychiatric medication, saw a mental health professional within the past two months or participated in self-help program such as alcohol anonymous) for a mental health problem (including alcohol and other substance abuse problems), either at the time of death or in the past.

- If a victim is in current treatment, by definition ever in treatment should be endorsed as well.
- Do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the victim was actually was treated for a mental health condition, such as a current prescription, the report of a family member, etc.
- Note that a diagnosis does not imply that treatment was received. A victim may have been out of compliance with treatment for a diagnosed condition.

Manner of Death: All manners.

5.3.7 Alcohol problem: CME/LE_AlcoholProblem

Definition:

Person has alcohol dependence or alcohol problem

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if the victim was perceived by self or others to have a problem with, or to be addicted to, alcohol. There does not need to be any indication that the alcohol problem directly contributed to the death.

- A victim who is noted as participating in an alcohol rehabilitation program or treatment — including self-help groups and 12-step programs — should be coded as “Yes” for “AlcoholProblem” even if the victim was noted as being currently sober.
 - A problem from the past (i.e., five years or more ago) that has resolved and no longer appears to apply should not be coded.
- Do not code if victim was using alcohol in the hours preceding the incident and there is no evidence of dependence or a problem.

Manner of Death: All manners.

5.3.1 Alcohol problem was a crisis: CME/LE_CrisisAlcoholProblem

Examples include an alcoholic who relapsed two days before the death after being sober for six months or an alcohol problem causes a conflict at work (e.g., getting fired for drinking) or home just before the death.

Note: This variable was added in August, 2013.

Manner of Death: All manners.

5.3.2 Other substance problem: CME/LE_SubstanceAbuseOther**Definition:**

Person has a non-alcohol related substance abuse problem

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if the victim was perceived by self or others to have a problem with, or to be addicted to drugs other than alcohol. There does not need to be any indication that the addiction directly contributed to the death. “SubstanceAbuseOther” can be endorsed if a victim was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or

regularly using inhalants (e.g., sniffing gas).

- A victim who is noted as participating in a drug rehabilitation program or treatment — including self-help groups and 12-step programs — should be coded as “Yes” for “SubstanceAbuseOther” even if the victim was noted as being currently clean.
- A problem from the past (i.e., five years or more ago) that has resolved and no longer appears to apply should not be coded.
- If the victim is mentioned as using illegal drugs — even if addiction or abuse is not specifically mentioned — code “SubstanceAbuseOther” as “Yes”.
- The exception to this is marijuana use. For marijuana, the use must be noted as chronic, abusive, or problematic (e.g., “victim smoked marijuana regularly,” “victim’s family indicated he had been stoned much of the past month”).
- If marijuana was used at the time of the incident, and there is no evidence of regular use, addiction, or abuse, code to “Other circumstance”.
- The phrase “history of drug abuse” is sufficient to justify endorsing “SubstanceAbuseOther”, unless it is noted that the victim is no longer a drug user.
- Previously attempting suicide via overdose is not sufficient justification for endorsing “SubstanceAbuseOther” in the absence of other information.
- Do not code based on toxicology findings because multiple reasons could explain the presence of the substances.

Manner of Death: All manners.

Note: As of August, 2013, a victim who takes methadone is no longer assumed to be in treatment for heroin addiction and should be coded as “No” unless other information is available (e.g., taking methadone as part of substance abuse treatment). Please note that the victim is taking methadone on the toxicology page.

5.3.3 Other substance problem was crisis: CME/LE_CrisisSubstanceAbuse

Definition:

Examples include a victim who experiences a relapse just before the death or a victim whose (non-alcohol related) substance abuse problem causes a conflict at work (e.g., fired from job due to substance use) or home just before the death.

Note: This variable was added in July, 2013.

Manner of Death: All manners.

5.3.4 Other addiction: CME/LE_OtherAddiction

Definition:

Person has an addiction other than alcohol or other substance abuse, such as gambling, sexual, etc., that appears to have contributed to the death.

Response Options:

0 No, Not Available, Unknown

1 Yes

Discussion:

Code as “Yes” if the victim was perceived by self or others to have an addiction not related to alcohol or other substance abuse such as gambling or sexual addictions, and there is some indication that this addiction may have contributed to the death.

The incident narrative should describe the nature of the addiction.

Manner of Death: All manners.

5.3.5 Other addiction was crisis: CME/LE_CrisisOtherAddiction

An example is a victim whose gambling problem causes a conflict at work or home just before the death.

Note: This variable was added in July, 2013.

Manner of Death: All manners.

5.4 Relationships, Abuse and Life Stressors

5.4.1 Intimate partner violence related: CME/LE_IntimatePartnerViolence

Definition:

Identifies cases in which the homicide or legal intervention is related to immediate or ongoing conflict or violence between current or former intimate partners. This includes all deaths where a victim is killed by their current or former intimate partner.

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

- Definition of Intimate Partner±:
For all intimate partner-related variables intimate partner ±is defined as a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse. It DOES NOT include instances of sex/intimacy in exchange for money/goods. There must be evidence of an intimate relationship (this does not apply to instances where there is simply attraction/infatuation between two individuals or in cases where one person is romantically interested in the other, but the feelings are not returned). The definition of intimate partner does not require sexual intimacy. This definition includes same-sex partners.
- This should be coded to represent a fatal incident in which an intimate partner kills their current or former intimate partner (e.g., husband kills wife) or where intimate partner conflict contributed to the death of the victim.
- Use this code for ‘domestic disputes’ or ‘domestic violence’ homicides or legal interventions. The

narrative should indicate the nature of the dispute (e.g., end of relationship, divorce, or custody dispute) and who was involved in the dispute.

- In some instances, this code will be applied in cases associated with intimate partner violence, but are not deaths of the intimate partners themselves.
 - Use this code for cases in which one intimate partner kills their partner’s new or former intimate partner (e.g., Ex-husband kills his ex-wife’s new boyfriend), or the person the partner is having an affair with (e.g., husband kills the man his wife had an affair with).
 - Use this code for cases in which someone is killed when someone intervenes in an intimate partner violence incident. For instance, a bystander witnessed a man assaulting his wife. The bystander tried to intervene and was shot by the husband. Use this code when the suspect retaliates in response to an intimate partner violence incident (e.g., Son killed his mother’s boyfriend after finding out that the boyfriend had assaulted her).
 - Use this code if other people are also killed (a child, friend of the victim, a bystander), and even if the intimate partner is not (e.g., boyfriend kills his girlfriend’s child because he is angry at her).
 - Use this code when the perpetrator of intimate partner violence is killed by law enforcement (e.g., victim was attacking spouse when police responded and victim then attacked police and was killed).
 - Remember not to code cases where the suspect had a romantic interest, but never dated the victim or his/her intimate partners. Code the following violent incident “No”. The suspect and his friend began arguing over a girl at party that they both were interested in, but neither had ever dated. The argument escalated and the suspect pulled out a knife and killed his friend.

Manner of Death: Homicide and legal intervention

± This definition is based on the CDC/National Center for Injury Prevention and Control standard definition of Intimate Partner Violence. Source: http://www.cdc.gov/violenceprevention/pdf/ipv_surveillance_definitions.pdf

5.4.2 Intimate partner problem: CME/LE_IntimatePartnerProblem

Definition:

Problems with a current or former intimate partner appear to have contributed to the suicide or undetermined death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if at the time of the incident the victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord, and this appears to have contributed to the death.

- Definition of Intimate Partner:

- *For all intimate partner-related variables intimate partner± is defined as a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse. It DOES NOT include instances of sex/intimacy in exchange for money/goods. There must be evidence of an intimate relationship (this does not apply to instances where there is simply attraction/infatuation between two individuals or in cases where one person is romantically interested in the other, but the feelings are not returned). The definition of intimate partner does not require sexual intimacy. This definition includes same-sex partners.*
- The burden of caring for an ill spouse or partner should NOT be coded as an intimate partner problem unless there is also evidence of relationship problems.
- Phrases such as “victim was having relationship problems” can be assumed to indicate intimate partner problems.

Manner of Death: Suicide and undetermined deaths

± This definition is based on the CDC/National Center for Injury Prevention and Control standard definition of Intimate Partner Violence. Source: http://www.cdc.gov/violenceprevention/pdf/ipv_surveillance_definitions.pdf

5.4.3 Intimate partner problem was crisis: CME/LE_CrisisIntimatePartnerProblem

Examples include the victim found out the morning of her suicide that her husband had filed for a divorce, the victim had a very bad argument with his wife about his drinking problem two days before the suicide, or the victim found out a week ago that his spouse was having an affair and moved out of their house.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.4.4 Family relationship problem: CME/LE_FamilyStressors

Definition:

Victim had relationship problems with a family member (other than an intimate partner) that appear to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if at the time of the incident the victim was experiencing a relationship problem with a family member other than an intimate partner (e.g., a child, mother, in-law), and this appears to have contributed to the death.

- Suicide example: The victim is despondent over his argument with his parents and dies by suicide.
- Homicide example: The victim and his brother are estranged and get into a fight at a family reunion in which the victim is killed.
 - If the report indicates that the victim was “having relationship problems”, these should be assumed to be intimate partner problems, and not problems with other friends or family.
 - This code should not be endorsed for custody disputes when the victim is a child because the relationship problem in these instances is typically not with a child or other non-intimate partner family member. If the custody dispute affects the relationship of the parent and child, then this should be coded “Yes”.
 - Narrative should contain an explanation of the relationship problem and identify the family member with whom the victim had a problem.

Note: This variable was added in August, 2013 and replaces family stressor.

Manner of Death: All manners

5.4.5 Family relationship problem was crisis: CME/LE_CrisisFamilyStressor

Examples include the victim has a bad argument with his brother the day before his brother attacks and kills him or the victim has an argument with his parents about a school suspension the night before the suicide.

Note: This variable was added in August, 2013.

Manner of Death: All manners

5.4.6 Other relationship problem: CME/LE_RelationshipProblemOther

Definition:

Problems with a friend or associate (other than an intimate partner or family member) appear to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if at the time of the incident the victim was experiencing a relationship problem with someone other than an intimate partner or other family member (e.g., a friend or schoolmate), and this appears to have contributed to the death.

- Suicide example: The victim was upset because she had a falling out with her childhood friend who would no longer talk to her.
- Homicide example: The victim was having a problem with one of his friends (i.e., the suspect) who kept stealing things from his house due to a drug problem. When the victim tried to take one of the

items back from his house, the suspect shot him.

- Do not code relationship problems co-work or supervisors (e.g., boss) with whom the victim is not friends or had a romantic relationship. Consider coding these as “job problems”.
- If the report indicates that the victim was “having relationship problems”, these should be assumed to be intimate partner problems, and not problems with other friends or family or other relationship problems.
- Narrative should contain an explanation of the relationship problem and identify the person with whom the victim had a relationship problem.

Note: Before August 2013, this included any relationship except intimate partners. After August 2013, this includes any relationship except intimate partner or family relationships.

Manner of Death: All manners

5.4.7 Other relationship problem was crisis: CME/LE_CrisisRelationshipProblemOther

Examples includes a close friend telling the victim the night before the suicide that he can no longer be friends with him or the victim kicks a friend out of his house because he cannot pay rent and the friend comes back the next day and shoots him.

Note: This variable was added in July, 2013.

Manner of Death: All manners

5.4.8 Abuse/neglect led to death: CME/LE_DeathAbuse

Definition:

The victim had a history of abuse± (physical, sexual, or psychological) or neglect (physical, including medical/dental, emotional, or educational neglect; or exposure to violent environments or inadequate supervision) by a caretaker.

±Source: Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Available from: <http://www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html>

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable identifies homicides where the victim died as a result of injuries sustained due to abuse or neglect and suicides related to ongoing or past experiences of abuse or neglect. This includes all sources of abuse/neglect including child abuse, elder abuse, and other abuse by a caretaker. Indicate the nature of the abuse in the incident narrative.

- Abuse can be physical, psychological, sexual, or another type as long as the source document refers to ‘abuse’.
- Intimate partner violence or intimate partner problems should NOT be coded when using this code. These should be coded as “Intimate partner violence”.
- Homicides
 - Code “Yes” if the victim died as a result of injuries from a single or multiple episodes of abuse or because of ongoing abuse by a caretaker.
 - Code “Yes” if the suspect was a caretaker of the victim
- Suicides
 - Code “Yes” if a single incident or ongoing or past abuse by a caretaker was seen as a precipitating factor for the suicide (e.g., victim despondent over being abused by his grandfather the week before the suicide).
 - If there is evidence of abuse (e.g., victim was abused by father as a child), but no clear indication that this abuse led to the death then do NOT code “DeathAbuse”. Instead, you should code “History of abuse/neglect as a child”.
- Examples that should be coded “Yes”:
 - The victim was an elderly man who died of multiple wounds received as a result of physical abuse by his paid caretaker.
 - The day before the suicide the victim was despondent and depressed about confronting her parents about past abuse.

Also code: History of abuse/neglect as a child if applicable.

Note: The variable was added in August, 2013.

Manner of Death: All manners

5.4.9 History of abuse or neglect as a child: CME/LE_AbusedAsChild

Definition:

The victim had a history of abuse± (physical, sexual, or psychological) or neglect (physical, including medical/dental, emotional, or educational neglect; or exposure to violent environments or inadequate supervision) as a child.

±Source: Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Available from: <http://www.cdc.gov/ViolencePrevention/pub/CMP-Surveillance.html>

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable more broadly captures victim’s experiences of abuse and neglect irrespective of its relationship to the violent death. Code “Yes” if the victim experienced abuse or neglect, but there is no

direct link to the violent death or the link is unknown.

- Do NOT code if the abuse or neglect directly causes or precipitated the death, instead code abuse/neglect led to death.
- Code as “Yes” if the victim had been the victim of child abuse at any point in the past even if the victim is currently an adult.
- Code “Yes” if the evidence of ongoing abuse is suspected, but not confirmed. Code “Yes” if autopsy evidence reported an indication of previous abuse.
- Abuse can be physical, psychological, sexual or others as long as the source document refers to ‘abuse’. Neglect may be physical or emotional.
- Indicate the nature of the abuse or neglect in the incident narrative.
- Abuse could have been perpetrated by a caretaker or other individual.

Note: Before August, 2013, this variable was used to collect deaths related to abuse and deaths related to intimate partner violence that had a history of abuse. As of August 2013, this variable captures any history of abuse as a child outside the fatal incident.

Manner of Death: All manners

5.4.10 Previous perpetrator of violence in the past month: CME/LE_InterpersonalViolencePerpetrator

Definition:

Victim was a perpetrator of violence within the past month that was distinct and occurred before the violence that killed the victim.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable refers to all violence (e.g., a robbery of a stranger or an assault in a bar).

- There does not need to be any causal link between the earlier violence and the death itself.
- This variable should also be coded “Yes” if a restraining order has been filed against the victim within the past month.
- This should NOT be coded to represent the fatal incident. For instance, if the victim is killed while assaulting another person, this variable would be coded “No”.
- A victim/suspect who perpetrates a homicide and then dies by suicide (e.g., homicide followed by suicide) should be coded as “Yes”. **Also code:** Intimate partner violence or intimate partner problem, if applicable.

Manner of Death: All manners

5.4.11 Previous victim of violence in the past month: CME/LE_InterpersonalViolenceVictim

Definition:

Victim experienced violence in the past month that was distinct and occurred before the violence that killed the victim.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable refers to all violence (e.g., a robbery targeting the victim or the victim is assaulted in a bar two weeks before the incident).

- Intimate partner violence should be coded as “Yes”. For instance, code “Yes” if a victim was assaulted by her husband two weeks before she was killed by him.
- There does not need to be any causal link between the earlier violence and the death itself (e.g., victim experienced a robbery by a stranger two weeks before being killed by his spouse).
- This should NOT be coded to represent the violence involved in the fatal incident. For instance, the victim dies of a result of a fight in a bar.

Manner of Death: All manners

5.4.12 Physical fight between two people: CME/LE_FightBetweenTwoPeople

Definition:

Immediately before the violent death, there was a physical fight between two individuals which resulted in the death of individuals involved in the fight, bystanders, or individuals trying to stop the argument.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This code is meant to capture violent deaths that appear unplanned and occur in the heat of a physical confrontation. Code all physical confrontations (e.g., slapping, pushing, punching, kicking, scratching, etc.).

- This should NOT be coded when the suspect attacks the victim as part of a crime (e.g., an attempted robbery or burglary) or in an unprovoked manner (e.g., walks up and attacks the person or ambushes them from a hiding place) even if a physical fight results. Consider coding 'Precipitated by another crime' and 'first other crime in progress' or 'walk-by assault'.
- Most physical fights will be preceded by arguments. In these cases, the abstractor should also code arguments and timing of arguments.
- When this code is endorsed, the narratives should provide information on what the physical fight was about, whether the conflict was new or was related to a series of arguments, and whether the fight occurred in a private or in public setting.
- When a Supplemental Homicide Report (SHR) indicates a “brawl”, it may be a physical fight (i.e., physical confrontation among two people) or a brawl (i.e., physical confrontation among three or more people) in NVDRS. Please review the narrative and code appropriately.

- Suicide example: The victim was arguing with his father and got into a pushing match which resulted in the victim being pushed to the ground. The victim was very upset and went into the next room and killed himself with a handgun.
- Homicide examples:
 - The suspect was asking to see his ex-wife and a new boyfriend would not let him in to see her. They scuffled and the boyfriend threw the suspect out of the house. At that point, the suspect pulled a gun and shot and killed the boyfriend.
 - The suspect and his friend began arguing over a girl at party that they both were interested in. The argument escalated and the suspect pulled out a knife. The friend and suspect began scuffling. The victim attempted to break up the fight between the suspect and his friend and was stabbed.

Also code: Almost always an argument will precede the physical fight. Thus, consider coding “argument” and “Timing of the most recent argument” when coding this variable.

Manner of Death: All Manners

Note: This variable was added in August, 2013.

5.4.13 Argument: CME/LE_Argument

Definition:

An argument or conflict that led to the victim’s death.

Response Options:

- 0 No, Not available, unknown
- 1 Yes

Discussion:

This variable identifies violent deaths where a specific argument was perceived as related to the death. There must be a specific argument or disagreement that is related to the violent death (e.g., an argument over money, a relationship problem or an insult) to code this variable “Yes”.

- The following should be coded “Yes”:
 - Homicide Example: If a verbal argument immediately escalates into a physical confrontation (e.g., a bar argument leads to a fight where the victim is killed), code argument as “Yes”.
 - Suicide Examples: If a child has an argument with their parent, becomes distraught and then dies by suicide that night, code “Yes”.
 - A principal expels the victim from school after which victim dies by suicide
 - Victim has an argument with his boss over poor performance then goes to a local park and dies by suicide
- The following should be coded “No”:
 - A relationship problem is insufficient to code this variable. A specific argument prior to the death must be noted in the investigative reports.
 - Code “No” if it was only reported the child argued constantly with his parents, but no specific argument was noted in the investigative reports (*Note:* this should be coded using the “family relationship problem”).

- Ongoing conflicts (e.g., a husband and wife argue a lot, but no specific argument was noted prior to death) should be coded “No” (*Note*: this information should be coded using the intimate partner problem or family relationship problem variable).
- If there are chronic arguments, code “Yes” if a specific argument is noted (e.g., child and parent argued a lot and they had a very upsetting argument the night before the suicide).
- If the victim had a history of abuse by the suspect, argument would be coded “No” unless there was a specific argument related to victim’s death (e.g., victim, an elderly man, told his caretaker that he was going to report him to the police for abuse before the caretaker killed him).
- The following types of death should also be coded as “No”:
 - The victim is killed committing a crime such as robbery or burglary not motivated by a previous argument with the victim
 - The victim is killed by law enforcement acting in the line of duty
 - The victim is killed while committing a crime (e.g., robbery, assault) by sanctioned security or a person acting in self-defense

Also code: Always complete “Timing of the most recent argument” when this variable is checked.

Note: This variable was modified in two ways in August, 2013. First, the “other argument” and “argument over money and property” were combined into a single variable. Second, the previous prohibition not to use this code when “intimate partner violence” and “jealousy between intimate partners” are coded has been removed. Code based on the guidance above regardless of other circumstances checked.

Manner of Death: All manners

5.4.14 Timing of the most recent argument: CME/LE_ArgumentTiming

Definition:

Timing of the argument that led to victim’s death

Response Options:

- 1 Injury occurred during argument
- 2 Injury occurred within 24 hours, but not during argument
- 3 Injury occurred between 24 hours and 2 weeks
- 4 Injury occurred more than two weeks after argument
- 9 Timing unknown

Discussion:

This variable can help determine what percent of violent deaths are immediately preceded or occur within two weeks of an argument.

- This variable is only completed when “argument” is checked.
- Violence is considered as occurring during an argument if the violence occurs immediately following an argument (e.g., the victim shoots himself right after arguing with his wife) or the suspect leaves the argument to grab a weapon that they immediately use to kill the suspect.
- If the argument is described as “leading to the violence” or occurring “just” before violence, code “1”, or injury occurred during argument.

- If there is a pause between the argument and the violence (e.g., suspect comes back the next day to attack the victim with which he argued or the suicide occurs the morning after the argument), this should be coded as occurring within 2 weeks of the argument.
- If the argument was described as occurring “recently” or using similar terminology that denotes an unspecified timeframe in the recent past (i.e., the victim has been very upset since his recent argument with his boss), code as “3”, or injury occurred more than two weeks after argument, because the time is not specific enough to code as occurring within two weeks.

Note: This variable was added in August, 2013.

Manner of Death: All manners

5.5 Crime and Criminal Activity

5.5.1 Precipitated by another crime: CME/LE_PrecipitatedByOtherCrime

Definition:

The death was precipitated by another serious crime (e.g., drug dealing, robbery)

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

This variable identifies the proportion of violent deaths that are related to other criminal activity, specifically felonies (e.g., robbery or drug-trafficking). It uses a somewhat broader definition than that used by the Supplementary Homicide Report system — which only counts felony-related deaths as those that occur while another felony is in progress.

Code a victim as “Yes” for “Crime” if the incident occurred as the result of another serious crime. Note that the crime must occur prior to the violent injury, and not after it.

- Serious crimes (such as drug trafficking, robbery, burglary, motor vehicle theft, arson, resisting arrest, and witness intimidation/elimination) are felonies. These are crimes that carry a sentence of one or more years in prison.
- Misdemeanors such as traffic infractions, shoplifting, petty larceny (e.g., stealing someone’s jacket), public drunkenness, and minor assaults (no injury or deadly weapon involved) are not considered serious crimes.
- The simple existence of an additional crime other than the homicide in an incident is not sufficient grounds for endorsing “PrecipitatedCrime”, as homicide suspects are frequently charged with more than one crime (e.g., carrying a gun without a permit, destroying evidence). The other crime must be a precipitating factor in order for a “Crime” to be endorsed.
- A bystander inadvertently killed during the commission of another crime should be coded.
- If you check “PrecipitatedCrime”, you must indicate what the precipitating crime was “Nature of first other crime” and if it was “in progress” at the time of the violent injury.
- “PrecipitatedCrime” must be checked for all incidents involving “Legal Intervention” as the

abstractor- assigned type of death because law enforcement applied force in response to a crime.

Manner of Death: All manners

5.5.2 Nature of Other Precipitating Crime Variables

5.5.2.1 Nature of first other crime: CME/LE_NatureOtherCrime1

5.5.2.2 Nature of second other crime: CME/LE_NatureOtherCrime2

Definitions:

- **Nature of first other crime:** Nature of the first crime that precipitated the incident (Applies only to crime-related deaths)
- **Nature of second other crime:** Nature of the second crime that precipitated the incident (Applies only to crime-related deaths with more than one precipitating crime)

Response Options:

- 1 Drug trade
- 2 Robbery
- 3 Burglary
- 4 Motor vehicle theft
- 5 Arson
- 6 Rape, sexual assault
- 7 Gambling
- 8 Assault, homicide
- 9 Witness intimidation/elimination
- 66 Other (specify in narrative)
- 88 Not applicable
- 99 Unknown

Discussion:

For cases in which the incident was precipitated by another serious crime, these two variables identify the specific type of crime involved. The information is used to better characterize the types of criminal violence that lead to violent death. When multiple crimes are committed, please list crimes in progress first and then other crimes. For instance, the victim robs a store earlier in the day and police come to arrest him later that day on a tip. The victim shoots at the police and is killed. This should be coded “Nature of first crime: Assault, homicide” (i.e., shooting at police) and “Nature of second crime: Burglary” (i.e., police trying to arrest for a burglary).

