

NATIONAL VIOLENT DEATH REPORTING SYSTEM

WEB CODING MANUAL

VERSION 5.5*

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

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INTRODUCTION

1.0 Purpose of the Coding Manual

The NVDRS Coding Manual is a reference document to be used for defining cases, defining variables, entering data, and checking data once they are entered. It contains information about all data elements (i.e., variables) and the way the data are structured. It should be kept on hand when doing data entry, data abstraction, or data checking/reabstraction, both in the office and in the field. It is also a useful guide to understand the way in which NVDRS variables are defined when conducting data analysis.

1.1 Companion documents

Starting in 2018, historical information on variables contained in the NVDRS system has been added to a data dictionary, and a description of how key data elements can be used in analyses has been added to the NVDRS Analytic Manual.

1.2 Background on NVDRS

Public health leaders and others aware of the long-standing gap in information about violence emphasized the need for a national surveillance system for violent deaths since 1989. In 1999, the Institute of Medicine, currently known as the National Academy of Medicine, recommended that the 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. Deaths occurring in 2003 constitute the first year of data collection for NVDRS. 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. California ended data collection for these counties in 2009. Also, in 2009 the system expanded, with two more states (Michigan and Ohio) joining NVDRS and collecting data beginning in 2010. In 2014, 14 more states joined NVDRS (Arizona, Connecticut, Hawaii, Iowa, Illinois, Indiana, Kansas, Maine, Minnesota, New Hampshire, New York, Pennsylvania, Vermont, and Washington) and began collecting data in 2015. NVDRS expanded again in 2016 with an additional eight states (Alabama, California, Delaware, Louisiana, Missouri, Nebraska, Nevada, and West Virginia), the District of Columbia, and Puerto Rico joining the system and beginning data collection in 2017. Finally, in 2018, ten states (Arkansas, Florida, Idaho, Mississippi, Montana, North Dakota, South Dakota, Tennessee, Texas, and Wyoming) joined the system and began collecting data in 2019. Starting with the 2019 data year, NVDRS became a national system with all 50 states, the District of Columbia, and Puerto Rico collecting data. Availability of data

varies by year and by state. Please refer to the NVDRS Analytic Manual for more details on data availability. The NVDRS Analytic Manual is available upon request by emailing nvdrs-rad@cdc.gov.

1.3 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 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 re-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 sustaining NVDRS in all 50 states, the District of Columbia , and U.S. territories

2.0 NVDRS Methodology

NVDRS is a population-based active surveillance system that collects information on violent deaths that occur among both residents and nonresidents of U.S. states, the District of Columbia, and Puerto Rico.

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 or died as a result of 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.

¹World Health Organization, World Report on Violence and Health:
http://www.who.int/violence_injury_prevention/violence/world_report/en

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 state, district, or territory managed by the state health department or their bona fide agent (e.g., Office of the Chief Medical Examiner). 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 resulting from injuries 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 an NVDRS incident include but are not limited to:

- One isolated homicide, suicide, legal intervention death, death of undetermined intent meeting NVDRS case definitions, or unintentional firearm 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
- A single homicide or multiple homicides followed by suicide of the suspected perpetrator within the same 24 hours

Each incident record contains information about victims, suspects, the relationship of the victim to the suspect, injury characteristics, circumstances surrounding the incident, toxicology findings for the victim, characteristics of weapon(s) involved in the incident, and narrative accounts of the events in the incident. To fully characterize NVDRS incidents, VDRS programs collect information from numerous data sources.

Required primary source documents:

- Death certificates (DC)
- Coroner/Medical examiner (CME) reports, including toxicology reports
- Law enforcement (LE) reports

Secondary or optional sources:

- Supplementary Homicide Reports (SHR) and National Incident-Based Reporting System (NIBRS) reports
- Child Fatality Review (CFR) team data
- Intimate partner violence (IPV) expanded data (e.g., from Domestic Violence or IPV homicide review panels)
- Crime lab data
- Hospital data
- Other law enforcement data from official sources, such as court records or official law enforcement press releases

Information from SHR and NIBRS reports, CFR, IPV review panels, and other LE data from official sources can be used to inform data elements that typically (e.g., weapon information) or exclusively (i.e., LE circumstances) come from LE in NVDRS. This is because each of these sources is either based on LE information (e.g., SHR, NIBRS, press releases), or is part of an investigative team that interacts with the criminal justice system (e.g., CFR teams, IPV homicide review, the court system).

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 LE report).

Data collection is done by either abstraction from the records maintained by the primary source data providers at their offices or by transfer of data from the primary source data providers to the VDRS program 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 circumstances and potential contributing factors are collected later and can be analyzed later. DCs often provide the earliest information in most states, but other states may identify incidents (i.e., initiate cases) through the CME or LE reports. Regardless of the source(s), information on the number of violent deaths is typically available to the VDRS program office and entered into the system within four months of the occurrence of death. LE and CME data are expected to be entered in NVDRS within 16 months of the end of the calendar year in which the death occurred.

NVDRS makes a unique contribution by capturing information on circumstance surrounding suicides, undetermined deaths that may be due to violence, homicides, legal intervention deaths, and unintentional firearm injuries. These circumstances for homicide, legal intervention death, suicide, and deaths of undetermined intent include factors such as mental health history and status, whether a victim disclosed intent to die by suicide, interpersonal conflicts, and criminal activity. 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. NVDRS makes another unique contribution by collecting 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-based system and are stored without personally identifiable information (PII) in a secure national database maintained by CDC.

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 CFR teams, using a module specially designed to take advantage of the detailed information available from that source. An IPV module was also subsequently added to the system and is available to states interested in collecting detailed information on IPV-related deaths, such as data that comes from IPV homicide review panels.

NVDRS has also added an optional module for collecting more information about deaths due to drug overdose, and a module for collecting extended information about school-associated violent deaths (SAVDs). These modules draw information from multiple sources, and collect greater detail about these types of incidents.

3.0 Coding training

Coding training is required for new VDRS programs joining NVDRS and new data abstractors in all VDRS states. Ongoing coding support is provided through an email helpdesk dedicated to coding questions, monthly conference calls with all VDRS programs, conference calls with individual VDRS programs as needed or requested, and optional coding workgroup calls.

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. VDRS programs should collect information about all cases that meet these definitions. VDRS programs may also develop their own program-specific definitions. If their definitions are broader than those shown here; VDRS programs may enter these cases, but the cases should be identified as “Other (State-Defined)” in the Incident Type field. Reports generated by CDC will include only those cases that meet the CDC definitions. VDRS programs should cite which definition they are using, VDRS program-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 needs 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

DCs 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 DC, LE, or CME 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, according to the DC. Please note this also includes residents of American Indian reservations at the time of injury.

B. State resident violent death

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

C. U.S. occurrent violent death

The initial injury must have occurred within the United States, including its territories. Please note this also includes injuries that occurred on American Indian reservations.

D. State occurrent violent death

The initial injury must have occurred within the state, district, or territory, 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. However, if the states of residence and injury occurrence are different, the state of injury occurrence is responsible for collecting the information. For example, if a resident of state A dies as a result of a fatal injury that occurred in state B, state B is responsible for collecting the information. When states receive source documents for an incident that occurred in another state, they may coordinate with the other state responsible for collecting data on that incident by using the **Transfer Incident** feature in the NVDRS web-based system to share information and transfer ownership to the appropriate state. The **Transfer Incident** feature was added to the web-based system in August 2021 to allow states to transfer incidents directly within the web-based system. For guidance on how to use the **Transfer Incident** feature, please email NVDRS-Software@cdc.gov.

If a VDRS program chooses to collect and enter information into the NVDRS web-based system about a resident death where the fatal injury occurred in a different NVDRS state, the data abstractor should mark the incident type for these cases as “Other (State-Defined)” to avoid duplication. For further guidance related to resident and occurrent deaths, please see the decision tree in [Appendix A](#).

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 DC, official LE or CME report will likely 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., LE and CME).

IV. Manners of Death

For public health purposes, NVDRS deaths are assigned to types according to the ICD code assigned to the underlying cause of death indicated on the DC by the CME (per Table 1). However, coroners or

medical examiners may not uniformly apply the same criteria in assigning in all states. Therefore, NVDRS will also try to achieve some standardization of death type through these definitions. Some of the manners of death are not included as options on a standard DC. 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 DC but will be called a “Legal intervention” death in NVDRS. Similarly, a self-inflicted firearm death ruled “accidental” on a DC will be included as an “Unintentional firearm” death in NVDRS. Therefore, ICD codes at times will not match NVDRS definitions of death manner. 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.

Note that the following specific scenarios **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 died while using a firearm for “Russian roulette,” where a person aims a partially loaded gun at themselves and pulls the trigger knowing that there is at least some chance that the gun would fire
- A person intended only to injure rather than die by suicide (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 mentally ill (e.g., acute psychotic episodes that may impair a person’s judgment)

The following specific scenarios **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 to use the substance(s) with intent to harm 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.

Note that the following specific scenarios **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 results 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

The following specific scenarios **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 (unintentional) 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)
- Infant deaths due to maternal substance misuse (e.g., exposure to substance through breast milk), with no indication that there was an intent to harm the infant, even when the mother is being charged with homicide.

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, according to the judgment of death investigators. Unlike homicide and suicide deaths, which can be detected using the ICD-10 codes and reviewing the manner of death on the preliminary DC, LE report, or CME 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 DC, LE report, or CME report. The process is described 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 DC, LE report, or CME report by itself is **not** sufficient to classify a death as Undetermined for NVDRS.

- *Tips on reading the DC:* To identify the possible cause of death (NVDRS weapon type), abstractors should review the text or narrative information on the DC, particularly the text associated with the Cause of Death (Part I and Part II) and the description for “How the Injury Occurred.”
- *Tips on LE and CME reports:* Confirm the NVDRS weapon is known.
- *Examples of cases that are potentially Undetermined per NVDRS case definitions, 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 of a cliff
 - 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 that **should not** be classified 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 Unexplained Infant Death or Sudden Infant Death Syndrome,” or SUID or SIDS

Step 2: Deaths meeting the criteria for step 1 (i.e., the cause of death is known and it results from the use of force or power against oneself or another person and the weapon type is known) 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 DC:* 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 LE and CME reports:* Confirm the manner of death is “Could not be determined.”
- *Examples of cases that **should** be classified 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 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.
- *Examples of cases that **should not** be classified 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

Unintentional firearm death is defined as 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.

Note that the following specific scenarios **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 younger 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)

The following specific scenarios **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

Legal intervention death is defined as a death in which the decedent was killed by or died as a result of 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. The term legal intervention is a classification from ICD-10 codes and does not denote the lawfulness or legality of the circumstances surrounding the death.

These deaths can occur during the course of a law enforcement officer conducting a random or targeted traffic stop, issuing a citation, arresting or in pursuit to apprehend a victim (e.g., victim fleeing or escaping arrest), responding to a call to maintain order, minimizing disturbances and/or ensuring safety (e.g., domestic disturbances, to circumvent suicide crisis), or other actions as part of law enforcement duties.

Please note that the following scenarios fall within the definition of legal intervention deaths in NVDRS:

1. Incidents in which the decedent was killed while fleeing from/being pursued by law enforcement, including some scenarios in which the victim was not directly injured by law enforcement officers. Examples include:
 - Victim's death resulting from car crash while being pursued by law enforcement in a high-speed chase
 - Victim's death resulting from attempting to escape law enforcement contact or arrest (e.g., victim runs away from officers, unintentionally falls off a bridge, and dies)
 - Death resulting from a victim being killed by another person unrelated to the event, while being pursued by law enforcement (e.g., a motorist hits and kills a victim that was being pursued by law enforcement)
2. Incidents in which the decedent died as the result of force applied by law enforcement officers without clear lethal intent (e.g., restraint, use of typically nonlethal weapon such as a Taser)
3. "Justifiable" and "criminal" homicides meeting the above definition
4. Bystanders who are inadvertently killed by law enforcement acting in the line of duty by mechanisms such as firearms, explosives, blunt objects (e.g., batons), sharp objects, or personal weapons

Please note that the following scenarios **should not** be classified as legal intervention deaths in NVDRS:

1. Legal executions and cases of justifiable homicide not involving a law enforcement or other peace officer
2. Persons who were in contact with and wounded by law enforcement, but who subsequently died from some other means (e.g., a person was shot by law enforcement but subsequently died of a drug overdose)
3. In motor vehicle crash deaths, persons who are not directly involved in a law enforcement pursuit of a suspect but are inadvertently killed by law enforcement (e.g., law enforcement hit and kill a pedestrian while in pursuit of a suspected drunk driver; law enforcement unintentionally hit an unrelated car at a stoplight while pursuing a suspect)
4. A passenger is riding in the car of the person who is being pursued by law enforcement but is **clearly not involved** in the perpetration of the crime (or other reason) which led to the pursuit (e.g., a baby is inadvertently killed when a carjacker being pursued by law enforcement crashes the car)

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 data collected within the State Unintentional Drug Overdose Reporting

System (SUDORS) program, which also uses the NVDRS platform for data collection. For more information, see: <https://www.cdc.gov/drugoverdose/od2a/index.html>. For a comparison of NVDRS and SUDORS, please see [Appendix B](#).

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. In NVDRS, an incident is defined as one or more related deaths meeting NVDRS case definitions that occur within the same 24-hour period.

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

- One isolated violent death
- Two or more homicides, including legal intervention deaths, 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 dies by 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 group of homicides 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 dies by suicide together (The deaths were planned to coincide.)
- Homicide-suicide: A man kills his wife at home and then dies by suicide 12 hours later when pulled over by law enforcement.
- Unintentional firearm-suicide: A boy unintentionally kills his father while hunting and dies by suicide 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 die by suicide on the same day. One dies by suicide on the agreed upon day, while the other does not attempt suicide that day but does so and dies by suicide a week later (more than 24 hours apart).
- Homicide-suicide: A woman learns that her son has murdered her husband. She dies by suicide because of grief. (The suspect in the first death is not the person who dies by 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 first 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.

VII. Data Year

A. 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.

B. 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 21, 2006 and one dies on December 22, 2006 and the second dies on January 4, 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. Annual Violent Death Rate

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 injury | Death >1 year after injury | Deaths any time after injury |
|--|-----------------------------------|--------------------------------------|--------------------------------------|
| Intentional self-harm (suicide) | X60–X84 | Y87.0 | U03 (attributable to terrorism) |
| Assault (homicide) | X85–X99, Y00–Y09 | Y87.1 | U01, U02 (attributable to terrorism) |
| Event of undetermined intent | Y10–Y34 | Y87.2, Y89.9 | N/A |
| Unintentional exposure to inanimate mechanical forces (firearms) | W32–W34 | Y86 | N/A |
| Legal intervention (excluding executions, Y35.5) | Y35.0–Y35.4, Y35.6, Y35.7 | Y89.0 | N/A |

6.0 Notes on Terminology

Use of the term “homicide” can be a point of confusion in a violent death reporting system. The origins of the term “homicide” literally mean the killing of one person by another, whether intentionally or unintentionally. Law enforcement and many coroners/medical examiner may adhere to this broader definition of homicide and therefore sometimes refer to certain 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 believed was unloaded) and negligent acts by a caregiver of a dependent person (as in a toddler who was left unattended in the bathtub briefly while her caregiver answered 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 DC. However, the code is chosen based on the information supplied by the CME on the DC. 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 DC 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 DC. This confusion in terms is one reason that the NVDRS has chosen to include an abstractor-assigned manner of death code. This code applies a uniform protocol to categorizing violence-related homicides, unintentional deaths, suicides, and deaths due to undetermined 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 SHR 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. It is also possible to make these distinctions reliably when CME and LE reports are reviewed for a case.

(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, Incident Type, Incident Category, number nonfatally shot persons, number of victims)
 - Optional workflow fields (e.g., abstractor name, flag for follow-up, date supervisor checked incident)
 - Related incidents (those outside 24 hours or other parameters for an NVDRS incident but related in some other way, determined by the states; examples include serial homicides attributed to a common perpetrator(s) or a series of suicides thought to be related).

2. Victim(s):
 - Extended demographics
 - Manner of death
 - Description, location, and time of injury
 - Weapon(s) that inflicted the fatal injury
 - Toxicology findings
 - Circumstances associated with the death (e.g., depressed before a suicide or an argument preceding the homicide)

3. Suspect(s):
 - Demographics
 - Victim- suspect relationship
 - Additional suspect characteristics (e.g., suspect was a caregiver for this victim; suspect had been in contact with law enforcement)

4. Special module (only applicable to school-related incidents meeting certain inclusion criteria):
 - School-Associated Violent Death (SAVD) module

5. Optional modules:
 - Child Fatality Review (CFR) module
 - Intimate Partner Violence (IPV) module
 - Overdose (OD) module

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. For example, if one of the persons involved is a suspect who did not die in the incident, only limited information is collected. If the weapon was not a firearm, there are often no additional details regarding the weapon, and therefore no detailed characteristics of non-firearm weapons are tracked in NVDRS.

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 from both LE and CME reports 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 that most often include information on different types of data elements in NVDRS. **No PII should ever be entered into the web-based NVDRS system.**

| 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 | | | | |
| 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 | | | | |
| 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

Many variables in NVDRS have hover over text that becomes visible when the abstractor moves the cursor over the variable. This hover over text is 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 first added in August 2013 and are updated on an ongoing basis.

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. See guidance regarding individual variables for correct values for each.

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: Open a new incident in the software by selecting “Create new incident.” Select the incident year and incident type (e.g. NVDRS, NVDRS Non-Targeted Area, etc.) and then again hit the button labeled “Create new incident.” This will create the “shell” of the new incident.

Task 2: You will now be in the “Incident Overview” area. In this section, you will have the opportunity to add other victims (using “add victim” in the victim section) to the incident as appropriate (see NVDRS definitions of “incident” for further guidance), enter the number of persons nonfatally shot (for either of these that apply) in the incident, and enter information about related incidents. Optional workflow tracking fields such as those in the Incident Checklist and Document(s) sections are also included on this screen. Blank records for each victim in the incident are now created, and abstractors should access each one individually for the steps that follow.

Task 3: Enter information for each victim in the incident on each of the five core tabs in each victim record. These are:

1. Demographics
2. Injury and Death
3. Circumstances
4. Weapon(s)
5. Toxicology

For all incidents involving one or more suspects according to case information and NVDRS case definitions, enter information on the Suspect(s) tab.

For incidents including SAVDs, enter information on the SAVD tab.

Note that the abstractor should hit “Save” when leaving each tab. Abstractors should review and attempt to populate all fields on tabs that apply to each case. The “Validate” function in the top right of the screen may also be used for error checking.

CME and LE narrative fields appear at the bottom of the screen across tabs and can be minimized and maximized using the arrows that appear at the top of each field.

IPV, OD, and CFR modules are available for use in applicable cases at state discretion.

15.0 Reabstraction Guidelines

Reabstraction of cases is an important data quality control measure for VDRS programs. The primary purpose of reabstraction is to identify errors in the coding of key data elements in a timely manner and correct them. 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.
- At a minimum, 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 DC, LE report, and CME report.
- 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.
- Reabstractors will want to compare their results with the original abstractions 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.
- Reabstractors may consider entering reabstracted cases into the training module of the NVDRS web-based system. This will avoid duplication of cases within the system and provide a helpful practice environment.

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 Option:

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 Option:

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 21, 2006 and one dies on December 22, 2006 and the second dies on January 4, 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, District, 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 IncidentNumber 6, no information will be displayed for IncidentNumber 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:

Identifies the type of incident collected by various users of the NVDRS web-based system.