Response definitions:

- *Drug trade* – The buying, selling, or passing of drugs from one person to another in exchange for goods or money.
- *Robbery* – Taking, or attempting to take, anything of value from another person or persons by force or threat of force or violence. If money or goods are stolen without force or threat of force (e.g., thieves stealing equipment from a loading dock), the theft is not a robbery, but larceny, and should be coded as “Other”.
 - Remember, shoplifting and petty larceny (e.g., stealing someone’s jacket) should NOT be coded because these are not felonies.
- *Burglary* – The unlawful entry into a building or other structure without the owner’s consent and

- with the intent to commit a felony or a theft.
- *Motor vehicle theft* – The theft or attempted theft of a motor vehicle includes the stealing of automobiles, trucks, buses, motorcycles, motor-scooters, snowmobiles, etc. Does not include taking a motor vehicle for temporary use by those persons having lawful access, nor does it include stealing motor vehicle parts. Stealing motor vehicle parts without force or the threat of force is larceny and should be coded as “Other”.
- *Arson* – To unlawfully and intentionally damage, or attempt to damage, any building, real estate, or personal property by fire or incendiary device. An arsonist or building owner burns down a building for economic advantage and someone dies in the fire. Victims are considered victims of a criminal homicide even if their deaths were not intended.
 - Do not code arson when it is used to cover up a homicide (because the arson was not a precipitating event).
- *Rape, sexual assault (i.e., sexual violence±)* – Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.
- *Gambling* – To illegally play games of chance for money or other stakes with the hope of gaining something beyond the amount played. This includes dealing, operating, or maintaining any game.
- *Assault/homicide* – An unlawful fatal or nonfatal attack by one person upon another. To qualify as a serious crime, the assault should be an aggravated assault (one that involves bodily injury or threat with a deadly weapon).
- *Witness intimidation/elimination* – To prevent a witness from providing information to the authorities about a crime either by killing, harming, or removing the witness, or by intentionally saying or doing something that would cause the witness to be fearful of providing information.

Manner of Death: All manners

± This definition is based on the CDC/National Center for Injury Prevention and Control standard definition of Sexual Violence. Source: http://www.cdc.gov/violenceprevention/pdf/sv_surveillance_definitions.pdf

5.5.3 First crime in progress: CME/LE_OtherCrimeInProgress

Definition:

The precipitating crime was in progress at the time of the incident

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

An “in-progress crime” is a serious or felony-related crime, as discussed under “Precipitated by another crime,” that is being committed or attempted at the time of the incident.

- For deaths that are precipitated by felony- criminal activity (as discussed in, “Precipitated by another crime”), this variable identifies whether the crime listed for “first other crime in progress” was in progress when the victim died.
- The Supplementary Homicide Report (SHR) system defines felony-related only in terms of in-progress felonies. Because NVDRS uses a broader definition for felony crime-related, this variable can be used to distinguish violent deaths where the precipitating felony was in progress (i.e., the SHR definition) or violent deaths that occurred after the precipitating felony crime was committed.
- Homicide examples:
 - A law enforcement officer responded to a robbery and shot the victim when he shot at the officer (*Note:* the precipitating crimes are robbery and assault of the officer and both were in progress). Precipitated by another crime should be checked for all legal interventions unless the shooting was accidental.
 - The victim during a robbery is shot by a bystander.
 - An argument breaks out over a drug deal involving five people. Two are killed and one other is shot.
- Suicide example:
 - The victim assaults a store owner and is pursued by law enforcement. Once law enforcement corners him in a building, the victim commits suicide (*Note:* Also, code criminal legal problem).

Manner of Death: All manners

5.5.4 Stalking: CME/LE_Stalking

Definition:

Stalking behaviors precipitated the violent incident. Stalking involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim. A person may be considered a stalking victim if they experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator[±]. Examples of stalking tactics include:

- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Unwanted cards, letters, flowers, or presents
- Watching or following from a distance, spying with a listening device, camera, or global positioning system (GPS)
- Approaching or showing up in places such as the victim’s home, workplace, or school when it was unwanted
- Leaving strange or potentially threatening items for the victim to find
- Sneaking into victims’ home or car and doing things to scare the victim or let the victim know the perpetrator had been there

± This definition is based on the CDC/National Center for Injury Prevention and Control standard definition of stalking, from the National Intimate Partner and Sexual Violence Survey (NISVS) 2010 Summary Report. Source: http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

This variable identifies the proportion of violent deaths that are related to stalking or in which stalking facilitated a suspect in committing violence against a victim. Stalking is not limited to intimate partners and can involve stranger, friends, or co-workers.

- Code “stalking” as “Yes” if there is indication that stalking precipitated the incident. This can occur in situations that involved intimate partner violence (e.g., victim had taken out a restraining order because the suspect was stalking her), sexual violence (e.g., suspect had stalked the victim before raping and killing her), a serial killing (e.g., suspect stalked victim prior to attack) or bullying.
- Code “stalking” as “Yes” if the victim was the stalker (e.g., law enforcement killed the stalker during a shootout).

Manner of Death: Homicide and legal intervention

Note: This variable was added in August, 2013.

5.5.5 Stalking was crisis: CME/LE_CrisisStalking

Examples include the victim confronting the stalker the night before being killed or the victim filing a restraining order on the stalker the week before being killed.

Manner of Death: Homicide and legal intervention

Note: This variable was added in August, 2013.

5.5.6 Prostitution: CME/LE_Prostitution

Definition:

Prostitution or prostitution-related activities played a precipitating role in the incident.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

Prostitution includes the prostitutes, pimps, clients, and other persons who are involved in such activity (e.g., prostitution ring, sex trafficking).

- Code “Prostitution” as “Yes” if the police or CME report indicates that the death resulted, or is suspected to have resulted, from prostitution-related activity.
- This code also applies in incidents where victim(s) appear to have been targeted because they engage in prostitution.

- Do not endorse “Prostitution” if the victim or suspect is a sex worker or pimp, but the death did not appear to be related to prostitution activity.

Manner of Death: Homicide and legal intervention

Note: This variable was added in August, 2013.

5.5.7 Prostitution was crisis: CME/LE_CrisisProstitution

Examples include the victim, a prostitute, having a fight with pimp and threatening to leave the day before being killed.

Note: This variable was added in August, 2013. Crisis is misspelled in database as “Crisis”.

Manner of Death: Homicide and legal intervention

5.5.8 Terrorist attack: CME/LE_TerroristAttack

Definition:

The death resulted from a terrorist attack

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion: The victim was injured in a terrorist attack, whether with conventional, chemical, biological, or other weapons.

- The NVDRS uses the FBI definition of terrorism: “Injuries resulting from the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.”
- Terrorism is not limited to terrorism by foreign nationals but includes domestic terrorism as well (e.g., abortion clinic bombing, anti-war bombing).
- This code includes those who died while assisting in rescue operations from the attack.
- Code suicides as “Yes” if the person or people committing the terrorist act died by suicide during or immediately after the attack.

Manner of Death: All manners

5.5.9 Gang-related: CME/LE_GangRelated

Definition:

Definitions for gang-related homicide can vary by law enforcement agency or coroner/medical examiner and tend to capture deaths that are classified as gang motivated (i.e., motive of the incident was gang-

related) or had suspected involvement of a gang member (i.e., a gang member was a suspect or victim in the incident). This variable captures both types of gang-related deaths reported by agencies.

Response Options:

- 0 No, not available, unknown
- 1 Yes, gang motivated
- 2 Yes, suspected gang member involvement
- 3 Yes, gang-related not otherwise specified
- 4 Organized crime including motorcycle gangs, mafia, and drug cartels

Discussion:

This variable identifies the proportion of violent deaths that are gang-related. A drop down menu is provided to describe the type of gang activity.

- **Definition of Gang-Related:** Although the definition of gangs vary across agencies, most definitions identify gangs as having a street presence that perpetrate violent street crime such as rape, robbery, aggravated assault, gun crimes, and murder. According to the National Gang Center, the following criteria are widely accepted among researchers for classifying groups as gangs
 - The group has three or more members, generally aged 12–24.
 - Members share an identity, typically linked to a name, and often other symbols. Members view themselves as a gang, and they are recognized by others as a gang. The group has some permanence and a degree of organization.
 - The group is involved in an elevated level of criminal activity.³
- The term “street gang” is often used interchangeably with “youth gang” as well as “criminal street gang,” with the latter explicitly denoting the element of criminal activity found almost universally in gang-related legislation.⁴
- Tips on abstracting gang-related deaths
 - Definitions for gang-related homicide can vary by law enforcement agency. It may be necessary to ask agencies for clarification on how they define gang-related homicides. Also, some law enforcement agencies, especially those with specialized gang units, have databases of individual gang members that can be cross-referenced to provide these data. If a homicide is reported as “gang-related” and the definition used to make this distinction is unknown and not clear from the narrative, please classify as “3” or “gang-related not otherwise specified”.
 - Gangs predominantly include 12 to 24 year olds, but may have members that are older or younger and deaths involving members outside the 12 to 24 year age range should be coded gang-related. If no information on gang type is provided, assume it is a youth gang.
 - Violent deaths involving adult criminal organizations (i.e., members are predominantly adults) or associations such as organized crime, adult motorcycle gangs, or hate or ideology groups should not be coded as gang-related because the risk factors and organizations of these groups is distinct from street gangs.

^{3,4} See <http://www.nationalgangcenter.gov/About/FAQ#q1>

- Process for categorizing a gang-related deaths
 - Step 1:** Identify if the motive of the incident is gang-related (i.e., the death serves to further the goals or functions of a gang). These deaths include those occurring from gang rivalry, territoriality, or activity.

*** Example incident: The victim (V) was standing on the street when a male suspect (S) approached and began questioning the V about his gang affiliation. S then shot V and ran from the location. This incident involves gang territoriality and rivalry as a motive.

Step 2: If the incident is not gang motivated or it is unknown if it is gang motivated, then identify whether the incident involved a suspected gang member as either the victim or the suspect. In the narrative, describe whether the victim or the suspect was the gang member.

*** Example incident: The victim had gang-related tattoos. If this is reported, then the victim is suspected to be a gang member.

Step 3: Code gang-related not otherwise specified, when the incident is described as gang-related but the narrative does not provide any detail on what this means. Use this response option when the SHR code “juvenile gang killing” is used.

*** Example incident: The victim was shot during a gang-related shooting.

Manner of Death: Homicide and legal intervention

Note: Before August, 2013, this variable only had two response categories, “Yes” and “No, unknown, unavailable”. This variable also included both youth gangs. In August 2013, more response options were added to better define the type of gang activity involved in the incident.

5.6 Manner Specific Circumstances for Homicide

5.6.1 Justifiable self-defense: CME/LE_JustifiableSelfDefense

Definition:

The homicide was committed by a law enforcement officer in the line of duty or was committed by a civilian in legitimate self-defense or in defense of others.

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

This code includes homicides that are committed by a law enforcement officer in the line of duty. It also includes homicides by a civilian in self-defense or in defense of others. Only use this code when SHR codes the case as a justifiable homicide or law enforcement records indicate that law enforcement and prosecutors have classified the case as a justifiable homicide. It is not enough that the record notes that the civilian suspect claims that they acted in self-defense. The law enforcement report must explicitly indicate that the death resulted from justifiable homicide (e.g., that the victim was killed by another person who was acting in self-defense or that the victim died as a result of legal intervention). The report may use the term “justifiable homicide” or some equivalent such as homicide ruled self-defense. Whether the killing was truly justifiable is not something that the coder should interpret.

Definition of Self-Defense: *the right of a civilian to repel by force, even to the taking of life, in defense of*

his person or property against anyone who attempts by violence or surprise to commit a forcible felony.

Essential elements of self-defense are that the civilian does not provoke the difficulty and that there must be impending peril without a convenient or reasonable mode of escape.

- Code “Yes” for all legal interventions (i.e., any killing by a law enforcement officer in the line of duty).
- Code “Yes” for a death where the victim attempted to rob the suspect by gunpoint and the suspect killed the victim in self-defense and the police report indicates that this is a “justifiable homicide”.

Also code: Code the precipitating event that led to the killing under the “Precipitating crime,” “Nature of the crime,” and “Crime in progress” variables, if available.

Manner of Death: Homicide and legal intervention

5.6.2 Victim was a police officer on duty: CME/LE_VictimPoliceOfficerOnDuty

Definition:

The victim was a law enforcement officer killed in the line of duty

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

At the time of the incident, the victim was a law enforcement officer killed in the line of duty. Also code the precipitating event and describe in the narrative

- This circumstance should not be endorsed for victims in other occupations, such as bail bondsmen, private security guards, or emergency responders such as firefighters or emergency medical technicians.

Also code: Code the precipitating event that led to the killing under the “Precipitating crime,” “Nature of the crime,” and “Crime in progress” variables, if available.

Manner of Death: Homicide and legal intervention

5.6.3 Victim was a bystander: CME/LE_Bystander

Definition:

The victim was a bystander, not the intended target

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

The victim was a bystander and not directly involved in the incident (e.g., pedestrian walking past a gang fight, customer in a convenience store at the time of a robbery, or victim struck by stray bullet).

- Also code the precipitating event (e.g., gang-related, robbery).
- Do not code if the bystander intervened to try to stop the violence and was killed (e.g., customer during a robbery was shot while trying to tackle the robber). In this case, code “Victim was intervener assisting crime victim”
- Do not code if the intended target was unknown or there was a case of mistaken identity.
- Do not code if a place was targeted even if individual people were not. For instance, a suspect returning to the job from which he was recently fired and killed several people would not be coded or a suspect shooting into a house.

Also code: Code the precipitating event that led to the killing under the “Precipitating crime,” “Nature of the crime,” and “Crime in progress” variables, if available.

Manner of Death: Homicide and legal intervention

5.6.4 Random violence: CME/LE_RandomViolence

Definition:

The victim was killed by a random act of violence

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if the victim was killed by a random act of violence. A random act is one in which the **suspect is not concerned with who is being harmed, just that someone is being harmed**, such as a person who shoots randomly at passing cars from a highway bridge or opens fire in a crowded shopping mall.

- Examples of when to code ‘Yes’ for random violence:
 - A group of active duty servicemen drove around a neighborhood looking for victims of opportunity to shoot and kill at random. Two persons were killed.
 - An 18-year-old suspect encountered a homeless man asleep on a bridge, went home to retrieve a weapon and came back and killed him because he “thought he could get away with it”
 - A young pregnant woman was killed by 2 teenage boys throwing heavy rocks off an overpass at the cars below
 - A middle-aged male suspect ambushed a group of teenagers swimming in a local river and began shooting into the group at random, killing several victims
 - A young man armed with a semi-automatic rifle shoots several victims at random in a local shopping mall until law enforcement intervenes, killing suspect

This code should not be used for cases in which the target such as a place or group of people was chosen intentionally (e.g., white supremacist group opened fire in a daycare center that served African

American children, a suspect who was fired from a workplace attacks co-workers, or any terrorist incident). Also, this code should not be used to indicate that a homicide is unsolved, for homicides in which the motive is simply unknown, for acts of terrorism, or for bystander deaths.

- Examples of when not to code random violence:
 - A young male suspect approached the middle-aged male victim's vehicle at a red light and shot and killed the victim in either an attempted carjacking or "road rage" incident. Victim was on the way to pick up his wife from work and is unknown to the suspect.
 - A young victim and suspect were drinking together, when the suspect picked up what he reportedly believed was an unloaded gun from the table. He pointed the weapon at the victim and fired, shooting the victim in the head.
 - A person delivering newspapers found a 40-year-old man suffering from several gunshot wounds in a parking lot. The victim subsequently died of his injuries.
 - A female victim was stabbed to death by her neighbor's boyfriend (suspect). The neighbor would not answer her boyfriend's persistent knocking because she was with another male. The victim answered the door to their shared duplex and was assaulted by the suspect.
 - When visiting his girlfriend, the victim confronted one of the girlfriend's neighbors (suspect), whose dog was barking loudly. The conflict escalated, resulting in a fistfight between the two men. The suspect pushed the victim, who fell over the stairwell railing and died from injuries sustained in the fall.
 - Officers were investigating a shooting in the area when they located the body of the victim suffering from a gunshot wound to the head. No witnesses were identified. The victim is a known gang member. This homicide is classified as gang related.

There are instances where the abstractor must decide if the preponderance of evidence indicates that this meets the case definition for random violence vs. simply an unknown motive vs. a bystander shooting.

- Examples of ambiguous cases:
 - Officers responded to a report of shots fired. On arrival, they found the victim lying unresponsive in his doorway. The victim was shot by an unknown suspect who came to the door of his home. Reports indicate that the incident may have been drug related and was a random act of violence.
 - The victim, a 21 year old white female, and another male were shot in a parking lot of an apartment building. The victim died in surgery. Her sister said the victim was 'just in the wrong place at the wrong time.'
 - The victim died at the scene from a gunshot. Officers found a car with bullet holes in the side, where the victim and another passenger suffered gunshot wounds. A third passenger told the police that a man started shooting at their car while they were driving.
 - Two black females, one 15 years old and one 24 years old, died of multiple gunshot wounds. The victims were standing along a highway when the suspect pulled up and got out of his vehicle firing a shotgun. No other information is given.
 - Officers responded to a call of shots fired. Upon arrival the victim, was located lying in the street; he had been shot several times. The victim is known for drug possession and possible sales. A suspect has been identified.

Manner of Death: Homicide and legal intervention

5.6.5 Victim was intervener assisting crime victim: CME/LE_IntervenerAssistingVictim

Definition:

An intervener other than a law enforcement officer was killed while assisting a crime victim

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

The victim was attempting to assist a crime victim at the time of the incident (e.g., the victim tries to stop a fight and is killed or the victim tries to stop a robbery and is killed). Also code the crime in which the victim was intervening (e.g., assault/homicide, robbery, or burglary) and whether it was in progress. **Also code:** Code the precipitating event that led to the killing under the “Precipitating crime,” “Nature of the crime,” and “Crime in progress” variables, if available.

Manner of Death: Homicide and legal intervention

5.6.6 Victim used weapon: CME/LE_VictimUsedWeapon

Definition:

The victim used a weapon during the course of the incident

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

Code as “Yes” if the victim was armed with a weapon such as a gun, knife, or blunt instrument and used the weapon either to attack or to defend against the suspect or another person during the incident.

- Do not endorse for victims who resisted an attacker by kicking, punching, etc., without wielding some kind of object as a weapon.
- Please also code this variable as “Yes” when a person made an attempt to use a weapon. For example, if a person made an attempt to pull a gun, but did not actually fire a round.
- An unloaded, inoperable, or fake weapon (such as a realistic-looking toy) that is used by the victim to threaten or defend against attack should be coded as “Yes.”

Manner of Death: Homicide and legal intervention

5.6.7 Mercy killing: CME/LE_MercyKilling

Definition:

Victim was killed, at the victim’s request, out of compassion in order to end his or her pain or distress

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

The suspect acted to bring about immediate death allegedly in a painless way and based on a clear indication that the dying person wished to die because of a terminal or hopeless disease or condition.

- Do not assume that a murder/suicide by a sick, elderly couple is a mercy killing.
- Code as “Yes” only when there is documentation that the victim wanted to be killed (e.g., left a note, told a relative or friend) and the law enforcement are not charging the suspect with an intentional homicide.

Manner of Death: Homicide

5.6.8 Hate crime: CME/LE_HateCrime

Definition:

The homicide was associated with a hate crime.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable identifies the proportion of deaths that are associated with hate crimes.

Definition:

A hate crime is an aggravated assault, arson, burglary, criminal homicide, motor vehicle theft, robbery, sexual assault, or crime involving bodily injury in which the victim was intentionally selected because of his or her actual or perceived race, gender, religion, sexual orientation, ethnicity, or disability. Specify the type of hate crime in the incident narrative.

Examples:

- Code “Yes” if a cross was burned in the front yard of the victim's home and several racial slurs spray painted on the home's exterior.
- Code “No” if the victim was stabbed to death by his wife when he told her he was bisexual (code ‘intimate partner problem’ as ‘yes’).

Manner of Death: Homicide

5.6.9 Jealousy (lovers' triangle): CME/LE_JealouslyCME/LE

Definition:

Identifies cases in which jealousy or distress over a current or former intimate partner's relationship or

suspected relationship with another person led to the incident.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable categorizes violence that is directed against any individual that is involved in the love triangle, such as the current or former intimate partner or the romantic interest.

Do NOT apply this code to others who may have been present at the time of the incident (e.g., bystander, child) and killed, but were not part of the love triangle. Because jealousy is a type of intimate partner violence, always code “intimate partner violence-related” for these cases.

Examples to code:

- Male suspect killed his ex-wife and her new boyfriend because he was angry that she was dating. Code “Yes” for both the ex-wife and her new boyfriend.
- Male suspect killed his girlfriend and his friend because he believed they were romantically involved. Code “Yes” for both the girlfriend and his friend.

Also code: Code “Intimate partner violence related” as “Yes” because the death was related to an immediate or ongoing conflict or violence between current or former intimate partners.

Manner of Death: Homicides and legal interventions

5.6.10 Jealousy (lovers’ triangle) was crisis: CME/LE_CrisisJealousy

Examples include:

- Suspect killed his wife after finding out the previous day that she was cheating on him.
- Suspect killed his friend and girlfriend after seeing his friend flirting with his girlfriend during a party an hour before the homicides occurred.
- Suspect killed her husband after coming home and finding him in bed with another woman.
- Suspect killed his girlfriend after looking at her phone and seeing text messages to another guy that he suspected she was seeing.

Manner of Death: Homicide and legal intervention

Note: This variable was added in August, 2013.

5.6.11 Brawl (3 people or more): CME/LE_Brawl

Definition:

Immediately before the violent death, there was a mutual physical fight between three or more individuals which resulted in the death of individuals involved in the fight or, bystanders or individuals trying to stop the argument.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Three or more persons were involved in a mutual, physical fight. The brawl may or may not escalate to involve weapons.

- Do not code Brawl if the attack was one-sided (e.g., a group beats a single victim to death) or a person or people were ambushed (e.g., two people were walking along and jumped by 5 suspects).
- Do not code as Brawl if only two people were fighting, instead code physical fight between two people.
- When a Supplemental Homicide Report (SHR) indicates a “brawl”, it may be a physical fight (i.e., physical confrontation among two people) or a brawl (i.e., physical confrontation among three or more people) in NVDRS. Please review the narrative and code appropriately.

Manner of Death: Homicide and legal intervention

5.6.12 Walk-by Assault: CME/LE_WalkbyAssault

Definition:

A targeted attack, such as an ambush, where the suspect(s) approached and fled on foot.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable accounts for deaths where the victim appeared to be jumped or ambushed. The attack should have been targeted such that there was no or minimal interaction between suspect and victim just prior to incident. Walk-up is the mechanism by which the victim was shot. Also choose a precipitating circumstance code to document why the walk-up occurred (e.g., gang-related), if known

- Do not code walk-up in incidents where the only victim was a bystander (e.g., walk-ups include at least one targeted victim).
- Code deaths that use non-motorized transportation such as a skateboard or bicycle and meet the other requirements of the definition as a walk-up shooting
- Do not code deaths that occur during criminal acts (e.g., store employee surprises and shoots an armed robber or law enforcement pursue and kill a suspect fleeing a burglary).

Examples:

- Code “Yes”:
 - If the victim was shot right as they left their house and the suspect fled the scene on foot.
 - If the two victims were walking home and shot by two opposing gang members who were hiding in alley.
 - If two suspects walked up to a house opened fire killing the victim and then fled the scene.
 - If a suspect killed his ex-wife by hiding in the bushes then shooting her when she returned

- from work.
- Code “No”:
 - If the victim and the suspect were arguing before the suspect pulled out a gun and shot the victim.
 - If a fight broke out during a drug deal and the victim was killed.

Manner of Death: Homicide

Note: This variable was added in August, 2013.

5.6.13 Drive-by shooting: CME/LE_DrivebyShooting

Definition:

Victim was killed in shooting where the suspect or group of suspects drives near the victim or target and shoots while driving, or uses a car to approach and flee the scene of a homicide, but steps out of the car just long enough to use a weapon.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Drive-by shootings must involve a motorized vehicle, such as a car, motorcycle, truck, and does not include other modes of transportation, such as bicycles, scooters, or skateboards. For all incidents, note the mode of transportation and the precipitating circumstance in the narrative. For deaths involving bicycles, scooters, or skateboard note this as an “other circumstance”.

Also code: “Bystander” if the victim was a bystander and not the intended victim.

Manner of Death: Homicide

5.6.14 Drug involvement: CME/LE_DrugInvolvement

Definition:

Drug dealing, drug trade, or drug use is suspected to have played a role in precipitating the incident.

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

Code “Drug” as “Yes” if the death was related to illegally trafficking a controlled substance (e.g., drug deal gone bad, drug market turf battle, theft of drugs or money from a dealer during a drug deal, etc.) or a drug habit (e.g., addict committing robbery to obtain money for drugs, arguments over drugs).

- This variable can be coded based on suspicion of drug-relatedness (e.g., law enforcement suspected drugs were involved).

- Code “Drug” as “Yes” if there is evidence of drug involvement (e.g. Victim’s body was found in a crack house, the victim had a substantial amount of illegal drugs on his or her person at the time of death) and there is not any other indication of the incident not being related to drugs.
- Drugs or drug paraphernalia found on the victim’s body should not be used to automatically code this variable unless other information suggests the victim was dealing drugs or had just bought drugs.
- Illegal drugs found elsewhere in the victim’s home should NOT trigger coding this circumstance (e.g., victim was shot on porch in drive-by shooting and small amounts of illegal drugs were found in bedroom) unless the source documents indicate that the illegal drugs were involved in the death (e.g., attempted theft of drugs, argument over drugs, or victim or suspect selling drugs)

Manner of Death: Homicide and legal intervention

5.7 Manner Specific Circumstances for Suicide

5.7.1 History of suicidal thoughts or plans: CME/LE_SuicideThoughtHistory

Definition:

Victim had a history of suicidal thoughts, plans or attempts. Disclosure of suicidal thoughts or plan can be verbal, written or electronic.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Use this code for victims who have at any time in their life expressed suicidal thoughts or plans. The victim may or may not have disclosed suicidal thoughts and/or plans close to the time of the suicide.

- Suicidal ideation can be expressed directly (e.g., “I am thinking of killing myself”) or indirectly (e.g., “I don’t know if I want to go on living”).
- When the timing is unclear (e.g., timing not mentioned) or if the suicidal thoughts were described as occurring in the “past”, “a few years ago”, or “just”, history of suicidal thoughts should be “Yes”.
- Code “Yes” if the victim disclosed suicidal thoughts and/or plans close to the time (within one month) of the suicide. This should also be coded as “Recent Disclosed Suicidal Thoughts/Plans”
- Code “No” for the previous suicide attempts. Previous suicide attempts should be coded as “History of Suicide Attempts”.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.2 History of suicide attempts: CME/LE_SuicideAttemptHistory

Definition:

Victim has a history of attempting suicide before the fatal incident

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

Code as “Yes” if the victim was known to have made previous suicide attempts before the fatal incident, regardless of the severity of those attempts or whether any resulted in injury. Per the CDC uniform definition of suicide attempt[±] (A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior; which may or may not result in injury), the V must engage in a POTENTIALLY INJURIOUS BEHAVIOR. A potentially injurious behavior is one which in and of itself has the ability to cause injury and/or death

- Russian roulette: pulling the trigger on a firearm IS considered potentially injurious regardless of whether the weapon fires when the victim pulled the trigger. Code as “Yes”.
- Swallowing a lethal dose of pills then calling 911 IS potentially injurious. Code as “Yes
- If the V is making a suicidal gesture (placing ligature around their neck, standing on a bridge preparing to jump, holding a gun to his head) but is stopped before taking action (e.g., does not pull the trigger after talking to family or pulled from bridge by law enforcement before jumping), consider this potentially injurious behavior a suicide attempt. Code as “Yes”.

Evidence of a history of suicide attempts includes self-report and report or documentation from others including family, friends, and health professionals.

[±] Reference: Crosby AE, Ortega L, Melanson C. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011

Manner of Death: Suicide and undetermined deaths

5.7.3 Recent Disclosed Suicidal Thoughts or Intent to Commit Suicide: CME/LE_SuicideIntentDisclosed

Definition: Victim disclosed to another person their thoughts and/or plans to commit suicide within the last month. Disclosure of suicidal thoughts or plan can be verbal, written or electronic.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

This variable helps identifies suicides for which opportunities to intervene and prevent the death may have been present near the time of the suicide. It is also useful for exploring the association between stated intent and actual death.

- Code as “Yes” if the victim had disclosed suicidal thoughts or plans to another person recently or within the last month, whether explicitly (e.g., “I have been thinking about suicide lately” or “I plan to go to my cabin with my gun and never come back”) or indirectly (e.g., “I know how to put a permanent end to this pain”). Include in the narrative any available details about whom the intent

was disclosed to, how long before the death the intent was disclosed, and what was said during the disclosure.

- Code this variable as “Yes” if there was opportunity to intervene between the time the person disclosed intent and the injury event.
 - Do not code this variable” if the victim disclosed the intention to kill him or herself only at the moment of the suicide (i.e., when there was no opportunity to intervene to stop the suicide). For instance, sending an email or text message right before the victim shot herself. This would be considered a suicide note.
- Do not endorse this variable if the victim had talked about suicide sometime in the distant past, but had not recently disclosed a current intent to commit suicide to anyone. This would be coded as “History of disclosed suicidal thoughts/plans”.
- A separate suicide attempt by the victim within a month of the suicide should be coded as “Yes”. In this case, “History of suicide attempts” should also be coded, “Yes”.
- The timing of when the victim disclosed the suicidal intent may be unclear (e.g., recently or some time ago) or not mentioned. Please use the following rules to code these cases:
 - Code “Yes” if the narrative states the victim “just” or “recently” told someone about his suicidal intent.
 - If the record indicates disclosure of intent, but is unclear about the timeframe (i.e., does not mention it all), code as “Yes”.
 - Law enforcement or CME documents may be unclear about timing of the disclosure. If the record indicates disclosure of intent in the past, but states that there was no disclosure for the current incident, do not code, instead use the “History of suicidal thoughts/plan/attempts”.
 - If the victim disclosed suicidal intent “a long time ago”, “more than a month ago” or in the “past”, code as “No” and code “History of disclosed suicidal thought/plans/actions”.

Manner of Death: Suicide and undetermined deaths

5.7.4 Disclosed to whom: CME/LE_DisclosedIntentToWhom

Definition:

Person to whom victim recently disclosed suicidal thoughts and/or plans to commit suicide (i.e., coded “Recent Disclosed Suicidal Thought and/or Plan” as “Yes”).

Response Options:

- 1 Previous or current intimate partner
- 2 Other family member
- 3 Health care worker
- 4 Friend/colleague
- 5 Neighbor
- 6 Healthcare worker and intimate partner
- 7 Healthcare worker and other
- 8 Other person
- 9 Unknown

Discussion:

If the victim disclosed the intent to multiple people, please use the following rules:

- If the person disclosed to an intimate partner and a healthcare worker, please indicate “7” If the person disclosed to a healthcare worker and someone else, please indicate “8”
- For any other combination, please select the person who had the closest relationship to the victim based on the narrative (e.g., intimate partner over a family member and a family member over friend).

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.5 Left a suicide note: CME/LE_SuicideNote

Definition:

Victim left a suicide note (or other recorded communication). Note can be written or electronic.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- A will or folder of financial papers near the victim does not constitute a suicide note.
- If the record states the person left a “note”, you can infer it was a suicide note in the absence of information indicating that the note had some other purpose.
- A suicide “note” can be any essentially durable message; it does not have to be on a piece of paper. Emails, text messages, voice mail, or writing on any object (such as a wall or table) all qualify.
- A text or electronic message sent right before the suicide occurred should be labeled a suicide note if there was no time between the sending/receipt of the message and the suicide. If there was time to intervene, this should be coded as “disclosed suicidal thought or intent”.

Manner of Death: Suicide and undetermined deaths

5.7.6 Contributing criminal legal problem: CME/LE_RecentCriminalLegalProblem

Definition:

Criminal legal problems appear to have contributed to the death

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if at the time of the incident the victim was facing criminal legal problems (recent or impending arrest, Law enforcement pursuit, impending criminal court date, etc.), and this appears to have contributed to the death. Code military crimes such as AWOL as “Yes”.

- Criminal legal problems, as opposed to civil legal problems, are those resulting from conduct considered as harmful to society as a whole that it is prohibited by statute and prosecuted by the

government. Driving while intoxicated offenses should be considered a criminal offense.

- Committing a crime alone is not sufficient basis for endorsing this variable; there must be evidence of negative legal or law enforcement consequences (e.g., about to enter jail, facing a court date, on the run from law enforcement) that appear to be associated with the death.

Manner of Death: Suicide and undetermined deaths

5.7.7 Contributing criminal legal problem was crisis: CME/LE_CrisisCriminal

Examples include the victim being upset about having to start a prison term for robbery in a week, a victim despondent over a DWI court date scheduled for a day after the suicide, or a criminal who dies by suicide when law enforcement appears at their house to arrest them for an assault.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.8 Civil legal problems: CME/LE_LegalProblemOther

Definition:

Civil legal (non-criminal) problems appear to have contributed to the death

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes,” if at the time of the incident the victim was facing civil legal problems, such as a divorce, custody dispute or civil lawsuit, or legal problems that were unspecified as either criminal or civil, and these problems appear to have contributed to the death.

Manner of Death: Suicide and undetermined deaths.

5.7.9 Civil legal problems were crisis: CME/LE_CrisisCivilLegal

Examples include the victim being upset because they lost custody of their child the day before the suicide or the victim losing a civil lawsuit the week before the suicide.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.10 Contributing physical health problem: CME/LE_PhysicalHealthProblem

Definition:

Victim's physical health problem(s) appear to have contributed to the death

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

The victim was experiencing physical health problems (e.g., terminal disease, debilitating condition, chronic pain) that were relevant to the event.

- Endorse this variable only if a health problem is noted as contributing to the death (e.g., despondent over recent diagnosis of cancer or complain that he could not live with the pain associated with a condition).
- The simple mention of a health problem should not trigger coding the death as health-related. CME reports generally include the decedent's existing medical problems (e.g., diabetes, asthma, cancer). Do not endorse this variable based simply on a list of conditions.
- "Debilitating" conditions would leave the victim confined to bed, oxygen dependent, or requiring basic daily care from a third party.
- Health conditions are coded from the perspective of the victim. If the victim believed him- or herself to be suffering from a physical health problem, and this belief was contributory to the death, it does not matter if any particular health problem was ever treated, diagnosed, or even existed. For instance, code "Yes" if the victim only suspected he might have AIDS and killed himself before he received his test results.

Manner of Death: Suicide and undetermined deaths

5.7.11 Contributing physical health problem was crisis: CME/LE_CrisisPhysicalHealth

Examples include the victim being despondent over being diagnosed with cancer two days before the suicide, a victim finding out the day before the suicide that their condition got significantly worse, or a victim just went bankrupt due to treatment for a chronic mental illness the day before the suicide.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.12 Job problem: CME/LE_JobProblem**Definition:**

Job problem(s) appear to have contributed to the death

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code “Job” as “Yes” if at the time of the incident the victim was either experiencing a problem at work (such as tensions with a co-worker, poor performance reviews, increased pressure, feared layoff) or was having a problem with joblessness (e.g., recently laid off, having difficulty finding a job), and this appears to have contributed to the death.

- Simply being unemployed is not sufficient—there must be an indication that the victim was experiencing difficulty finding or keeping a job.
- Code “Yes” if the victim experienced a recent major job problem such as being fired from their job, being demoted or having a serious conflict with his/her boss.
- Code “No” if a person left his or her job as part of a suicide plan (e.g., “Victim left work four days ago and checked into a hotel; the body was found after co-workers contacted the victim’s family to try to locate him”).

Manner of Death: Suicide and undetermined deaths

5.7.13 Job problem was crisis: CME/LE_CrisisJob

Examples include the victim being fired from work two days before the suicide, being upset about being scheduled to lose unemployment benefits the day after the suicide, and being turned down for a job the day before the suicide.

Manner of Death: Suicide and undetermined deaths

Note: This variable was added in July, 2013.

5.7.14 Financial problem CME/LE: CME/LE_FinancialProblem

Definition:

Financial problems appear to have contributed to the death

Response Options:

- | | |
|---|----------------------------|
| 0 | No, Not Available, Unknown |
| 1 | Yes |

Discussion:

Code as “Yes” if at the time of the incident the victim was experiencing a problem such as bankruptcy, overwhelming debts, or foreclosure of a home or business, and this appears to have contributed to the death. Inclusion in the investigative reports is sufficient to code “Yes”.

Also code: “Eviction or loss of housing”, if applicable.

Manner of Death: Suicide and undetermined deaths

5.7.15 Financial problem was crisis: CME/LE_CrisisFinancial

Examples include the victim had a bankruptcy hearing a week after the date of their death, the victim had their car re-possessed the day before the suicide, and the victim was to be evicted from their house on the day of their death due to their inability to pay the mortgage (*Note: Also, should code 'eviction/foreclosure'*).

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.16 School problem: CME/LE_SchoolProblem

Definition:

Problems at or related to school appear to have contributed to the death

Response Options:

0 No, Not Available, Unknown

1 Yes

Discussion:

- Code as “Yes” if at the time of the incident the victim was experiencing a problem such as poor grades, difficulty with a teacher, bullying, social exclusion at school, school detention/suspension, or performance pressures, and this appears to have contributed to the death.
- Code “No” if the victim was only noted as having low grades, but no specific problem was cited (e.g., received a failing grade recently) or the victim was not described as being upset about the low grades.

Manner of Death: Suicide and undetermined deaths

5.7.17 School problem was crisis: CME/LE_CrisisSchool

Examples include the victim failing a test the day before the suicide, the victim having a suspension hearing scheduled the day after the suicide, and the victim was beat-up the week before and was afraid to go to school.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.18 Eviction or loss of housing: CME/LE_EvictionorLossofHousing

Definition:

A recent eviction or other loss of the victim’s housing, or the threat of it, appears to have contributed to

the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code as “Yes” if at the time of the incident the victim had recently been, was in the process of being evicted or foreclosed on, or was confronted with an eviction, foreclosure, or other loss of housing (e.g., kicked of house by a relative), and this appears to have contributed to the death. Inclusion in the investigative reports is sufficient to code “Yes”.

Also code: If the victim’s home was lost due to Disaster, consider coding “DisasterExposure”.

Manner of Death: Suicide and undetermined deaths

5.7.19 Eviction or loss of home was crisis: CME/LE_CrisisEviction

Examples includes the victim was to be evicted from their apartment the day after the suicide, a mother kicked her son out of the house due to his drug problem the day before the suicide and the victim received a final foreclosure notice two days before the suicide.

Note: This variable was added in July 2013.

Manner of Death: Suicide and undetermined deaths

5.7.20 Suicide of friend or family contributed to death: CME/LE_RecentSuicideFriendFamily

Definition:

Suicide of a family member or friend appears to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

There is no time limit for when the suicide of the family or friend occurred, except that it occurred during the victim’s lifetime and that it is noted to have contributed to the victim’s death. In the narrative, note the source of this information, the relationship to the family member or friend, and the time frame (e.g., last month).

- Code as “Yes” if at the time of the incident the victim was distraught over or reacting to a suicide of a friend or family member.
- Code “Yes” if the victim was distraught over an anniversary of the suicide.

Also code: Consider coding “Anniversary of traumatic event” if applicable.

Note: Before August 2013, abstractors only coded a suicide of friend or family member that occurred within five years of the decedent’s death. Beginning in August 2013, abstractors could code cases where the death occurred more than five years before the victim’s suicide as long as the deaths were perceived as contributing to the suicide.

Manner of Death: Suicide and undetermined deaths

5.7.21 Suicide of friend or family was crisis: CME/LE_CrisisRelatedSuicideFriendOrFamily

Examples include the victim being upset or distraught over a suicide of the friend or family member occurring within two weeks of his or her death.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.22 Other death of friend or family: CME/LE_DeathFriendOrFamilyOther

Definition:

Death of a family member or friend due to something other than suicide appears to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Code “Yes” if at the time of the incident the victim was distraught over, or reacting to a death of a friend or family member. The death could have been recent or many years ago.

- If a source document indicates that the victim’s suicide took place on the anniversary of the death of a friend or family member, code this variable “Yes”.
- If the death happened long before the incident, only endorse if the victim was very upset about the incident because of an anniversary or some other factor that made their feelings about the death stronger.

Also code: “Anniversary of traumatic event”, if applicable.

Note: Before August 2013, abstractors only coded a suicide of friend or family member that occurred within five years of the decedent’s death. Beginning in August 2013, abstractors could code cases where the death occurred more than five years before the victim’s suicide as long as the deaths were perceived as contributing to the suicide.

Manner of Death: Suicide and undetermined deaths

**5.7.23 Other death of friend or family was crisis:
CME/LE_CrisisRelatedDeathFriendorFamilyOther**

Examples include the victim being upset over the death of a parent who died four days before the suicide or the victim being distraught on the year anniversary of the death of their spouse (*Note*: Also code anniversary of traumatic event).

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.24 Anniversary of a traumatic event: CME/LE_TraumaticAnniversary

Definition:

Incident occurred on or near the anniversary of a traumatic event in the victim's life and was perceived as a contributing factor.

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

This variable identifies deaths that may be related to the anniversary of a traumatic experience in the victim's life, such as the death of a relative or friend. Other traumatic experiences include: sexual or physical victimization, community violence, mass shooting/killings, natural disasters, etc. •

- Code as "Yes" if the incident occurred on or near the date of a traumatic event in the victim's life, regardless of how far in the past the event was, as long as the incident was perceived as a contributing factor to the death. Indicate the nature of the event in the incident narrative.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.25 Disaster exposure: CME/LE_DisasterExposure

Definition:

Exposure to a disaster was perceived as a contributing factor in incident

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

The variable identifies the proportion of violent deaths that are a consequence of exposure to a natural or man-made disaster of any kind. In narrative, specify the type of disaster: nuclear accident, earthquake, bombings, hurricanes, floods, tornadoes, or wild fires.

- Example: A victim was distraught over losing their house to flooding which was uninsured. The suicide occurred a month after the flood.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.7.26 Disaster exposure was crisis: CME/LE_CrisisDisasterExposure

Examples includes the victim lost a relative in a tornado the day before the suicide, the victim found out their insurance would not cover damage to their business due to a forest fire the week before the suicide and the victim died a week after a nuclear accident where they received a heavy dose of radiation that caused numerous physical symptoms.

Note: This variable was added in August, 2013.

Manner of Death: Suicide and undetermined deaths

5.8 Manner Specific Circumstances for Unintentional Firearm deaths

This section relates to deaths resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim. Other types of unintentional deaths (e.g. accidental drug overdose) are not collected by NVDRS core modules.

5.8.1 Hunting: CME/LE_Hunting

Definition:

The shooter or victim was hunting or on a hunting trip.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- Include any incident that occurs after leaving home and before returning home from hunting.
- The shooting itself need not have been during an active hunt to be considered hunting-related. For example, a hunter who has finished hunting and accidentally shoots himself while loading his rifle in the truck for the return trip home is considered a hunting accident.
- If an injury occurs before or after the hunting trip (e.g., while cleaning a gun in preparation for a hunting trip), the incident should not be coded as hunting-related.

Manner of Death: Unintentional firearm

5.8.2 Target Shooting: CME/LE_TargetShooting

Definition:

The shooter was aiming for a target and unintentionally hit a person.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Target shooting can occur either in the setting of a formal shooting range or in an informal “backyard” setting (e.g., teenagers shooting at signposts on a fence accidentally hits a person).

Manner of Death: Unintentional firearm

5.8.3 Self-defensive shooting: CME/LE_SelfDefense

Definition:

Victim was attempting to defend him or herself with a gun and inadvertently shot him or herself.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Endorse only if the shooting was self-inflicted.

If the victim is shooting at law enforcement officers who are trying to arrest him/her when they accidentally shoot himself/herself, this circumstance be coded “No”. Please put this information in the narrative.

Manner of Death: Unintentional firearm

5.8.4 Celebratory firing: CME/LE_CelebratoryFiring

Definition:

The shooter was firing the gun in a celebratory manner with no intention of threatening or endangering others (e.g., revelers on New Year’s Eve shooting their guns in the air at midnight).

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Firing warning shots in the air (for example to break up a fight) should not be coded as celebratory if the shot unintentionally strikes a bystander, but should be coded as homicide for Type of Death (since the gun was used in a threatening manner to control others).

Manner of Death: Unintentional firearm

5.8.5 Loading or unloading gun: CME/LE_GunFiredLoadingUnloading

Definition:

Shooter was loading or unloading ammunition from the gun when it discharged.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

5.8.6 Cleaning gun, repair and assembling: CME/LE_GunCleaning

Definition:

The shooter pulled the trigger or the gun otherwise discharged (e.g., bumped gun while cleaning) while cleaning, repairing, or assembling/disassembling the gun.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

None

Note: Before August, 2013, this variable was only coded for deaths that occurred when the victim was cleaning the gun. After August, 2013, the variable was expanded to include unintentional deaths that occurred while the victim was also repairing or assembling/disassembling the gun.

Manner of Death: Unintentional firearm

5.8.7 Showing gun to others: CME/LE_GunShowing

Definition:

The shooter was showing the gun to another person when the gun discharged.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

5.8.8 Playing with gun: CME/LE_GunPlaying**Definition:**

Shooter was playing with gun when it discharged.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

- Other phrases that would trigger coding this context include “horsing around” and “fooling around.”
- This variable is not limited to children. For example, this could include suicide play (i.e., an adult pointing a gun believed to be unloaded at her and pulling the trigger).

Manner of Death: Unintentional firearm

5.8.9 Other context of injury: CME/LE_OtherContextInjury**Definition:**

The shooting occurred during some context other than those described by the existing codes.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

Always describe the other context of injury in the narrative.

Manner of Death: Unintentional firearm

5.8.10 Thought safety was engaged: CME/LE_GunThoughtSafetyEngaged**Definition:**

Shooter thought the safety was on and the firearm would not discharge.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

**5.8.11 Thought gun was unloaded, magazine disengaged:
CME/LE_GunThoughtUnloadedMagazineDisengaged**

Definition:

Shooter thought the gun was unloaded because the magazine was disengaged.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- This circumstance would not apply to revolvers, derringers, or certain long guns that do not use a magazine.
- Frequently when the magazine is removed from a semi-automatic pistol, the gun handler believes it is unloaded when in fact a cartridge may remain in the firing chamber.

Manner of Death: Unintentional firearm

5.8.12 Thought gun was unloaded, other: CME/LE_GunThoughtUnloadedOther

Definition:

Shooter thought the gun was unloaded for a reason other than the magazine being disengaged, or for an unspecified reason

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

5.8.13 Unintentionally pulled trigger: CME/LE_GunUnintentionallyPulledTrigger

Definition:

Shooter unintentionally pulled the trigger

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

5.8.14 Bullet ricochet: CME/LE_BulletRicochet**Definition:**

Bullet ricocheted off course from its intended target and struck the victim.

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

None

Manner of Death: Unintentional firearm

5.8.15 Gun defect or malfunction: CME/LE_GunDefectMalfunction**Definition:**

Firearm discharged due to some defect or mechanical malfunction

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

Code as “Yes” if the shooting resulted from a gun defect or malfunction. Because it is difficult for a non-expert to judge whether a shooting resulted from operator error vs. a true defect or malfunction, this code should be based on a finding by a trained firearm and tool-mark examiner.

Manner of Death: Unintentional firearm

5.8.16 Fired while holstering/unholstering : CME/LE_GunFiredHolstering

Definition:

Firearm discharged while it was being placed in or removed from its holster or clothing

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- Code as “Yes” if the gun was being placed in or removed from its holster or clothing when it discharged.
- Do not code if the gun discharged after falling out of a holster accidentally (code “Dropped gun” instead).

Manner of Death: Unintentional firearm

5.8.17 Dropped gun: CME/LE_GunDropped

Definition:

Gun was dropped and unintentionally discharged upon impact.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- This code applies to situations in which the impact of the crash causes the gun to discharge.
- It does not apply to situations in which a gun starts to fall and is fired when the handler grabs for it and unintentionally pulls the trigger. That situation should be coded as “Unintentionally pulled trigger”.

Manner of Death: Unintentional firearm

5.8.18 Fired while operating safety/lock: CME/LE_GunFiredOperatingSafetyLock

Definition:

Gun unintentionally discharged while the gun handler was attempting to open or close the lock.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable will be important in detecting any unintended injuries that result from using safety equipment.

Also code: “Unintentionally pulled trigger” because the fatal injury occurred due to pulling the trigger.

Manner of Death: Unintentional firearm

5.8.19 Gun mistaken for toy: CME/LE_GunThoughtToy

Definition:

Gun was mistaken for a toy and discharged during handling/play

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

- Code as “Yes” if a person (usually a child) thought the gun was a toy and was firing it without understanding the danger.
- This code applies to the shooter’s understanding of the gun that he or she was handling.
- It does not apply to situations in which a person kills another person because they thought the victim was aiming a gun (in reality, a toy) at them. These situations would be coded as homicides.

Manner of Death: Unintentional firearm

5.8.20 Other mechanism of injury: CME/LE_OtherMechanismInjury

Definition:

The shooting occurred as the result of a mechanism not already described by one of the existing codes.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Always describe the mechanism in the narrative.

Manner of Death: Unintentional firearm

5.9 Other Circumstances: All Manners

5.9.1 Crisis in past two weeks or upcoming two weeks (legacy data element): CME/LE_CrisisRecent

Definition:

Victim experienced a crisis within two weeks of the incident, or a crisis was imminent within two weeks of the incident that was not associated with another circumstance variable.

Response Options:

Text

Discussion:

This variable captures crises not associated with a circumstance. Before August 2013, this variable captures all crises because previously the crises were not associated with specific circumstances.

Consistent with previous coding manual versions, a “Crisis” is a current/acute event (within 2 weeks of death) that is indicated in one of the source reports to have contributed to the death. Inclusion in the source document and indication that the event occurred within two weeks of the death is sufficient to code a circumstance a crises. Direct language that the event caused or contributed to the death is not required to code “Yes”.

The following guidance will assist in identifying crises:

- A crisis can precede the death (e.g., had a bad argument the day before the incident, divorce papers served that day, or victim laid off the week before) or be an impending event (e.g., house was to be foreclosed on the day after the incident or court date for a criminal offense three days after the suicide). Crisis should be interpreted from the eyes of the victim. This is particularly relevant for young victims whose crises, such as a bad grade or a dispute with parents over a curfew, may appear to others as relatively minor.
- An actual time period for the crisis may not be mentioned in the records, so use language as a clue.
 - “Decedent was experiencing financial difficulties after losing his job” would not trigger coding a recent crisis because the timeframe is unclear
 - “Decedent had just received a pink slip at work” would be coded because the word “just” indicates that the crisis occurred right before the death, or within two weeks.
- Ongoing/chronic problems should not be coded as crises unless there was an acute change in the status (change in prognosis of chronic illness). Coding a case as being related to a crisis does not mean that there aren’t also chronic conditions that have contributed to the victim’s death.
- A homicide followed by a suicide should always be coded as “Yes” for “Crisis” for the suicide victim unless the two deaths were both clearly consensual and planned in advance (i.e., a double suicide).