Response Options:

- 1 NVDRS
- 2 NVDRS Non-Targeted Area
- 3 SUDORS
- 9 Other (State-Defined)

Discussion:

- **NVDRS:** Incidents collected for the National Violent Death Reporting System. **Drug overdose deaths of undetermined intent should be coded here.**
- **NVDRS Non-Targeted Area:** Incidents collected for NVDRS outside a state’s designated catchment area. **These cases are all optional and to be entered at the state’s discretion.** The following are examples of cases that fall into this category:
 - Deaths where the fatal injury occurred within a state’s boundary, but in an area outside of the VDRS program’s target county or counties. This applies only to states collecting data on violent deaths within a selected county or counties as part of their data collection plan.
 - Cases that are part of the subset that are **only** required to have DC data (only applies to states funded under Option 3 for large states).
- **SUDORS:** Incidents collected for the State Unintentional Drug Overdose Reporting System. **Drug overdose deaths of undetermined intent should be coded under “NVDRS.”**
- **Other (State-Defined):** Incidents collected by state or other partner organizations, outside of regular NVDRS case definitions (e.g., sudden unexplained infant death [SUID]). **These cases are all optional and can be entered at the VDRS program’s discretion.** Resident deaths where the fatal injury occurred in another NVDRS state should be coded here. Please note, the state of injury occurrence is responsible for collecting information on the death.

Note: Prior to September 2018, this variable described whether the incident involved a single or multiple victims and the manner of all the victims’ deaths. Beginning in September 2018, a calculated variable, Incident Category, identifies whether or not the incident involved a single or multiple victims and the manner of all the victims’ deaths. Incident Category will be calculated **automatically** based on the

victim(s) in an incident, using the “manner of death” data elements. Manner of Death per abstractor is checked first, but if it is missing, the NVDRS software will use the DC Manner, CME Manner, or LE Manner to assign an incident category. The field is updated whenever an incident is saved. The incident categories are:

- Single Suicide
- Single Homicide
- Single Unintentional Firearm Death
- Single Legal Intervention Death
- Single Death of Undetermined Intent
- Multiple Suicide
- Multiple Homicide
- Multiple Unintentional Firearm Deaths
- Multiple Legal Intervention Deaths
- Multiple Deaths of Undetermined Intent
- Homicide(s) Followed by Legal Intervention Death(s)
- Mutual Homicide/Shootout
- Multiple Deaths – Other
- Single Homicide Followed by Suicide
- Homicide(s) Followed by Suicide(s), Over 2 Fatalities
- Missing or Other Death Manner

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 Option:

Text

Discussion:

Incident narratives are written based on a single type data source (e.g., LE or CME) that may involve single or multiple documents (e.g., CME report and toxicology report). 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.”

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 **NEVER** be included in any narratives:

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

Sometimes a data abstractor will receive two data sources in one document from data providers (e.g., a CME report contains a copy of the police report) or multiple documents from the same source (e.g., CME 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 CME or LE 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 LE reports conflict about the narrative details, record what you believe to be in the most accurate narrative. Do the same for multiple CME reports. The circumstances coded should be consistent with these decisions.

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 Option:

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 certificate
- coroner/medical examiner report
- law enforcement report

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 Option:

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 dies by suicide. 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 or one of the following:

- 0 None
- 8888 Not applicable
- 9999 Nonfatally shot victims, number unknown or unspecified

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 the incident had firearm fatalities, but there is no indication of nonfatal shooting victim(s).
- Enter “8888” if the incident did not have firearm fatalities, and there is no indication of nonfatal shooting victim(s).
- Enter “9999” if source documents indicate that the incident had nonfatal shooting victims, but the number is unknown or unspecified.

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 Option:

Checkbox

Discussion:

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

1.11 Data Abstraction Completion Indicators

1.11.1 Date supervisor checked incident: SupervisorCheckedDate

1.11.2 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 Option:

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.

1.12 Abstractor Name: AbstractorName

Definition:

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

Response Option:

Text

Discussion:

This helps VDRS programs 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 data 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 Option:

Checkbox

2.2 Document type: DocumentType

Definition:

Type of document being requested, logged in, or tracked. Death certificate, medical examiner or coroner report, 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 Option:

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_rerequested

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 Option:

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 Option:

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 **NEVER** be entered.

Response Option:

Text

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 (i.e., 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 fetus 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 dies by suicide. He is a suspect because he killed someone else, and a suicide victim because he died by suicide; 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 Option:

Text

Discussion:

This de-identified information can be used to match victims across data sources (e.g., LE and CME 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 Option:

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:

This de-identified information can be used to match victims across data sources (e.g., LE and CME 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 report associated with the victim. State abstractors may also choose to enter less than 4-digits to preserve confidentiality.

Response Option:

Text

Discussion:

This de-identified information can be used to match victims across data sources (e.g., LE and CME 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 DC record associated with the victim. State abstractors may also choose to enter fewer than 4-digits to preserve confidentiality.

Response Option:

Text

Discussion:

This de-identified information can be used to match victims across data sources (e.g., LE and CME 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 sex at the time of the incident

Response Options:

- 1 Male
- 2 Female
- 9 Unknown

Discussion:

Sex captures the sex of the victim according to the DC. If the victim is transgender, please record the victim's sex as indicated by at least one of the three primary data collection sources: DC, CME report, or LE report.

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 Option:

Checkbox

Discussion:

Transgender is defined as people "who experience incongruence between birth sex and gender identity."¹ For instance, a person born 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 reassignment surgery or hormone therapy to support a sex reassignment.

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 at death
- **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 victims 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, recording data separately for 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[±]

- **RaceWhite:** Person with origins among any of the original peoples of Europe, North Africa, or the Middle East
- **RaceBlack:** Person with origins among any of the black racial groups of Africa
- **RaceAsian:** Person with origins among any of the original people of the Far East, Southeast Asia, or the Indian subcontinent
- **RacePacificIslander:** Person with origins among any of the original people of the Pacific Islands

(includes Native Hawaiians)

- **RaceAmericanIndian:** Person with origins among any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives)
- **RaceUnspecified:** 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 Option:

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 “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.

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 DC and often noted in LE or CME reports.

- 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 reports 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.

Note: “Domestic Partnership” was added to this variable in March 2015.

[‡]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: RelationshipStatus

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 DC 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 report.
- If the time of injury occurs within 24 hours of a break up between the victim and his/her partner, code “Currently in a relationship.” If the time of injury occurs greater than 24 hours from a break up, code “Not currently in a relationship.”

Note: Variable was added in March 2015.

3.1.17 Sex of Partner: SexOfPartner

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 DC 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 DC. As such, it collects pregnancy status at the time of death, not at the time of injury.
- If your state’s DC 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 report and not completed on the DC.

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 Straight/Heterosexual
- 1 Gay
- 2 Lesbian
- 3 Bisexual
- 4 Unspecified sexual minority
- 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.

²Badgett & 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 DC in the section captioned, “Ever a member of U.S. Armed Forces[‡].” If a state’s DC 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 DC.

[‡]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 equivalent) 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
99998 Rural
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++++
Leave blank if Unknown

+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 group information may be obtained using the Census Geocoder Tool from the following website: <https://geocoding.geo.census.gov/geocoder/geographies/address?form>. From the toolbar on the left side of the screen (options) select the "Find Geographies Using" option. Then click on the "Address" tab and type in the street address from the Death Certificate. This will elicit Census Tract and Block Group data directly.

It is also possible to obtain Census tract and block group 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 DC. This should include 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 | 5 | California | 9 | District of Columbia |
| 2 | Alaska | 6 | Colorado | 10 | Florida |
| 3 | Arizona | 7 | Connecticut | 11 | Georgia |
| 4 | Arkansas | 8 | Delaware | 12 | Hawaii |

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

Discussion:

The place of birth is indicated on the DC. If the victim was not born in the U.S. 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 Option:

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 DC
- **IndustryText:** Victim’s usual business/industry text as recorded on the DC
- **UsualOccupation:** Usual occupation of the victim as recorded on the DC
- **OccupationText:** Usual occupation text of the victim as recorded on the DC

Response Options:

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

- 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 DC. Usual occupation/industry is not necessarily the victim’s current occupation/industry. Provide information exactly as it appears in the DC 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 “Not applicable.” These codes should only be used if they appear in the DC data.
- If the text descriptor is recorded on the DC, and a numeric code is not provided, report only the text information and use the code “080” to indicate that the actual code is not available.
- If the DC 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 U.S. Census Bureau’s Industry and Occupation Codes. See

<https://www.census.gov/topics/employment/industry-occupation/guidance/code-lists.html>

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
- N/A (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 DC. 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 victim’s homeless status. Persons experiencing homelessness 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; or temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full).

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 experiencing homelessness, 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 shelter for persons experiencing homelessness for the past 3 months.
 - Victim lived in an abandoned house or building along with several other individuals experiencing homelessness.
 - 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 experiencing homelessness if they were 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 to be experiencing

homelessness.

- 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.”

Note: Homeless and Housing instability are mutually exclusive and should NOT be coded together as “Yes” to indicate a victim’s current housing status. The coding of Homeless as (1) “Yes” automatically means Housing Instability should be coded as (0) “No.” The Homeless variable is intended to represent victims who have no fixed address AND have no place to live.

3.2.7 Housing instability: HousingInstability

Definition:

Acute or chronic instability in the victim’s housing situation appears to have contributed to the victim’s death.

Response Options:

| | |
|---|---------|
| 0 | No |
| 1 | Yes |
| 9 | Unknown |

Discussion:

This code is intended to represent victims who are not experiencing homelessness, but who lack the resources or support networks to obtain or retain permanent housing. Housing instability has no standard definition, but includes a number of interrelated challenges, such as trouble paying rent, overcrowding, moving frequently, or staying with relatives.[±]

Housing instability may be evidenced by:

- Frequent moves because of economic reasons
- Living temporarily in the home of another because of economic or interpersonal hardship
- A series of short stays with different friends or family members (a.k.a., “couch surfing”) with no other more permanent residence
- Living in transitional housing, including correctional half-way housing
- Temporarily living in housing provided by nonprofit organizations, such as housing provided by voucher programs

- Living in a structure that is not traditionally residential (e.g., an office building, cab of truck, a house under renovation or construction)
- Living in a hotel or motel
- Having been recently asked to move out by a family member or friend with whom the victim was temporarily living
- Not having a permanent place to stay following an eviction or other loss of housing. Note that the eviction/loss of housing in and of itself is not enough to endorse this code - it must be stated that there was an inability to obtain long-term housing in the aftermath or anticipated aftermath of the eviction/loss of housing.

‡ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>

Examples of persons experiencing housing instability include the following scenarios:

- Victim was kicked out of her home by her parents after stealing money to support her drug addiction and was living in her friend’s basement.
 - Victim and her children had moved 3 times in the previous year due to being evicted twice and closure of their apartment building because it was deemed unsafe by inspectors.
 - Victim had lost his eligibility for public housing when he went to prison and was unable to find a place to stay long-term when he was released. He had been residing with a series of family members and friends but had no place to stay starting the following week.
 - Victim had recently experienced homelessness, but was allowed to stay in an unoccupied house for 1 week.
 - Victim checked into a motel 1 day after discharge from a hospital and died that day. In the hospital, he told staff he did not have a permanent place to live and had been living in motels.
 - Victim was sleeping on a friend’s couch after being kicked out of his home by his wife who was fed up with his drinking and said she was going to file for divorce.
 - Victim was evicted 2 weeks prior and was living in a motel.
 - Victim was noted to have lived in various hotels for days at a time, with nothing further noted regarding the victim’s living situation or a more permanent address.
 - Victim lived part-time at his girlfriend's home and part-time in motels.
 - Victim lived in an apartment provided by a nonprofit organization serving persons experiencing homelessness.
 - Victim lived in an office building with permission from the building owner.
 - Victim had recently been kicked out of his home by his roommates and was experiencing homelessness. Several days prior, victim’s roommates allowed him to move back in until the time of his upcoming deportation.
-
- Code “No” if it is unclear in the source documents that the victim was experiencing housing instability and their housing situation appears to have contributed to their death.
 - Code “No” if homeless was endorsed as “Yes.” Homeless and housing instability are mutually exclusive and should NOT be coded together as “Yes” to indicate a victim’s current housing status.
 - Code “Unknown” if the source documents do not include a narrative that could provide the evidence that the victim was experiencing housing instability and their housing situation appears to have contributed to their death, or if based on the limited information provided in the source documents, it is unknown if the victim was experiencing housing instability.

The following housing situations would not meet criteria for “Housing instability” because they would be considered **stable** housing:

- Own Single Room Occupancy (SRO) room (no services)
- Supportive SRO (services on site)
- Detox facility
- Intermediate care facility
- Own apartment or house
- Parent/guardian’s apartment or house (long-term)
- Other family member’s apartment or house (long-term)
- Someone else’s apartment or house (long-term)
- Boarding house or board-and-care
- Group home
- Treatment or recovery program (drug/alcohol rehabilitation)
- Long-term alcohol/drug-free facility
- Long-term hospitalization (medical or psychiatric)
- Nursing home
- Jail or prison

Note: Housing instability and Homeless are mutually exclusive and should NOT be coded together as “Yes” to indicate a victim’s current housing status. The coding of Housing instability as (1) “Yes” automatically means Homeless should be coded as (0) “No.” The Housing instability variable is intended to represent victims who are not experiencing homelessness but who lack the resources or support networks to obtain or retain permanent or stable housing.

3.2.8 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, MPH)
- 7 Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, JD)
- 9 Unknown

Discussion:

The options for the “Education” variables are those on the 2003 DC. 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 or GED completed.”
- For very young children who are not in school, code as “0” or “8th grade or less.”

3.2.9 Education by number years: EducationYears

Definition:

Represents victim's educational level as measured by years of formal 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 DC. 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.

Note: 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 DC
- **DeathMannerLE:** Manner of death recorded in LE 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)
 - 11 Unintentional poisoning
 - 99 Missing

Discussion:

When completing the manner of death, abstractors must record the Manner of Death exactly as they are reported on the CME report, DC, and LE report. 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 report, DC, and LE report.

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 undetermined intent. Manner is determined by the coroner or medical examiner and, when considered in conjunction with the narrative cause of death statements on the DC, 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 differs 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 DC 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 DC (the abstractor-assigned type of death variable can capture legal intervention deaths that are not coded on the DC in that fashion).
- Do not use the DC manner for the CME manner field even if the DC is found in the CME report. Record the manner from the CME report.

Assigning Abstractor Manner of Death

The abstractor assigns this manner of death based on reading the DC, CME report, and LE report 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., LE 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 case 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 LE reports an abstractor is able to determine that a homicide was due to legal intervention, the abstractor assigned manner should be coded “Legal intervention.”

Sometimes the manner of death is listed in a given source document for legal purposes such as seeking a prosecution, but the case facts in their entirety should be considered in applying abstractor manner. Two examples of this are as follow:

- There may be cases where the manner of death is listed as “Homicide” on the CME or LE report, and/or the DC solely for purposes of prosecuting drug-related offenses (e.g., prosecuting drug dealers or other persons who assisted the victim in obtaining or using substances that led to the victim’s fatal overdose). In this scenario, if the case facts indicate that the victim died of an unintentional substance overdose, this is considered a SUDORS case. SUDORS abstractors may assign the abstractor manner of death as “Unintentional” (see SUDORS case inclusion/exclusion matrix in the SUDORS Coding Manual for more details).
- Likewise, a manner of death of “Homicide” may be listed on the CME or LE report, and/or the DC for an incident involving the death of an infant due to maternal substance misuse for purposes of legal prosecution. If ICD10 codes P04.4, or X40-X44 are assigned, and the case facts corroborate that the infant’s death was an unintentional poisoning death, this is considered a SUDORS case. Please refer to SUDORS case inclusion/exclusion matrix in the SUDORS Coding Manual for more details. A copy of the SUDORS Coding Manual may be requested by emailing ODsurveillance@cdc.gov.

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 standardized manner that is **consistent** with the CME report, DC, and/or LE report AND is **consistent** with the NVDRS case definitions.

Note: Expanded guidance regarding cases where the manner of death is listed as “Homicide” on the CME or LE report, and/or the DC solely for purposes of prosecuting drug-related offenses (e.g., prosecuting drug dealers or other persons who assisted the victim in obtaining or using substances that led to the victim’s fatal overdose) was added in August 2021.

4.2 Change in Collection of Injury and Death Variables

The remaining injury and death variables have traditionally been obtained from DCs. Beginning in 2013, these variables may be abstracted from any source when appropriate. While DCscan 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^{††††}

Leave blank if Unknown

† 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 group 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 DC. This will elicit Census Tract and Block Group 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 park or on the beach), record the injury location variables using the nearest address or cross streets. If the nearest street address or intersection is not available from the records, enter the injury location information for the smallest geography that the name (e.g., park or on the beach) falls within. For example, if a city park falls entirely within a zip code, enter that zip code but enter "Unknown" for smaller geographies like census tract.
- Reporting sites that geocode their data at the local level using address information (*Note: specific address information should never be entered into the web-based 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 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

Definitions:

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

Response Option:

- **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.” If year of injury is missing, enter “9999.”

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 AM” 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 AM and noon”), treat time as unknown.

4.3.3 Type of location where injury occurred: InjuryLocationType

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 ¹ (See footnote for additional information on commercial establishments) |
| 10 | Industrial or construction areas (e.g., factory, warehouse) |
| 11 | Office building |
| 12 | Parking lot/public parking garage (e.g., public parking lot in a downtown area, 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, mosque, shrine, tabernacle, cathedral |
| 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 |
| 32 | Cemetery, graveyard, or other burial ground |
| 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.
- If a victim was fatally injured falling from a bridge, code the injury location as “31” “Bridge” and not the location of impact.

- If a victim was fatally injured in a nursing home or assisted living, code the injury location as “24” “Supervised residential facility.”
- If a victim was fatally injured in a park, playground, ball field, etc. on school property, code as a “17” “Elementary, middle school” or “18” “High school,” as appropriate. Endorse this injury as school-associated violent death, and complete the information on the SAVD tab and extended suspect information for SAVD cases on the Suspect tab.
- If the victim was fatally injured on a K-12 school campus (17 – Elementary school, middle school; 18 – High school; 20 – Unspecified school) or on school-sponsored transportation (e.g., school bus), endorse this injury as school-associated violent death and complete the information on the SAVD tab and extended suspect information for SAVD cases on the Suspect tab.

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

¹ “The term commercial establishment— (A) means an establishment used for commercial purposes, such as a bar, restaurant, private office, fitness club, oil rig, retail store, bank or other financial institution, supermarket, automobile or boat dealership, or any other establishment with a common business area; and (B) does not include a multi-unit permanent or temporary dwelling where private home viewing occurs, such as a hotel, dormitory, hospital, apartment, condominium, or prison.”
https://www.law.cornell.edu/uscode/text/17/119#d_12

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 DC is supposed to be filled out for all injury victims with the exception of those younger than age 14 years (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: InjuredAtVictimHome

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)
- 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 when injured.” Code the applicable response option “1 through 8”
- 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” 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 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 substance 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**
 - 888 Not applicable
 - 999 Unknown

- **SurvivalTimeUnit**
 - 0 Seconds
 - 1 Minutes
 - 2 Hours
 - 3 Days
 - 4 Years
 - 5 Months
 - 7 Instant
 - 8 Not applicable
 - 9 Unknown

Discussion:

Survival time is noted on the DC 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 DC.
- 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;
 - Beyond 30 days and less than 365 days should be labeled in months;
 - For 365 or more days or 12 or more months, use years; and
 - 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 “instant (or instantaneous),” “immediate,” or “sudden,” indicate “0” in **SurvivalTime** and “7” in **SurvivalTimeUnits**.

4.3.12 Children present and/or witnessed fatal incident: ChildPresent

Definition:

Child(ren) present during and/or witnessed the fatal incident.

Response Options:

Textbox: Enter one of the following response options. ONLY select one response option.

| | |
|---|---------|
| 0 | No |
| 1 | Yes |
| 9 | Unknown |

Discussion:

Child(ren) present is defined as a person younger than 18 years of age who was present during the fatal incident. The source documents do not have to indicate if a child(ren) observed (saw or heard) the fatal event. This variable identifies children who were present and therefore could have been exposed to or witnessed acts of significant violence (i.e., fatal incidents). This exposure can occur in any type of setting, not only in the home of the child witness or others involved in the incident. **This variable is NOT applicable if under-age suspects were the only children present/witnessing the fatal incident.**

- Code “Yes” if a child (person under 18, including infants (i.e., a child <1 year of age) was present when the fatal injur(ies) occurred. This can include children who were nonfatally injured as part of the incident, as well as other children present who were uninjured. This can include children who are able to “hear” or “witness” the fatal incident via the phone or via technology (e.g., FaceTime). Code “Yes” if the source documents indicate a child (person under 18) was asleep or in another room in the house present when the fatal injur(ies) occurred.
- Code “Yes” if the child(ren) find the decedent after the fatal injuries occurred, are there when others find the decedent fatally injured, or if the child(ren) are at the scene shortly after the decedent is found (e.g., while police are investigating or EMS has arrived).
- Code “Yes” if a child finds the body of the decedent(s) in a public place, even if they did not know the decedent(s). They likely did not witness the fatal incident in this scenario, but were exposed to its aftermath.
- Code “No” if the children present at the time of the fatal incident were all fatally injured in the incident. This variable reflects living “witnesses” only.
- Code “No” if a person(s) 18 years of age or older was present and observed the fatal incident.
- Code “No” if the child present is a prenatal (i.e., fetus) “witness.”
- Code “No” if it is clear in the source documents that no child(ren) witnessed and/or was present during the fatal incident. For example, code “No” if only another adult(s) witnessed and/or was present during the fatal incident. Code “No” if the source documents indicate the victim was alone when the fatal incident occurred.

- Code “Unknown” only if the source does not include a narrative that could provide the evidence of child(ren) witnessed and/or was present, or if based on the limited information provided in the source documents, it is unknown if a child was present and/or witnessed the fatal event.

Note: This variable was added in November 2020.

Manner of Death: All manners.

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.
 - If **DeathPlace** for victim is “1 – Hospital Inpatient,” code as “Yes.”
-

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

Definition:

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###. #

000.7 Not collected by reporting site

000.8 Not applicable

000.9 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-CM codes.

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

Definition:

The U.S. 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: ###. #

000.7 Not collected by reporting site

000.8 Not applicable

000.9 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**

Definition:

- **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
 - 9 Unspecified

Discussion:

The underlying cause of death assigned on the DC 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 DC 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 DC 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 DC is created and consequently these data may not be available until months after the death or when you first receive the DC.
- 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

4.5.2.1 Immediate cause of death text: DeathCause1**4.5.2.2 Cause leading to immediate cause of death text: DeathCause2****4.5.2.3 Next antecedent cause of death text: DeathCause3****4.5.2.4 Underlying cause of death text: DeathCause4****4.5.2.5 Other significant conditions contributing to death text: OtherCondition****4.5.2.6 How injury occurred text: HowInjuryOccurred****Definitions±:**

- **Immediate cause of death** (text from DC): the final disease, injury, or complication directly causing death
- **Cause leading to the immediate cause of death** (text from DC): Next sequential cause of death, if any leading to the immediate cause of death.
- **Next antecedent cause of death** (text from DC): Next sequential cause of death, if any, leading to the immediate cause of death.
- **Underlying cause of death** (text from DC): the disease or injury that initiated the chain of morbid events that led directly and inevitably to death.
- **Other significant conditions contributing to death** (text from DC): Conditions contributing to death are pre-existing or coexisting diseases, conditions, or injuries that may have contributed to the death but did not directly result in the underlying cause of death.
- **How injury occurred** (text from DC): A brief, specific, and clear description of how the injury occurred. It may include circumstances surrounding the injury, the cause of injury, and in the case of

firearm injuries, the type of firearm.

Response Option:

Text as it appears on DC

Discussion:

The text that the death certifier supplies on the DC 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 DC.
- The letters in the variable names correspond to the lettered lines appearing on the DC.
- Some death certificates will not have an entry on all four cause of death lines or in the lines for “other significant conditions contributing to death” or “how injury occurred.” 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 and Prevention/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.

See also: https://www.cdc.gov/nchs/data/misc/hb_cod.pdf

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 is the same list used on the current standard U.S. DC. The place of death may be useful for emergency response planning and to assist in evaluating hospital or EMS services. The older DC 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 DC 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 DC, enter the

place of death in the free text field if the place is specified on the DC. 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 Option:

Text

Discussion:

Some deaths will be coded on the DC 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 DC, enter the place of death in the free text field if the place is specified on the DC. 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 DC 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 DC, 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 21, 2006 and one dies on December 22, 2006 and the second dies on January 4, 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 Option:

Start typing the state or territory to activate auto-complete

Discussion:

Identifies the state in which the DC 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 DC).
- 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)
- 9 Unknown

Discussion:

Autopsies are not performed on every case that comes to the attention of a CME, but 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 DC to indicate if an autopsy was performed. However, the same criteria in determining whether or not an autopsy was performed may not uniformly be applied across jurisdictions. Therefore, NVDRS attempts to achieve some standardization of this variable through the definitions below.

External examination consists of measuring and recording body length and weight and examining external aspects of the body before internal examination. The external examination documents identifying features, signs of or absence of disease and trauma, and signs of death. External examination (including post-mortem imaging) does not qualify as an autopsy. Toxicology testing alone (i.e., without an internal examination) also does not qualify as an autopsy.

An autopsy is defined as the examination and dissection (i.e., internal examination) of a dead body by a physician for the purpose of determining the cause, mechanism, or manner of death, or the seat of

disease, confirming the clinical diagnosis, obtaining specimens for specialized testing, retrieving physical evidence, identifying the deceased or educating medical professionals and students.*

A full autopsy typically includes the removal and examination of all internal organs, including the organs of the central nervous system, pelvis, and abdomen.**

When the main concern is limited specifically to one organ or tissue disease process, the CME may focus their examination to that specific tissue. Partial autopsy consists of internal examination of only those body cavities where the CME expects some findings to explain the cause of death.***

*National Association of Medical Examiners (NAME). Forensic Autopsy Performance Standards. 2015.

**Zarbo RJ, Baker PB, Howanitz PJ. Quality assurance of autopsy permit form information, timeliness of performance, and issuance of preliminary report: a college of American pathologists q-probes study of 5434 autopsies from 452 institutions. *Arch Pathol Lab Med* 1996;120:346-352.

***Chattopadhyay S. Partial Autopsy—A second thought. *Int J Forensic Sci Pathol* 2014;2(2):1.

4.5.9 Wound Count Variables

4.5.9.1 Number of penetrating wounds: NumberWounds

4.5.9.2 Number of bullets: NumberBullets

Definitions:

- **NumberWounds:** Number of wounds to the victim
- **NumberBullets:** Number of bullets that hit the victim

Response Options:

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. Only the wounds of the weapon(s) that caused the death should be entered. For victims fatally injured by both a gun and a knife, and it is unclear which one inflicted the fatal injury, count all wounds from both weapon types and code all wound locations.

- 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

- 4.5.10.1 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, and chin/under chin [between chin and neck])
- **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

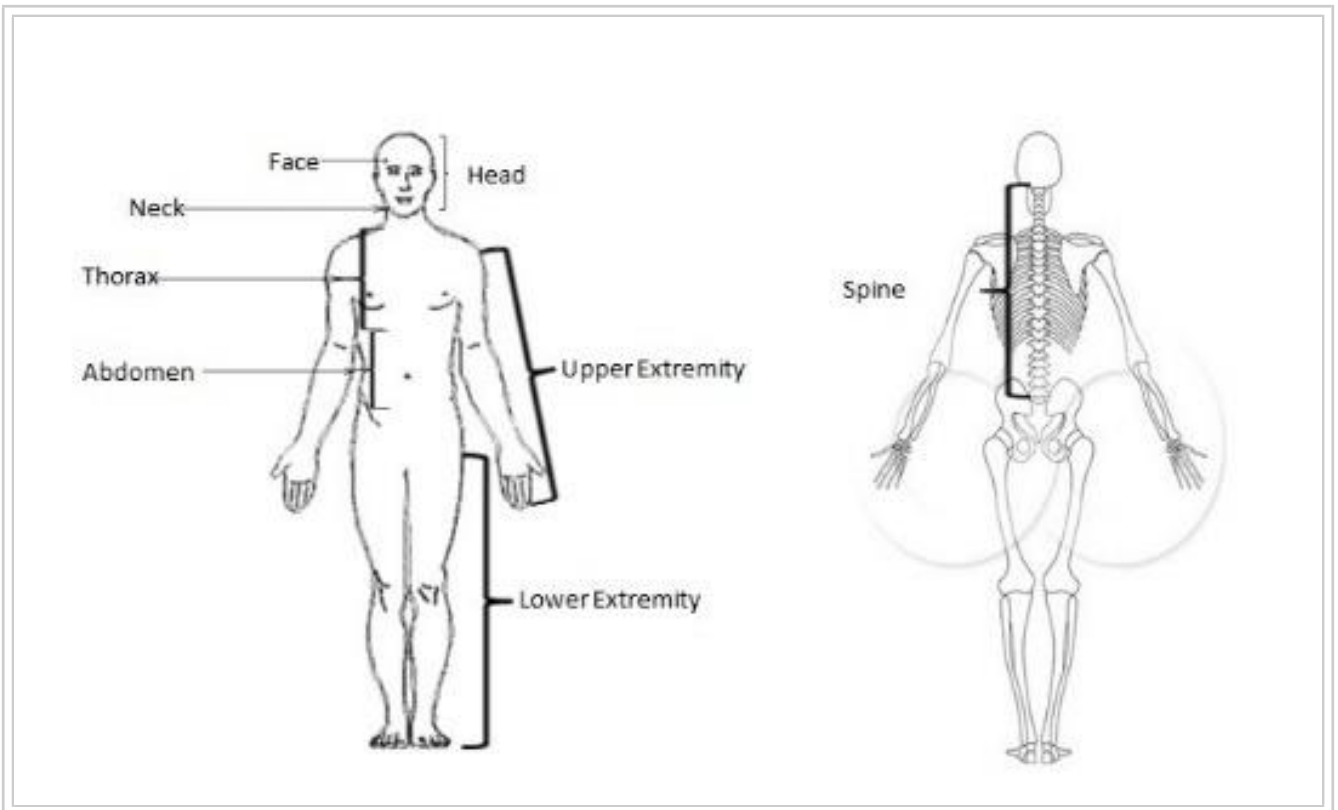
Discussion:

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 fatally injured by both a gun and a knife, and it is unclear which one inflicted the fatal injury, 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: MultipleConditionCode01ICD10- MultipleConditionCode10ICD10

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 DC 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 DC 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 DC 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., CME or LE report, and DC) 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 circumstance. 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 are 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 LE and CME 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. **Please note that in the analytic data file, the legacy data element “CrisisRecent” has been archived as of the 2016 dataset in order to avoid confusion. All cases endorsed as having a recent crisis in the legacy data, as well as current cases with a specific or “other” crisis as described above are captured under the calculated variable “AnyCrisis_c” in the analytic data file.**

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 coroner/medical examiner). For instance, the circumstance job problem from LE 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 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 report 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 younger, states should enter in circumstances obtained from CFR reports 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.

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 relocates).

Note: This variable was added in August 2013.

Manner of Death: All manners.

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:

- **CME/LE_MentalHealthDiagnosis1/2:** Type of mental illness diagnosis
- **CME/LE_MentalHealthDiagnosisOther:** Other type of mental illness

Response Options:

- **CME/LE_MentalHealthDiagnosis1/2:**
 - 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
 - 9 Autism Spectrum (including Asperger’s Syndrome)
 - 10 Fetal Alcohol Syndrome
 - 11 Down Syndrome
 - 12 Dementia (e.g., Alzheimer’s disease, Lewy Body Dementia)
 - 66 Other (specify in diagnosis text), including personality disorders, etc.
 - 88 Not applicable
 - 99 Unknown
- **CME/LE_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., antisocial personality disorder, narcissistic personality disorder).
- For cases in which the victim was noted as being treated for a mental health problem, but the actual diagnosis is not documented, code “MentalHealthDiagnosis1” 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.
- Please note that bipolar disorder may be referred to as “manic depression” or similar terms (e.g., “manic depressive”) in source documents. While these are outdated terms, please code these cases as “2” “Bipolar Disorder.”
- Obsessive Compulsive Disorder may be referred to as “OCD” in source documents. Please code these cases as “8” “Obsessive Compulsive Disorder.”
- Post-traumatic Stress Disorder may be referred to as “PTSD” in source documents. Please code these cases as “5” “Post-traumatic Stress Disorder.”

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_MentalIllnessTreatmentCurrnt

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.

Note: 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.”

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 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 Non-adherence to treatment for a mental health or substance abuse problem: CME/LE_TreatmentNonAdherence

Definition:

Victim did not actively participate in a prescribed regimen for their mental health or substance abuse treatment or did not follow a set treatment plan as recommended by a mental health or medical professional.

Response Option:

Circumstance checkbox

Discussion:

This variable should be endorsed if source documents indicate that the victim did not adhere to treatment plan(s) as recommended by a mental health or medical professional regarding mental health or substance abuse treatment. Treatment includes recommended therapeutic and medication/pharmacological interventions. This variable can be endorsed even if mental health treatment non-adherence is not thought to have directly contributed to the death. It can also be endorsed if the victim could not adhere due to barriers to treatment (e.g., could not afford treatment or faced other issues with access to care).

Do not code this variable based only on toxicology results. There must be some indication that the victim was not adhering to a prescribed treatment regimen.

Non-adherence to mental health treatment may be evidenced by:

- Treatment that was recommended/prescribed to the victim but never initiated by the victim (e.g., never starting a medication or therapeutic treatment although the treatments were recommended or prescribed by a mental health or medical professional).
- Treatment that the victim began but did not adhere to as prescribed or recommended (e.g., inconsistently attending therapy sessions, inconsistently taking or stopping medication without consulting a medical professional).

Examples of non-adherence to mental health treatment include:

- The victim was prescribed psychiatric medication by a mental health or medical professional but did not start taking the medication, or took recommended medications prescribed by a mental health or medical professional but did not take the medicine as prescribed (e.g., the person took too much, too little, or inconsistently).
- The victim was recommended to participate in therapy by a mental health or medical professional but never started attending therapy sessions, or participated in the recommended

therapeutic intervention, but did so inconsistently (e.g., skipped therapy sessions, stopped attending therapy sessions without notice) or terminated therapy sessions before the timeframe recommended by a medical or mental health professional.

- The victim did not initiate a mental health or substance abuse treatment program or hospital stay despite a mental health or medical professional’s recommendation, or a court order to do so.
- The victim left/terminated a mental health or substance abuse treatment program or hospital stay against the advice of a mental health or medical professional.
- The victim did not maintain or initiate a treatment plan (e.g., medication, therapy) because they faced issues with access to care (e.g., could not afford treatment, did not have transportation, could not find a provider, stigma was a barrier, mistrust of medical/mental health professionals was a barrier).

The following should not be endorsed as mental health non-adherence without additional evidence of nonadherence:

- A friend or family member (or someone in a non-medical/mental health role) told the victim that they should see a therapist, go to a mental health hospital, or start a treatment program, but the victim or suspect did not.
- The victim was scheduled to see a mental health provider but died before the appointment date.
- Toxicology results were inconsistent with the victim or suspects prescribed medications (e.g., toxicology showed more than expected or less than expected amounts of a psychotropic medication in the system; non-prescribed psychotropic medications were indicated by the toxicology report).

Note: “Mental health diagnosis,” “Current diagnosed mental health problem,” and “Ever treated” will often be endorsed if the non-adherence checkbox is selected, but not always. This can happen for several reasons. For example, sometimes a person will be referred to mental health treatment by a general medical practitioner or by court order before there is a mental health diagnosis.

Manner of Death: All manners.

5.3.8 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.

5.3.9 Alcohol problem was a crisis: CME/LE_CrisisAlcoholProblem

Definition:

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.

5.3.10 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 illicit 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 illicit 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.

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.

Manner of Death: All manners.

5.3.11 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.

5.3.12 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.

Note: This variable was added in 2009.

Manner of Death: All manners.

5.3.13 Other addiction was crisis: CME/LE_CrisisOtherAddiction

Definition:

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.

5.3.14 History of Traumatic Brain Injury (TBI): CME/LE_TraumaticBrainInjuryHistory

Definition:

Victim had a history of traumatic brain injury (TBI).

Response Options:

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

Discussion:

This variable is intended to represent victims who have a history of experiencing a traumatic brain injury (TBI). A bump, blow, jolt to the head/body, or penetrating head injury can cause a TBI resulting in the disruption of normal brain function. TBI may lead to a wide-range of outcomes affecting cognitive function, emotion, motor function, and/or sensation. The intent of this variable is to capture cases where a victim had a history of a head injury. The term traumatic brain injury may not be in the report, and that level of detail may not be in the report but can still be included. Additionally, the victim does not have to have been seen by or been diagnosed with a TBI for you to endorse this variable.

History of TBI may be evidenced by CME, LE or other source document information that notes that the victim had:

- Previously fell and hit head
- An accident with a head injury
- Experienced a concussion
- Prior traumatic brain injury
- Previously experienced head trauma or injury unrelated to cause of death
- History of a brain injury, head injury, head trauma, or blast injury (most commonly experienced among military veterans)
- Known to have experienced several concussions while playing football (or another sport) as a child/adolescent, but may not have complained of any side effects (e.g., headache)

It is important to note that this is a history of TBI that is separate and distinct from the present injury that caused death. The following situations would not be considered a history of TBI:

- Head injury or brain injury that occurred during the fatal incident (e.g., gunshot wound to head, trauma sustained after jumping from bridge)
- Anoxia (loss of oxygen) due to the manner of death. For example, an anoxic brain injury that happened at birth would not be coded.

For additional information on TBI: <https://www.cdc.gov/traumaticbraininjury/index.html>

Note: This variable was added in November 2020.

Manner of Death: Suicide and undetermined deaths.

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_FamilyRelationship

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. This variable does NOT capture problems related to the family environment that do not explicitly pertain to the victim’s relationship with a family member (e.g., the stress of caring for a sick family member).

- 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 replaced family stressor but also changed the coding guidance associated with that variable. It also changed the focus of “Other relationship problem” (see below, 5.4.8) to exclude relationship problems with family, which are now captured here.

Manner of Death: All manners.

5.4.5 Family relationship problem was crisis: CME/LE_CrisisFamilyRelationship

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.

5.4.6 Caregiver burden: CME/LE_CaregiverBurden

Definition:

Stress or burden perceived by the victim as a caregiver of a chronically ill, disabled, or elderly person appears to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable should be endorsed if the physical, psychological, emotional, social, or financial stressors associated with the victim’s caregiving experience contributed to the death. This should not be endorsed for caregivers of healthy children.