Manner of Death: All Manners

Note: Before August 2013, this variable was checked for all crises because crises were not explicitly linked with circumstance. After August 2013, crises were linked with specific circumstances and this variable was only checked when a crisis did not correspond with a circumstance.

5.9.2 Other circumstance: CME/LE_CircumstancesOtherText**Definition:**

Other specified problems contributed to the death

Response Options:

Text

Discussion:

Should only be used if a noted contributory circumstance is not already covered by existing variables in the reporting system.

- Be sure to describe the circumstance in the text field provided and in the narrative.
- Please indicate if the other circumstance is a crisis.

Manner of Death: All Manners

SECTION 6: WEAPON VARIABLES

The concept of a weapon in NVDRS combines the concepts of objects used to injure and actions that lead to injury. Weapons can therefore range from instruments commonly thought of as weapons, such as a gun or bayonet, to actions such as setting fires, pushing someone over a cliff, or shaking (as in shaken baby syndrome). Only the weapon(s) that caused the death should be entered. When there are multiple weapons in an incident and the fatal weapon can be determined, only enter the weapon that caused the fatal injury. If a weapon caused a non-fatal injury, do not enter the weapon. For example, if a victim was shot in the head and stabbed in the foot, and the foot wound was known to be non-fatal, enter only the firearm. For the vast majority of deaths, only one weapon should be entered.

General guidance on coding weapons is provided below:

- If the weapon that caused the fatal injury cannot be determined, then enter all of the weapons that contributed to the death of the victim. For example, if a victim was shot in the chest and also stabbed in the chest, and it cannot be determined which wound was fatal (if not both); enter a firearm and a sharp instrument as separate weapons.
- Legal intervention deaths represent a unique situation. How to code these incidents is described below. Sometimes an individual officer with a single firearm can be identified as firing the fatal shot. For those situations, one weapon (firearm) should be entered.
 - For situations where multiple officers fired and hit the victim, and the number of officers is specified, enter the number of weapons equal to the number of firearms causing injury. For example, for a report listing two officers known to have struck the victim, load two firearms. Do not count firearms associated with officers at the scene who did not fire their weapons. For example, if six officers were on scene but only two fired their weapons causing injury, load only two firearms.
 - If a report indicates multiple officers fired at the victim, but it is not known how many officers or how many firearms were involved, load only one firearm.
- Coding deaths involving firearms
 - Details are collected on individual firearms, such as make, model, caliber, and gauge. If a victim was fatally injured by multiple firearms, and it is not possible to identify a single firearm as being responsible for the victim's death, enter information all of the firearms.
 - If a gun is not recovered, but the victim died of a gunshot wound, code the number of weapons as "1". Guns on the scene that were not used to shoot the victim (e.g., a gun on the person of the victim), are not counted as weapons in the incident.
- For poisonings, NVDRS tracks information on individual poisonous substances in the toxicology section, including the poison that killed the victim, while tracking the weapon type on the weapons screen.
 - For an incident where a single poison killed the victim, record the weapon type as "Poisoning" and identify the substance that killed the victim in the toxicology section by checking the "Cause of Death" box next to the substance on the toxicology screen. If multiple poisons resulted in the death of the victim, please record the weapon type as "Poisoning" and identify the substances suspected of killing the victim in the toxicology section by checking the "Cause of Death" box next to each substance that killed the victim. If it is unknown which poison killed the victim, do not check any of the "Cause of Death" boxes.
 - Poisons or drugs on the scene that were not ingested by the victim and not found in

toxicology should not be entered.

- Weapon types that are not firearms or poisons
 - For all other weapon types involved in a violent death, list the weapon only once per incident. For example, if multiple sharp objects or knives are used to kill one or more persons in an incident, enter only one weapon to represent all these sharp objects. If multiple knives and multiple blunt objects are used, one “sharp instrument” and one “blunt instrument” weapon should be entered.
 - If a knife is not recovered, but the victim died from wounds inflicted by a sharp object, code the number of weapons as 1.

NOTE: Before August, 2013, the number of weapons was limited to three. As of August, 2013, there is no longer a limit of three weapons. Enter data for as many weapons as were involved in inflicting fatal injuries.

6.1 Weapon Type: Weapontype

Definition:

Type of weapon or means used to inflict the fatal injury

Response Options:

- 1 Firearm
- 5 Non-powder gun
- 6 Sharp instrument
- 7 Blunt instrument
- 8 Poisoning
- 9 Hanging, strangulation, suffocation
- 10 Personal weapons
- 11 Fall
- 12 Explosive
- 13 Drowning
- 14 Fire or burns
- 15 Shaking, (e.g., shaken baby syndrome)
- 16 Motor Vehicle, including buses, motorcycles
- 17 Other transport vehicle, (e.g., trains, planes, boats)
- 18 Intentional neglect, (e.g., starving a baby or oneself)
- 19 Biological weapons
- 66 Other (e.g., Taser, electrocution, nail gun, exposure to environment/weather)
- 99 Unknown

Discussion:

Weapon type reports the broad category of weapon(s) used to inflict the fatal injury. Only code more than one weapon when multiple weapons were known to have inflicted fatal injuries. Otherwise, if it is possible to determine, code only the primary weapon that resulted in death. When faced with choosing multiple possible weapon types, enter first the weapon that **exerted the most force** to the body or deprived it of essentials such as oxygen.

- “Sharp instrument” refers not only to knives, but also to razors, machetes, or pointed instruments (e.g., chisel, broken glass, bow and arrow).

- “Blunt instrument” refers to clubs, bats, rocks, etc. or a general statement of “blunt force trauma.” If a victim is killed by the weight of a heavy object or objects, rather than by the force of impact, code “other weapon” rather than “blunt instrument.”
 - Carbon monoxide poisoning should be coded as a poisoning. For deaths where carbon monoxide due to a fire was also contributory, code “Carbon monoxide poisoning” as a secondary weapon and “Fire or burns” as the primary weapon. **Also code:** “carbon monoxide source”.
 - Deaths involving asphyxiant (non-toxic) gases should be coded as suffocation. Asphyxiant gases are not normally harmful in the breathing air but become hazardous when elevated concentrations of these gases displace the normal oxygen concentration, occurring in either confined spaces (e.g. refrigerator) or direct, exclusive administration (e.g. inhaling contents of balloon filled with helium). Some common examples of asphyxiant gases are helium, nitrogen, argon, butane, propane.
 - “Personal weapons” include fists, feet, and hands in actions such as punching, kicking or hitting. If the victim is manually strangled, code “Hanging, strangulation, suffocation” instead of “Personal weapon”.
 - “Fall” covers both being pushed (as in a homicide) or jumping (as in a suicide). Generally, if a person is at standing height, is pushed by another, and falls backward hitting his head, code weapon as “Personal weapons” due to the push. If a person is higher than standing height, as in a two-story balcony or on a roof, code weapon as “Fall”.
 - For fires that cause deaths by burns or carbon monoxide poisoning, code “Fire or burns”.
 - If a victim is noted to have died by an external force (e.g., hanging, gunshot wound, stab wound, etc.), but also was noted to have a lethal level of alcohol or drugs in his or her system, code the weapon of external force and not the poisoning.
-

6.2 Other Weapon Information: WeaponOther

Definition:

Please put additional descriptive information about the weapon in this text box. If the weapon type is checked as “Other”, please describe the weapon here.

Response Options:

Text

Discussion:

- If the weapon type was classified as “Other”, please use this text box to describe the weapon. A weapon type should only be classified as “Other” after it has been determined that the weapon type does not match any of the standard categories.
 - Additional descriptive information about any type of weapon can also be placed in this field. For instance, modifications to firearms or a description of a sharp weapon can be entered.
-

6.3 Firearm Variables

The following nine variables will only be completed when the weapon type is “firearm”. These variables will not display for all other weapon types.

6.3.1 Firearm type: FirearmType

Definition:

Specific type of firearm used to inflict injury

Response Options:

- 1 Submachine Gun
- 2 Handgun, Unknown Type
- 3 Handgun, Pistol- Bolt Action
- 4 Handgun, Pistol- Derringer
- 5 Handgun, Pistol- Single Shot
- 6 Handgun, Pistol- Semi-automatic
- 7 Handgun, Revolver
- 8 Rifle, Unknown Type
- 9 Rifle, Automatic
- 10 Rifle, Bolt Action
- 11 Rifle, Lever Action
- 12 Rifle, Pump Action
- 13 Rifle, Semi-automatic
- 14 Rifle, Single Shot
- 15 Rifle-Shotgun Combination
- 16 Shotgun, Unknown Type
- 17 Shotgun, Automatic
- 18 Shotgun, Bolt Action
- 19 Shotgun, Double Barrel (Over/Under, Side by Side)
- 20 Shotgun, Pump Action
- 21 Shotgun, Semi-automatic
- 22 Shotgun, Single Shot
- 23 Long gun, Unknown type
- 66 Other (e.g., handmade gun)
- 99 Unknown

6.3.2 Firearm caliber: FirearmCaliber

6.3.3 Firearm gauge: FirearmGauge

Definitions:

- **Firearm Caliber:** Caliber of the firearm used to inflict the injury
- **Firearm Gauge:** Gauge of firearm used to inflict the injury

Response Options:

Caliber:			
556	5.56 mm	308	.308 in
6	6 mm	32	.32 in
635	6.35 mm	338	.338 in
65	6.5 mm	35	.35 in
7	7 mm	351	.351 in
735	7.35 mm	357	.357 in
75	7.5 mm	36	.36 in

762	7.62 mm	375	.375 in
763	7.63 mm	38	.38 in
765	7.65 mm	380	.380 in
8	8 mm	40	.40 in
9	9 mm	401	.401 in
10	10 mm	405	.405 in
11	11 mm	41	.41 in
17	.17 in	44	.44 in
22	.22 in	444	.444 in
221	.221 in	455	.455 in
222	.222 in	458	.458 in
223	.223 in	460	.460 in
243	.243 in	50	.50 in
25	.25 in	54	.54 in
250	.250 in	58	.58 in
256	.256 in	60	.60 in
257	.257 in	1000	Undetermined whether .38 or .357
264	.264 in	1001	Small, unspecified (<=32)
270	.270 in	1002	Medium, unspecified (>32, <10mm/.40)
280	.280 in	1003	Large, unspecified (>=10mm/.40)
284	.284 in	6666	Other
30	.30 in (including 30-06)	8888	Not applicable (shotgun or unknown gun type)
300	.300 in	9999	Unknown
303	.303 in		

Discussion:

These variables are designed to capture the caliber/gauge or estimated caliber/gauge of the firearm used in the fatal event.

- Firearms have a caliber or a gauge, but not both. Caliber is used with handguns and rifles. Gauge is used with shotguns.
- The codes correspond to calibers, measured in fractions of an inch or in millimeters, or gauges in the case of shotguns.
- Recovered cartridge casings, the firearm itself, and the bullet are sources for indicating or estimating the firearm caliber.
- Some firearms will fire more than one type of cartridge. For example, firearms designed to fire the .357 Magnum will also fire .38 (Smith & Wesson) Special cartridges.
- Unless a cartridge casing is recovered, it may be impossible to tell which cartridge type was involved in the incident. Consequently, this field should be coded from cartridge casings when they are available, from the markings stamped onto the firearm when cartridge casings are not recovered, and from recovered bullets when neither a casing nor a firearm is recovered.
- A special code (1000) has been created for cases when a bullet has been recovered and the absence of a cartridge or firearm makes it impossible to determine the difference between a .38 and a .357.

The “caliber” of a rifle or handgun is the diameter of the bore before the rifling grooves were cut.

- Caliber may also be given in terms of bullet, land, or groove diameter.
- In some cases, the caliber specification associated with particular cartridge types is neither accurate nor consistent. For example, the caliber of the .38 Special cartridge is actually .357, not .38 as the

cartridge type suggests.

The term “gauge” is used to describe the size of the bore of a shotgun.

- The term refers to the number of lead balls of the given bore diameter that make up a pound. In a 12-gauge, for example, it takes 12 bore-diameter lead balls to make up a pound.
- The most common exception to this nomenclature is the .410, which has a bore diameter of 0.410 inches.

6.3.4 Firearm make or NCIC code: FirearmMake

6.3.5 Other Firearm make text: FirearmMakeText

Definitions:

- **Firearm make or NCIC code:** Manufacturer of the firearm used to inflict the injury (e.g., Colt, Glock, Remington, Sig-Sauer)
- **Other Firearm make text:** Text field to indicate manufacturer of the firearm if “Make” is coded as “Other”

Response Options:

- **Firearm make or NCIC code:** Make from system

666 Other make of firearm

888 Not applicable

999 Unknown

- **Other Firearm Make:** Text

Discussion:

These data elements use a 3-character manufacturer code developed by the National Crime Information Center (NCIC) of the Federal Bureau of Investigation. A code list covering make and model is supplied in a separate document in the software’s Help utility. The NVDRS software includes a list for the NCIC make codes.

- If a manufacturer does not appear in the code list, please mark “Other make of firearm” and enter the manufacturer in “MakeText”.
- Use “Unknown” when make is unknown.

6.3.6 Firearm model: FirearmModel

6.3.7 Other Firearm model text: FirearmModelText

Definitions:

- **Firearm Model:** Model of the firearm that was used to inflict the injury (e.g., 1911, 17, 870 Express Magnum, P226)
- **Other Firearm Model Text:** Text field to indicate model of the firearm if Model was coded as “Other”

Response Options:

- **Firearm Model**

Text

- **Other model of firearm**
 “Not applicable”
 “Unknown”
- **Other Firearm Model:**
 Text

Discussion:

These data elements are coded using a list of models (sorted by manufacturer). A combination of make and model must be used to uniquely identify the firearm type, as some models are made by more than one manufacturer.

- If a specific model is not known, choose “Unknown”.
- If a model does not appear in the code list, please mark “Other model of firearm” and enter the model in “ModelText”. When completing “ModelText”, capitalize all text, avoid using dashes and decimals, and omit spaces.
- Completely spell out the model name; do not use abbreviations.

6.3.8 Gun stored loaded: GunLoaded

6.3.9 Gun stored locked: GunStoredLocked

Definition:

- **Gun stored loaded:** Was the firearm used in the violent death stored loaded
- **Gun stored locked:** Was the firearm used in the violent death stored locked

Response Options:

- **Gun stored loaded**

- 0 Stored Unloaded
- 1 Stored Loaded
- 6 Other (specify in gun access narrative)
- 8 Not applicable
- 9 Unknown

- **Gun stored locked**

- 0 Not locked
- 1 Locked (stored with trigger lock on or in locked enclosure like closet)
- 6 Other (specify in youth access narrative)
- 8 Not applicable
- 9 Unknown

Discussion:

The variables are to be completed when firearms were used by a victim or suspect to inflict the fatal injury in suicides, homicides, and undetermined deaths. Although this information may not be known for a substantial percent of homicides and some suicides, this information is useful to collect in violent deaths; especially those involving youth (e.g., 17 years of age or younger) and suicides or homicides where a gun was accessed quickly by the victim/suspect right before the incident.

- In the narrative, include a brief summary of where and from whom the firearm was obtained and whether the youth had authorized access to the firearm.

Note: Before August, 2013, this variable primarily collected information on youth victims and suspects and was optional to collect on adult violent deaths involving a firearm. After August, 2013, this information is collected on all firearm deaths where data is available.

6.4 Gun access narrative: YouthGunAccessNarrative

Definition:

The narrative provides details about how the victim or suspect got access to the firearm used to inflict the injury.

Response Options:

Text

Discussion:

Complete this variable when firearms were used by a victim or suspect to inflict the fatal injury in suicides, homicides and undetermined deaths. The narrative should include a brief summary of where and from whom the firearm was obtained. For incidents involving youth include whether or not the youth had authorized access to the firearm. Although this information may not be known for a substantial percent of homicides and some suicides, this information is especially useful to collect in violent deaths involving youth (e.g., 17 years of age or younger) and suicides or homicides where a gun is accessed quickly by the victim/suspect right before the incident.

Note: Before August, 2013, this variable primarily collected information on youth victims and suspects and was optional to collect on adult violent deaths involving a firearm. After August, 2013, this information is collected on all firearm deaths where data is available.

6.4.1 Gun owner: GunOwner

Definition:

Owner of the firearm used to inflict the fatal injury

Response Options:

- 1 Shooter
- 2 Parent of shooter
- 3 Other family member of shooter
- 6 Friend/acquaintance of shooter
- 7 Stranger to shooter
- 66 Other (specify in gun access narrative)
- 99 Unknown

Discussion:

Complete this variable when firearms were used by a victim or suspect to inflict the fatal injury in suicides, homicides and undetermined deaths. This variable can be used to better understand how victims and suspects gain access to the firearms they use to injure themselves or others.

Note: Before August, 2013, this variable primarily collected information on youth victims and suspects and was optional to collect on adult violent deaths involving a firearm. After August, 2013, this information is collected on all firearm deaths where data is available.

6.4.2 Firearm stolen: FirearmStolen

Definition:

Firearm listed or reported as stolen

Response Options:

- 0 No
- 1 Yes
- 8 Not applicable
- 9 Unknown

Discussion:

Complete this variable when firearms were used by a victim or suspect to inflict the fatal injury in suicides, homicides and undetermined deaths. Code as “Yes” if the gun was formally reported as stolen in ATF trace results, law enforcement records, or if law enforcement or CME learned that the gun had been stolen during the course of the death investigation.

- If a household member takes a gun from another household member and uses it without his or her permission, do not code that gun as stolen unless the owner had reported the gun as stolen to law enforcement.

SECTION 7: SUSPECT VARIABLES

A suspect is defined as a person believed to have committed a crime and who is, therefore, being investigated by the police.

- There are no suspects for isolated suicides and self-inflicted unintentional firearm deaths.
- For homicides, include as suspects people who are listed by the law enforcement or the CME as suspects.
- For unintentional firearm deaths that are not self-inflicted, include the person who fired the weapon as a suspect and anyone else listed by the law enforcement as a suspect.
- A person does not have to be arrested or identified to be listed as a suspect. As long as the number of persons involved in the death is known, (e.g., law enforcement report that the victim was stabbed by two men), list each as a suspect, even if nothing further is known about him.
- If there is no information at all about suspects in the source documents, however, do not include any suspects in the incident.

Note: Before August 2013, a victim could only be associated with three suspects. After August, 2013, a victim can be associated with any number of suspects. The program automatically links a victim to associated suspects and each suspect will be assigned its own row in the suspects table.

7.1 Suspect age in years: AgeYears

Definition:

Age of the suspect at the time of the incident in years.

Response Options:

Age Years: 1 to 125
999 Unknown

Discussion:

Unlike age of victim, age for suspects should be reported in years because very young children are very unlikely to be suspects.

- If age is not provided, code as “999” for unknown.
 - Sometimes the suspect’ age will be reported as a range
 - If age is provided within a five-year age range or less, choose the midpoint of the range; round to the lower year if the midpoint calculation results in a half year. For example, a suspect reported to be 20 to 25 years of age would be entered as 22.
 - If an age range of greater than 5 years is provided, enter the age as unknown. For instance, a suspect whose reported age was between 20 and 30 would be entered as 999
-

7.2 Suspect sex: Sex

Definition:

Sex of the suspect is the person’s biological sex.

Response Options:

- 1 Male
- 2 Female
- 9 Unknown

Discussion:

None

7.3 Victim to Suspect relation 1: VictimSuspectRelationship1

Definitions:

Description of the primary relationship of the victim to the suspect

Response Options:

- 1 Spouse
- 2 Ex-spouse
- 3 Girlfriend or boyfriend
- 7 Ex-girlfriend or ex-boyfriend
- 8 Girlfriend or boyfriend, unspecified whether current or ex
- 10 Parent
- 11 Child
- 12 Sibling
- 13 Grandchild
- 14 Grandparent
- 15 In-law
- 16 Stepparent
- 17 Stepchild
- 18 Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend)
- 19 Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend)
- 20 Foster child
- 21 Foster parent
- 29 Other family member (e.g., cousin, uncle, etc.)
- 30 Babysitter (e.g., child killed by babysitter)
- 31 Acquaintance
- 32 Friend
- 33 Roommate (not intimate partner)
- 34 Schoolmate
- 35 Current/former work relationship (e.g., co-worker, employee, employer)
- 36 Rival gang member
- 44 Other person, known to victim
- 45 Stranger
- 50 Victim was injured by law enforcement officer
- 51 Victim was law enforcement officer injured in the line of duty
- 99 Relationship unknown

Discussion:

These variables will be assigned by the abstractor for each suspect for a given victim.

- Use the following sentence as a guide for selecting the appropriate description of the relationship: **“The victim is the _____ of the suspect”**. For example, when a parent kills a child, the relationship is “Child” not “Parent.” (“The victim is the child of the suspect.”)
 - Prioritization in coding:
 - 1) intimate partner relationships (spouses, girlfriend/boyfriend, ex-partners) or law enforcement
 - 2) other family relationships
 - 3) rival gang member
 - 4) any other relationship
 - 5) strangers
 - Gay and lesbian relationships should be coded in the same way as heterosexual relationships (e.g., “Girlfriend” or “Boyfriend”). The nature of the relationship will be indicated by the sex of the victim and suspect.
 - A “babysitter” includes child care providers such as nannies or relatives of a child other than a parent or guardian.
 - An “acquaintance” is someone with or about whom the victim has had some prior interaction or knowledge.
 - A “stranger” is someone with whom the victim has had no prior interaction before the event that culminated in the violent injury.
 - Where there is more than one offender working together in an incident (as in a drive-by shooter and his or her driver), code the victim’s relationship to each offender individually (e.g., the victim may have known one suspect, but not known two other suspects).
 - If it is unknown whether the victim and suspect were strangers or not, code as “99” unknown.
 - If the victim and suspect knew each other, but the exact nature of their relationship is unclear, code as “44” other person known to victim.
-

7.4 Victim to Suspect relation 2: VictimSuspectRelationship2**Definitions:**

Description of the secondary relationship of the victim to the suspect

Response Options:

- 1 Spouse
- 2 Ex-spouse
- 3 Girlfriend or boyfriend
- 7 Ex-girlfriend or ex-boyfriend
- 8 Girlfriend or boyfriend, unspecified whether current or ex
- 10 Parent
- 11 Child
- 12 Sibling
- 13 Grandchild
- 14 Grandparent
- 15 In-law
- 16 Stepparent

- 17 Stepchild
- 18 Child of suspect's boyfriend/girlfriend (e.g., child killed by mom's boyfriend)
- 19 Intimate partner of suspect's parent (e.g., teenager kills his mother's boyfriend)
- 20 Foster child
- 21 Foster parent
- 29 Other family member (e.g., cousin, uncle, etc.)
- 30 Babysitter (e.g., child killed by babysitter)
- 31 Acquaintance
- 32 Friend
- 33 Roommate (not intimate partner)
- 34 Schoolmate
- 35 Current/former work relationship (e.g., co-worker, employee, employer)
- 36 Rival gang member
- 44 Other person, known to victim
- 45 Stranger
- 50 Victim was injured by law enforcement officer
- 51 Victim was law enforcement officer injured in the line of duty
- 88 All relevant information about relationship is already provided in Relation 1 (entered in the Relationship 2 field)
- 99 Relationship unknown

Discussion:

If the victim has two or more relationships with the suspect (e.g., co-workers and intimate partner), this variable should be completed.

- Use the following sentence as a guide for selecting the appropriate description of the relationship: **"The victim is the _____ of the suspect"**. For example, when a parent kills a child, the relationship is "Child" not "Parent." ("The victim is the child of the suspect.")
- Prioritization in coding:
 - 1) intimate partner relationships (spouses, girlfriend/boyfriend, ex-partners) or law enforcement
 - 2) other family relationships
 - 3) rival gang member
 - 4) any other relationship
 - 5) strangers
- Gay and lesbian relationships should be coded in the same way as heterosexual relationships (e.g., "Girlfriend" or "Boyfriend"). The nature of the relationship will be indicated by the sex of the victim and suspect.
- A "babysitter" includes child care providers such as nannies or relatives of a child other than a parent or guardian.
- An "acquaintance" is someone with or about whom the victim has had some prior interaction or knowledge.
- A "stranger" is someone with whom the victim has had no prior interaction before the event that culminated in the violent injury.
- Where there is more than one offender working together in an incident (as in a drive-by shooter and his or her driver), code the victim's relationship to each offender individually (e.g., the victim may have known one suspect, but not known two other suspects).
- If it is unknown whether the victim and suspect were strangers or not, code as "99" unknown.

- If the victim and suspect knew each other, but the exact nature of their relationship is unclear, code as “44” other person known to victim.
 - If all relevant information regarding the relationship is captured in “Relation 1”, then code “Relation 2” as 88 for: “All relevant information about relationship is already provided in Relation 1.”
-

7.5 History of abuse of victim by this suspect: AbuseHistory

Definitions:

History of abuse of victim by this suspect

Response Options:

Checkbox

Discussion:

For each victim-suspect pair in which (1) the offender was a caretaker of the victim including children taking care of their parents or (2) the offender was a current or ex-intimate partner, indicate whether the data sources document a history (or suspected history) of abuse of this victim by the suspect.

- The evidence of ongoing abuse may be suspected but not confirmed.
- Abuse can be physical, psychological, sexual or others as long as the source document refers to ‘abuse’.

Other Codes: If the suspect was a caretaker and abuse/neglect is ongoing, consider coding “Abuse/neglect led to death”. If the abuse involved child maltreatment consider coding “History of abuse or neglect as a child”

7.6 This suspect was caregiver for the victim: CareGiver

Definition:

Suspect was a caregiver for this victim

Response Options:

0 No, Not Collected, Not Available, Unknown

1 Yes

Discussion:

After indicating the relationship for each victim-suspect pair, determine whether the offender was a caregiver for the victim. Caretaker includes children taking care of their parents.

Other Codes: Consider coding “Abuse/neglect led to death” if the abuse caused the victim’s death or “History of abuse or neglect as a child” if the abuse involved child maltreatment.

7.7 Suspect attempted suicide after incident: AttemptedSuicide

Definition:

Suspect attempted suicide (fatally or non-fatally) after the death of the victim

Response Options:

0 No, Not Collected, Not Available, Unknown
1 Yes

Discussion:

This variable is suspect specific.

- Code as “Yes” if a suspect attempted suicide after the death of the victim during the incident, whether the attempt was fatal or non-fatal.
- Refer to the Violent Death Incident section of this document for guidance on whether a suicide involving the suspect is to be considered as part of the same NVDRS incident as the homicide.

7.8 Suspect is also a victim in the incident: SuspectAlsoVictim

Definition:

This indicates that the suspect for this victim also is a victim in the incident (e.g., a suspect/victim).

Response Options:

Checkbox

Discussion:

In incidents involving a victim/suspect, this variable can help link the suspect and victim information.

Note: This variable was added in August, 2013.

7.9 Suspect Mentally Ill: SuspectMentallyIll

Definition:

The suspect’s attack on the victim is believed to be the direct result of a mental illness

Response Options:

Checkbox

Discussion:

Code as “Yes” if the suspect’s attack on the victim is believed to be the direct result of the suspect’s mental illness. A suspect that is undergoing psychiatric care or has been ordered to receive a psychological evaluation by a court may be considered “mentally ill” for purposes of this variable.

This circumstance may only be endorsed for homicide victims. Victims of suicide do not have “suspects” in NVDRS, so this circumstance will never be endorsed for a suicide victim. Mental health problems,

diagnoses and treatment of suicide victims are captured by other variables.

7.10 Suspect Race Variables

7.10.1 Suspect White: RaceWhite

7.10.2 Suspect Black or African American: RaceBlack

7.10.3 Suspect Asian: RaceAsian

7.10.4 Suspect Native Hawaiian or other Pacific Islander: RacePacificIslander

7.10.5 Suspect American Indian or Alaska Native: RaceAmericanIndian

7.10.6 Suspect Unspecified race: RaceUnspecified

Definitions: Race[‡]

- **White:** Person with origins among any of the original peoples of Europe, North Africa, or the Middle East
- **Black or African American:** Person with origins among any of the black racial groups of Africa
- **Asian:** Person with origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- **Native Hawaiian or other Pacific Islander:** Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians)
- **American Indian or Alaska Native:** Person with origins among any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives)
- **Unspecified:** If a person's ethnicity is provided in place of their race, e.g., race is given as "Hispanic", and no other valid race value is given, mark their race as "unspecified"

Response Options:

Checkbox

Discussion:

For multi-racial decedents, please check each race identified in source documents (e.g., if the decedent is identified as "white" and "Asian", please check "white" and "Asian"). If source documents indicate "Mulatto," check both "white" and "black". If "Asian/Pacific Islander" is indicated, check both "Asian" and "PacificIslander". These standards were used by the U.S. Census Bureau in the 2000 decennial census.

[‡]NVDRS follows HHS and OMB standards for race/ethnicity categorization. HHS guidance on race/ethnicity is available from: <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

7.11 Suspect Hispanic/Latino/Spanish: Ethnicity

Definition:

Ethnicity[‡] of the suspect of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Response Options:

0 Not Hispanic or Latino

1 Hispanic or Latino

9 Unknown

Discussion:

None

‡NVDRS follows HHS and OMB standards for race/ethnicity categorization. HHS guidance on race/ethnicity is available from: <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

SECTION 8: TOXICOLOGY VARIABLES

Toxicology information is important to collect in order to understand the role of alcohol, illegal drugs, and prescription drugs in violent deaths.

8.1 Instructions for Entering Toxicology Information

In the Toxicology Findings section:

- For each substance that tested positive, enter the matching substance name, that it was tested, and that the results were present. Also, enter whether or not the substance caused the death and the person the substance was prescribed for.
- (Optional Step) Enter the names of substances with negative results.
- Review your entries and hit “Save”. This will auto-populate the Toxicology Summary section. If you edit the Toxicology Findings section after you first “Save”, it will no longer auto-populate and you will need to manually verify the changes to the Toxicology Summary.

In the Toxicology Summary section:

- Enter responses to tested and results fields for all of the summary categories (e.g., alcohol, carbon monoxide, amphetamines, anticonvulsants, antidepressants, antipsychotics, barbiturates, benzodiazepines, cocaine, marijuana, muscle relaxants, and opiates) that were not completed with the auto fill.
 - Enter Blood Alcohol Content and Source of Carbon Monoxide, if applicable.
-

8.2 No toxicology report: No Toxicology Available

Definition:

A toxicology report was not available.

Response Options:

Checkbox

Discussion:

Checking this variable will prevent you from being able to enter any toxicology information. This variable is exported to the victim’s file and not the toxicology file.

8.3 Date specimens were collected: SpecimensDate

Definition:

Date that body specimens were collected.

Response Options:

Date (format: MM/DD/YYYY)

06/99/2007 for June 2007 with the day unknown

99/99/2007 for 2007 with the month and day unknown
88/88/8888 Not applicable (no specimens collected)
99/99/9999 Unknown (Use '99' for unknown day/month and '9999' unknown year).

Discussion:

Date and time of collection of body specimens, in conjunction with date and time of death and injury, can be used to assess the validity of alcohol and drug testing results and the possible contribution of drugs or alcohol to the injury. For example, blood specimens drawn long after death will not accurately reflect intoxication level at the time of death. The date of the postmortem exam can be used as the date specimens were collected in the absence of other information.

8.4 Time specimens were collected: SpecimensTime

Definition:

Time that body specimens were collected.

Response Options:

0000 to 2359 24-hour format (2:00 PM coded as 1400)
7777 Not collected by reporting site
8888 Not applicable
9999 Unknown

Discussion:

Time is in the military time format HHMM and can be 0000 (midnight) to 2359 (11:59 pm). See “Date specimens were collected” for further discussion.

8.5 Substance Name: SubstanceName

Definition:

Substance name in toxicology report. The presence of a metabolite of a substance is considered sufficient evidence that the substance itself was present.

Response Options:

Look-up table

Discussion:

Many labs report test results as both the specific substance that a person was tested for (e.g., Prozac) and the category (e.g., antidepressants) that the substance falls under. Some, however, report only the substance or only the category. The look up table will help identify, which broad categories the substance falls under. The order of the substances is not important—there is no implication that “Substance Name 1” is more significant than “Substance Name 2,” for example. However, to simplify data entry, it is recommended to enter the substances in the same order they are mentioned in the source document.

Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

Note: Questions about whether a chemical is a metabolite can be referred to CDC. If a substance cannot be found in the look up table,

- Code “Other” in the substance field,
- Record the name of the substance in “Comments” field, and
- Contact CDC scientist so the substance can be added to the list.

Reference: The look-up table is based upon data from the Lexi-Comp drug database: Lexi-Comp OnlineTM , Hudson, Ohio: Lexi-Comp, Inc.; August 14, 2012 and reports of the data should recognize the license appropriately.

8.6 Substance Tested: SubstanceTested

Definition:

Substance was tested for in toxicology report.

Response Options:

- 1 Tested
- 2 Not tested
- 9 Unknown

Discussion:

These variables indicate whether the victim’s blood, urine, vitreous humor (ocular fluid), bile, or other tissues were tested for a variety of drugs or their metabolites by any standard toxicology screening method. Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

8.7 Substance Result: SubstanceResult

Definition:

Toxicology test results for the substance.

Response Options:

- 1 Present (e.g., “positive,” “presumptive presence,” or having a numeric level greater than 0)
- 2 Not present
- 8 Not applicable (e.g., Testing was not done)
- 9 Unknown

Discussion:

When Substances Tested is “Unknown” or “Not Tested”, the program will automatically code the Substance Result as “Not applicable”. Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

8.8 Substance Caused Death: SubstanceCausedDeath

Definition:

Substance clearly identified as the cause of death.

Response Options:

- 0 No / Unknown
- 1 Yes

Discussion:

If a source document clearly identifies a single substance as the cause of death, code only that substance as causing the death. If multiple substances are identified with no indication as to which one caused the death of the victim, code all listed substances that are suspected of being involved as cause of death.

When victims have been exposed to multiple toxic substances, data providers may not be able to determine which of them was primarily responsible for causing death. Therefore, this code accommodates the entry of multiple substances. Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

8.9 Person Prescribed for: DrugObtainedFor**Definition:**

For prescription drugs, this describes the relationship between the victim and the person to whom the prescription medications were prescribed.

Response Options:

- 1 Self
- 2 Intimate Partner
- 3 Family (non-intimate partner)
- 4 Other
- 8 Not applicable (e.g., not a prescribed drug)
- 9 Relationship unknown

Discussion:

This variable can be used to better understand how the victim or suspect obtained prescription medications. Please record the person for whom the drug(s) taken were prescribed. Over-the-counter medications are by definition not obtained through prescription, and may be coded "Not applicable". Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

8.10 Substance Categories: SubstanceClass**Definition:**

Substance categories

Response Options: (auto-populated)

- 1 Alcohol

- 2 Amphetamine
- 3 Antidepressant
- 4 Antipsychotics
- 5 Benzodiazepines
- 6 Barbiturates
- 7 Cocaine
- 8 Carbon Monoxide
- 9 Marijuana
- 10 Anticonvulsants
- 11 Muscle relaxant
- 12 Opiate
- 88 Not Applicable

Discussion:

The substance category will match the name of the category in the toxicology summary when applicable. For drugs that do not fall into any of the summary categories, the category “Not Applicable” will be displayed. Each substance is entered as a row in the toxicology table and there is no limit on the number of substances that can be entered.

8.11 Summary: Substances Tested For

- 8.11.1 Tested for alcohol: AlcoholTested
- 8.11.2 Tested for carbon monoxide: CarbonMonoxideTested
- 8.11.3 Tested for amphetamine: AmphetamineTested
- 8.11.4 Tested for anticonvulsants: AnticonvulsantTested
- 8.11.5 Tested for Antidepressants: AntidepressantsTested
- 8.11.6 Tested for Antipsychotics: AntipsychoticsTested
- 8.11.7 Tested for barbiturates: BarbituratesTested
- 8.11.8 Tested for benzodiazepines: BenzodiazepinesTested
- 8.11.9 Tested for cocaine: CocaineTested
- 8.11.10 Tested for marijuana: MarijuanaTested
- 8.11.11 Tested for muscle relaxant: MuscleRelaxantTested
- 8.11.12 Tested for opiate: OpiateTested

Definition:

Summary of substance results.

Response Options:

- 1 Tested
- 0 Not tested
- 9 Unknown

Discussion:

This set of variables identifies whether certain types of substance were tested for. This can help identify jurisdictions that routinely run toxicology tests on victims.

Note: The following summary categories were added in August, 2013: anticonvulsants, antipsychotics, barbiturates, benzodiazepines and muscle relaxants.

8.12 Summary: Results Substances Tested For

- 8.12.1 Alcohol results summary: AlcoholResult
- 8.12.2 Carbon monoxide results summary: CarbonMonoxideResult
- 8.12.3 Amphetamine results summary: AmphetamineResult
- 8.12.4 Anticonvulsants results summary: AnticonvulsantResult
- 8.12.5 Antidepressants results summary: AntidepressantsResult
- 8.12.6 Antipsychotics results summary: AntipsychoticsResult
- 8.12.7 Barbiturates results summary: BarbituratesResult
- 8.12.8 Benzodiazepines results summary: BenzodiazepinesResult
- 8.12.9 Cocaine results summary: CocaineResult
- 8.12.10 Marijuana results summary: MarijuanaResult
- 8.12.11 Muscle relaxant results summary: MuscleRelaxantResult
- 8.12.12 Opiate results summary: OpiateResult

Definition:

Summary of substance results.

Response Options:

- 1 Present
- 2 Not present
- 8 Not applicable (e.g., Testing was not done)
- 9 Unknown

Discussion:

This set of variables identifies whether the tests for various drugs or their metabolites were positive or negative. Findings can assist in exploring the relationship between drug use and violent death. The variables can also be used to document the presence of certain psychiatric medications among suicide victims in jurisdictions that test for these substances. If a test result for a substance was “Not tested” or “Unknown”, the program will automatically auto-fill the results for this variable as “Not applicable”.

This information will be auto-populated based on the substances entered in the Toxicology Findings section.

Note: The following summary categories were added in August, 2013: anticonvulsants, antipsychotics, barbiturates, benzodiazepines and muscle relaxants.

8.13 Blood Alcohol Level: AlcoholLevel**Definition:**

Blood alcohol level

Response Options:

Please enter all three digits of the BAC, if available. Trailing zeroes are added for all values that are not three digits (e.g., .08 becomes .080).

- 0. ### Blood alcohol level in mg/dl
- 0.010 BAC report indicates “trace” amounts without numeric value
- 0.000 Below the detection limit of the test (“<0.01%” or “Non-detectable”)
- 0.888 Not applicable, no testing
- 0.999 Unknown

Discussion:

These data will assist in exploring the relationship between alcohol intoxication and violent death when interpreted in conjunction with data on time of injury, time of death, and time at which body specimens were drawn.

- Blood alcohol levels are coded in terms of percent by volume (serum %). Percent by volume equals the milligrams of alcohol found per deciliter of blood (mg/dl) divided by 1000. For example, a level of 30 mg/dl would be 0.030% alcohol. How labs report blood alcohol concentrations (BAC) varies. Many use the format used here (serum %), while others report BAC as milligrams of alcohol per deciliter of blood (mg/dl) — as in 30 mg/dl. To convert mg/dl results to serum % results, divide by 1,000. Only BAC levels should be entered here; levels based on other body fluids such as vitreous fluid should not. Use caution when interpreting BAC levels because variation in the time elapsed between ingestion of substances, time of death, and time of drawing body specimens for toxicological analysis will affect the outcome.
- BAC reported less than 0.01% should be interpreted as “Not present” in the alcohol test results field and entered as 0.000
- Alcohol that appears in the blood as a result of decomposition rather than ingestion does not generally measure more than 0.040%. If source documents attribute a BAC level entirely to decomposition, do not record it. If source documents attribute it “partially” or “possibly” to decomposition, record it and add an appropriate note to the incident narrative.

8.14 Carbon Monoxide Source: CarbonMonoxideSource

Definition:

Source of carbon monoxide

Response Options:

- 1 Car, truck, bus
- 2 Other
- 8 Not applicable
- 9 Unknown

Discussion:

The information may be used to understand carbon monoxide sources to prevent suicides and homicide related to fire.

8.15 Comments:Comments

Definition:

Enter comments about substances or toxicology tests in this field, including substances not included in the substance look-up field.

Response Options:

Text

Discussion:

If a substance is not on the substance look-up table, please put the information in this field. Also, contact CDC so they can update the substance list.

Note: This variable was added in August, 2013.

SECTION 9: CHILD FATALITY REVIEW OPTIONAL MODULE

9.1 Child Fatality Review

9.1.1 Witness(es) to fatal incident: CFR_Witness

Definition:

Were there any witnesses to the incident?

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by reporting site
- 8 not applicable
- 9 Unknown

Discussion:

Witness(es) include any person(s) other than a suspect who was present and observed the incident that led to the child's death. The caregiver can be considered a witness, but only if that person was not also the perpetrator.

9.1.2 Child Witness(es) to fatal incident: CFR_ChildWitness

Definition:

Were there any child witnesses to the incident?

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by reporting site
- 8 Not applicable
- 9 Unknown

Discussion:

A child witness is defined as a person less than 18 years of age who was present and observed the fatal incident.

9.1.3 CFR additional information: CFR_AdditionalInformation

Definition:

Text field for describing additional relevant information provided by the Child Fatality Review data source

Response Options:

Text

Discussion:

As a text field, use this area to clarify circumstances surrounding the death that may not be clear from the CFR data elements or other NVDRS data sources. For example, unusual circumstances surrounding the death, household composition, supervision, or CFR committee decisions would be helpful in this text box. Also, coding options for several variables require further explanation in the incident narrative; that information should be included here. This box should only reflect unique information gathered from CFR, as it is a document-based system.

9.1.4 CFR records available on victim: CFR_CFRRecordsAvailable

Definition:

Describes whether Child Fatality Review (CFR) records are available for this victim

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Code CFR_CFRRecordsAvailable as “No” if the records have been requested for a child victim and the CFR program either does not have a record for the victim or is unable to supply the record.

9.1.5 Scene investigation by law enforcement/CME: CFR_SceneInvestigationLE/CME

Definition:

Describes whether or not there was a scene investigation conducted by Law Enforcement or the Coroner/Medical Examiner.

Response Options:

- 0 No
- 1 Yes

Discussion:

None

9.1.6 Victim had a physical illness at time of incident: CFR_VictimPhysicalIllness

9.1.7 If yes, specify diagnosis: CFR_Diagnosis

Definitions:

- **VictimPhysicalIllness:** Victim had an acute or chronic illness at the time of the incident

- **Diagnosis:** Free text field to indicate diagnosis if victim was ill at the time of the incident

Response Options:

- **VictimPhysicalIllness**
 - 0 No, Unknown, Missing
 - 1 Yes

- **Diagnosis:** Text

Discussion:

Physical illness may be acute (e.g., viral gastroenteritis, pneumonia) or chronic (e.g., diabetes, asthma, sickle cell anemia).

- If the chronic illness did not impose increased care demands at the time of the incident, do not code “Yes.”
- The severity of the illness should not be considered when coding CFR_VictimPhysicalIllness.
- Any mention in the record of the victim being physically ill at the time of the incident is sufficient to warrant coding CFR_VictimPhysicalIllness as “Yes”.
- Examples
 - For example, if a child had a history of asthma, but had no acute exacerbation at the time of the incident, code “No.”

9.2 Disability Variables

9.2.1 Victim had disability at time of incident: CFR_VictimDisability

9.2.2 If yes, disability was physical: CFR_VictimDisabilityPhysical

9.2.3 If yes, disability was developmental: CFR_VictimDisabilityDevelopmental

9.2.4 If yes, disability was sensory: CFR_VictimDisabilitySensory

Definitions:

- **VictimDisability:** Victim had a disability at the time of the incident
- **VictimDisabilityPhysical:** Victim’s disability was physical (e.g. paraplegic, cerebral palsy)
- **VictimDisabilityDevelopmental:** Victim’s disability was developmental (e.g. mentally retarded, autistic)
- **VictimDisabilitySensory:** Victim’s disability was sensory (e.g. blind, deaf)

Response Options:

- 0 No, Unknown, Missing
- 1 Yes

Discussion:

Physical disability implies a chronic physical impairment that has a substantial, long-term effect on the child’s day-to-day function (e.g., cerebral palsy, traumatic brain injury). **Developmental disability** implies a chronic cognitive or developmental deficit that has a substantial, long-term effect on the child’s day-to-day function (e.g., autism, mental retardation). **Sensory disability** implies a chronic sensory deficit that has a substantial, long-term impact on the child’s day-to-day functioning (e.g., blindness, deafness).

Prematurity in and of itself should not be considered an illness or a disability unless it resulted in a condition that fits into one of those categories (e.g., chronic lung disease, visual impairment).

- Please see Prenatal History variables to code for prematurity.
- If a child was not specifically diagnosed with or documented to have one of the listed disabilities, answer “No.”
- The answer “No” may thereby include Missing and Unknown and “Known not to be present.”
- The information used to complete this data element may come from parental history (as per law enforcement or CPS records), medical records, and/or autopsy.

9.2.5 Infants: Prenatal care prior to the 3rd trimester: CFR_InfantsPrenatalCarePrior3rdTrimester

Definition:

Victim’s (birth) mother received prenatal care prior to 3rd trimester

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Do not collect for victims one year of age or older. Prenatal care is defined as pregnancy-related medical care delivered by a doctor, nurse, or other healthcare professional with the goal of monitoring the pregnancy, providing education, and increasing the likelihood of a positive maternal and fetal outcome. Answer “Yes” only if there are documented prenatal visits before the third trimester.

9.3 Prenatal Exposure Variables

9.3.1 Infants: Maternal recreational drug use: CFR_InfantsMaternalRecreationalDrugUse

9.3.2 Infants: Maternal alcohol use: CFR_InfantsMaternalAlcoholUse

9.3.3 Infants: Maternal tobacco use: CFR_InfantsMaternalTobaccoUse

Definitions:

- **CFR_InfantsMaternalRecreationalDrugUse:** Victim was exposed to recreational drugs in utero
- **CFR_InfantsMaternalAlcoholUse:** Victim was exposed to alcohol in utero
- **CFR_InfantsMaternalTobaccoUse:** Victim was exposed to tobacco in utero

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Do not collect these items for victims one year of age or older. Prenatal care is defined as pregnancy-related medical care delivered by a doctor, nurse, or other healthcare professional with the goal of monitoring the pregnancy, providing education, and increasing the likelihood of a positive maternal and fetal outcome.

- Maternal recreational drug use includes all drugs (except alcohol and tobacco) that are either non-prescription, or are being used in a manner inconsistent with safe prescribing practices.
 - Answer “Yes” only if there is documented evidence or clear reports of substance, alcohol or tobacco use during pregnancy with the victim.
 - Despite history of maternal substance, alcohol, and/or tobacco use with prior pregnancies, if it is not documented or evident during her pregnancy with the victim, the data element should be coded “No.”
-

9.3.4 Infants: Victim born prematurely: CFR_InfantsBornPrematurely**Definition:**

Victim was born prematurely

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Do not collect for victims one year of age or older. Prematurity is defined as an estimated gestational age less than 37 weeks. Code ‘Yes’ if prematurity is listed in the source documents.

9.4 CPS Report Variables

9.4.1. Prior CPS report on the victim’s household: CFR_PriorCPSReportVictimHousehold

9.4.2. If yes, CPS report filed on whom: CFR_SexualAbuseReportedOn

9.4.3. If yes, report substantiated: CFR_SexualAbuseReported

Definitions:

- **CFR_PriorCPSReportVictimHousehold:** Prior CPS report was filed on the victim’s household
- **CFR_SexualAbuseReportedOn:** Person on behalf of whom or against whom a CPS report was filed
- **CFR_SexualAbuseReported:** At least one prior CPS report filed on the victim’s household was substantiated

Response Options:

- **CFR_PriorCPSReportVictimHousehold**
- **CFR_SexualAbuseReported**

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

- **CFR_SexualAbuseReportedOn**

- 1 Victim
- 2 Other child in household
- 3 Both
- 4 Adult in household
- 6 Other, or unspecified
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

These variables refer to CPS (Child Protective Services) contacts prior to the current incident, and not contacts that resulted from the current case. “Household” is defined as the residence where the victim lived the majority of the time when the fatal incident occurred. “Household” was chosen as the unit for this question in an attempt to characterize the victim’s environment.

- In the case of a victim living with a foster family or in an institution at the time of the fatal incident, answer regarding the family of origin.
- If known maltreatment existed in the foster family, describe in incident narrative. Please note that a report or referral can be in reference to a child or an adult living in the household.
- When the only information available is that a report was filed on the household, indicate “Unknown” for “CFR_SexualAbuseReportedOn”.
- If a report was not made on behalf of a child in the household, but a report was filed against an adult who currently lives in the household (e.g., no reports against the victim’s mother, but the mother’s boyfriend was previously investigated for abuse), code “CFR_SexualAbuseReportedOn” as “adult in household.”
- Any substantiation ever should be coded as “Yes” even if some of the reports/referrals were substantiated and others were not.

9.5 Abuse/ Neglect Substantiation Variables

9.5.1 Physical abuse substantiated: CFR_PhysicalAbuseSubstantiated

9.5.2 Sexual abuse substantiated: CFR_SexualAbuseSubstantiated

9.5.3 Neglect substantiated: CFR_NeglectSubstantiated

Definitions:

- **CFR_Physical abuse substantiated:** At least one substantiated CPS report filed on the victim’s household was for physical abuse
- **CFR_Sexual abuse substantiated:** At least one substantiated CPS report filed on the victim’s household was for sexual abuse
- **CFR_Neglect substantiated:** At least one substantiated CPS report filed on the victim’s household

was for neglect

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

These variables refer to CPS contacts prior to the current incident, and not contacts that resulted from the current case. “Household” is defined as the residence where the victim lived the majority of the time when the fatal incident occurred. “Household” was chosen as the unit for this question in an attempt to characterize the victim’s environment.

- In the case of a victim living with a foster family or in an institution at the time of the fatal incident, answer regarding the family of origin.
- If known maltreatment existed in the foster family, describe in incident narrative. Please note that a report or referral can be in reference to a child or an adult living in the household.
- Any substantiation ever should be coded as “Yes” even if some of the reports/referrals were substantiated and others were not.