Examples of caregiver burden include:

- The victim/suspect was upset that he could no longer care for his ailing wife due to his own declining health, so he killed his wife and then died by suicide.
- The victim was stressed that her medical insurance was running out and she could no longer afford to take care of her disabled adult son, so she died by suicide.

Note: This variable was added in November 2020.

Manner of Death: Suicide and undetermined deaths.

5.4.7 Family stressor: CME/LE_FamilyStressor

Definition:

A family stressor(s) appears to have contributed to the death.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

This variable should be endorsed if at the time of the incident the victim was experiencing **significant problems related to the family home environment that are not related to relationship problems** and involve family members other than intimate partners. This is meant to differentiate outside stressors placed upon the family from problems between family members. The stressor is affecting the victim and family unit. Describe the nature of these problems in the narrative.

Conflict or strife between family members who are also intimate partners (e.g., spouses) requires some additional consideration. If the victim is one of the intimate partners, code “Intimate partner problem,” but not “Family stressors.” If the victim is not one of the intimate partners (such as a child distraught over parental conflict), then this circumstance may be endorsed. Examples of family stressors include:

- A child (i.e., victim) takes their own life, and a suicide note indicates the child could no longer live in the house where their parents argued all of the time.
- A family member is serving jail time, and this is causing stress on the family unit.
- Substance abuse of family member(s) is causing stress on the family unit.
- Experience of illness or disease of a family member is causing stress on the family. This variable applies to the whole family (including a caregiver) but is different from the new caregiver stress variable.
- Parental depression due to parent(s) moving into a nursing home was causing stress among the children.
- A family member is moving back home under stressful circumstances (e.g., recently released from jail or rehab facility, illness, dropped out of college, loss of job), that are causing stress in the family.
- Drug addicted sibling disrupting household and is causing stress on the family.

Family stressors are NOT anything that would be considered “Family relationship problem”: Victim had relationship problems with a family member (other than an intimate partner) that appear to have contributed to the death.

However, it is possible for both family stressor and family relationship problem to be endorsed for a single case, but they should not be referring to the same problem. For example:

- A man died by suicide after getting upset with his adult son for having to move home because of substance abuse issues (family relationship problem), AND his wife had dementia, which was putting stress on the family unit (family stressor).

It is important to note that “Family stressor” should be capturing outside stressors placed upon the family as opposed to “Family relationship problem,” which captures relationship problems between non-intimate partner family members.

Note: In 2013, the variable, “Family stressor,” was replaced with “Family relationship problem,” and the coding guidance for this variable was also changed. This new family stressor variable does not replace “Family relationship problem,” and is therefore defined differently than the original “Family stressor” variables – it is intended to capture family problems that are not relationship-oriented in nature, providing more representation of family circumstances that may be relevant to deaths captured by

NVDRS.

Note: This variable was added in November 2020.

Manner of Death: All manners.

5.4.8 Other relationship problem: CME/LE_RelationshipProblemOth

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 for co-workers 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.

5.4.9 Other relationship problem was crisis: CME/LE_CrisisRelationshipProblemOther

Examples include 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.

5.4.10 Household known to local authorities: CME/LE_HouseholdKnownAuthorities

Definition:

Victim's household had contact with local authorities in the past 12 months

Response Options:

0 No, Not Available, Unknown
1 Yes

Discussion:

Refers to the household's history of contact with local authorities prior to the fatal incident. An arrest does not need to have been made to endorse this variable. This may include scenarios where law enforcement was called, but no charges were filed. "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 variable in an attempt to characterize the victim's environment; therefore, contact does not necessarily have to involve the victim or the suspect. If the source document(s) state that the household had previous contact with local authorities that was "recent" and provide no specific timing of the contact, this variable should be endorsed.

Examples include:

- Law enforcement had recently been called to the household by neighbors for a domestic disturbance.
- A Child Protective Services (CPS) referral (also called intake) was made in the past 12 months on the household for alleged child abuse and/or neglect. A CPS referral also includes anyone calling to report suspected child abuse and/or neglect. Child is defined as a person younger than 18 years of age.
- A child victim (i.e., a person younger than 18 years of age) was in foster care at the time of the fatal event. Also, code "Victim known to local authorities" and "Prior Child Protective Services report on the child victim's household." If applicable, also code "Abuse/neglect led to death" and/or "History of abuse or neglect as a child."
- The victim's uncle, who lived with the victim, was a known drug dealer and had contact with authorities in the past 12 months.

Note: This variable should be endorsed only if the source document(s) state that someone in the household, other than the victim, had previous contact with local authorities in the past 12 months. Code "Victim known to local authorities" if the victim was known to authorities in the past 12 months. Both variables can be endorsed in certain situations; they are not mutually exclusive. Please see variable "Victim known to local authorities" for further examples of when it is appropriate to code both "Household known to local authorities" and "Victim known to local authorities."

Note: This variable was added in November 2020.

Manner of Death: All manners.

5.4.11 Victim known to authorities: CME/LE_VictimContact

Definition:

Victim had contact with or was otherwise known to authorities in the past 12 months.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable refers to the victim’s history of contact with local, state, federal, or international authorities prior to the fatal incident. “Authorities” encompasses anyone who is in a position of authority (e.g., law enforcement, EMS, child protective services, public safety officer, judge), who has the power or right to give orders, make decisions, and/or enforce obedience. Being “known” to authorities may or may not involve direct contact on the part of the victim. Victim was chosen as the unit for this variable because its intent is to identify warning signs, stressors, and/or opportunities for intervention associated with specific individual victims and not the victim’s household environment. If source document(s) state that the victim had previous contact with authorities that was “recent” and provide no specific timing of the contact, this variable should be endorsed.

General Guidance:

- Code “Yes” if the victim was known to authorities for previous incarcerations, substance misuse, arrests, prostitution, mental health problems, welfare checks, homelessness, etc. in the past 12 months.
- Code “Yes” if the source document(s) state that the victim had previous contact with or was known to authorities for some other reason that was “recent” and provide no specific timing of the contact.
- Code “Yes” if the victim had an arrest in the past 12 months.
- Code “Yes” if a child victim (i.e., a person younger than 18 years of age) was in foster care at the time of the fatal event. Also, code “Household known to local authorities” and “Prior Child Protective Services report on the child victim’s household.” If applicable, also code “Abuse/neglect led to death” and/or “History of abuse or neglect as a child.”
- Code “Yes” if, per the source document(s), the victim was on probation or parole, out on bail, on house arrest, wearing a GPS device or ankle monitor, a registered sex offender, under investigation for a crime, awaiting sentencing for a crime they had been convicted of, had a restraining or protective order against them that had been served, had filed a restraining or protective order against someone, or had a warrant out for their arrest at the time of the fatal injury. These abovementioned encounters with authorities mean that the victim was under ongoing “supervision” and was therefore known by authorities in the past 12 months.
- Code “Yes” if, per the source document(s), the victim was under court-ordered substance abuse treatment, anger management or parenting training, or under supervised visitation in

order to visit with their child(ren) at the time of the fatal injury. These abovementioned encounters with local authorities mean that the victim was under an ongoing “supervised” mandate(s) and was therefore known by authorities in the past 12 months.

- Code “No” if a person(s) in the household, other than the victim, was known by authorities. Because individuals may move in and out of different households, and we may not be able to infer that an individual in the household, other than the victim, being known to the authorities, impacted a particular victim.
- Code “No” if the source document(s) state that the victim had previous contact with authorities that was more than 12 months prior, and there was no known contact with authorities in the past 12 months.
- Code “No” if the only known contact the victim had with authorities was the contact they had at the time of the fatal incident.

Examples of when to Code “Yes” for this variable:

- EMS, law enforcement, or public safety patrol officers (e.g., non-law enforcement officers who patrol areas for public health issues such as persons experiencing homelessness, prostitution) had responded to calls involving the victim once or on several occasions over the last 12 months.
- Law enforcement had arrested the victim once or multiple times in the past 12 months.
- In the past 12 months, law enforcement had been called to the household by neighbors for a domestic disturbance involving the victim.
- The victim had contact with first responders (e.g., EMS, law enforcement, public safety officer) in the past 12 months for one or more non-fatal drug overdoses, acute mental health crisis, person experiencing homelessness seeking assistance, etc.
- A Child Protective Services referral (also called intake) was made in the past 12 months on the child victim for alleged child abuse and/or neglect by the hands of the perpetrator or another adult. Also code “Prior Child Protective Services report on the child victim’s household,” and because children are dependents and therefore are a part of a household, code “Household known to local authorities.” If applicable, also code “Abuse/neglect led to death” and/or “History of abuse or neglect as a child.”
- On the morning of the fatal incident, the victim told his mother that he would fail his court mandated drug test later in the day and was faced with jail time if he failed. He later died by suicide.
- The victim was known to law enforcement and EMS as having untreated bipolar disorder, and they had been to his residence several times for previous suicide attempts as well as altered mental state transports in the past 12 months.
- The victim was known to authorities as someone with an alcohol abuse problem or was taken into protective custody for public drunkenness in the past 12 months.
- Police were called to the victim’s residence for a domestic disturbance one month prior to victim’s death. At this time, the S (ex-boyfriend) was arrested, but the victim chose not to file a restraining order against the ex-boyfriend. The victim was killed a month later by the ex-boyfriend.
- Victim was killed by her husband. Officers on scene knew the victim and suspect because they had responded to the residence earlier that day for a domestic disturbance.

- Law enforcement were attempting to serve a restraining order on the victim for kidnapping and assault, and when they arrived at the victim's home, the victim shot himself, dying by suicide.
- Victim was arrested the night prior for operating a vehicle while under the influence after a minor traffic accident. The victim died by suicide a week later.

Examples of when to Code “No” for this variable:

- The victim's uncle, who lived with the victim, was a known drug dealer and had contact with authorities in the past 12 months. While the victim's uncle was a known drug dealer, it was unclear whether the victim had contact with authorities during this time. Code “Household known to local authorities.”
- Law enforcement had been called to the household by neighbors for a domestic disturbance in the past 12 months where the husband attacked his wife. The husband later divorced the wife, moved his girlfriend in the home, and killed the new girlfriend within one month of moving her in. Because the girlfriend (i.e., the victim in the fatal incident), was not a part of the household during this initial domestic disturbance call and per the source documents, had no contact with authorities prior to the fatal event, code “No” for this variable. Code “Household known to authorities” (and “Suspect had been in contact with law enforcement”) instead.
- A Child Protective Services referral (also called intake) was made in the past 12 months on the household for alleged child abuse and/or neglect, but nothing indicates that it specifically involved the child victim, code “Household known to local authorities” and “Prior Child Protective Services report on the child victim's household.” If applicable, also code “Abuse/neglect led to death” and/or “History of abuse or neglect as a child.”
- Victim was known to law enforcement solely because they were a current or former law enforcement officer or family member of a current or former law enforcement officer.
- The victim was known to police because he had been reported missing and there had been several search parties looking for him over the past few days. If the victim's missing person report was the first “encounter” the victim had with police, then it can be assumed that their disappearance was part of their fatal injury.

Note: This variable should be endorsed if only the victim had contact with authorities in the past 12 months. Code “Household known to local authorities” variable if persons in the household, other than the victim, were known to local authorities. Both variables can be endorsed in certain situations; they are not mutually exclusive.

Examples of when to Code “Yes” for both “Victim known to authorities” and “Household known to local authorities”:

- Law enforcement had been called to the household by neighbors in the past 12 months for a domestic disturbance where the husband was identified as the aggressor, and the wife, who is the victim in the fatal incident, was also identified as a victim in the prior domestic disturbance. In this example, both the household and the victim were known by authorities.
- EMS and/or law enforcement had been called to the household in the past 12 months for one or more non-fatal drug overdoses for multiple persons in the household, including the victim, and administered a fast-acting remedy (e.g., Narcan) for an opioid overdose for the victim and others in the household. In a later incident, the victim died from a fatal drug overdose at the

household. In this example, since Narcan was administered on the victim and others in the household in the past 12 months, and the victim died of a drug overdose in a later incident, both the victim and the household were known by authorities.

- A child victim (i.e., a person younger than 18 years of age) was in foster care at the time of the fatal event. Because children are dependents and therefore are a part of a household, code “Household known to local authorities” and “Prior Child Protective Services report on the child victim’s household.” If applicable, also code “Abuse/neglect led to death” and/or “History of abuse or neglect as a child.”
- A Child Protective Services referral (also called intake) was made in the past 12 months on the child victim for alleged child abuse and/or neglect by the hands of the perpetrator or another adult. Because children are dependents and therefore are a part of a household, code “Household known to local authorities” and “Prior Child Protective Services report on the child victim’s household.” If applicable, also code “Abuse/neglect led to death” and/or “History of abuse or neglect as a child.”
- EMS and/or law enforcement had been called to the household in the past 12 months where a couple’s adult son, who was experiencing an acute mental health crisis, attacked the mother. Within a month of the initial call to EMS/law enforcement, the adult son killed the mother, and the son’s behavior in the fatal event toward the mother was believed to be a direct result of a mental illness. In this example, both the household and the victim were known authorities.

Note: This variable was added in August 2021.

Manner of Death: All manners.

5.4.12 Abuse/neglect led to death: CME/LE_DeathAbuse

Definition:

The victim experienced 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 caregiver that resulted in death.

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 episode of abuse

- or because of ongoing abuse by a caregiver.
- Code “Yes” if the suspect was a caregiver for the victim.
- Suicides
 - Code “Yes” if a single incident or ongoing or past abuse by a caregiver 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 caregiver.
 - 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.

±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>

5.4.13 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.

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 other as long as the source document refers to “abuse.” Neglect may be medical, physical, or emotional.
- Indicate the nature of the abuse or neglect in the incident narrative.
- Abuse could have been perpetrated by a caregiver or other individual.

Note: This variable was added in 2009. 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.

±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>

5.4.14 Previous perpetrator of violence in the past month: CME/LE_InterpersonalViolencePerpet

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.

5.4.15 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 example, 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 example, the victim dies of a result of a fight in a bar.

Manner of Death: All manners.

5.4.16 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 fight.

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 ensues. 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 “Argument” and “Timing of argument.”
- 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 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 died by suicide 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.

Note: This variable was added in August 2013.

Manner of Death: All manners.

5.4.17 Argument: CME/LE_Argument

Definition:

An argument or conflict 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.
 - 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) (*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 caregiver 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” variables 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.

5.4.18 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 after argument
- 4 Injury occurred more than 2 weeks after argument
- 9 Timing unknown

Discussion:

This variable can help determine what percent of violent deaths are immediately preceded by 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 dies by suicide 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), first see if the timeframe is clearly established in the source documents.
 - If the timeframe is clearly established, and the attack is within 24 hours of the argument, this should be code as occurring “within 24 hours but not during argument.”
 - If the timeframe is clearly established, and the attack is *not* within 24 hours, code as occurring “between 24 hours and 2 weeks” of the argument.
 - If the timeframe is *not* clearly established, but just expressed as “the next day,” code as occurring “between 24 hours and 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 between 24 hours and 2 weeks after argument.”

Note: This variable was added in August 2013.

Manner of Death: All manners.

5.4.19 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 the narrative, specify the type(s) of disaster: nuclear accident, earthquake, bombing, hurricane, flood, tornado, wildfire, pandemic or other infectious disease epidemic or outbreak (please specify pandemic or disease outbreak [e.g., coronavirus, also known as COVID-19 or SARS-CoV-2]).

Examples:

- A person was distraught over losing their house (which was uninsured) due to flooding. The suicide occurred a month after the flood.
- A woman died by suicide after finding out that her children died during an earthquake.
- A man died by suicide, and his neighbors reported that he had been devastated by his family’s recent loss of their home in the area wildfires.
- A tornado destroyed a woman’s place of business, and she had to close the business while it was being rebuilt. She subsequently had to file for bankruptcy, which she did on the day she died by suicide.
- A store security guard was killed by a woman’s partner who became angry that the guard had asked the woman to wear a surgical mask in compliance with state laws during the COVID-19 pandemic.

- A woman was killed by her partner, with case reports noting that neighbors mentioned witnessing the partner drinking more and becoming more violent since stay at home orders related to COVID-19 began in the area.
- A child died of nutritional neglect, and case reports noted that case workers from Child Protective Services had not been able to check on the child’s family recently due to COVID-19.
- A man lost his job due to COVID-19, and the stress of unemployment was noted to be a factor in his suicide.
- A family had recently purchased a firearm because they were concerned about their safety during COVID-19. Their teenage son was showing the weapon to friends on a video chat and unintentionally discharged the weapon consequently dying unintentionally.
- A man killed his wife and then himself because he falsely feared both had coronavirus (i.e., COVID-19).

Note: This variable was added in August 2013. It was modified in November 2020 to expand to all manners of death and to add “pandemic or other infectious disease epidemic or outbreak.”

Manner of Death: All manners.

5.4.20 Disaster exposure was crisis: CME/LE_CrisisDisasterExposure

Examples include 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. It was modified in May 2020 to expand to all manners of death and to add “pandemic or other infectious disease epidemic or outbreak.”

Manner of Death: All manners.

5.4.21 Prior Child Protective Services (CPS) report on the child victim’s household: CME/LE_PriorCPSReport

Definition: Prior Child Protective Services (CPS) report was filed on the child victim’s household.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable refers to CPS contact(s) prior to the current incident and not contact(s) that resulted from the current incident. Child is defined as a person younger than 18 years of age. “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.

- Code “Yes” if source documents indicate the suspect or someone else in the child victim’s household was under investigation by CPS for suspected child abuse and/or neglect of the child victim or other children in the household.
- Any report of abuse/neglect should be coded as “Yes” regardless of whether the reports/referrals were substantiated.
- Code “Yes” if a CPS case was opened on other children in the victim’s household prior to this fatal event.
- Code “Yes” if child (a person younger than 18 years of age) had previously been placed in foster care, prior to this event.
- Please note that a CPS report or referral can be in reference to a child or an adult living in the household.
- Code “No” if someone in the household had a prior CPS report on them and the CPS report happened in a different household and was not related to the current child victim. For example, a CPS report had been made on the child’s mother’s boyfriend previously, pertaining to abuse of his other son, and the boyfriend now lives in the child victim’s household.

Also code: “Household known to local authorities”

Note: This variable was added in November 2020.

Manner of Death: All manners.

5.4.22 Substance abuse in child victim's household: CME/LE_HouseholdSubstanceAbuse

Definition:

Evidence of substance use in child victim’s household.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

Substance use refers to all drugs (including alcohol) that are either non-prescription or being used by someone other than the person to whom the prescription was prescribed or being used in a manner inconsistent with safe prescribing practices. Child is defined as a person younger than 18 years of age.

- Code “Yes” if anyone else in the household was misusing substances, including other children younger than 18 years of age.
- Code “Yes” if drugs (e.g., heroin, marijuana) or drug paraphernalia (e.g., crack pipe) was found in the house.
- Code “Yes” if there is any indication of substance abuse, misuse, or substance use problems by parents, caregivers, other persons living in child victim’s household in investigative reports. A direct link to the death is not required.
- Code “No” if the child victim misused or abused substances, but there was no knowledge of anyone else in the household misusing or abusing substances. Child is defined as a person younger than 18 years of age.

Note: This variable was added in November 2020.

Manner of Death: All manners.

5.4.23 Living transition/loss of independent living: CME/LE_LivingTransition

Definition:

Source documents indicate that the victim recently (i.e., within the past 12 months) transitioned from an independent or family living situation (e.g., family home, living on one's own) to an assisted one, or that such a transition was imminent and contributed to the death.

Response Option:

Circumstance checkbox

Discussion:

This variable should be endorsed if source documents indicate that the victim recently transitioned into an assisted living environment (e.g., nursing home, group home, congregate home, or assisted living facility) compared to their typical or previous living environment. This can be endorsed regardless of whether the transition was voluntary.

Examples of living transition/loss independent living include:

- The victim recently left an independent or family living environment and transitioned into a group home, nursing home, or assisted living facility.
- The victim recently left an independent living environment (e.g., a living on one's own) and transitioned into living with a family member due to health concerns or to meet other needs for care.
- The use of home health care (e.g., home health aide services, long-term nursing care) was imminent or had recently begun due to illness, injury or disability.
- The victim was subject to conservatorship or guardianship due to aging, illness, injury, or disability status.

The following should *not* be endorsed as a living transition/loss of independent living:

- The victim recently moved from one assisted living environment to a different but similar one (from one nursing home to another, one group home to another).
- The victim recently moved in with a family member or friend, or into a homeless shelter out of necessity or due to crisis. This should be coded as *Housing Instability*.

Note: This variable was added in November 2020.

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 SHR system, which only counts felony-related deaths as those that occur while another felony is in progress.

Code as “Yes” if the incident occurred as the result of another serious crime. Note that the crime must have occurred **prior** to the violent injury and not after it.

Code “Yes”:

- 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.
- A bystander inadvertently killed during the commission of another crime should be coded.
- A homicide committed in retaliation for the victim cooperating with authorities in identifying the suspect as a suspect in another case is properly coded as “precipitated by another crime.” Also endorse “Witness intimidation/elimination” as the nature of the other precipitating crime.
- If the victim died by suicide after committing a homicide, endorse “Precipitated by another crime.”
- “PrecipitatedByOtherCrime” must be checked for all incidents involving “Legal Intervention” as the abstractor-assigned manner of death.

Code “No”:

- Criminal activity that was **part** of the violence that led to the fatal injury, not a separate, precipitating crime (e.g., the suspect was assaulting the victim, which led to victims’s death) is not another precipitating crime.
- 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 “PrecipitatedByOtherCrime,” 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** for “PrecipitatedByOtherCrime” to be endorsed.

Note: When endorsing “PrecipitatedByOtherCrime,” you must indicate the “Nature of other precipitating crime” and if it was “in progress” at the time of the violent injury.

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
- 5 Motor vehicle theft
- 6 Arson
- 7 Rape, sexual assault
- 9 Gambling
- 10 Assault, homicide
- 11 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: Robbery” (i.e., robbing a store earlier in the day).

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.” Note that carjacking is a form of robbery rather than motor vehicle theft, as it involves taking by force.
 - 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.” Note that carjacking is a form of robbery rather than motor vehicle theft, as it involves taking by force.

- *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 under “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 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. When law enforcement corners him in a building, the victim dies by suicide

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

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

precipitated a suspect 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).

Note: This variable was added in August 2013.

Manner of Death: Homicide and legal intervention.

±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

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.

Note: This variable was added in August 2013.

Manner of Death: Homicide and legal intervention

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.

Note: This variable was added in August 2013.

Manner of Death: Homicide and legal intervention.

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.

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 CME 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 varies 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 persons 12–24 years of age.
 - 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 persons 12 to 24 years of age 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 death
 - Step 1:** Identify if the motive of the incident is gang-related (e.g., 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-related or it is unknown if it is gang-related, 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.

Note: Before August 2013, this variable only had two response categories, “Yes”, “No, Unknown, Not available.” 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.

Manner of Death: Homicide and legal intervention.

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 LE reports 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 LE 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 applicable.

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 man experiencing homelessness 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 two 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 versus simply an unknown motive versus 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.

Note: This variable was added in 2009.

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.

- Any object that could be reasonably perceived as life-threatening that is used to threaten, harm, or kill another person could be coded as a weapon (e.g., a victim/suspect being pursued by law enforcement intentionally used a motor vehicle to hit and kill a law enforcement officer, and then was subsequently shot by other officers).
- Do not endorse for victims who resisted an attacker by kicking, punching, etc., without wielding some kind of object as a weapon.
- 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. 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 or gender identity, religion, sexual orientation, ethnicity, or disability. Incidents motivated by immigration status and national origin should also be coded as hate crimes in NVDRS. Specify the type of hate crime in the incident narrative.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

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

Examples:

- Code "Yes" if a cross was burned in the front yard of the victim's home and several racial slurs were spray painted on the home's exterior. This incident should be coded as a hate crime in NVDRS because the victim was targeted because of his/her race.
- Code "No" if the victim was killed by a suspect in retaliation for using a slur against the suspect. For example, if a white male calls a black male a racial slur, and the black male later kills the white male in retaliation for having used the racial slur, this would not meet the NVDRS definition of hate crime because the victim was not targeted because of his race. Rather, he was targeted for using a racial slur. Although this incident may have been racially motivated, it does not meet the NVDRS definition

for hate crime.

Manner of Death: Homicide.

5.6.9 Jealousy (lovers' triangle): CME/LE_Jealousy

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. Someone in the jealous incident has to have an intimate relationship with another person in the incident for it to qualify as jealousy. Because jealousy is a type of intimate partner violence, always code "intimate partner violence-related" for these cases. Code if jealousy is part of the incident, regardless of whom the jealous party is.

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.
- Male suspect killed a man in a bar because he was angry that the victim was flirting with his girlfriend. Code "Yes" for the man flirting with the suspect's girlfriend.

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.

Note: This variable was added in August 2013.

Manner of Death: Homicide and legal intervention.

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 five suspects).
- Do not code as “Brawl” if only two people were fighting; instead code physical fight between two people.
- When a 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.

Note: This variable was added in August 2013.

Manner of Death: Homicide.

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.

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

Note: This variable was added in 2009.

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 involvement” 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 involvement” 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 illicit 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.
- Illicit 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 illicit drugs were found in bedroom) unless the source documents indicate that the illicit 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.

5.6.15 Caregiver use of corporal punishment contributed to the death of the child victim: CME/LE_CorporalPunishment

Definition:

Corporal punishment, which is also known as physical punishment, contributed to the death of the child victim. Corporal punishment is used to describe acts of physical punishment (e.g., spanking, slapping, pinching, hitting), with or without an implement (e.g., belt, broom, stick), that are intended to punish or discipline a child and cause some degree of pain or discomfort. A child is defined as a person younger than 18 years of age. Most instances where a child is injured while being physically punished are due to the punishment escalating to physical abuse or in some instances, death.

Corporal punishment refers specifically to a form of child discipline, used by a caregiver, with the intent to punish perceived child misbehavior. The term “caregiver” refers to anyone serving in a caregiving role and who is responsible for the care and rearing of children or who is temporarily supervising or helping to supervise the child victim (e.g., parent, mother’s boyfriend, babysitter, older sibling, or cousin acting as babysitter/helper).

Response Options:

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

Discussion:

- The suspect may be a caregiver of any age, including a minor (i.e., person younger than 18 years of age, but is legally able to serve as a caregiver per state statute or current guidance within the state). The legal age at which a person can serve as a caregiver/babysitter for a minor child varies by state. For example, in Illinois, a person must be at least 14 years of age to be left alone to serve as a caregiver/ babysitter of a minor, while in Texas, there is no legal minimum age for babysitting. Data abstractors should refer to their state statutes or current guidance within their state to determine if the suspect was legally able to serve as a caregiver/babysitter during the time of the fatal incident.
- Do not code “Yes” if victim is 18 years of age or older at the time of the fatal incident.
- Code “Yes” if the caregiver or other person temporarily supervising the child victim used corporal punishment (with the intent to correct perceived or actual disobedience or misbehavior), with or without an implement in a way that initiated the chain of events leading to the child’s death.
- Code “Yes” if implement (e.g., belt, broom, stick) was used in the fatal event, AND the source documents indicate that the suspect intended to discipline the child victim. This code does not apply to instances in which the implement was the weapon in an incident that clearly started with homicidal intent rather than corporal punishment.
- Do not code “Yes” if the victim died as a result of shaken baby syndrome but had no known evidence of corporal punishment precipitating their death, as indicated in the source documents. Caregiver use of corporal punishment is considered legal in all 50 states, the District of Columbia, and Puerto Rico in the U.S. However, shaken baby syndrome, which may also be known as abusive head trauma, is considered as a form of child physical abuse, which is illegal in the U.S., because it violates laws and policies designed to protect children. Shaken baby syndrome is largely triggered by developmentally normative crying in infants, although victims can be older. Although crying can be the perceived child misbehavior for which a child is physically punished for, and a caregiver may use shaking as a form of discipline, this variable is designed to be distinct from the existing shaken baby syndrome “15 – Weapon type (Shaking [e.g., shaken baby syndrome]).
- Code “No” if source documents indicate the suspect used corporal punishment with homicidal intent. If the intent was to commit homicide, then this would NOT be considered corporal punishment, but it would be considered child physical abuse.

When this code is endorsed, the narrative should include information indicating that the suspect intended to discipline the child for perceived or actual child “misbehavior.” Further, when available, the narrative should include information on the reason the child was being disciplined (e.g., child was disciplined for throwing a temper tantrum, soiling clothes, having a potty training-related accident).

Other Codes:

- Code “Abuse/neglect led to death” if “CorporalPunishment” is endorsed as “Yes.”
- Code “History of abuse or neglect as a child” if the victim had a history of maltreatment by the suspect or other(s).

- Code “History of abuse of victim by this suspect: AbuseHistory” if the suspect in this incident had previously abused the child victim.
- Code “This suspect was caregiver for the victim: CareGiver” since the suspect was a caregiver for the victim.

Note: This variable was added in November 2020.

Manner of Death: Homicide.

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 or plans. 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.”
- Also code “Recently disclosed suicidal thoughts/plans” in addition to this item, if the victim disclosed suicidal thoughts and/or plans close to the time (within one month) of the suicide.”
- Code “No” for previous suicide attempts if the victim did not disclose suicidal thoughts or plans. 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 non-suicidal self-injury/self-harm: CME/LE_HistorySelfHarm

Definition:

Victim had a history of intentionally inflicting pain or injuring one’s own body without the conscious intent of dying by suicide.

Response Options:

- 0 No, Not Available, Unknown
1 Yes

Discussion:

- Use this code for victims who have had a history of engaging in deliberate self-harm/self-mutilative behaviors without intent to die by suicide.
- Examples of self-injurious behaviors include: cutting, carving, biting, or severely scratching skin; burning or scalding oneself; hitting or banging head; punching things or throwing body against walls and hard object; inserting objects into skin or body openings; purposely breaking bones; intentionally preventing wounds from healing; and swallowing poisonous substances (e.g. bleach or detergent) or inappropriate objects. Although these self-injurious behaviors differ in their potential lethality, intent (suicidal vs. non-suicidal, as best can be determined from the V’s records) is the best determinant of whether past behaviors meet criteria for this variable vs. history of suicide attempts.
- Do not code self-injurious behaviors that include behaviors such as driving recklessly, substance use (e.g. binge drinking, taking too many drugs), having unsafe sex, behaviors associated with an eating disorder, tattooing, or body piercings with jewelry.
- Do not code if there is an indication that the self-injurious behavior was related to a suicide attempt (in which case, code as history of suicide attempt).
- There may be cases in which it is difficult to determine if self-injurious wounds were related to a previous suicide attempt or if it was an instance of a non-suicidal self-injurious behavior (e.g., autopsy report may indicate several, healed cutting wounds on decedent’s arms). In these cases where the victim’s intent to die is unclear or ambiguous, we recommend endorsing this variable.

Note: This variable was added in November 2020.

Manner of Death: Suicide and Undetermined deaths.

5.7.3 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 attempts 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 victim 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 considered potentially injurious. Code as “Yes.”
- If the V made a suicidal gesture (placed ligature around their neck, stood on a bridge preparing to jump, held a gun to his head) but was stopped before taking action (e.g., did 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.

5.7.4 Recent Disclosed Suicidal Thoughts or Intent to Die by Suicide: CME/LE_SuicideIntentDisclosed

Definition: Victim disclosed to another person their thoughts and/or plans to die by 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 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 die by 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.”
 - LE or CME reports 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.

5.7.5 Disclosed to whom: CME/LE_DisclosedIntentToWhom

Definition:

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

Response Options:

Available as checkboxes (select all that apply).

- 0 No, Not available, Unknown
- 1 Yes

- Previous or current intimate partner
- Other family member
- Health care worker
- Friend/colleague
- Neighbor
- Other disclosure to person(s) via social media or other electronic means
- Other (If other, specify in textbox.)
- Unknown

Discussion:

This variable is intended to capture the one or multiple persons to whom victim recently disclosed suicidal thoughts and/or plans to die by suicide.

Note: This variable was added in August 2013. It was modified in November 2020 to add “Other disclosure to person(s) via social media or other electronic means.” It was later modified in August 2021 to include checkbox response options to allow abstractors to select multiple response options for this variable.

Manner of Death: Suicide and undetermined deaths.

5.7.6 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. Phone calls do not qualify, as they are not considered durable (even 911 calls, because the decedent may or may not have known they were being recorded).
- A suicide note does not have to communicate that the person wants or intends to die. Notes that are written to warn others at the scene of the fatal injury that conditions may be hazardous or disturbing may be included (e.g., “Call 911, do not enter garage” or “Carbon monoxide – do not enter”).
- 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.” If the contents of the suicide note are included or described in your source documents, summarizing this information in the narrative is helpful to provide further context for the incident. If you choose to do so, do not include verbatim text and do not include identifying information, but a summary of what was said. This information may be helpful in noting themes related to the suicide that go beyond standard NVDRS circumstances and are one of the only means of accessing the decedents’ thoughts about their suicide more directly.

Manner of Death: Suicide and undetermined deaths.

5.7.7 Contributing criminal legal problem: CME/LE_RecentCriminalLegalProblem

Definition:

Criminal legal problem(s) 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 Absent Without Leave, 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.

5.7.8 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 Driving While Intoxicated 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.

5.7.9 Civil legal problems: CME/LE_LegalProblemOther

Definition:

Civil legal (non-criminal) problem(s) 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, 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.

5.7.10 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.

5.7.11 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 complained 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 only 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 died by suicide before he received his test results.

Manner of Death: Suicide and undetermined deaths.

5.7.12 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.

5.7.13 Type of physical health problem: CME/LE_TypePhysicalHealthProblem

Definition:

Type(s) of physical health problem(s) contributing to the death.

Response Options:

- Available as checkboxes (select all that apply).
0 No, Not available, Unknown

1 Yes

- Terminal illness or condition
- Other illness or condition
- Unknown type of illness or condition

- Chronic pain
- Acute pain
- Pain of unknown duration

Type of illness, condition, or pain: (free text)

Discussion:

This variable is intended to capture the type(s) of physical health problem(s) the victim was experiencing that contributed to the death. This variable is to be endorsed if “Contributing physical health problem” is “Yes.” Only code for the health problem(s) that is noted as contributing to the death. CME reports generally include the decedent’s existing medical conditions regardless of whether or not the condition(s) contributed to the death. Thus, do not endorse this variable based simply on a list of conditions.

Discussion regarding illness or condition checkboxes:

- **Terminal illness or condition:** Terminal illness is defined as an active and progressive illness for which there is no cure and the prognosis is fatal. The mere presence of an illness or condition that can be terminal (e.g., cancer, AIDS) does not mean this variable should automatically be coded unless there is evidence that the illness or condition was terminal for the decedent. If the illness or condition is unknown/not specified in the source documents, but there is language suggesting that it was terminal (e.g., “decedent was dying from an illness”), code this variable.
- **Other illness or condition:** If the name or cause of the illness or condition is known and it is not terminal, code this variable. For example, if the decedent was suffering from the effects of a recent stroke that contributed to his decision to die by suicide, code this variable. Physical health problems that may not intrinsically be thought of as illnesses or conditions, such as amputations and physical disability, can be coded here. Mental illness or mental disability **should not** be captured here. They should be captured elsewhere, under “Current diagnosed mental health problem” and “Mental Health Diagnosis” variables.
- **Unknown type of illness or condition** should be coded when the name or cause of the illness or condition is not known or described in investigative reports (e.g., decedent “had been ill” or “suffering from an unspecified illness.”)

Discussion regarding pain checkboxes:

- **Chronic pain** is defined as pain lasting more than 3 months.
- **Acute pain** is defined as pain lasting 3 or fewer months. If the decedent is reported as “recently” experiencing pain or was “just injured and treated for pain,” code as “Acute pain.”
- **Pain of unknown duration** should be coded if the duration of the pain is unclear.
- There may be instances in which a decedent with chronic pain had been living with a relatively stable and adequately controlled level of baseline pain but experienced a recent,

transitory increase in pain (which may be referred to as flare-up pain or break-through pain). This increase in pain could have been caused by changes in an underlying disease, including treatment, or changes in activity level. Code these cases as “Chronic pain.” For example, if a decedent had been living with chronic pain from colon cancer and had recently experienced an increase in pain as a result of metastases (or spread of cancer) to his bones, code “Chronic pain.”

General discussion:

- **The simple mention of a health problem should not trigger coding these variables.** For example, a CME report may indicate that the decedent had diabetes, asthma, and pancreatic cancer. If the pancreatic cancer was noted to be terminal and had been causing pain and distress for the decedent in the month before his death, endorse “Terminal illness” and “Acute pain.”
- A decedent may have been experiencing multiple illnesses and pain conditions at the same time; thus, all should be endorsed. For example, if a decedent had been experiencing pain for more than 3 months as a result of terminal colon cancer and had broken his hip from a fall 2 weeks prior, resulting in hip pain, and all contributed to his decision to die by suicide, select “Terminal illness” (for terminal colon cancer, “Other illness or condition” (for hip fracture), “Chronic pain” (for colon cancer pain lasting more than 3 months), and “Acute pain” (for pain from hip fracture lasting 2 weeks).
- **Type of illness, condition, or pain:** Type the name of the illness or type of pain condition in the free text field. If the decedent had more than one illness or pain condition, list each illness/condition followed by the type of illness or pain that was marked in parentheses. Using the same example as the bullet point above, if a decedent had been experiencing pain for more than 3 months as a result of terminal colon cancer and had broken his hip from a fall 2 weeks prior, resulting in hip pain, type: “colon cancer (terminal illness, chronic pain), hip fracture (other illness or condition, acute pain).”
- Health conditions can also be 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 this variable if the victim only suspected he was HIV positive and died by suicide before he received his test results (in this example, code “Other illness or condition”).

Note: This variable was added in August 2021.

Manner of Death: Suicide and undetermined deaths.

5.7.14 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 problem” 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.

5.7.15 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.

Note: This variable was added in July 2013.

Manner of Death: Suicide and undetermined deaths.

5.7.16 Financial problem: 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.

5.7.17 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.

5.7.18 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 “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 victim was not described as being upset about the low grades.

Manner of Death: Suicide and undetermined deaths.

5.7.19 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.

5.7.20 Eviction or loss of housing: CME/LE_EvictionOrLossOfHome

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.”

Note: This variable was added in 2009.

Manner of Death: Suicide and undetermined deaths.

5.7.21 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.

5.7.22 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 “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.

5.7.23 Suicide of friend or family was crisis: CME/LE_CrisisRecSuicideFriendFamily

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.

5.7.24 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.

5.7.25 Other death of friend or family was crisis: CME/LE_CrisisDeathFriendOrFamilyOth

Discussion:

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.

5.7.26 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 2009.

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 manner 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 firearm 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_GunThoughtUnloadedMagazDisen**

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_GunUnintentPulledTrigger**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 versus 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 Other circumstance: CME/LE_CircumstancesOtherText****Definition:**

Other specified problems contributed to the death

Response Option:

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.