9.5.4 CPS case opened on other children due to this death: CFR_CPSCaseOpened

Definition:

A CPS case was opened on other children in the victim’s household as a result of this death

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Refers to CPS contacts that resulted from the current case. “Household” is defined as the residence where the victim lived the majority of the time when the fatal incident occurred. “Household” was chosen as the unit for this question in an attempt to characterize the victim’s environment.

- In the case of a victim living with a foster family or in an institution at the time of the fatal incident, answer regarding the family of origin.
- If known maltreatment existed in the foster family, describe in incident narrative. Please note that a report or referral can be in reference to a child or an adult living in the household.

9.6 Victim Contact with Formal System/Services

9.6.1 Victim contact with Law enforcement: CFR_VictimContactPolice

- 9.6.2 Victim contact with juvenile justice system: CFR_VictimContactJuvenileJusticeSystem
- 9.6.3 Victim contact with the health care system: CFR_VictimContactHealthCareSystem
- 9.6.4 Victim contact with mental health services: CFR_VictimContactMentalHealthServices

Definitions:

- **CFR_VictimContactPolice:** Victim had contact with Law enforcement in the past 12 months
- **CFR_VictimContactJuvenileJusticeSystem:** Victim had contact with juvenile justice system in the past 12 months
- **CFR_VictimContactHealthCareSystem:** Victim had contact with health care system in the past 12 months
- **CFR_VictimContactMentalHealthServices:** Victim had contact with mental health services in the past 12 months

Response Options:

- 0 No
- 1 Yes

Discussion:

These variables all refer to whether the child/victim had contact with these points in the system prior to the fatal incident.

9.6.5 Household’s contact with Law enforcement: CFR_HouseholdContactPolice

Definition:

Household had contact with Law enforcement in the past 12 months

Response Options:

- 0 No
- 1 Yes

Discussion:

Refers to the household’s history of contact with law enforcement (e.g., Law enforcement being called by neighbors secondary to domestic disturbance).

- 9.6.6 Victim/primary caregiver contact with social services: CFR_VictimPrimaryCaregiverContactSocialServices
- 9.6.7 Victim/primary caregiver contact with WIC: CFR_VictimPrimaryCaregiverContactWIC
- 9.6.8 Victim/primary caregiver contact with Medicaid: CFR_VictimPrimaryCaregiverContactMedicaid

Definitions:

- **CFR_VictimPrimaryCaregiverContactSocialServices:** Victim/primary caregiver had contact with social services in the past 12 months
- **CFR_VictimPrimaryCaregiverContactWIC:** Victim/primary caregiver had contact with

WIC (Special Supplemental Nutrition Program for Women, Infants and Children) in the past 12 months

- **CFR_VictimPrimaryCaregiverContactMedicaid:** Victim/primary caregiver had contact with Medicaid in the past 12 months

Response Options:

0 No
1 Yes

Discussion:

These variables ask if either the child or the primary caregiver had contact with these points in the system in the year prior to the incident. The social services system can include health educator home visits or voluntary services, such as parenting support or respite services.

9.6.9 Primary caregiver on welfare/financial assistance: CFR_CaregiverFinancialAssistance

Definition:

Primary caregiver was on welfare/financial assistance in the past 12 months

Response Options:

0 No
1 Yes

Discussion:

This variable refers to whether the primary caregiver of the victim was on welfare or receiving governmental financial assistance.

9.7 Suspect Charge, Arrest, Etc.

- 9.7.1 Specific person suspected: CFR_SuspectIdentified
- 9.7.2 Suspect arrested as perpetrator in this death: CFR_SuspectedArrested
- 9.7.3 Suspect charged as perpetrator in this death: CFR_SuspectCharged
- 9.7.4 Suspect prosecuted: CFR_SuspectProsecuted
- 9.7.5 Suspect convicted: CFR_SuspectConvicted
- 9.7.6 Suspect convicted of original charge: CFR_SuspectConvictedOriginalCharge
- 9.7.7 CPS report or referral ever filed on the suspect: CFR_CPSReportReferralFile
- 9.7.8 Suspect ever charged with a prior homicide: CFR_SuspectChargedPriorHomicide

Definition:

- **CFR_SuspectIdentified:** Law enforcement identified the suspect by name
- **CFR_SuspectedArrested:** Suspect was arrested as a perpetrator in this death
- **CFR_SuspectCharged:** Suspect was charged as a perpetrator in this death
- **CFR_SuspectProsecuted:** Suspect was prosecuted as a perpetrator in this death
- **CFR_SuspectConvicted:** Suspect was convicted as a perpetrator in this death

- **CFR_SuspectConvictedOriginalCharge:** Suspect was convicted of original charge
- **CFR_CPSReportReferralFiled:** Child Protective Service report had previously been filed on this suspect
- **CFR_SuspectChargedPriorHomicide:** Suspect had ever been charged with a prior homicide

Response Options:

- **CFR_SuspectIdentified**
- **CFR_SuspectedArrested**
- **CFR_CPSReportReferralFiled**
- **CFR_SuspectChargedPriorHomicide**
 - 0 No
 - 1 Yes
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

- **CFR_SuspectCharged**
- **CFR_SuspectProsecuted**
 - 0 No
 - 1 Yes
 - 3 Pending/In progress
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

- **CFR_SuspectConvicted**
 - 0 Acquitted
 - 1 Convicted
 - 3 Pending, in progress
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

- **CFR_SuspectConvictedOriginalCharge**
 - 0 No, convicted of lesser charge
 - 1 Yes, convicted of original charge
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

Discussion:

Code “Yes” to **SuspectIdentified** if a specific person was identified by law enforcement as a suspect.

- If law enforcement does not know the identity (i.e., name) of the suspect, or if they only have a physical description, code “No”.
- When answering suspect arrested, charged, prosecuted, convicted and convicted of original charge consider whether the suspect was arrested as a perpetrator in this death (i.e., not only charged with

lesser offenses such as the possession of a firearm without a permit, or reckless endangerment).

- **CFR_CPSReportReferralFiled** refers to a prior Child Protective Services report filed on the suspect as a perpetrator of child abuse or neglect.
- **CFR_SuspectChargedPriorHomicide** refers to charges of homicide perpetration prior to this victim, regardless of outcome. Homicide in this case can be of an adult or child.
- If '**CFR_SuspectConvicted**' is coded "Acquitted" or "Pending," code '**SuspectConvictedOriginalCharge**' as "Not applicable."

9.8 Victim Household Characteristics

9.8.1 Type of residence in which victim lived: CFR_ResidenceType

9.8.2 Length of time in residence: CFR_ResidenceTimeIn

9.8.3 Unrelated adult living in victim's household: CFR_HouseholdAdultUnrelated

9.8.4 Other children <18 years in household: CFR_OtherChildrenUnder18Household

Definitions:

- **CFR_ResidenceType:** Victim's type of primary residence
- **CFR_ResidenceTimeIn:** Length of time in residence
- **CFR_HouseholdAdultUnrelated:** Unrelated adult living in victim's household
- **CFR_Other children <18 years in household:** Presence of other children under 18 years living in the victim's household

Response Options:

- **CFR_ResidenceType**
 - 1 Victim's family home
 - 2 Foster family home
 - 3 On own, e.g., living w boyfriend
 - 4 Residential group home
 - 5 Shelter
 - 6 Juvenile detention facility, jail, prison
 - 7 School/college
 - 66 Other
 - 77 Not collected by local CFR team
 - 88 Not applicable (homeless or adult)
 - 99 Unknown

- **CFR_ResidenceTimeIn**
 - 0 One week or less
 - 1 Within the past month
 - 2 Within the past 6 months (but greater than one month)
 - 3 Between 6 months and 1 year
 - 4 Between 1 to 5 years
 - 5 More than 5 years
 - 6 Other
 - 7 Not collected by local CFR team
 - 8 Not applicable

9 Unknown

- **CFR_HouseholdAdultUnrelated**
- **CFR_Other children <18 years in household**
 - 0 No
 - 1 Yes
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

Discussion:

These questions are to be asked of all child victims. Primary residence is the place where the victim lived the majority of the time when the incident occurred (not at the time of death if the residences were different). For example, if a child is injured in his or her own family home and dies four months later in the hospital, answer questions regarding his or her own family home.

With regard to **CFR_ResidenceType**: “Victim’s family home” is defined as victim’s self-identified family where applicable; this may be biologic parents, other relatives, adoptive or stepparents. “On own” indicates that the decedent was living separately from his/her family (e.g., living with boyfriend or peers). If the victim was known to be moving from place to place without a permanent residence (i.e., “on the run”), or if the victim was a newborn who was still in the hospital, code as “Not applicable” and describe in the incident narrative.

For length of time in residence, code the approximate length of time that the victim had been living at the residence indicated in ‘**ResidenceType**’. All time frames listed are with respect to the timing of the fatal incident. For example, if the victim was known to have come back to live with family of origin after foster care stay and commits suicide within two weeks of returning, code “Within the past month.”

‘**CFR_HouseholdAdultUnrelated**’ and ‘**CFR_Other children <18 years in household**’ apply to children who lived with their own family, on their own, or with a foster family at the time of the fatal incident. An unrelated adult is defined as a person 18 years or older who was living in the household at the time of the incident, including primary caregivers (e.g., mother’s boyfriend, stepmother, friend of family, tenant, nanny, etc.).

- Adoptive parents should not be considered unrelated.
- If the victim lived in an institution (e.g., shelter, school, juvenile detention facility) at the time of the fatal incident, mark “Not applicable.”
- If there were circumstances in the decedent’s household at the time of death that contributed to the child’s death, explain that separately in the incident narrative.
- If a child is in a vegetative state secondary to shaken baby syndrome and dies of pneumonia three years later, answer ‘**CFR_HouseholdAdultUnrelated**’ and ‘**Other children <18 years in household**’ regarding the household at the time of the shaking.
- If something about the quality of the child’s foster care at the time of death was also contributory to its death, note that in the incident narrative.

**9.8.5 Marital relationship of victim’s biological parents:
CFR_VictimBiologicalParentsMaritalRelationship**

Definition:

Marital relationship of victim's biological parents at the time of incident

Response Options:

- 1 Married
- 2 Never married
- 3 Widowed
- 4 Divorced
- 5 Married, but separated
- 6 Single, not otherwise specified
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Code the response option that best fits the marital relationship of the victim's biological parents to one another at the time of the fatal incident.

Example:

- If the victim's biological mother and father were never married, but the biological father was married to another woman at the time of the fatal incident, marital relationship should be coded as "Never married".

9.8.6 Intimate partner violence in victim's household:
CFR_IntimatePartnerViolenceVictimHousehold

9.8.7 Intimate partner violence in victim's foster home:
CFR_IntimatePartnerViolenceVictimFosterHome

Definitions:

- **CFR_Intimate partner violence in victim's household:** Evidence of intimate partner violence in victim's household
- **CFR_Intimate partner violence in victim's foster home:** Evidence of intimate partner violence in victim's foster family (if applicable)

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

These questions about intimate partner violence are to be asked about all children regarding their household at the time of the fatal incident.

- For children who lived with their families or who were institutionalized (either temporarily or permanently), answer the questions regarding the family of origin.

- For permanently institutionalized children with no family to return to, the answer will be “Not applicable”.
- For children in foster care at the time of the fatal incident, answer the questions regarding both the foster home and the family of origin.
- If there were circumstances in the decedent’s household at the time of death that contributed to the child’s death, explain that separately in the incident narrative. For example, if a child is in a vegetative state secondary to shaken baby syndrome and dies of pneumonia three years later, answer the following household questions regarding the time of the shaking.
- However, if something about the quality of the child’s foster care at the time of death was also contributory to death, note that in the incident narrative.

9.8.8 Substance abuse in victim’s household: CFR_SubstanceAbuseVictimHousehold

9.8.9 Substance abuse in victim’s foster home: CFR_SubstanceAbuseVictimFosterHome

Definitions:

- **CFR_Substance abuse in victim’s household:** Evidence of substance abuse in victim’s household
- **CFR_Substance abuse in victim’s foster home:** Evidence of substance abuse in victim’s foster family (if applicable)

Response Options:

- 0 No
- 1 Yes
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

Substance abuse refers to all drugs (including alcohol) that are either non-prescription or being used in a manner inconsistent with safe prescribing practices. Questions are to be asked about all children regarding their household at the time of the fatal incident.

- For children who lived with their families or who were institutionalized (either temporarily or permanently), the abstractor should answer the questions regarding the family of origin.
- For permanently institutionalized children with no family to return to, the answer will be “Not applicable”.
- For children in foster care at the time of the fatal incident, answer the questions regarding both the foster home and the family of origin.
- In any kind of household, if the victim was a substance abuser, but no one else in the household was, code “No” for victim’s household and/or victim’s foster home.
- However, if anyone else in the household was abusing substances, including other children <18, code “Yes” for household and/or victim’s foster home.
- If there were circumstances in the decedent’s household at the time of death that contributed to the child’s death, explain that separately in the incident narrative. For example, if a child is in a vegetative state secondary to shaken baby syndrome and dies of pneumonia three years later, answer the following household questions regarding the time of the shaking.
- However, if something about the quality of the child’s foster care at the time of death was also contributory to death, note that in the incident narrative.

9.9 Supervisor Characteristics

- 9.9.1 Perpetrator was supervisor: CFR_SupervisorPerpetrator
- 9.9.2 Quality of supervision a factor: CFR_SupervisorQuality
- 9.9.3 Supervisor's relationship to victim: CFR_SupervisorRelationshipVictim
- 9.9.4 Supervisor's age: CFR_SupervisorAge
- 9.9.5 Supervisor's sex: CFR_SupervisorSex
- 9.9.6 No supervision: CFR_SupervisorNone
- 9.9.7 Supervisor drug/alcohol impaired: CFR_SupervisorDrugImpaired
- 9.9.8 Supervisor distracted/asleep: CFR_SupervisorDistracted
- 9.9.9 Other supervisory factor: CFR_SupervisorOther

Definitions:

- **CFR_SupervisorPerpetrator:** Perpetrator responsible for supervision at time of incident?
- **CFR_SupervisorQuality:** Did the quality of supervision contribute to the death of the victim?
- **CFR_SupervisorRelationshipVictim:** Relationship of supervisor to the victim
- **CFR_SupervisorAge:** Age of supervisor
- **CFR_SupervisorSex:** Sex of supervisor
- **CFR_SupervisorNone:** No supervision of the victim
- **CFR_SupervisorDrugImpaired:** The supervisor was drug- or alcohol-impaired
- **CFR_SupervisorDistracted:** The supervisor was distracted or asleep
- **CFR_SupervisorOther:** Other supervisory factor contributed to victim's death

Response Options:

- **CFR_SupervisorPerpetrator**
 - 0 No
 - 1 Yes
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown
- **CFR_SupervisorQuality:**
 - 0 No, supervision was appropriate
 - 1 Yes, supervisor was not the perpetrator
 - 2 Yes, supervisor was the perpetrator
 - 3 Supervision not needed/expected
 - 4 CFRT could not determine
 - 7 No collected by local CFR team
 - 8 Not applicable
 - 9 Unknown
- **CFR_SupervisorRelationshipVictim**
 - 1 Primary caregiver
 - 2 Other adult relative
 - 3 Babysitter/child care provider

- 4 Primary caregiver’s boy/girlfriend
- 5 Sibling/step-sibling
- 6 Other, specify in incident narrative
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

- **CFR_SupervisorAge**

Age of supervisor in years

- **CFR_SupervisorSex**

- 1 Male
- 2 Female
- 9 Unknown

- **CFR_SupervisorNone**

- **CFR_SupervisorDrugImpaired**

- **CFR_SupervisorDistracted**

- **CFR_SupervisorOther**

- 0 No, Not collected by local CFR team, Unknown
- 1 Yes

Discussion:

The supervisor is the person with the primary responsibility for the care and control of the child at the time of the fatal injury. If there were two supervisors at the time of the fatal incident, but one clearly had primary responsibility, code the person with the primary responsibility. If the responsibility of supervision was equally divided between two people, code the person whose supervision quality seemed most contributory to the child’s death.

If the perpetrator/suspect was responsible for the victim’s direct supervision at the time of the incident (i.e., in the case of a homicide), then code **CFR_SupervisorPerpetrator** “Yes” and code the rest of the supervision variables as “Not applicable”.

Determining supervision adequacy is purposefully left to the Child Fatality Review Team (CFRT) by this group of data elements. “**CFR_SupervisorQuality**” refers specifically to the quality of supervision at the time the fatal injury occurred, not to parenting style in general. “**CFR_SupervisorNone**” should be indicated if no arrangements for supervision were apparently made (e.g., leaving a 3 year old unattended for half an hour). If an inappropriately young or old supervisor was appointed, specify the circumstances under “Other”. Any additional exceptional circumstances may be coded by endorsing **CFR_SupervisorOther** and including a description in the CFR incident narrative. All of the variables are based on the CFRT’s findings, even though the information to support the CFRT’s findings may well originate from multiple sources.

If the quality of the supervision did not contribute to the child’s death (as determined by the CFRT) or it is unknown, code “No” or “Unknown” and the remainder of the supervisor variables as “Not applicable”.

9.10 Caregiver Characteristics

-
- 9.10.1 Primary caregiver is a victim or suspect in the incident: CFR_CaregiverVictimOrSuspect
 - 9.10.2 If yes, caregiver's ID in the incident: CFR_CaregiverId
 - 9.10.3 Relationship to victim: CFR_RelationshipToVictim
 - 9.10.4 Person lived with victim: CFR_LivedWithVictim
 - 9.10.5 Primary Caregivers Age at time of incident: CFR_AgeAtIncident
 - 9.10.6 Primary Caregivers Sex: CFR_Sex
 - 9.10.7 Had legal custody of victim at time of death: CFR_CustodyOfVictim
 - 9.10.8 Had documented history of maltreating: CFR_HistoryOfMaltreating
 - 9.10.9 Had a previous child die in his/her care: CFR_PreviousChildDie

Definitions:

- **CFR_CaregiverVictimOrSuspect:** Is the victim's primary caregiver a victim or suspect in the incident?
- **CFR_CaregiverId:** Caregiver's Person ID in the incident
- **CFR_RelationshipToVictim:** Caregiver's relationship to the victim
- **CFR_LivedWithVictim:** Caregiver lived with victim at the time of the incident?
- **CFR_AgeAtIncident:** Age of Caregiver at the time of the incident
- **CFR_Sex:** Sex of Caregiver
- **CFR_CustodyOfVictim:** Had legal custody of victim at time of death?
- **CFR_HistoryOfMaltreating:** Caregiver had documented history of maltreating a child
- **CFR_PreviousChildDie:** Caregiver had a previous child die in his/her care?

Response Options:

- **CFR_CaregiverVictimOrSuspect**
- **CFR_LivedWithVictim**
- **CFR_CustodyOfVictim**
- **CFR_HistoryOfMaltreating**
- **CFR_PreviousChildDie**
 - 0 No
 - 1 Yes
 - 7 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown
- **CFR_CaregiverId**
 - Number of the Person in the incident
- **CFR_AgeAtIncident**
 - Age of caregiver in years
- **CFR_Sex**
 - 1 Male
 - 2 Female
 - 9 Unknown
- **CFR_RelationshipToVictim**
 - 1 Biologic parent

- 2 Stepparent
- 3 Adoptive parent
- 4 Other relative
- 5 Parent's intimate partner
- 6 Other non-relative
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

Discussion:

The victim's primary caregiver is defined as the person or persons (up to two) who had responsibility for the care, custody, and control of the child the majority of the time.

- The primary caregiver(s) may be the child's parent or parents (biological, step, adoptive parents) or another relative.
- If the child was living with his/her biological or adoptive parents, assume that they were the primary caregivers and had legal custody of the decedent unless otherwise specified in the records.
- The primary caregiver(s) may also be the state child protective services agency/foster parent(s) or another institution in some cases.
- In the instances when the child is residing in foster care or an institution, complete this information for the primary caregiver(s) in the family of origin if known (not for the foster family or institutional caregivers).
- In the case of neonaticide, assume that the biological mother was the primary caregiver unless there is evidence that another person (e.g., father, grandmother) had assumed control of the child as a caregiver at the time of the incident.
- If the primary caregiver(s) at the time of death was different from the primary caregiver(s) at the time of the incident, answer regarding the primary caregiver(s) at the time of the incident.
- For example, if a baby is shaken by its biological mother as an infant and survives in a vegetative state in foster care until three years of age, code the biological mother.
- "Documented history of child maltreatment" indicates a substantiated CPS report/referral or rights termination.

9.11 Records Consulted in CFRT Review

- 9.11.1 CME records: CFR_RecordCME
- 9.11.2 SS/CPS records: CFR_RecordSSCPS
- 9.11.3 Law enforcement/Law enforcement records: CFR_RecordPoliceLE
- 9.11.4 School records: CFR_RecordSchool
- 9.11.5 EMS records: CFR_RecordEMS
- 9.11.6 Health Provider/Hospital records: CFR_RecordHealthProviderHospital
- 9.11.7 Public Health Department records: CFR_RecordPublicHealthDepartment
- 9.11.8 Mental Health Records: CFR_RecordMentalHealth
- 9.11.9 Juvenile Justice Records: CFR_RecordJuvenileJustice
- 9.11.10 Death Certificate: CFR_RecordDeathCertificate
- 9.11.11 Other records: CFR_RecordOther
- 9.11.12 Specify (what other records): CFR_RecordOtherText

Definitions:

Records from each agency indicated were consulted in the CFRT review of victim's death

Response Options:

- **CME records:** CFR_RecordCME
- **SS/CPS records:** CFR_RecordSSCPS
- **Law enforcement/Law enforcement records:** CFR_RecordPoliceLE
- **School records:** CFR_RecordSchool
- **EMS records:** CFR_RecordEMS
- **Health Provider/Hospital records:** CFR_RecordHealthProviderHospital
- **Public Health Department records:** CFR_RecordPublicHealthDepartment
- **Mental Health Records:** CFR_RecordMentalHealth
- **Juvenile Justice Records:** CFR_RecordJuvenileJustice
- **Death Certificate:** CFR_RecordDeathCertificate
- **Other records:** CFR_RecordOther
- **Specify (what other records):** CFR_RecordOtherText

0 No, Not collected by local CFR team, Unknown

1 Yes

- **RecordOtherText**

Text

Discussion:

The primary data sources used to review a child death vary from CFR program to program and often from death to death. Code the data source as "Yes" if the records were consulted about the death, even if the given agency ended up having no information about the victim. Do not code a source as "Yes" if the only information gathered was secondary (e.g., the DSS records indicate that law enforcement performed an investigation, but the actual law enforcement records were not consulted).

9.11.13 History of inpatient psychiatric treatment: CFR_HistoryPsychiatricTreatment

9.11.14 Taking psychiatric medication at time of death: CFR_PsychiatricMedication

9.11.15 Barriers to accessing mental health care: CFR_BarriersAccessMentalHealthCare

Definitions:

- **CFR_HistoryPsychiatricTreatment:** Victim has ever been treated as an inpatient for psychiatric problems
- **CFR_PsychiatricMedication:** Victim had a current prescription for a psychiatric medication at the time of the incident
- **CFR_BarriersAccessMentalHealthCare:** Victim experienced barriers to accessing mental health care (applicable only to victims coded as having a mental health problem and not being in treatment)

Response Options:

0 No

1 Yes

Discussion:

These variables will provide more in depth information about mental health treatment for children who commit suicide than is currently collected by the main reporting system for adult victims.

- These variables supplement the basic Suicide Circumstances related to mental health. Indicate that the child received inpatient psychiatric care if there is a documented history of inpatient psychiatric treatment ever, not just at the time of death. These includes an overnight or longer stay at a psychiatric hospital or institution, psychiatric halfway house or group home, or psych unit within an acute care hospital.
- **PsychiatricMedication** refers to whether the patient had an active prescription for psychiatric medication at the time of death. They need not have actually been taking the medication. When available, toxicology results will help assess whether the decedent was taking the medication prescribed
- If a child victim was noted as having a mental health problem and as not being in mental health treatment, the **CFR_BarriersAccessMentalHealthCare** variable will document whether any evidence in the record indicates that the victim encountered barriers in accessing mental health treatment.
 - Code “Yes” if there were specific obstacles or if it was known that treatment was either recommended by a health professional and/or identified by the family yet care was not received. Examples of specific obstacles include lack of insurance coverage, transportation problems, or long waiting lists. Another example would be parental awareness of their child’s suicidal ideation, but inability to establish care because of immigration status.
 - Please describe the nature of the barrier in the Incident Narrative.

9.12 CFR Concluding Variables

9.12.1 CFR conclusion matches Death Certificate: **CFR_CFRConclusionMatchedDC**

9.12.2 If no, manner the CFR designated: **CFR_CFRDesignated**

9.12.3 Text to specify other manner: **CFR_MannerOther**

9.12.4 Action taken to change the official manner: **CFR_ActionTakenChangeOfficialManner**

9.12.5 Result of action: **CFR_ResultOfAction**

9.12.6 CFR determination of preventability: **CFR_DeathPreventability**

Definitions:

- **CFR_CFRConclusionMatchedDC**: Did the CFR designation of the child’s manner of death match the death certificate manner?
- **CFR_CFRDesignated**: Manner of death designated by the CFR
- **CFR_MannerOther**: Text field for CFR manner of death if “other”
- **CFR_ActionTakenChangeOfficialManner**: If CFR designation did not match death certificate manner, was action taken by the CFR to change the manner of death?
- **CFR_ResultOfAction**: Result of action taken by the CFR to change the manner of death
- **CFR_DeathPreventability**: CFR conclusions regarding the preventability of the death

Response Options:

- **CFR_CFRConclusionMatchedDC**
- **CFR_ActionTakenChangeOfficialManner**

0 No

- 1 Yes
- 7 Not collected/CFR team does not make this comparison
- 8 Not applicable
- 9 Unknown

- **CFR_CFRDesignated**

- 1 Natural
- 2 Accident
- 3 Suicide
- 4 Homicide
- 5 Pending investigation
- 6 Could not be determined
- 66 Other
- 77 Not collected/CFR team does not designate manner
- 88 Not applicable
- 99 Unknown

- **CFR_MannerOther**

Text

- **CFR_ResultOfAction**

- 0 No change
- 1 Manner changed to agree with CFRT
- 3 Pending
- 6 Other
- 7 Not collected by local CFR team
- 8 Not applicable
- 9 Unknown

- **CFR_DeathPreventability**

- 0 Probably not preventable
- 1 Possibly preventable
- 2 Unable to determine preventability
- 7 Not collected/CFR team does not determine preventability
- 8 Not applicable
- 9 Unknown

Discussion:

The CFRT’s conclusions are being compared with the officially-designated manner of death as originally specified on the death certificate (or, if the death certificate was unavailable to the committee at the time of their review, the coroner/medical examiner report).

- **Code CFR_CFRConclusionMatchedDC** as “Yes” if the CFRT’s manner of death matched the manner of death originally designated on the death certificate.
- **Code CFR_CFRConclusionMatchedDC** as “No” if the CFRT determined that the manner of death was something other than that assigned in the death certificate data.
- Supply the manner chosen by the CFRT in **CFR_CFRDesignated**. “Could not be determined” under **CFR_CFRDesignated** refers to the affirmative designation of undetermined as the CFRT’s manner of death.

- “Unknown” is to be used if the information is not available at the time of data entry. Please use the text box to explain coding “Other” for **CFR_CFRDesignated**.
- **CFR_ActionTakenChangeOfficialManner** and **ResultOfAction** will be enabled only if **CFR_CFRConclusionMatchedDC** is coded as “No”.
- Some CFRTs designate the degree to which a child’s death was preventable (e.g., “definitely preventable”, “probably preventable”, “probably not preventable”, etc.). Respondents should collapse the levels they use to answer the question as “Probably not preventable,” “Possibly preventable” or “Unable to determine”. If the teams indicate any possibility of prevention then code “Possibly preventable.” “Unable to determine preventability” is an affirmative designation (i.e. it is specifically noted on the CFRT form) otherwise, code “Unknown”.

SECTION 10: INTIMATE PARTNER VIOLENCE OPTIONAL MODULE

This module allows states to capture additional information on homicide incidents classified as intimate partner violence (IPV) incidents. IPV incidents are defined as incidents in which violence or the threat of violence by a person against his or her current or former intimate partner results in the violent death of one or more people. This may involve cases in which there is a death of a third party that is directly linked to the intimate partner (IP) relationship (e.g., the child of the intimate partner, friend of the victim, a bystander).

10.1 Definition of Intimate Partner

For all intimate partner-related variables intimate partner ± is defined as a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse. It DOES NOT include instances of sex/intimacy in exchange for money/goods. There must be evidence of an intimate relationship (this does not apply to instances where there is simply attraction/infatuation between two individuals or in cases where one person is romantically interested in the other, but the feelings are not returned). The definition of intimate partner does not require sexual intimacy. This definition includes same-sex partners.

±. This definition is based on the CDC/National Center for Injury Prevention and Control standard definition of Intimate Partner Violence.

Source: http://www.cdc.gov/violenceprevention/pdf/ipv_surveillance_definitions.pdf

10.1.1 IPV Incident Type: IPV_IncidentType

Definition:

Type of IPV homicide incident

Response Options:

- 1 Type 1: IPV
- 2 Type 2: IPV-Related
- 3 Type 3: IP-Associated
- 4 Other (specify)
- 99 Unknown

Discussion:

The Incident Type IPV should be determined using Law enforcement reports or other available information on the relationship history of the intimate partners. The IPV module is designed to collect information on intimate partners and the circumstances that contributed to the violent death. The following categories should be used for coding the incident type:

Type 1: IPV: Incidents in which an individual is killed by a current or former intimate partner. (Other persons may also be involved in the NVDRS incident, as either victims or suspects. The IPV Module should only be completed for the actual intimate partners.)

Type 1 Case Examples

- A woman's ex-boyfriend walks up to the woman and shoots her on the street.
- A man and woman are out on their first date. They go back to her apartment after the date. The man tries to force the women into bed and strangles her to death.
- A woman and her lawyer are getting into a car; the woman's ex-boyfriend walks up to the woman and shoots her and the lawyer (the lawyer is an NVDRS victim, but would not have the IPV module completed).

Type 2 and Type 3 incidents do not involve a person killing a current or former intimate partner, but do include a homicide that is directly related to a current or former intimate relationship. That is, the homicide would not have occurred in the absence of the intimate partner relationship. Type 2: IPV-Related: Incidents that do not meet the definition of Type 1, but where the homicide is directly related to violence in the intimate relationship. For Type 2 incidents, the IPV module should be completed for the intimate partners, not the third party.

Type 2 Case Examples

- A woman kills her ex-husband's new wife. The suspect has a history of previously threatening her ex-husband.
- A man confronted, and then killed, another man he believed was having an affair with his girlfriend. The suspect had a history of physically assaulting his girlfriend and had told her on multiple occasions that he would kill her if she was ever with anybody else.
- A husband shoots and kills his child while attempting to attack his wife during an argument.

Type 3: IP-Associated: Incidents that do not meet the definition of Type 1, but where the homicide is directly related to an intimate partner relationship, and there is no evidence of violence in the intimate partner relationship itself. The homicide can be committed by or against any of the third parties involved but must involve at least one of the intimate partners as the victim or the suspect. For Type 3 incidents, the IPV module should be completed for the intimate partners, not the third party.

Type 3 Case Examples

- A man sees another man flirting with his wife in a bar; the two men argue and one stabs the other to death. No evidence of previous violence or threats between the man and wife.
- A grandmother is murdered by her teenage granddaughter and her granddaughter's lover because the grandmother was trying to keep the two young women apart.
- A man shot his landlord to death. In his confession, the suspect stated that the landlord habitually touched or made sexual comments about his (the suspect's) wife and that he got tired of it.

10.1.2 IPV Victim: IPV_Victim

10.1.3 IPV Perpetrator: IPV_Perpetrator

Definition:

- **IPV_IPV Victim:** Identification of whether the IPV Victim is the NVDRS Suspect, Victim, or neither
- **IPV_IPV Perpetrator:** Identification of whether the IPV Perpetrator is the NVDRS Suspect, Victim, or neither

Response Options:

- 1 NVDRS Suspect
- 2 NVDRS Victim
- 3 Both NVDRS Suspect and Victim
- 4 Neither NVDRS Suspect nor Victim
- 99 Unknown

Discussion:

For this module, the terms IPV Victim and IPV Perpetrator are used to identify persons on whom information is collected as opposed to victim and suspect as are used in the general NVDRS. These elements identify the role that the IPV Victim and IPV Perpetrator had in the homicide incident. The definitions for IPV Victim and IPV Perpetrator terms are as follows:

The IPV Victim is the partner in the intimate relationship who is the target of violence perpetrated by his/her intimate partner. This person may be the victim, suspect, or neither in the NVDRS. In cases of mutually combative violence where the target of the violence cannot be determined, the IPV victim should be listed as the partner who was killed. Coders should list the NVDRS identification number for the individual listed as the IPV Victim.

The IPV Perpetrator is the partner in the intimate relationship who has committed violence against his/her intimate partner. This person may be the victim, suspect, or neither in the NVDRS. Coders should list the NVDRS person identification number for the individual listed as the IPV Perpetrator.

10.2 Data Sources Used to Complete Module

- 10.2.1 Death Certificate: IPV_SourceDeathCertificate
- 10.2.2 Coroner/Medical Examiner Report: IPV_SourceCME
- 10.2.3 Law enforcement report: IPV_SourcePoliceReport
- 10.2.4 SHR or NIBRS Data:
IPV_SourceSupplementaryHomicideReportNationalIncidentBasedReportingSystem
- 10.2.5 Crime Lab Report: IPV_SourceLab
- 10.2.6 Gun Trace Report: IPV_SourceGunTrace
- 10.2.7 Hospital/ED Report: IPV_SourceHospitalEmergencyRoom
- 10.2.8 Court or Prosecutor Records: IPV_SourceDistrictAttorney
- 10.2.9 Restraining Order Records: IPV_SourceRestrainingOrder
- 10.2.10 Criminal History Database: IPV_SourceCriminalHistory
- 10.2.11 DVFRT Report: IPV_SourceDomesticViolenceFatalityReviewTeam
- 10.2.12 Newspaper Reports: IPV_SourceNews
- 10.2.13 Other Data Sources: IPV_SourceOther

Definitions:

Indicator of whether each of the above record types was used as a data source to complete module

Response Options:

- 0 Data source used
- 1 Data source not used

Discussion:

Select all of the data sources used by the coder to complete the IPV data module. The following should be coded as “data source used” if the sources were used the complete the module:

- SourceDeathCertificate** (death certificate);
 - SourceCME** (medical examiner, coroner report, or toxicology report);
 - SourcePoliceReport** (Law enforcement report data from the FBI’s Supplementary Homicide Reports or National Incident Based Reporting Reports);
 - SourceLab** (crime laboratory reports);
 - SourceGunTrace** (gun trace data);
 - SourceHospitalEmergencyRoom** (Hospital records including hospital discharge and emergency department records);
 - SourceDistrictAttorney** (prosecution or court records);
 - SourceRestrainingOrder** (national or state restraining order databases);
 - SourceCriminalHistory** (national or state criminal history databases);
 - SourceDomesticViolenceFatalityReviewTeam** (Domestic Violence Fatality Review Team report);
 - SourceNews** (newspaper article or other print media source); and
 - SourceOther** (specify any other sources used).
-

10.2.14 Evidence of Premeditation: IPV_Premeditated

Definition:

Homicide appears to have involved premeditation or advance planning

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Evidence of premeditation includes signs such as the suspect’s lying in wait for the victim(s) or taking precautions before the incident to avoid discovery. Most state laws differentiate levels of homicide, with homicide in the first degree involving premeditation or malice aforethought, and other homicide charges (homicide in the second degree, country manslaughter) showing no evidence of premeditation.

Examples

- Yes
 - Suspect arrived at the victim’s house with two handguns and extra clips.
 - Suspect was waiting outside the victim’s workplace; when she arrived, he shot her.
 - Suspect was aware of when her husband was meeting with his lawyer; she arrived at the office and shot both.
 - Suspect was charged with first degree murder.
-

10.2.15 Homicide during argument: IPV_HomicideDuringArgument

Definition:

Homicide occurred in the midst of an argument or altercation

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

It is difficult to ascertain whether a homicide was impulsive; this variable instead captures objective information about whether a verbal altercation of some sort immediately preceded the homicide. Although some of these cases may also involve advance planning (e.g., suspect lies in wait for the victim armed with a weapon and intending to kill him; upon seeing him, they argue, she produces the weapon and shoots him), the variable is likely to serve as a rough proxy for more impulsive homicides (see also “Premeditation” on the previous page). This information will frequently be unknown. Legally, differentiating homicides involving premeditation versus those occurring in the “heat of passion” is a major point as this distinction, in part, informs whether the suspect is charged with homicide in the first degree, homicide in the second degree, or manslaughter.

Examples

- Yes
 - Husband and wife had been drinking during a party; after the guests left, they began arguing and wife stabbed husband.
 - Victim told suspect that she wanted him out of the apartment; he became angry and beat her to death.
- No
 - Victim and sister were sitting in the moving van when victim’s husband pulled alongside the vehicle and shot her.
 - Suspect shot the victim while she was sleeping and then shot himself.

10.2.16 During child drop-off/pick-up: IPV_ChildrenDropoffPickup

Definition:

Homicide occurred during drop-off or pick-up of children

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

This variable refers to those periods of overlap when one partner in a couple sharing custody of children is picking up or dropping off children to or from the other partner or a court-supervised visit.

10.3 Suspect Legal Actions

- 10.3.1 Warrant issued for suspect: IPV_SuspectWarrant
- 10.3.2 Suspect arrested in this incident: IPV_SuspectedArrested
- 10.3.3 Suspect arrested but fled: IPV_SuspectFled
- 10.3.4 Suspect charged as perpetrator: IPV_SuspectChargedIPV
- 10.3.5 Suspect convicted: IPV_SuspectConvicted
- 10.3.6 Suspect convicted of original charge: IPV_SuspectConvictedOriginalCharge
- 10.3.7 Suspect died following incident: IPV_SuspectDied

Definitions:

- **IPV_SuspectWarrant:** Warrant issued for the suspect in this incident
- **IPV_SuspectedArrested:** Suspect arrested in this incident
- **IPV_SuspectFled:** Suspect arrested but fled while on bond or escaped custody
- **IPV_SuspectCharged:** Suspect charged in this incident
- **IPV_SuspectConvicted:** Suspect convicted in this incident
- **IPV_SuspectConvictedOriginalCharge:** Suspect convicted of the original charge
- **IPV_SuspectDied:** Suspect died following the incident

Response Options:

- **IPV_SuspectWarrant**
- **IPV_SuspectedArrested**
- **IPV_SuspectFled**
- **IPV_SuspectConvictedOriginalCharge**
 - 0 No
 - 1 Yes
 - 7 Not collected in data sources
 - 8 Not applicable
 - 9 Unknown
- **IPV_SuspectCharged**
- **IPV_SuspectConvicted**
 - 0 No
 - 1 Yes
 - 3 Pending/In progress
 - 7 Not collected in data sources
 - 8 Not applicable
 - 9 Unknown
- **IPV_SuspectDied**
 - 0 No
 - 1 Yes
 - 9 Unknown

Discussion:

These variables originated with the Child Fatality Review module. Code variables with reference to the intimate partner who was arrested, charged, prosecuted, etc. as a suspect for the death. Arrests or prosecution on lesser charges only, such as possession of a firearm without a license or other unrelated charges, should not trigger endorsing these variables. If the individual died following the incident then the other information does not have to be completed.

- **IPV_SuspectWarrant** indicates that a warrant was issued for the arrest of the suspect in the incident. Code as “yes” if a warrant for the suspect’s arrest has been issued.
- **IPV_SuspectedArrested** indicates that the suspect was arrested by law enforcement. If a suspect is arrested, the arrest record will indicate the criminal statutes the person is suspected of having violated (e.g., first-degree homicide, second-degree homicide, etc.). If the suspect has not been arrested, or if the arrest charges do not include perpetration of the victim’s death, code as “no.” Also code as “no” if a warrant for the suspect’s arrest has been issued but the arrest has not yet been made.
- **IPV_SuspectFled** indicates that the suspect was arrested by law enforcement as a suspected perpetrator in the victim’s death; however, the suspect fled while on bond or escaped from custody prior to any closure to the case.
- **IPV_SuspectCharged** indicates that a prosecutor such as the district attorney or federal prosecutor issued charges against the suspect. These charges are not to be confused with the initial charges on which law enforcement arrested a suspect. Rather, they refer to the charges filed by the prosecutor that initiated the prosecution process. If the records reflect that the suspect is being prosecuted, code as “yes.” Reasons to endorse “no” include that the case was never presented to prosecutors, the suspect was administratively released by Law enforcement prior to charging (which means that the Law enforcement no longer consider the person a suspect and s/he can be dropped as a suspect from the incident), or the prosecutor did not issue charges (because of lack of evidence, witness difficulties, defendant granted immunity, jurisdictional problem, constitutional defects, or physical evidence difficulty).
- **IPV_SuspectConvicted:** If prosecution is complete, this indicates whether the IPV Victim or Perpetrator suspect was convicted as a perpetrator in the victim’s death. Code “no” if the IPV Perpetrator or Victim was acquitted or the case was dismissed. Also code “no” if the IPV Perpetrator or Victim was convicted only of lesser charges (e.g., a weapons charge) but not as a perpetrator in the victim’s death (e.g., convicted of homicide, murder, or manslaughter). Assume the IPV Perpetrator or Victim has been convicted if she/he has been sentenced or is awaiting sentencing.
- **IPV_SuspectConvictedOriginalCharge:** If the IPV Victim or Perpetrator suspect was convicted of a lesser charge and not the original charge (e.g., charged with first degree murder but convicted of second degree), code as “No.”
- **IPV_SuspectDied:** If the IPV Victim or Perpetrator suspect died at any time during the legal proceedings.

10.3.8 Cohabitation Status: IPV_CohabitationStatus

Definition:

Cohabitation status of the IPV Perpetrator and IPV Victim at the time of the incident, i.e., living together in the same household, irrespective of marital status

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

If indication is provided through Law enforcement narratives or other data sources that the IPV

Perpetrator and IPV Victim shared a primary residence at the time of the incident, then “**CohabitationStatus**” should be coded as “yes.” If the IPV Perpetrator and IPV Victim are listed as having the same address and there is no information contrary about their having separated, code as “yes” even in the absence of an affirmative statement about cohabitation status. If the IPV Perpetrator and IPV Victim lived together fairly consistently, but there had been a recent change of status (e.g., less than 1 week of living in separate households) or they have separate addresses, then “**CohabitationStatus**” should still be coded as “yes.” For example, if it was reported that an IPV Victim had been staying with her parents for a few days or the IPV Victim had a separate mailing address, but primarily resided with the IPV Perpetrator, they should be coded as cohabitating.

10.3.9 Relationship length number of units: **IPV_RelationshipLength**

10.3.10 Unit of time used in relationship length: **IPV_RelationshipLengthUOM**

Definitions:

- **IPV_RelationshipLength**: Length of time the IPV Perpetrator and IPV Victim were involved in a romantic relationship
- **IPV_RelationshipLengthUOM**: Unit of time for IPV Perpetrator and IPV Victim involvement in a romantic relationship

Response Options:

- **IPV_RelationshipLength**
Enter number of units

- **IPV_RelationshipLengthUOM**
 - 1 Years
 - 2 Months
 - 3 Days
 - 4 Hours
 - 9 Unknown

Discussion:

This variable provides information on the length of time the IPV Perpetrator and IPV Victim were involved in a romantic relationship. This time period should be estimated from information drawn from CME or Law enforcement narrative reports. It should reflect the total time the couple have been in a relationship and not just, in the case of married couples, the length of the marriage.

It is coded using a numerical indication of the number of years, months, weeks, and days the relationship lasted. First the coder should provide information on the unit that best describes the amount of time of the IPV Perpetrator and IPV Victim relationship in terms of years, months, or less than 1 month. Indicate the length of the romantic relationship in **IPV_RelationshipLength** and the units of measurement for the interval (e.g., hours, days, weeks) in **IPV_RelationshipLengthUOM**.

For any length that is 47 hours or less, use hours; for 48 hours and to 29 days, use days. For 30 or more days, the abstractor should use months. For 12 or more months, use years. Round to the nearest unit (e.g., 1 hour and 35 minutes would be recorded as 2 hours). If relationship length was noted as a range, use the high end of the range (e.g., 15–29 days, use 29). If relationship length is not precisely noted, indicate 999 in **RelationshipLength** and the applicable unit in **IPV_RelationshipLengthUOM** (e.g., “couple

dated for a few days” would be 999 in IPV_RelationshipLength and 3 in IPV_RelationshipLengthUOM).

10.4 Relationship Break-Up

10.4.1 Breakup or breakup in progress: IPV_RelationshipBreakup

10.4.2 Breakup length number of units: IPV_BreakupLength

10.4.3 Unit of time used in breakup length: IPV_BreakupLengthUOM

Definitions:

- **IPV_RelationshipBreakup**: Indication of a breakup or in-process breakup of IPV Perpetrator and IPV Victim
- **IPV_BreakupLength**: Unit of time for IPV Perpetrator and IPV Victim breakup
- **IPV_BreakupLengthUOM**: IPV Perpetrator and IPV Victim relationship breakup length

Response Options:

- **IPV_RelationshipBreakup**
 - 0 No, there was no indication of a breakup between the IPV Perpetrator and IPV Victim
 - 1 No, a breakup was threatened by the IPV Perpetrator or IPV Victim but did not happen
 - 2 Yes, a breakup occurred immediately preceding or during the incident
 - 3 Yes, a breakup occurred at some point prior to the incident but not during or immediately preceding the incident
 - 9 Unknown
- **IPV_BreakupLengthUOM**
 - 1 Years
 - 2 Months
 - 3 Weeks
 - 4 Days
 - 5 Hours
 - 8 Not Applicable
 - 9 Unknown
- **IPV_BreakupLength**
 - 88 Not Applicable
 - 99 Unknown

Discussion:

These variables provide information drawn from CME or Law enforcement narrative reports that provide information whether a breakup occurred or was occurring between the IPV Perpetrator and IPV Victim.

- **IPV_RelationshipBreakup** should be coded as “yes” if there is information in the reports indicating the IPV Perpetrator and IPV Victim had broken up or were in the process of breaking up. This should include cases in which the partners recently divorced or one of the partners filed for divorce or threatened divorce.
- **IPV_BreakupLengthUOM** and **IPV_BreakupLength** time period should be estimated from information drawn from CME or Law enforcement narrative reports. It is coded using a numerical

indication of the number of years, months, weeks, and days of how long ago the breakup occurred. First the coder should provide information on the unit that best describes the amount of time that has passed since the IPV Perpetrator and IPV Victim breakup in terms of years, months, or less than 1 month. This is then followed by the number that best describes the time length of the breakup. If the IPV Perpetrator and IPV Victim relationship is described as having numerous breakups, the length should be measured using the most recent breakup. Information on the status of the relationship and timing of relationship termination may provide insight into precipitating events that may have contributed to the incident.

10.5 Children in Victim's Home

10.5.1 Children under 18 living at home: IPV_ChildrenHome

10.5.2 Number of children under 18 living at home: IPV_ChildrenNumberLiving

10.5.3 Any children not offspring of IPV Perpetrator: IPV_StepChildPerpetrator

10.5.4 Any children not offspring of IPV Victim: IPV_StepChildVictim

Definitions:

- **IPV_ChildrenHome:** Indicator of whether or not there were children under 18 living at the home.
- **IPV_ChildrenNumberLiving:** How many children under age 18 were living at the victim's home at the time of the incident
- **IPV_StepChildPerpetrator:** Were any of those children not the IPV Perpetrator's offspring
- **IPV_StepChildVictim:** Were any of those children not the IPV Victim's offspring

Response Options:

- **IPV_ChildrenHome**
- **IPV_StepChildPerpetrator**
- **IPV_StepChildVictim**
 - 0 No
 - 1 Yes
 - 9 Unknown
- **IPV_ChildrenNumberLiving**
 - 88 Not Applicable
 - 99 Unknown

Discussion:

This set of variables is only for IPV Victims or IPV Perpetrators who are killed by an intimate partner.

- **IPV_ChildrenHome:** Code "yes" if there were children under age 18 living in the IPV Victim's home at the time of the incident.
- **IPV_ChildrenNumberLiving:** Code the number of children under age 18 living in the IPV Victim's home at the time of the incident. If a report indicates that children were living in the home but does not specify their age, it is acceptable to code this variable.
- **IPV_StepChildPerpetrator:** Code "yes" if any of the children at home were not the IPV Perpetrator's from a previous or subsequent relationship.
- **IPV_StepChildVictim:** Code "yes" if any of the IPV Perpetrator's children at home were not the IPV

Victim's offspring. For example, if the perpetrator had one child with an ex-spouse (the IPV Victim) and one from a previous or subsequent relationship, code "yes."

Because we are attempting to describe the problem of children who are exposed to the violent death of a parent by a partner, please answer these questions with reference to the IPV Victim's or IPV Perpetrator's children and not with reference to other children who may be living in the house (such as cousins or neighbors) or witnessed the incident (such as a passer-by).

10.6 Children Present During Incident

10.6.1 Number of children exposed to homicide: IPV_ChildrenNumberExposed

10.6.2 Number of children 5 or under exposed to homicide: IPV_ChildrenNumberUnder5

10.6.3 Use of child as shield during incident: IPV_ChildrenShield

10.6.4 Child intervened during incident: IPV_ChildrenIntervened

Definitions:

- **IPV_ChildrenNumberExposed:** Number of children directly exposed to the incident (i.e., saw it, heard it, or discovered the body)
- **IPV_ChildrenNumberUnder5:** Number of children age 5 or younger who witnessed the incident
- **IPV_ChildrenShield:** Use of child as shield during the incident
- **IPV_ChildrenIntervened:** Child intervened during the incident

Response Options:

- **IPV_ChildrenNumberExposed**
- **IPV_ChildrenNumberUnder5**
Numeric
9 Some, but unknown number
99 Unknown
- **IPV_ChildrenShield**
- **IPV_ChildrenIntervened**
0 No
1 Yes
9 Unknown

Discussion:

- **IPV_ChildrenNumberExposed:** Code the number of children (under the age of 18) who were directly exposed to the homicide. For example, they saw it, they heard it through the walls, they witnessed the suspect abducting the victim, they were attacked or threatened during the incident or were used as a shield, or they discovered the body.
- **IPV_ChildrenNumberUnder5:** Code the number of children (age 5 and younger) who were directly exposed to the homicide. For example, they saw it, they heard it through the walls, they witnessed the suspect abducting the victim, they were attacked or threatened during the incident or were used as a shield, or they discovered the body.
- **IPV_ChildrenShield:** Code "yes" if a person in the incident attempted to use a child as a physical

shield to prevent or end an attack.