5.9.2 Other circumstance was crisis: CME/LE CrisisOther**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 Option:

Text

Discussion:

This variable captures crises not associated with a standard NVDRS circumstance. Please note that in the analytic data file, the legacy data element “CrisisRecent” has been archived as of the 2016 dataset in order to avoid confusion. All cases endorsed as having a recent crisis in the legacy data, as well as current cases with a specific or “other” crisis as described above are captured under the calculated variable “AnyCrisis_c” in the analytic data file.

Consistent with previous coding manual versions, a “Crisis” is a current/acute event (within two 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 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 (see also 5.1.6 “Coding the Crisis Variables):

- 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.

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, code 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, code 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, code 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 for 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) or means used to inflict the fatal injury. Objects (such as knives), actions (such as jumping from a height), hostile environments (such as fire, water), and even the lack of action (such as neglect of a child or disabled person) are all weapons in NVDRS. 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.
- If a victim is fatally injured falling from a bridge into a body of water, the weapon type should reflect the information in the CME report. That is, if the victim was noted to have drowned, weapon type should be coded as “Drowning.” If the victim was noted to have died from injuries sustained on impact from hitting the water, weapon type should be coded as “Fall.”

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 Option:

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 twelve 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:

- **FirearmCaliber:** Caliber of the firearm used to inflict the injury
- **FirearmGauge:** 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:

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

Response Options:

- **FirearmMake:** Make from system
666 Other make of firearm
888 Not applicable
999 Unknown
- **FirearmMakeTexts:** Text

Discussion:

These data elements use a 3-character manufacturer code developed by the NCIC of the FBI. 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. NVDRS Software includes a Make Alias feature that shows popular abbreviations, previous names, or industry nicknames for each manufacturer. If a source document indicates a make alias the manufacture associated with the alias should be coded.

- 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.
- Use “Ghost Gun” when the firearm is indicated as being homemade (can be 3D printed or made from home build kit) and has never had a serial number. Firearms that have a serial number removed should not be coded as this. These guns will not have a model associated with them.

6.3.6 Firearm model: **FirearmModel**

6.3.7 Other Firearm model text: **FirearmModelText**

Definitions:

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

Response Options:

- **FirearmModel**
Text
- **Other model of firearm**
“Not applicable”
“Unknown”
- **FirearmModelText:**
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.

- Code as “[model](Other/Unspecified)” if a general model series appears in the code list but differs slightly from available response options. If model(Other/Unspecified) is not an option in the code list, please mark “Other model of firearm” and enter the model in “FirearmModelText.” Example: source document states general Citori shotgun, code as response option Citori(Other/Unspecified).
- 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 “FirearmModelText.” When completing “FirearmModelText,” 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**

Definitions:

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

Response Options:

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

▪ **GunStoredLocked**

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

Discussion:

These variables are to be coded when a firearm was used by a victim or suspect to inflict the fatal injury in suicides, homicides, undetermined deaths, and unintentional firearm 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., persons 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 for all firearm deaths where data are available.

6.3.10 Gun Access Narrative: GunAccessNarrative

Definition:

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

Response Option:

Text

Discussion:

Complete this variable when a firearm was used by a victim or suspect to inflict the fatal injury in suicides, homicides, undetermined deaths, and unintentional firearm deaths. The gun access 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., persons 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 for all firearm deaths where data are available.

6.3.11 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
- 4 Spouse/Intimate partner of shooter
- 6 Friend/Acquaintance of shooter
- 7 Stranger to shooter
- 66 Other (specify in gun access narrative)
- 99 Unknown

Discussion:

Code this variable when a firearm was used by a victim or suspect to inflict the fatal injury in suicides, homicides, undetermined deaths, and unintentional firearm 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. In November 2020, this variable was modified to add "Spouse/Intimate partner of shooter."

6.3.12 Firearm stolen: FirearmStolen

Definition:

Firearm listed or reported as stolen

Response Options:

- 0 No
- 1 Yes
- 8 Not applicable
- 9 Unknown

Discussion:

Code this variable when a firearm was used by a victim or suspect to inflict the fatal injury in suicides, homicides, undetermined deaths, and unintentional firearm deaths. Code as "Yes" if the firearm was formally reported as stolen in Alcohol, Tobacco, Firearms and Explosives (ATF) trace results, LE reports, or if law enforcement or the coroner/medical examiner learned that the firearm had been stolen during the course of the death investigation.

- If a household member takes a firearm from another household member and uses it without his or her permission, do not code the firearm as stolen unless the owner had reported the firearm 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 in the LE and/or CME reports 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 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 them.
- If there is no information at all about suspects in the source documents, 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: AgeYearsSuspect

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 of suspect should be reported in years, because very young children are unlikely to be suspects.

- If age is not provided, code as “999” for “Unknown.”
 - Sometimes the suspect’s 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: SexSuspect

Definition:

Sex of the suspect is the sex as listed in the source documents.

Response Options:

- 1 Male
- 2 Female
- 9 Unknown

Discussion:

None

7.3 Victim to Suspect relation 1: VictimSuspectRelationship1**Definition:**

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 mother'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
- 37 Victim was new partner of suspect's ex-partner (e.g., woman's ex-boyfriend killed her new boyfriend)
- 38 Victim was ex-partner of suspect's current partner (e.g., woman's new boyfriend killed her ex-boyfriend)
- 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”). Please note that this sentence is intended to be a general guide. However, some relationships may not be captured by this sentence (e.g., babysitter [e.g., child killed by babysitter], victim was injured by law enforcement officer).

- 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 childcare 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.”

Note: This variable was modified in November 2020 to include victim/suspect relationship categories 37 and 38.

7.4 Victim to Suspect relation 2: VictimSuspectRelationship2

Definition:

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 mother'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
- 37 Victim was new partner of suspect's ex-partner (e.g., woman's ex-boyfriend killed her new boyfriend)
- 38 Victim was ex-partner of suspect's current partner (e.g., woman's new boyfriend killed her ex-boyfriend)
- 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 Victim to Suspect 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.”). Please note that this sentence is intended to be a general guide. However, some relationships may not be captured by this sentence (e.g., babysitter [e.g., child killed by babysitter], victim was injured by law enforcement officer).
- 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 childcare 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 “Victim to Suspect Relation 1,” then code “Victim to Suspect Relation 2” as “88” for “All relevant information about relationship is already provided in Victim to Suspect Relation 1.”

Note: This variable was modified in November 2020 to include victim/suspect relationship categories 37 and 38.

7.5 History of abuse of victim by this suspect: AbuseHistory

Definition:

History of abuse of victim by this suspect

Response Option:

Checkbox

Discussion:

For each victim-suspect pair in which (1) the offender was a caregiver 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 other as long as the source document refers to “abuse.”

Also code: If the suspect was a caregiver 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 a 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. Caregiver includes children taking care of their parents.

Also code: If applicable, code “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 is also a victim of homicide, suicide, legal intervention, or death of undetermined intent in the incident (e.g., a suspect/victim).

Response Option:

Checkbox

Discussion:

In incidents involving a victim/suspect, this variable can help link the suspect and victim information.

Examples of when a suspect is also a victim in the incident:

- A man kills his wife and then dies by suicide. He is a suspect because he killed someone else, and a suicide victim because he died by suicide; therefore, he is both suspect and victim.

- 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; therefore, he is both a suspect and a victim.
- 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; therefore, he is both a suspect and a victim.

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 Option:

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 had developmental disability at time of incident: SuspectDevelopmentalDisability

Definition:

Suspect had a developmental disability at time of incident.

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

Developmental disability (as expressed by terms that may be found in source documents, such as autism, intellectual impairments, "mentally challenged," "mental retardation," "special needs," etc.) implies a chronic cognitive or developmental deficit that has a substantial, long-term effect on day-to-day function. The developmental disability can be perceived or diagnosed.

Note: This variable was added in August 2016.

7.11 Suspected alcohol use by suspect: SuspectAlcoholUseSuspected

Definition:

Suspected alcohol use by the suspect in the hours preceding the incident.

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

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

Note: This variable was added in August 2016.

7.12 Suspected substance use by the suspect: SuspectSubstanceUseSuspected

Definition:

Suspected substance use by the suspect in the hours preceding the incident.

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

“SuspectSubstanceUseSuspected” can be coded as “Yes” based on witness or investigator reports (e.g., Law enforcement noted that the suspect was “under the influence of drugs”), or circumstantial evidence (e.g., used syringes scattered around the suspect). This variable refers only to drug use and not alcohol use. The phrase “in the hours preceding the incident” can be interpreted relatively broadly.

Note: As of August 2013, a person 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).

Note: This variable was added in August 2016.

7.13 Suspect recently released from an institution: SuspectRecentRelease

Definition:

Suspect injured victim within a month of 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 suspect 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 suspect is considered institutionalized if they spent one or more nights in the institution. For instance, if a suspect 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.

- Code both voluntary and involuntary commitments. The death should be coded as “0” if a suspect visits an institution for medical care (e.g., emergency department) and does not stay overnight or is arrested and not held overnight.
- If the document(s) state that the suspect was “just” or “recently” released and provides no specific timing on the release, the abstractor should consider the suspect recently released and record the type of institution from which he or she was released.
- If the suspect 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 suspect 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 2016.

7.14 Suspect recently in contact with law enforcement: SuspectContactWithPolice

Definition:

Suspect had contact with law enforcement in the past 12 months.

Response Options:

- 0 No, Not available, Unknown
- 1 Yes

Discussion:

This variable refers to whether the suspect had contact with law enforcement in the 12 months prior to the fatal incident. An arrest does not need to have been made to endorse this variable. This may include scenarios where police were called, but no charges were filed.

Note: This variable was added in August 2016.

7.15 Suspect Race Variables

7.15.1 Suspect White: RaceWhiteSuspect

7.15.2 Suspect Black or African American: RaceBlackSuspect

7.15.3 Suspect Asian: RaceAsianSuspect

7.15.4 Suspect Native Hawaiian or other Pacific Islander: RacePacificIslanderSuspect

7.15.5 Suspect American Indian or Alaska Native: RaceAmericanIndianSuspect

7.15.6 Suspect Unspecified race: RaceUnspecifiedSuspect

Definitions: Race[‡]

- **RaceWhiteSuspect:** Person with origins among any of the original peoples of Europe, North Africa, or the Middle East
- **RaceBlackSuspect:** Person with origins among any of the black racial groups of Africa
- **RaceAsianSuspect:** Person with origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- **RacePacificIslanderSuspect:** Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians)
- **RaceAmericanIndianSuspect:** 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)
- **RaceUnspecifiedSuspect:** 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 Option:

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 "Asian/Pacific Islander" is indicated, check both "Asian" and "Pacific Islander." 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>

7.16 Suspect Hispanic/Latino/Spanish: EthnicitySuspect**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, illicit drugs, and prescription drugs in violent deaths.

8.1 Instructions for Entering Toxicology Information

In the Toxicology Findings section:

- Enter all substances with positive toxicology findings. 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.
- Enter all substances that are listed as a contributing cause of death on the DC even if a toxicology test was not conducted or the results were not available.
- (Optional Step) Enter information for substances that were tested and had 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 (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 information: NoToxicologyAvailable

Definition:

A toxicology report was not available.

Response Option:

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 Option:

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 No substance(s) given as cause of death: NoSubstanceGiven

Definition:

Victim died from poisoning or substance overdose but no specific substance(s) was given as cause of death.

Response Option:

Checkbox

The “Cause of Death” checkboxes associated with specific substances are disabled when box is checked. In order for this information to be abstracted into the system, this box must be unchecked if later information indicates that a specific substance or substance class caused death.

Discussion:

The purpose of this variable is to capture instances where a victim died from poisoning or substance overdose but no specific substance(s) was given as cause of death in the source document(s). The source document(s) may mention the victim’s cause of death was due to poisoning or a substance overdose but fail to list a specific substance or substance class (e.g., opioid), or the source document(s) may use

generic terminology such as substance toxicity or polysubstance misuse when describing victim’s cause of death by poisoning.

The information for this variable would come primarily from the DC; however, it may also infrequently be included in the CME report. This variable is only applicable for the following: Incident Type 3 (SUDORS) cases, cases where the "SUDORS Case" box on the Overdose (OD) tab is checked, and NVDRS cases where the victim has a weapon type = 8 (poisoning).

Examples of when to endorse this variable:

- The source document(s) indicates the victim died from polysubstance misuse or substance toxicity but does not list a specific substance or substance class (e.g., opioid) as cause of death.
- The source document(s) indicates the victim died from poisoning or a substance overdose but does not list a specific substance or substance class (e.g., opioid) as cause of death.

Note: This variable was added in August 2021.

8.6 Substance Name: SubstanceName

Definition:

Substance name in toxicology report.

Response Option:

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 the 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 Poison, not otherwise specified” in the substance field,
- Enter results for the “Tested,” “Results,” “Cause of Death,” and “Person Prescribed For” fields as with any other substance,
- Record the name of the substance in “Comments” field at the top of the Toxicology section, and
- Contact CDC (NVDRS-Coding@cdc.gov) so the substance can be added to the toxicology drop-down menu.

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.

8.7 Substance Tested: SubstanceTested

Definition:

Substance was tested for according to the 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 specimens 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.

8.8 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.

8.9 Substance Caused Death: SubstanceCausedDeath

Definition:

Substance clearly identified as the cause of death.

Response Options:

- 0 No, Unknown
- 1 Yes

Discussion:

The “Cause of Death” variable captures any substance that caused or contributed to the substance overdose death. If a source document clearly identifies a single substance as the cause of death, code only that substance as causing the death. A substance listed as a contributing cause of death on the DC OR listed as a contributing cause in the CME report or elsewhere (e.g., within the toxicology report itself) should be checked as a “Cause of Death.” For example, if the DC does not specify that a certain substance contributed to death but elsewhere in the CME report it is indicated that the substance did contribute (e.g., CME noted that the decedent tested positive for a lethal concentration of fentanyl), the “Cause of Death” box for that substance should be checked.

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.

If a substance class (e.g., opioids) is listed as a contributing cause on the DC AND multiple substances in that substance class were identified by toxicology, the abstractor should check all of the substances in the substance class detected as a “Cause of Death.” For instance, heroin and oxycodone would be checked as “Cause of Death” if the substances were detected by toxicology testing and “opioid” was listed as a contributing cause of death on the DC.

For substance overdose deaths where the only cause of death information listed on the DC and CME report is “Polysubstance,” “Poly drug,” “Multiple substances,” “Combined toxicity,” or another phrase implicating the involvement of multiple drugs, the abstractor should check “Cause of Death” for all substances that were detected by toxicology tests.

- If, however, the cause of death indicates “substanc overdose,” “drug toxicity,” or something similar and only one substance is positive on post-mortem toxicology, the “Cause of Death” box should be checked for that substance.

8.10 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
- 5 Not prescribed for decedent, unknown who prescribed for
- 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.

The option “5 – Not Prescribed for decedent, unknown who prescribed for” – should be endorsed when the substance is present on toxicology, but there is evidence that it was not prescribed to the decedent (and not enough evidence to indicate for whom it was prescribed, e.g., a prescription bottle with the label ripped off).

The option “9 – Relationship Unknown” – should be endorsed when the drug is present on toxicology, but records do not mention who the drug were prescribed for (so they could have been prescribed to the victim, but it is unclear). If there is uncertainty in the prescription relationship (e.g. either self or someone else), we recommend marking Person Prescribed For as “Relationship Unknown” and including any prescription information in the narrative.

8.11 Substance Categories: SubstanceClass

Definition:

Substance categories

Response Options: (auto-populated)

- 1 Alcohol
- 2 Amphetamines
- 3 Antidepressants
- 4 Antipsychotics
- 5 Benzodiazepines
- 6 Barbiturates
- 7 Cocaine
- 8 Carbon Monoxide
- 9 Marijuana
- 10 Anticonvulsants
- 11 Muscle Relaxants
- 12 Opiates
- 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.

8.12 Summary: Substances Tested For

8.12.1 Tested for alcohol: AlcoholTested

8.12.2 Tested for carbon monoxide: CarbonMonoxideTested

- 8.12.3 Tested for amphetamine: AmphetamineTested
- 8.12.4 Tested for anticonvulsants: AnticonvulsantTested
- 8.12.5 Tested for Antidepressants: AntidepressantsTested
- 8.12.6 Tested for Antipsychotics: AntipsychoticsTested
- 8.12.7 Tested for barbiturates: BarbituratesTested
- 8.12.8 Tested for benzodiazepines: BenzodiazepinesTested
- 8.12.9 Tested for cocaine: CocaineTested
- 8.12.10 Tested for marijuana: MarijuanaTested
- 8.12.11 Tested for muscle relaxant: MuscleRelaxantTested
- 8.12.12 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.

8.13 Summary: Results of Substances Tested For

- 8.13.1 Alcohol results summary: AlcoholResult
- 8.13.2 Carbon monoxide results summary: CarbonMonoxideResult
- 8.13.3 Amphetamine results summary: AmphetamineResult
- 8.13.4 Anticonvulsants results summary: AnticonvulsantResult
- 8.13.5 Antidepressants results summary: AntidepressantsResult
- 8.13.6 Antipsychotics results summary: AntipsychoticsResult
- 8.13.7 Barbiturates results summary: BarbituratesResult
- 8.13.8 Benzodiazepines results summary: BenzodiazepinesResult
- 8.13.9 Cocaine results summary: CocaineResult
- 8.13.10 Marijuana results summary: MarijuanaResult
- 8.13.11 Muscle relaxant results summary: MuscleRelaxantResult
- 8.13.12 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)

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.

8.14 Blood Alcohol Level: AlcoholLevel**Definition:**

Blood alcohol level

Response Options:

Please enter all three digits of the blood alcohol concentration (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 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 summary field and entered as 0.000 for this BAC variable.
- 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.

- BAC should only be entered for ethanol (e.g., alcohol, ethyl alcohol, or drinking alcohol) and not for other substances such as methanol.

8.15 Carbon Monoxide Source: CarbonMonoxideSource

Definition:

Source of carbon monoxide

Response Options:

- 1 Motorized vehicle (e.g., car, truck, bus, motorcycle, boat)
- 2 Other
- 3 Gas tool/appliance/heater
- 4 Grill or barbeque (gas or charcoal, includes hibachi grills)
- 5 Fire (e.g., house fire)
- 8 Not applicable
- 9 Unknown

Discussion:

This information may be used to understand carbon monoxide sources to prevent suicides and homicides related to fire.

8.16 Comments: ToxicologyComments

Definition:

Enter comments about substances or toxicology tests in this field, including substances not included in the substance look-up field.

Response Option:

Text

Discussion:

If a substance is not on the substance look-up table, please put the information in this field. Also, contact CDC (NVDRS-Coding@cdc.gov) so they can update the substance list.

Note: This variable was added in August 2013.

SECTION 9: CHILD FATALITY REVIEW OPTIONAL MODULE

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 younger 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 CFR data source

Response Option:

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 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
- 7 Unknown
- 8 Not collected by local CFR team
- 9 Not applicable

Discussion:

None

9.2 Physical illness, Disability, Prenatal Variables

9.2.1 Victim had a physical illness at time of incident: CFR_VictimPhysicalIllness

9.2.2 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, Not Available, Unknown
 - 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.”