- **IPV_ChildrenIntervened:** code “yes” if a child attempted to intervene during the homicide incident. For example, if a child tried to in some way prevent the IPV Perpetrator from harming the IPV Victim by stepping between them, made verbal threats, etc.

10.7 Restraining Order Variables

10.7.1 Restraining order ever: IPV_RestrainingOrderHistory

10.7.2 Restraining order at time of incident: IPV_RestrainingOrder

10.7.3 Restraining order type: IPV_RestrainingOrderType

10.7.4 Restraining order issue date: IPV_RestrainingOrderIssueDate

10.7.5 Restraining order served: IPV_RestrainingOrderServed

10.7.6 Persons protected by restraining order: IPV_RestrainingOrderPersonsProtected

Definitions:

- **IPV_RestrainingOrderHistory:** Refers to whether there was ever a restraining order between the members of the couple (IPV Victim and IPV Perpetrator)
- **IPV_RestrainingOrder:** Refers to whether there was a restraining order between the members of the couple at the time of incident
- **IPV_RestrainingOrderType:** The type of restraining order in place
- **IPV_RestrainingOrderIssueDate:** The date the restraining order was issued
- **IPV_RestrainingOrderServed:** Indication of whether the restraining order was served
- **IPV_RestrainingOrderPersonsProtected:** Individual(s) protected by the restraining order

Response Options:

- **IPV_RestrainingOrderHistory**
- **IPV_RestrainingOrder**
 - 0 No
 - 1 Yes
 - 9 Unknown
- **IPV_RestrainingOrderType**
 - 1 Emergency
 - 2 Temporary
 - 3 Permanent
 - 8 No restraining order
 - 9 Unknown
- **IPV_RestrainingOrderIssueDate**
 - Date (format: MM/DD/YYYY)
- **IPV_RestrainingOrderServed**
 - 0 No
 - 1 Yes
 - 8 No restraining order
 - 9 Unknown

- **IPV_RestrainingOrderPersonsProtected**

- 1 IPV Victim
- 2 IPV Perpetrator
- 3 Both
- 8 Other
- 9 No restraining order
- 88 Not applicable
- 99 Unknown

Discussion:

Code “**IPV_RestrainingOrder**” as “yes” if a restraining order involving both the IPV Perpetrator and IPV Victim was issued at the time of the incident. Data sources for this information will likely vary by state. Some states can utilize statewide restraining order databases, while other states must rely on contacting county courthouses where the fatal incident took place. The Law enforcement report is another possible source for this information. Restraining orders may be referred to in a number of ways including restraining order, protective order, or by specific state statute number. Restraining orders that are not abuse prevention orders do not qualify and should not be included. For example, a restraining order not to spend money from a joint account filed as part of divorce proceedings should not be included.

Information may also be available on the date that the restraining order was issued, and served documentation of the restraining order should indicate the date on which it was issued. This should be entered with month, day, and year. The date served may not be as readily available. This information may be found in Law enforcement, Domestic Violence Fatality Review Team (DVFRT) report, or court records. The element only requires a yes, no, or unknown response.

Documentation for the restraining order should also include information on the individual(s) protected by the order. While most restraining orders will include only one of the partners, some may also include other child dependents. The information requested for the restraining orders provides more detail on the timing and coverage of the restraining order and may provide insight into precipitating events of the incident. If multiple restraining orders exist, record only the most recent between the intimate partners.

10.8 Prior Arrests/Convictions

10.8.1 Prior arrest(s): IPV_PriorArrestPerpetrator, IPV_PriorArrestVictim

10.8.2 Type of arrest(s): IPV_PerpetratorArrestType, IPV_VictimArrestType

10.8.3 Type of arrest(s) if other: IPV_PerpetratorArrestTypeText, IPV_VictimArrestTypeText

10.8.4 Prior conviction(s): IPV_PriorConvictionsPerpetrator, PriorConvictionsVictim

10.8.5 Type of conviction(s): IPV_ConvictionTypePerpetrator, IPV_ConvictionTypeVictim

10.8.6 Type of conviction(s) if other: IPV_ConvictionTypeOtherPerpetrator,
IPV_ConvictionTypeOtherVictim

Definitions:

- **IPV_PriorArrest:** IPV Perpetrator/Victim had prior arrest(s)
- **IPV_ArrestType:** Type of arrests for IPV Perpetrator/Victim
- **IPV_ArrestTypeText:** Text describing other type(s) of arrest for IPV Perpetrator/Victim

- **IPV_PriorConviction:** IPV Perpetrator/Victim had prior criminal conviction(s)
- **IPV_ConvictionType:** Type of convictions for IPV Perpetrator/Victim
- **IPV_ConvictionTypeOther:** Text describing other type(s) of conviction for IPV Perpetrator/Victim

Response Options:

- **IPV_PriorArrest**
- **IPV_PriorConviction**
 - 0 No
 - 1 Yes
 - 9 Unknown
- **IPV_ArrestType**
- **IPV_ConvictionType**
 - 1 Homicide
 - 2 Robbery
 - 3 Sexual assault (forcible)
 - 4 Assault offenses (other than sexual assault)
 - 5 Property offenses
 - 6 Weapons offenses
 - 7 Drug abuse violations
 - 8 Offenses against family or children
 - 9 Alcohol-related offenses
 - 10 Restraining order violations
 - 11 Other (specify)
 - 12 Other unspecified
 - 99 Unknown

Discussion:

The data elements provide information from state criminal history records. The coder should first indicate if an arrest or conviction occurred and then indicate the category. If a person has arrests and/or convictions in more than one category, list the most severe type of offense (homicide, then sexual assault, other assaults, offenses against family or children, robbery, property offenses, weapons offenses, drug abuse violations, and alcohol-related offenses). If this data element is coded from the criminal history records of a specific municipal or county Law enforcement department, the variable should be coded “unknown” if no arrest is found, because these records do not include other law enforcement departments in the state.

Definitions for all Part I and Part II offenses can be found in the UCR handbook (FBI, 2004): http://www.fbi.gov/about-us/cjis/ucr/additional-ucr-publications/ucr_handbook.pdf/view.

Prior arrests or convictions for homicide offenses include murder/non-negligent manslaughter, negligent manslaughter, and justifiable homicide. Sex offenses include forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling. Assault offenses include aggravated assault, simple assault, and intimidation. Property offenses should include the crimes of: burglary, larceny/theft, fraud, possession of stolen property, embezzlement, and vandalism. Weapons offenses include any crimes related to the manufacture, sale, or possession of deadly weapons. Drug abuse violations are defined as “the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.” Offenses against

family or children are defined as “unlawful nonviolent acts by a family member (or legal guardian) that threaten the physical, mental, or economic well-being or morals of another family member and that are not classifiable as other offenses, such as assault or sex offenses.” Alcohol-related offenses include driving under the influence and drunkenness.

10.8.1 Prior IPV Arrest(s): IPV_PriorArrestPerpetratorIPV, IPV_PriorArrestVictimIPV

Definitions:

IPV Perpetrator/Victim had prior arrest for violence against an intimate partner

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

This variable provides information that is most likely to be included in the Law enforcement reports. Some state criminal history databases explicitly identify domestic violence offense, but some do not, so this variable may be difficult for some states to code. Prior IPV arrests should be defined as any UCR Part I crimes—homicide, forcible rape, robbery, and aggravated assault—or the Part II crime of simple assault when committed against a former or current intimate partner.

10.9 Disability Variables[±]

10.9.1 Physical illness: IPV_PhysicalIllnessPerpetrator, IPV_PhysicalIllnessVictim

10.9.2 Diagnosis of physical illness: IPV_DiagnosisPhysicalIllnessPerpetrator, IPV_DiagnosisPhysicalIllnessVictim

10.9.3 Disability: IPV_DisabilityPerpetrator, IPV_DisabilityVictim

10.9.4 Disability was physical: IPV_DisabilityPhysicalPerpetrator, IPV_DisabilityPhysicalVictim

10.9.5 Disability was developmental: IPV_DisabilityDevelopmentalPerpetrator, IPV_DisabilityDevelopmentalVictim

10.9.6 Disability was sensory: IPV_DisabilitySensoryPerpetrator, IPV_DisabilitySensoryVictim

Definitions:

- **IPV_PhysicalIllness:** IPV Perpetrator/Victim had an acute or chronic physical illness at the time of the incident
- **IPV_DiagnosisPhysicalIllness:** Free text field to indicate diagnosis if IPV Perpetrator/Victim was physically ill at the time of the incident
- **IPV_Disability:** IPV Perpetrator/Victim had a disability at the time of the incident
- **IPV_DisabilityPhysical:** IPV Perpetrator’s/Victim’s disability was physical (e.g., paraplegia, cerebral palsy)
- **IPV_DisabilityDevelopmental:** IPV Perpetrator’s/Victim disability was developmental (e.g., mental retardation)

- **IPV_DisabilitySensory:** IPV Perpetrator’s/Victim’s disability was sensory (e.g., blindness, deafness)

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Physical illness may be acute (e.g., viral gastroenteritis, pneumonia) or chronic (e.g., diabetes, asthma, sickle cell anemia). However, if the chronic illness did not impose increased care demands at the time of the incident, do not code “yes.” For example, if an individual had a history of asthma, but had no acute exacerbation at the time of the incident, code “no.” The severity of the illness should not be considered when coding; any mention in the record of the individual being physically ill at the time of the incident is sufficient to warrant coding **PhysicalIllness** as “yes.” Physical disability implies a chronic physical impairment that has a substantial, long-term effect on the individual’s day-to-day functioning (e.g., cerebral palsy). Developmental disability implies a chronic cognitive or developmental deficit that has a substantial, long-term effect on the individual’s day-to-day functioning (e.g., autism, mental retardation). Sensory disability implies a chronic sensory deficit that has a substantial, long-term impact on the individual’s day-to-day functioning (e.g., blindness, deafness). If an individual was not specifically diagnosed with or documented to have one of the listed disabilities, answer “no.” The information used to complete this data element may come from medical records and/or autopsy.

±For information about CDC and WHO definitions of disability, see:
<http://www.cdc.gov/ncbddd/disabilityandhealth/types.html>

10.9.7 Alcohol use suspected: IPV_SuspectedIntoxicatedPerpetrator, IPV_SuspectedIntoxicatedVictim

10.9.8 Drug use suspected: IPV_SuspectedDrugUsePerpetrator, IPV_SuspectedDrugUseVictim

Definitions:

- **IPV_SuspectedIntoxicated:** IPV Perpetrator/Victim suspected to be under the influence of alcohol at the time of the incident
- **IPV_SuspectedDrugUse:** IPV Perpetrator/Victim suspected to be under the influence of an illicit drug at the time of the incident

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

SuspectedIntoxicated is asked of victims only. In the IPV module, it is also asked of both the IPV Victim and IPV Perpetrator. **SuspectedDrugUse** is a new variable also asked of both IPV Victims and Perpetrators.

Alcohol use suspected should be coded “yes” using information from witness or investigator reports (e.g., Law enforcement note that the IPV Perpetrator or Victim had been drinking), circumstantial evidence (e.g., empty six pack scattered around IPV Perpetrator or Victim), or test results (e.g., Law enforcement breathalyzer).

This variable refers only to alcohol use and not drug use. Therefore, if an IPV Perpetrator or Victim was said to have been smoking crack on the day of the incident, but tested negative for alcohol and there is no evidence of drinking, should be coded as “no.” The phrase “in the hours preceding the incident” can be interpreted relatively broadly. For example, if friends report that an IPV Perpetrator or Victim was drinking heavily at a party, and returned home that evening and was killed sometime later that night, should be coded as “yes.” The level of intoxication is not relevant in coding this variable. If there is no evidence of alcohol use, code this variable as “no.” Use the “unknown” option only if the source does not have a narrative that could provide the evidence of intoxication.

Drug use suspected should be coded “yes” based on witness or investigator reports or test results from the IPV Perpetrator or Victim. Illicit drugs include not only street drugs like heroin, cocaine, marijuana, and methamphetamine, but also illicitly obtained prescription drugs like oxycodone and substances that are sniffed for their mood-altering effects (e.g., sniffing glue, “huffing” gasoline). Prescription drugs believed to be taken in accordance with the prescription directions should not be included as illicit drug use.

Both **SuspectedIntoxicated** and **SuspectedDrugUse** will include some false positives, since they are not necessarily based on test results. For a more conservative evaluation of drug and alcohol use in suspects, use toxicological testing if available.

10.9.9 Mental health problem: IPV_MentalHealthProblemPerpetrator, IPV_MentalHealthProblemVictim

Definitions:

IPV Perpetrator /Victim had a mental health problem

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

If the case involves a suicide, this information will be captured in the general NVDRS system for the suicide victim. Code a person as “yes” for if he or she has been identified as having a mental health problem. Mental health problems include disorders and syndromes listed in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Revision) with the exception of alcohol and other substance disorders (as these are captured in separate variables). Examples of disorders qualifying as mental health problems include not only diagnoses such as major depression, schizophrenia, and generalized anxiety disorder, but developmental disorders (e.g., mental retardation, autism, attention deficit hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders such as Alzheimer’s and other dementias. Also code “yes” if the person was being treated for a mental health problem including treatment through involuntary mechanisms such as an Emergency Order of

Detention, even if the nature of the problem is unclear (e.g., “was being treated for various psychiatric problems”). It is acceptable to endorse this variable on the basis of past treatment of a mental health problem, unless it is specifically noted that the problem has been resolved. For example, “IPV Victim or Perpetrator was hospitalized twice for mental problems,” is adequate basis for coding as “yes.” Code yes if a mental health problem is noted even if the timeframe is unclear (as in “history of depression”), or if the person was seeking mental health treatment or someone was seeking treatment on his or her behalf (e.g., “family was attempting to have him hospitalized for psychiatric problems”). This should also be coded as “yes” if the IPV Victim or Perpetrator has a prescription for an antidepressant or other psychiatric medication. The drug list provided in the training notebook identifies drugs that can be considered psychiatric medications. We have separate questions for substance use problems. Therefore, do not include substance abuse as a “current mental health problem.”

Coding “no” (as opposed to “unknown”) means that the record explicitly stated that the person had no known mental health problems. Code “unknown” if there is no information about the person’s mental health status or if the information is unclear.

Examples

- Yes
 - Toxicology report from medical examiner indicates that the IPV Victim or Perpetrator tested positive for Sertraline (an antidepressant)
 - Person had posttraumatic stress disorder (PTSD)
 - History of depression
 - Was under the care of a psychiatrist
- No
 - Record states “no known mental disorders”
- Unknown
 - Neighbor indicates that the person was not acting normally. Was depressed over a recent break-up.

10.10 Mental Health Diagnoses

**10.10.1 Mental health diagnosis 1: IPV_MentalHealthDiagnosisPerpetrator1,
IPV_MentalHealthDiagnosisVictim1**

**10.10.2 Mental health diagnosis 2: IPV_MentalHealthDiagnosisPerpetrator2,
IPV_MentalHealthDiagnosisVictim2**

**10.10.3 Mental health diagnosis 3: IPV_MentalHealthDiagnosisPerpetrator3,
IPV_MentalHealthDiagnosisVictim3**

**10.10.4 Other mental health diagnosis: IPV_MentalHealthDiagnosisOtherPerpetrator,
IPV_MentalHealthDiagnosisOtherVictim**

Definitions:

- **IPV_Mentalhealthdiagnosis1:** IPV Perpetrator/Victim mental health diagnosis
- **IPV_Mentalhealthdiagnosis2:** IPV Perpetrator/Victim mental health diagnosis 2
- **IPV_Mentalhealthdiagnosis3:** IPV Perpetrator/Victim mental health diagnosis 3
- **IPV_MentalHealthDiagnosisOther:** IPV Perpetrator/Victim other mental health diagnosis

Response Options:

- **IPV_Mentalhealthdiagnosis1**
- **IPV_Mentalhealthdiagnosis2**
- **IPV_Mentalhealthdiagnosis3:**
 - 1 Depression/dysthymia
 - 2 Bipolar disorder
 - 3 Schizophrenia
 - 4 Anxiety disorder
 - 5 Posttraumatic stress disorder
 - 6 ADD or hyperactivity disorder
 - 7 Eating disorder
 - 8 Obsessive-compulsive disorder
 - 9 Mental retardation
 - 10 Autism
 - 11 Personality disorders (e.g., borderline, schizoid, histrionic, avoidant, etc.)
 - 12 Alzheimer's
 - 88 Not applicable
 - 99 Unknown
- **IPV_MentalHealthDiagnosisOther**
Text

Discussion:

Code up to three diagnoses. If a diagnosis is not on the code list, code "other" and record the diagnosis in the text field. If the record indicates more than three diagnoses, note the additional diagnoses. For cases in which the person was noted as being treated for a mental health problem, but the actual diagnosis is not documented, code "88" as "unknown." If the person had a mental health problem but the nature of the problem has not been diagnosed (e.g., "was hearing voices and having paranoid delusions; family was attempting to have her committed"), code as "not applicable" since she/he had not been treated or diagnosed. Do not attempt to apply a diagnosis based on reading the symptoms. While it is acceptable to code "mental health problem" based on the IPV Victim's or Perpetrator's prescription for a psychiatric medication, do not infer a specific diagnosis based on the medication.

10.10.5 Currently in treatment for mental health

problem:IPV_TreatmentMentalHealthPerpetrator, IPV_TreatmentMentalHealthVictim

10.10.6 Ever treated for mental health problem: IPV_HistoryMentalIllnessPerpetrator, IPV_HistoryMentalIllnessVictim**Definitions:**

- **IPV_TreatmentMentalHealth:** IPV Perpetrator/Victim currently in treatment for a mental health Problem
- **IPV_HistoryMentalIllness:** IPV Perpetrator/Victim ever treated for a mental health problem

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

This should be coded “yes” if the IPV Victim or Perpetrator was in current treatment (that is, had a current prescription for a psychiatric medication or saw a mental health professional within the past 2 months). Treatment includes seeing a psychiatrist, psychologist, medical doctor, therapist, or other counselor for a mental health or substance abuse problem; receiving a prescription for an antidepressant or other psychiatric medicine (see training notebook for list of psychiatric drugs); or residing in an inpatient or halfway house facility for mental health problems. This variable indicates whether the IPV Perpetrator or Victim was noted as ever having received professional treatment for a mental health problem, either at the time of death or in the past. If an IPV Perpetrator or Victim is in current treatment, by definition this variable (ever in treatment) should be endorsed. If a decedent died as the result of an overdose from multiple medications and it is not clear whether the medications were his or her own (as in an IPV Victim or Perpetrator swallowing everything in the family’s medicine cabinet), the existence of an antidepressant or other psychiatric medication in the IPV Victim’s or Perpetrator’s bloodstream is not sufficient evidence of mental health treatment. For IPV Perpetrators and Victims who die by other means than drug overdose (e.g., shooting, hanging), toxicologic test results indicating the presence of a psychiatric medication is sufficient evidence of mental health treatment.

Examples

1. Current treatment for mental illness

- Yes
 - A recently filled, unopened prescription belonging to the IPV Victim or Perpetrator for an antidepressant is found in the medicine cabinet.
 - In treatment for depression for the last 10 years.
 - Released from inpatient care for bipolar disorder a week ago.
- No
 - Records indicate not in mental health treatment
 - Taking St. John’s Wort (nonprescription herb) for depression because of a magazine article s/he had read.
 - Taking over-the-counter sleeping pills for insomnia (but note that a diagnosed sleep disorder would qualify).

2. Ever treated for mental illness

- Yes
 - Several years ago the IPV Victim or Perpetrator was treated for bipolar disorder.
 - The IPV Victim or Perpetrator had begun seeing a psychiatrist recently, but had previously never been in treatment.

10.10.7 Alcohol problem: IPV_AlcoholProblemPerpetrator, IPV_AlcoholProblemVictim

10.10.8 Other substance abuse problem: IPV_SubstanceAbusePerpetrator, IPV_SubstanceAbuseVictim

Definitions:

- **IPV_AlcoholProblem:** IPV Perpetrator/Victim had alcohol dependence or alcohol problem
- **IPV_SubstanceAbuse:** IPV Perpetrator/Victim had other illicit or prescription drug abuse problem

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Code “yes” for if the IPV Perpetrator or Victim was perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs. An IPV Perpetrator or Victim who is noted as participating in a drug or alcohol rehabilitation program or treatment—including self-help groups and 12-step programs—should be coded as “yes” even if the IPV Perpetrator or Victim was noted as being currently clean and sober. A problem from the past that has resolved and no longer appears to apply should not be coded. Can be endorsed if an IPV Perpetrator or Victim was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using inhalants (e.g., sniffing gas). If the IPV Perpetrator or Victim is mentioned as using illegal drugs—even if addiction or abuse is not specifically mentioned—code as “yes.” The phrase “history of drug abuse” is sufficient to justify endorsing unless it is noted that the IPV Perpetrator or Victim is no longer a drug user. Previously attempting suicide via overdose is not sufficient justification for endorsing in the absence of other information.

Examples

1. Alcohol problem

- Yes
 - CME report indicates the IPV Victim or Perpetrator was in an alcohol rehabilitation program last year. Called AA sponsor the day before the incident.
 - Noted in CME report that the IPV Perpetrator or Victim had been drinking a lot lately and family was concerned.
- No
 - CME report indicates that 20 years ago the IPV Perpetrator or Victim had trouble with drugs and alcohol as a teenager, but not since then.

2. Other substance abuse problem

- Yes
 - CME report indicates that the perpetrator or victim abuses his/her own painkiller prescription. IPV Perpetrator or Victim made regular visits to a methadone clinic.
 - IPV Perpetrator or Victim had track marks and drug paraphernalia at his/her apartment.
 - IPV Victim or Perpetrator shot him/herself after a fight with spouse over drug use and mounting debts.
- No
 - IPV Perpetrator or Victim smoked marijuana occasionally.
 - IPV Perpetrator or Victim attempted suicide via medication overdose on two previous occasions. No evidence of substance use or abuse.

10.10.9 Disclosed intent to commit suicide:IPV_SuicideDisclosedIntentPerpetrator, IPV_SuicideDisclosedIntentVictim**Definitions:**

IPV Perpetrator/Victim disclosed to another person intentions to commit suicide

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Code as “yes” if the IPV Perpetrator or victim had previously expressed suicidal feelings to another person, whether explicitly (e.g., “I’m considering killing myself”) or indirectly (e.g., “I think everyone would be better off without me” or “I know how to put a permanent end to this pain”). Do not code this variable as “yes” if the IPV Perpetrator or Victim disclosed his/her intention to kill him/herself only at the moment of the suicide (i.e., when there was no opportunity to intervene to stop the suicide). Also, do not endorse this variable if the IPV Perpetrator or Victim had talked about suicide sometime in the distant past, but had not disclosed his/her current intent to commit suicide to anyone. When the Law enforcement or CME document whether the IPV Perpetrator or Victim stated his/her intent to commit suicide, they are doing so less for the purpose of documenting a missed opportunity for intervention and more for the purpose of indicating why the death is being treated as a suicide and not a potential homicide. Therefore, the records may be unclear about timing. For example, the record may state, “IPV Perpetrator or Victim has spoken of suicide in the past,” and it is not entirely clear whether the talk about suicide was only in the past or was related to the current incident. This will frequently be a gray area for coding. If the record indicates disclosure of intent in the past but affirmatively states that there was no disclosure for the current incident, code as “no.” If the record indicates disclosure of intent, but is unclear about the time frame, code as “yes.” This will sometimes be incorrect; however, the specificity to allow precise coding is too often missing in the records to justify using a narrower interpretation.

Examples

- Yes
 - The IPV Perpetrator or Victim told a spouse that s/he was planning to end his/her suffering and was going to stop being a burden.
 - The IPV Perpetrator or Victim has mentioned on and off to friends that s/he was considering suicide; no one thought s/he would do it.
- No
 - The IPV Perpetrator or Victim has spoken of suicide in the past, but not in the past few months when things seemed to be going better for him/her.
- Unknown
 - Had previously threatened to kill his family. No further information available on mental health history.

10.10.10 **History of suicide attempts: IPV_HistorySuicideAttemptsPerpetrator,**
10.10.11 **IPV_HistorySuicideAttemptsVictim**

Definitions:

- **IPV_HistorySuicideAttemptsPerpetrator:** Perpetrator had a history of attempting to commit suicide
- **IPV_HistorySuicideAttemptsVictim:** Victim had a history of attempting to commit suicide

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Discussion:

Code **HistorySuicideAttempts** as “yes” if the IPV Perpetrator or Victim was known to have made previous suicide attempts, regardless of the severity of those attempts.

----END OF CODEBOOK----