9.2.3 Victim had disability at time of incident: CFR_VictimDisability

9.2.4 If yes, disability was physical: CFR_VictimDisabilityPhysical

9.2.5 If yes, disability was developmental: CFR_VictimDisabilityDevelopmental

9.2.6 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., intellectual disability, autistic)
- **VictimDisabilitySensory:** Victim’s disability was sensory (e.g., blind, deaf)

Response Options:

- 0 No, Not Available, Unknown
- 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 (as expressed by terms that may be found in source documents, such as autism, intellectual impairments, “mentally challenged,” “mental retardation,” “special needs,” etc.). **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 LE reports or CPS records), medical records, and/or autopsy.

9.2.7 Infants: Prenatal care prior to the 3rd trimester: CFR_InfPrenatCarePri3rdTrim

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.

9.2.8 Infants: Maternal recreational drug use: CFR_InfantsMaternRecDrugUse

9.2.9 Infants: Maternal alcohol use: CFR_InfantsMaternAlcoholUse

9.2.10 Infants: Maternal tobacco use: CFR_InfantsMaternTobaccoUse

Definitions:

- **CFR_InfantsMaternRecDrugUse:** Victim was exposed to recreational drugs in utero
- **CFR_InfantsMaternAlcoholUse:** Victim was exposed to alcohol in utero
- **CFR_InfantsMaternTobaccoUse:** 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.”

9.2.11 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.

9.3 CPS Report Variables

9.3.1 Prior CPS report on the victim’s household: CFR_PriorCPSReportVicHhold

9.3.2 If yes, CPS report filed on whom: CFR_SexualAbuseReportedOn

9.3.3 If yes, report substantiated: CFR_SexualAbuseReported

Definitions:

- **CFR_PriorCPSReportVicHhold** : 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_PriorCPSReportVicHhold**
- **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 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.

9.3.4 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.

9.4 Abuse/ Neglect Substantiation Variables

9.4.1. Physical abuse substantiated: CFR_PhysicalAbuseSubstant

9.4.2. Sexual abuse substantiated: CFR_SexualAbuseSubstant

9.4.3. Neglect substantiated: CFR_NeglectSubstantiated

Definitions:

- **CFR_PhysicalAbuseSubstant:** At least one substantiated CPS report filed on the victim’s household was for physical abuse
- **CFR_SexualAbuseSubstant:** At least one substantiated CPS report filed on the victim’s household was for sexual abuse
- **CFR_NeglectSubstantiated :** 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 Victim Contact with Formal System/Services

9.5.1 Victim contact with Law enforcement: CFR_VictimContactPolice

9.5.2 Victim contact with juvenile justice system: CFR_VictimContactJuvJusticeSys

9.5.3 Victim contact with the health care system: CFR_VictimContactHlthCareSystem

9.5.4 Victim contact with mental health services: CFR_VictimContactMentalHlthServ

Definitions:

- **CFR_VictimContactPolice:** Victim had contact with law enforcement in the past 12 months
- **CFR_VictimContactJuvJusticeSys:** Victim had contact with juvenile justice system in the past 12 months
- **CFR_VictimContactHlthCareSystem:** Victim had contact with health care system in the past 12 months
- **CFR_VictimContactMentalHlthServ:** 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.

9.5.5 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).

9.5.6 Victim/primary caregiver contact with social services:CFR_VicCaregiverContactSocServ

9.5.7 Victim/primary caregiver contact with WIC: CFR_VicCaregiverContactWIC

9.5.8 Victim/primary caregiver contact with Medicaid: CFR_VicCaregiverContactMedicaid

Definitions:

- **CFR_VicCaregiverContactSocServ:** Victim/primary caregiver had contact with social services in the past 12 months
- **CFR_VicCaregiverContactWIC:** Victim/primary caregiver had contact with WIC (Special Supplemental Nutrition Program for Women, Infants and Children) in the past 12 months
- **CFR_VicCaregiverContactMedicaid:** 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.

9.5.9 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.

9.6 Suspect Charge, Arrest, Etc.

- 9.6.1 Specific person suspected: CFR_SuspectIdentified
- 9.6.2 Suspect arrested as perpetrator in this death: CFR_SuspectArrested
- 9.6.3 Suspect charged as perpetrator in this death: CFR_SuspectCharged
- 9.6.4 Suspect prosecuted: CFR_SuspectProsecuted
- 9.6.5 Suspect convicted: CFR_SuspectConvicted
- 9.6.6 Suspect convicted of original charge: CFR_SuspConvictedOrigCharge
- 9.6.7 CPS report or referral ever filed on the suspect: CFR_CPSReportReferralFiled
- 9.6.8 Suspect ever charged with a prior homicide: CFR_SuspChrgedPriorHomicide

Definition:

- **CFR_SuspectIdentified:** Law enforcement identified the suspect by name
- **CFR_SuspectArrested:** 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_SuspConvictedOrigCharge:** Suspect was convicted of original charge
- **CFR_CPSReportReferralFiled:** Child Protective Service report had previously been filed on this suspect
- **CFR_SuspChrgedPriorHomicide:** Suspect had ever been charged with a prior homicide

Response Options:

- **CFR_SuspectIdentified**
- **CFR_SuspectArrested**
- **CFR_CPSReportReferralFiled**
- **CFR_SuspChrgedPriorHomicide**
 - 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 CPS 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.”

9.7 Victim Household Characteristics

9.7.1 Type of residence in which victim lived: CFR_ResidenceType

9.7.2 Length of time in residence: CFR_ResidenceTimeIn

9.7.3 Unrelated adult living in victim's household: CFR_HouseholdAdultUnrelated

9.7.4 Other children <18 years in household: CFR_OtherChildrenUndr18Household

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_OtherChildrenUndr18Household:** 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 reporting site
 - 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_OtherChildrenUndr18Household**
 - 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 dies by 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 of age 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.

9.7.5 Marital relationship of victim’s biological parents: CFR_VicBioParentMaritalRel

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.”

9.7.6 Intimate partner violence in victim’s household: CFR_IPVVictimHousehold

9.7.7 Intimate partner violence in victim’s foster home: CFR_IPVVictimFosterHome

Definitions:

- **CFR_IPVVictimHousehold:** Evidence of intimate partner violence in victim’s household
- **CFR_IPVVictimFosterHome:** 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.

9.7.8 Substance abuse in victim’s household: CFR_SubAbuseVictimHousehold

9.7.9 Substance abuse in victim’s foster home: CFR_SubAbuseVictimFosterHome

Definitions:

- **CFR_SubAbuseVictimHousehold:** Evidence of substance abuse in victim’s household
- **CFR_SubAbuseVictimFosterHome:** 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 misused or abused substance(s) or had a substance abuse problem, but there was no indication that anyone else in the household did, 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 younger than 18 years of age, 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.

9.8 Supervisor Characteristics

9.8.1 Perpetrator was supervisor: CFR_SupervisorPerpetrator

9.8.2 Quality of supervision a factor: CFR_SupervisorQuality

9.8.3 Supervisor’s relationship to victim: CFR_SuperRelationshipVictim

9.8.4 Supervisor’s age: CFR_SupervisorAge

9.8.5 Supervisor’s sex: CFR_SupervisorSex

9.8.6 No supervision: CFR_SupervisorNone

- 9.8.7 Supervisor drug/alcohol impaired: CFR_SupervisorDrugAlcoholImpaired
- 9.8.8 Supervisor distracted/asleep: CFR_SupervisorDistractedAsleep
- 9.8.9 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_SuperRelationshipVictim:** Relationship of supervisor to the victim
- **CFR_SupervisorAge:** Age of supervisor
- **CFR_SupervisorSex:** Sex of supervisor
- **CFR_SupervisorNone:** No supervision of the victim
- **CFR_SupervisorDrugAlcoholImpaired:** The supervisor was drug- or alcohol-impaired
- **CFR_SupervisorDistractedAsleep:** 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 Not collected by local CFR team
 - 8 Not applicable
 - 9 Unknown

- **CFR_SupervisorRelationshipVictim**
 - 1 Primary caregiver
 - 2 Other adult relative
 - 3 Babysitter/childcare 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
- 7 Not collected
- 8 Not applicable
- 9 Unknown

- **CFR_SupervisorNone**
- **CFR_SupervisorDrugAlcoholImpaired**
- **CFR_SupervisorDistractedAsleep**
- **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.”

9.9 Caregiver Characteristics (1st and 2nd)

- 9.9.1 Primary caregiver is a victim or suspect in the incident: CFR_CaregiverVictimOrSuspect1/2**
- 9.9.2 If yes, caregiver’s ID in the incident: CFR_CaregiverID1/2**
- 9.9.3 Relationship to victim: CFR_RelationshipToVictim1/2**
- 9.9.4 Person lived with victim: CFR_LivedWithVictim1/2**
- 9.9.5 Primary Caregiver’s Age at time of incident: CFR_AgeAtIncident1/2**
- 9.9.6 Primary Caregiver’s Sex: CFR_Sex1/2**

- 9.9.7 Had legal custody of victim at time of death: CFR_CustodyOfVictim1/2
- 9.9.8 Had documented history of maltreating: CFR_HistoryOfMaltreating1/2
- 9.9.9 Had a previous child die in his/her care: CFR_PreviousChildDie1/2

Definitions (refers to 1st and 2nd primary caregivers):

- **CFR_CaregiverVictimOrSuspect1/2:** Is the victim's primary caregiver a victim or suspect in the incident?
- **CFR_CaregiverID1/2:** Caregiver's Person ID in the incident
- **CFR_RelationshipToVictim1/2:** Caregiver's relationship to the victim
- **CFR_LivedWithVictim1/2:** Caregiver lived with victim at the time of the incident?
- **CFR_AgeAtIncident1/2:** Age of Caregiver at the time of the incident
- **CFR_Sex1/2:** Sex of Caregiver
- **CFR_CustodyOfVictim1/2:** Caregiver had legal custody of victim at time of death?
- **CFR_HistoryOfMaltreating1/2:** Caregiver had documented history of maltreating a child
- **CFR_PreviousChildDie1/2:** Caregiver had a previous child die in his/her care?

Response Options:

- **CFR_CaregiverVictimOrSuspect1/2**
 - 0 No
 - 1 Victim or victim/suspect
 - 2 Primary suspect
 - 3 Secondary suspect
 - 4 Other suspect
 - 7 Unknown
 - 8 Not collected by CFR team
 - 9 Not applicable

- **CFR_LivedWithVictim1/2**
- **CFR_CustodyOfVictim1/2**
- **CFR_HistoryOfMaltreating1/2**
- **CFR_PreviousChildDie1/2**
 - 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 CPS 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.

9.10 Records Consulted in CFRT Review

- 9.10.1 CME records: CFR_RecordCME
- 9.10.2 SS/CPS records: CFR_RecordSSCPS
- 9.10.3 Law enforcement/Law enforcement records: CFR_RecordPoliceLE
- 9.10.4 School records: CFR_RecordSchool
- 9.10.5 EMS records: CFR_RecordEMS
- 9.10.6 Health Provider/Hospital records: CFR_RecordHealthProviderHospital
- 9.10.7 Public Health Department records: CFR_RecordPublicHealthDepartment
- 9.10.8 Mental Health Records: CFR_RecordMentalHealth
- 9.10.9 Juvenile Justice Records: CFR_RecordJuvenileJustice
- 9.10.10 Death Certificate: CFR_RecordDeathCertificate
- 9.10.11 Other records: CFR_RecordOther

9.10.12 Specify (what other records): CFR_RecordOtherText

Definition:

Records from each agency indicated were consulted in the CFRT review of victim’s death

Response Options:

- 0 No, Not collected by local CFR team, Unknown
- 1 Yes

CFR_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 LE reports were not consulted).

9.10.13 History of inpatient psychiatric treatment: CFR_HistoryPsychiatricTreatment

9.10.14 Taking psychiatric medication at time of death: CFR_PsychiatricMedication

9.10.15 Barriers to accessing mental health care: CFR_BarriersAccessMntlHealthCare

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_BarriersAccessMntlHealthCare:** 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 die by 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_BarriersAccessMntlHealthCare** 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.

9.11 CFR Concluding Variables

9.11.1 CFR conclusion matches Death Certificate: **CFR_CFRConclusionMatchedDC**

9.11.2 If no, manner the CFR designated: **CFR_CFRDesignated**

9.11.3 Text to specify other manner: **CFR_MannerOther**

9.11.4 Action taken to change the official manner: **CFR_ActionChgOfficialManner**

9.11.5 Result of action: **CFR_ResultOfAction**

9.11.6 CFR determination of preventability: **CFR_DeathPreventability**

Definitions:

- **CFR_CFRConclusionMatchedDC**: Did the CFR designation of the child’s manner of death match the DC manner?
- **CFR_CFRDesignated**: Manner of death designated by the CFR
- **CFR_MannerOther**: Text field for CFR manner of death if “other”
- **CFR_ActionChgOfficialManner**: If CFR designation did not match DC 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_ActionChgOfficialManner**
 - 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 DC (or, if the DC was unavailable to the committee at the time of their review, the CME report).

- Code **CFR_CFRConclusionMatchedDC** as “Yes” if the CFRT’s manner of death matched the manner of death originally designated on the DC.
- Code **CFR_CFRConclusionMatchedDC** as “No” if the CFRT determined that the manner of death was something other than that assigned in the DC 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_ActionChgOfficialManner** 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 (IP) 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 IP relationship (e.g., the child of the IP, 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 LE reports or other available information on the relationship history of the IPs. The IPV module is designed to collect information on IPs 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 IPs.)

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 IP 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 IP 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 IPs, 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 IP relationship itself. The homicide can be committed by or against any of the third parties involved but must involve at least one of the IPs as the victim or the suspect. For Type 3 incidents, the IPV module should be completed for the IPs, 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

Definitions:

- **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 IP. 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 IP. 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

- 10.1 Death Certificate: IPV_SourceDeathCertificate
- 10.2 CME Report: IPV_SourceCME
- 10.3 Law enforcement report: IPV_SourcePoliceReport
- 10.4 SHR or NIBRS Data: IPV_SourceSHRorNIBRS
- 10.5 Crime Lab Report: IPV_SourceLab
- 10.6 Gun Trace Report: IPV_SourceGunTrace
- 10.7 Hospital/ED Report: IPV_SourceHospitalEmergencyRoom
- 10.8 Court or Prosecutor Records: IPV_SourceDistrictAttorney
- 10.9 Restraining Order Records: IPV_SourceRestrainingOrder
- 10.10 Criminal History Database: IPV_SourceCriminalHistory
- 10.11 DVFRT Report: IPV_SourceDomestViolFatalRevTeam
- 10.12 Newspaper Reports: IPV_SourceNews
- 10.13 Other Data Sources: IPV_SourceOther

Definition:

Indicator of whether each of the above record types was used as a data source to complete module

Response Options:

- 0 Data source not used
- 1 Data source 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:

IPV_SourceDeathCertificate (death certificate);
IPV_SourceCME (medical examiner, coroner report, or toxicology report);
IPV_SourcePoliceReport (law enforcement report);
IPV_SourceSHRorNIBRS (data from the FBI's Supplementary Homicide Reports or National Incident Based Reporting Reports);
IPV_SourceLab (crime laboratory reports);
IPV_SourceGunTrace (gun trace data);
IPV_SourceHospitalEmergencyRoom (Hospital records including hospital discharge and emergency department records);
IPV_SourceDistrictAttorney (prosecution or court records);
IPV_SourceRestrainingOrder (national or state restraining order databases);
IPV_SourceCriminalHistory (national or state criminal history databases);
IPV_SourceDomestViolFatalRevTeam (Domestic Violence Fatality Review Team report);
IPV_SourceNews (newspaper article or other print media source); and
IPV_SourceOther (specify any other sources used).

10.3 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.
-

10.4 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.

10.5 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.

10.6 Suspect Legal Actions

10.6.1 Warrant issued for suspect: IPV_SuspectWarrant

10.6.2 Suspect arrested in this incident: IPV_SuspectedArrested

10.6.3 Suspect arrested but fled: IPV_SuspectFled

10.6.4 Suspect charged as perpetrator: IPV_SuspectCharged

10.6.5 Suspect convicted: IPV_SuspectConvicted

10.6.6 Suspect convicted of original charge: IPV_SuspectConvictedOrigCharge

10.6.7 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_SuspectConvictedOrigCharge:** Suspect convicted of the original charge
- **IPV_SuspectDied:** Suspect died following the incident

Response Options:

- **IPV_SuspectWarrant**
- **IPV_SuspectedArrested**
- **IPV_SuspectFled**
 - 0 No
 - 1 Yes
 - 7 Not collected in data sources
 - 8 Not applicable
 - 9 Unknown

- **IPV_SuspectCharged**
- **IPV_SuspectConvicted**
- **IPV_SuspectConvictedOrigCharge**
 - 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:

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_SuspectConvictedOrigCharge:** 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.

10.7 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 LE reports 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.

10.8 Relationship length number of units: IPV_RelationshipLength

10.9 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**

| | |
|-----|----------------|
| 888 | Not applicable |
| 999 | Unknown |

- **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 LE 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 one 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”).

10.9 Relationship Break-Up

10.9.1 Breakup or breakup in progress: IPV_RelationshipBreakup

10.9.2 Breakup length number of units: IPV_BreakupLength

10.9.3 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_BreakupLength**
 - 88 Not applicable
 - 99 Unknown
- **IPV_BreakupLengthUOM**
 - 1 Years
 - 2 Months
 - 3 Weeks
 - 4 Days
 - 5 Hours
 - 8 Not applicable
 - 9 Unknown

Discussion:

These variables provide information drawn from CME or LE 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 LE 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 one 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.

10.10 Children in Victim's Home

10.10.1 Children under 18 living at home: IPV_ChildrenHome

10.10.2 Number of children under 18 living at home: IPV_ChildrenNumberLiving

10.10.3 Any children not offspring of IPV Perpetrator: IPV_StepChildPerpetrator

10.10.4 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).

10.11 Children Present During Incident

- 10.11.1 Number of children exposed to homicide: IPV_ChildrenNumberExposed
- 10.11.2 Number of children 5 or under exposed to homicide: IPV_ChildrenNumberUnder5
- 10.11.3 Use of child as shield during incident: IPV_ChildrenShield
- 10.11.4 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.

10.12 Restraining Order Variables

10.12.1 Restraining order ever: IPV_RestrainingOrderHistory

10.12.2 Restraining order at time of incident: IPV_RestrainingOrder

10.12.3 Restraining order type: IPV_RestrainingOrderType

10.12.4 Restraining order issue date: IPV_RestrainingOrderIssueDate

10.12.5 Restraining order served: IPV_RestrainingOrderServed

10.12.6 Persons protected by restraining order: IPV_RestOrderPersonsProtect

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_RestOrderPersonsProtect:** 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_RestOrderPersonsProtect**
 - 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 LE 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 LE report, 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.

10.13 Prior Arrests/Convictions

- 10.13.1 Prior arrest(s):** IPV_PriorArrestPerpetrator, IPV_PriorArrestVictim
- 10.13.2 Type of arrest(s):** IPV_PerpetratorArrestType, IPV_VictimArrestType
- 10.13.3 Type of arrest(s) if other:** IPV_PerpetratorArrestTypeText, IPV_VictimArrestTypeText
- 10.13.4 Prior conviction(s):** IPV_PriorConvictionsPerpetrator, PriorConvictionsVictim
- 10.13.5 Type of conviction(s):** IPV_ConvictionTypePerpetrator, IPV_ConvictionTypeVictim
- 10.13.6 Type of conviction(s) if other:** IPV_ConvictionTypeOtherPerp, 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 as “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.

10.13.7 Prior IPV Arrest(s): IPV_PriorArrestPerpetratorIPV, IPV_PriorArrestVictimIPV

Definition:

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 LE 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.

10.14 Disability Variables[±]

10.14.1 Physical illness: IPV_PhysicalIllnessPerpetrator, IPV_PhysicalIllnessVictim

**10.14.2 Diagnosis of physical illness: IPV_DiagPhysicalIllnessPerp,
IPV_DiagPhysicalIllnessVictim**

10.14.3 Disability: IPV_DisabilityPerpetrator, IPV_DisabilityVictim

10.14.4 Disability was physical: IPV_DisabilityPhysicalPerp, IPV_DisabilityPhysicalVictim

**10.14.5 Disability was developmental: IPV_DisabilityDevelopmentalPerp,
IPV_DisabilityDevelopmentalVic**

10.14.6 Disability was sensory: IPV_DisabilitySensoryPerp, IPV_DisabilitySensoryVictim

Definitions:

- **IPV_PhysicalIllness:** IPV Perpetrator/Victim had an acute or chronic physical illness at the time of the incident
- **IPV_DiagPhysicalIllness:** 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., intellectual disability)
- **IPV_DisabilitySensory:** IPV Perpetrator's/Victim's disability was sensory (e.g., blindness, deafness)

Response Options:

- 0 No
- 1 Yes

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, intellectual disability). 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>

**10.14.7 Alcohol use suspected: IPV_SuspectedIntoxicatedPerp,
 IPV_SuspectedIntoxicatedVictim**

10.14.8 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.

Note: As of August 2013, a perpetrator/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 (for perpetrator taking methadone, please note this in the narrative).

10.14.9 Mental health problem: IPV_MentalHealthProblemPerp, 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-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th 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., intellectual disability, 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.

10.15 Mental Health Diagnoses

**10.15.1 Mental health diagnosis 1: IPV_MentalHealthDiagPerp1,
IPV_MentalHealthDiagVictim1**

**10.15.2 Mental health diagnosis 2: IPV_MentalHealthDiagPerp2,
IPV_MentalHealthDiagVictim2**

**10.15.3 Mental health diagnosis 3: IPV_MentalHealthDiagPerp3,
IPV_MentalHealthDiagVictim3**

**10.15.4 Other mental health diagnosis: IPV_MentalHealthDiagOtherPerp,
IPV_MentalHealthDiagOtherVictim**

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_Mentalhealthdiagnosis1/2/3**

- 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 mental health diagnosis" by recording 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" 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.

10.15.5 Currently in treatment for mental health problem: IPV_TreatmentMentalHealthPerp, IPV_TreatmentMentalHealthVictim

10.15.6 Ever treated for mental health problem: IPV_HistoryMentalIllnessPerp, 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), toxicology test results indicating the presence of a psychiatric medication is sufficient evidence of mental health treatment.

Examples

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).

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.

10.15.7 Alcohol problem: IPV_AlcoholProblemPerpetrator, IPV_AlcoholProblemVictim

10.15.8 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

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 illicit 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 illicit 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

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.

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.

**10.15.9 Disclosed intent to die by suicide: IPV_SuicideDisclosedIntentPerp,
IPV_SuicideDisclosedIntentVictim**

Definition:

IPV Perpetrator/Victim disclosed to another person intentions to die by 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 die by suicide to anyone. When law enforcement or the coroner/medical examiner document whether the IPV Perpetrator or Victim stated his/her intent to die by 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.

10.15.10 History of suicide attempts: IPV_HistorySuicideAttemptsPerp,
10.15.11 IPV_HistorySuicideAttemptsVictim

Definitions:

- **IPV_HistorySuicideAttemptsPerpetrator:** Perpetrator had a history of attempting to die by suicide
- **IPV_HistorySuicideAttemptsVictim:** Victim had a history of attempting to die by 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.

SECTION 11: SCHOOL-ASSOCIATED VIOLENT DEATH (SAVD) VARIABLES

11.1 SAVD Inclusion Criteria

11.1.1 This is a School-Associated Violent Death/SAVD Case: SAVD_Case

Definition:

This variable indicates whether the death is considered an SAVD based on the location and context of the death. Any death that happens on a public or private K-12 school property, at a K-12 school-sponsored event, or on K-12 school-sponsored transportation is considered an SAVD.

Response Option:

Checkbox

Discussion:

This checkbox appears on the “Injury and Death” tab beneath the “type of location where injured” variable. For the purposes of NVDRS, SAVD includes any homicide, suicide, legal intervention death, unintentional firearm death, or death of undetermined intent that occurs: 1) on the campus of a functioning primary or secondary school (K-12) in the U.S.; 2) at a school-sponsored event associated with a primary or secondary school; or 3) on K-12 school-sponsored transportation. An SAVD death can involve any person (e.g., student, staff, faculty member, community member, person unknown to the campus) regardless of affiliation to the school. SAVD incidents only capture events related to K-12 campuses and school events.

Please note the following should not be classified as SAVD:

- Deaths on college campuses are not considered SAVDs unless there is information indicating that a K-12 school operated on a college campus (e.g., laboratory or demonstration schools), and the death took place on the property of the K-12 school.
- Deaths taking place at dedicated preschools are not SAVDs unless the preschool is embedded within a K-12 campus (e.g., schools that begin at age three (K3) and age four (K4). Deaths that occur on the way to or from school are not considered SAVDs unless the death happened on school transportation (e.g., school bus).
- Deaths on the way to or from school using public transportation (e.g., city bus, subway, train) should not be captured as SAVDs.

Please note the following for determining if an incident happened at a school-sponsored event:

- A school-sponsored event can occur on or off-campus and includes events that are outside of the typically scheduled school routine (e.g., field trips, sporting events, competitions, dances, ceremonies). On-campus before and after school activities such as academic enrichment, club meetings, and sports/dance/music practices are not considered school-sponsored events but part of a typical school schedule and are included.
- School-sponsored events are usually organized and hosted by the school and often include school-organized chaperones and/or presence of school administration, teachers, or other school personnel.
- An event where many students are in attendance but that is not sanctioned or hosted by the

school is not a school-sponsored event. For example, a gathering of students at a local restaurant after a sporting event is not a school-sponsored event unless it was organized and hosted by school personnel.

Note: The SAVD Module and corresponding variables were added in November 2020. Data collection for the SAVD module applies to eligible deaths occurring on and after January 1, 2021.

11.2 SAVD Incident Variables

11.2.1 Number of non-fatally injured persons: SAVD_NumberNonfatallyinjured

Definition:

This variable indicates the total number of people who were non-fatally injured in the event.

Response Options:

Number of nonfatally injured victims or one of the following:

- 0 None
- 9999 Nonfatally injured victims, number unknown or unspecified

Discussion:

- Record the total number of people who sustained a non-fatal injury during the course of the incident and survived. Although the NVDRS Variable “number non-fatally shot – 1.9” captures non-fatal firearm injuries, this variable captures non-fatal injuries including but not limited to firearms. For example, non-fatal injuries might include being trampled or injured in a large crowd, injuring a limb while trying to escape, or being injured by explosives.
 - This variable is intended to capture serious injuries. A description of the injury in the source documents typically is enough to consider the injury serious, unless the injury is explicitly described as minor or mild. If mild or minor injuries are enumerated, subtract those from the total number of non-fatal injuries mentioned.
 - Enter “0” if there is no indication of non-fatal injuries.
 - Enter “9999” if source documents indicate that the incident had nonfatally injured victims, but the number is unknown or unspecified.
-

11.2.2 SAVD Location Type: SAVD_Location

Definition:

This variable indicates if the incident occurred on campus or off campus.

Response Options:

- 1 On campus
- 2 Off campus
- 99 Unknown, unspecified

Discussion:

Any death occurring on K-12 campus property is considered an SAVD. Campus property includes but is not limited to classrooms, hallways, administrative offices, libraries, cafeterias, performance halls,

indoor and outdoor athletic facilities, parking lots and playgrounds. Off-campus events are only considered SAVDs if the event was school-sponsored (e.g., field trips, dances, ceremonies, sporting events). Off-campus events can occur in any location and should be captured here by endorsing “2 – Off campus.” For all SAVD incidents, the NVDRS variable “Type of location where injury occurred – 4.3.3” should be endorsed and the location should be described in the incident narrative.

SAVD Campus Location

- 11.2.3 SAVD_CampusLocation_Classroom
- 11.2.4 SAVD_CampusLocation_Hallway
- 11.2.5 SAVD_CampusLocation_Cafeteria
- 11.2.6 SAVD_CampusLocation_GymnasiumIndoorFacility
- 11.2.7 SAVD_CampusLocation_LockerRoom
- 11.2.8 SAVD_CampusLocation_Office
- 11.2.9 SAVD_CampusLocation_Stairwell
- 11.2.10 SAVD_CampusLocation_Restroom
- 11.2.11 SAVD_CampusLocation_BreakroomorLounge
- 11.2.12 SAVD_CampusLocation_Auditorium
- 11.2.13 SAVD_CampusLocation_LawnorGarden
- 11.2.14 SAVD_CampusLocation_Field_Playground
- 11.2.15 SAVD_CampusLocation_ParkingLot
- 11.2.16 SAVD_CampusLocation_Driveway
- 11.2.17 SAVD_CampusLocation_BusPickUporDropoff
- 11.2.18 SAVD_CampusLocation_LibraryorMediaCenter
- 11.2.19 SAVD_CampusLocation_OtherOutdoorLocation (Fill in Text)
- 11.2.20 SAVD_CampusLocation_OtherIndoorLocation (Fill in Text)

Definition:

These variables indicate where on campus the fatal incident occurred.

Response Option:

Checkbox (check all that apply)

Discussion:

Multiple response options can be selected for the location of the incident. For example, if a death occurred in a restroom in a sports facility, both restroom (11.2.10) and gymnasium or indoor sports facility (11.2.6) should be selected. Additionally, if there are multiple school-associated deaths in an incident, each location of injury (fatal and non-fatal) should be selected. If further, more specific information is known about the injury location(s), it should be noted in the narrative corresponding to the data source where the information is found.

11.2.21 Type of School-Sponsored Event: SAVD_EventType

Definition:

This variable indicates the type of school-sponsored event that was taking place at the time of the injury.

Response Options:

- 1 Sporting event
- 2 Dance
- 3 Field Trip
- 4 Ceremony
- 5 Performance or competition
- 6 Other
- 8 Not applicable
- 9 Unknown

Discussion:

School-sponsored events include but are not limited to sporting events, dances, ceremonies, performances, competitions, and field trips. School sponsored events that are not specified on this list of variables should be coded as “Other” with details about the type of event noted in the narratives as available. A school-sponsored event that is unspecified in the source documents (e.g., “victim was on a school outing) should also be endorsed as “Other.” If source documents provide details about the school-sponsored event, please include these details in the incident narrative.

11.2.22a Security measures at the time of injury-present: SAVD_SecurityPresent**Definition:**

This variable indicates if security measures were known to be present at the time of the injury.

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Free text field if other information is available

Discussion:

Presence of security measures (e.g., security cameras, metal detectors) should be endorsed if the source documents mention that security devices were on the premises (whether on or off campus) at the time of the injury. Security measures do not have to be noted by source documents as being in use in order to be listed as present. Furthermore, information about whether or not the security devices were in good working order does not have to be known. The opportunity to note if particular security devices were in use is in a separate checkbox (see variable 11.2.22b).

11.2.22b Security measures at the time of injury-in use: SAVD_SecurityInUse**Definition:**

This variable indicates if security measures that were known to be present were in use at the time of the injury.

Response Option:

Checkbox (check all that apply)

Discussion:

This variable should only be endorsed if the presence of a security measure is endorsed and if data sources indicate that security measures were actively in-use. Details about the use of security measures can be entered into the “Other text” field (see variable 11.2.36).

Types of Security Measures Specified as Present and/or In Use

- 11.2.23 SAVD_WalkThroughMetalDetectors_Present
- 11.2.24 SAVD_WalkThroughMetalDetectors_InUse
- 11.2.25 SAVD_HandHeldMetalDetectors_Present
- 11.2.26 SAVD_HandHeldMetalDetectors_InUse
- 11.2.27 SAVD_SurveillanceCameras_Present
- 11.2.28 SAVD_SurveillanceCameras_InUse
- 11.2.29 SAVD_CommunicationDevices_Present
- 11.2.30 SAVD_CommunicationDevices_InUse
- 11.2.31 SAVD_AccessRestrictions_Present
- 11.2.32 SAVD_AccessRestrictions_InUse
- 11.2.33 SAVD_OtherSecurity_Present
- 11.2.34 SAVD_OtherSecurity_InUse
- 11.2.35 SAVD_OtherSecurity_Specify

Definition:

These variables indicate which security measures were noted as being present and which security measures were noted as being in-use at the time of incident.

Response Option:

Checkbox (check all that apply)

Discussion:

If a security measure is endorsed as “In-use,” it should also be endorsed as “Present.” A security measure should be endorsed as in-use if source documents state that the device was in-use (e.g., “surveillance video captured the event”) or imply that the device was in-use (e.g., “the victim was identified entering the building on surveillance video”). If use of security measures is unknown, checkboxes should be left blank. If “Other” is selected as present or in-use, details can be entered into the “other text” field (11.2.36).

11.2.36 Security Measures Text: SAVD_Security_Text

Definition:

This is a free text field to provide more information about the use of security measures.

Response Option:

Text

Discussion:

Information such as number of security devices, when in use, where in use, how they monitored are examples of information that would be useful here. Details about why security measures were not present or in-use can also be included here, as available.

Which of the following did any of the victims or suspects leave as signs that they were considering this action?

11.2.37 SAVD_Notes(s)

11.2.38 SAVD_Notes(s)_Text

11.2.39 SAVD_Journal entry

11.2.40 SAVD_Journal entry_Text

11.2.41 SAVD_Social media (e.g., blogs, Twitter, wall postings on social networking sites)

11.2.42 SAVD_Social media_Text

11.2.43 SAVD_Verbal threats

11.2.44 SAVD_Verbal threats_Text

11.2.45 SAVD_Electronic media (e.g., email messages, IM, or texts via cellphone, voice mail, video, etc.)

11.2.46 SAVD_Electronic media_Text

11.2.47 SAVD_Other actions (e.g., playful suggestion that person might commit act, voiced suicidal thoughts)

11.2.48 SAVD_Other actions_Text

Definition:

These variables indicate if the victims or suspects left any signs or communication prior to the incident that they were considering the injurious action.

Response Options:

Checkbox (Check all that apply)

Text

Discussion:

After homicide and suicide events, people look for things, such as comments, notes, threats, or actions that took place prior to the incident that could have signaled a potential risk for this type of behavior. These variables capture any signs left by victims and suspects indicating they were considering this action. Please include as many signs as are indicated in the source documents, even if they were not recognized as a sign at the time they happened. Use text fields corresponding to the sign/indicator to provide more details.

11.2.49a Did anyone know about the possibility of this event before it happened?

SAVD_AdvanceKnowledge

11.2.49b If yes, please specify: SAVD_AdvanceKnowledge_Text

Definition:

This variable captures if anyone knew about the possibility of this event before it happened.

Response Options:

- 0 No
- 1 Yes
- 9 Unknown

Text

Discussion:

This variable indicates if anyone (e.g., witnesses, bystanders, victims [fatally injured and non-fatally injured], or others) had advance knowledge that the incident might occur. This variable should be completed to indicate whether or not the victim or suspect discussed the possibility of this event occurring or if the victim or suspect hinted or implied that the event might occur. Details can be provided in the open text field. There are also variables regarding what was known, who knew information was known, and to whom the information was disclosed (see variables 11.2.50, 11.2.51, and 11.2.52 through 11.2.61).

11.2.50 What information was known by witnesses (including bystanders, informants, or victims) in advance of the incident? SAVD_KnowledgeContent

Definition:

This variable captures details about what others may have known about the incident before it took place.

Response Option:

Text

Discussion:

This is a free text field to describe what information was known about the event before it took place. Examples include but are not limited to how long the information was known and how the victim or suspect communicated the information, the number of people who were targeted, the motive for the event, and the weapons that were going to be used. Information known by each witness should be placed in a separate witness entry. The term “witness” includes anyone with advance knowledge that the incident might occur. People with advance knowledge could include those who were also involved in the incident as victims or bystanders; however, those who *only* witnessed the event at the time it occurred but did not have prior knowledge should not be included.

Examples of a witness may include:

- A student who heard the suspect talking about event the week prior
- A suspect’s friend, intimate partner, or family member with whom the suspect shared plans or implied that the event might occur
- Someone who saw the suspect’s posts on social media that stated or implied that the event might occur

The following is an example of what should not be included:

- A student who had no prior knowledge of the event and only saw it as it was happening

11.2.51 What relationship did the witness have to the suspect (in the case of a homicide incident) or victim (in the case of a suicide incident)? SAVD_WitnessRelationship

Definition:

This variable indicates the relationship between the person with prior knowledge of the event (i.e., witness) and person who carried out the fatal injury (e.g., the suspect in a homicide incident, or victim in a suicide incident).

Response Options:

- 1 Family member
- 2 Previous or current intimate partner
- 3 Friend/colleague
- 4 School faculty/staff
- 5 Fellow student at school
- 6 Community/neighborhood acquaintance
- 7 Stranger
- 8 Other
- 99 Not applicable, Unknown

Free text field to specify if more information is available

Discussion:

Only one relationship type can be selected in the dropdown menu for those who had prior knowledge of the event. Select the relationship type that is primary and most intimate in nature. For example, a friend who was also a fellow student at the school should be endorsed as “Friend.” If a general statement is made of people knowing about the event ahead of time but no relationship is provided, select “Unknown, Not applicable” for the relationship type.

Use the following sentence as a guide when selecting the appropriate description of the relationship: **“The witness is the _____ of the suspect.”** For example, if the suspect in a homicide told a sibling that he or she was planning to carry out violence, this sentence would read “The witness is the family member of the suspect.” In the case of a suicide incident, the following sentence can be used as a guide: **“The witness is the _____ of the victim.”** For example, if a teacher of a suicide victim saw social media messages hinting at the victim’s plans to die by suicide, the sentence would read “The witness is the school faculty/staff [member] of the victim.”

The open text field can be used to provide specific descriptions, overlapping relationships, and nuances regarding the relationship between the person with prior knowledge of the event and the suspect or victim as applicable. If there are multiple suspects, indicating multiple relationships with the victim, please use the text box to provide additional information about those multiple relationships.

With whom did the witness share the information he or she learned about the planned violence?

11.2.52 SAVD_WitnessDisclosedTo_NoOne

11.2.53 SAVD_WitnessDisclosedTo_Parent

11.2.54 SAVD_WitnessDisclosedTo_OtherFamilyMember

- 11.2.55 SAVD_WitnessDisclosedTo_Peers
- 11.2.56 SAVD_WitnessDisclosedTo_SchoolStaff
- 11.2.57 SAVD_WitnessDisclosedTo_Other
- 11.2.58 SAVD_WitnessDisclosedTo_MedicalMentalHealthProfessional
- 11.2.59 SAVD_WitnessDisclosedTo_NotApplicable
- 11.2.60 SAVD_WitnessDisclosedTo_Unknown
- 11.2.61 SAVD_WitnessDisclosedTo_Text

Definition:

These variables indicate to whom the witness disclosed prior knowledge of the incident.

Response Options:

Checkbox (Check all that apply)
Text

Discussion:

Multiple disclosure relationships can be selected. The open text field can be used to specify any relationship described as “Other” and to describe what was disclosed.

11.3 SAVD Victim Variables

**11.3.1 Which of the following best describes the timing of the fatal injury?
SAVDVictim_FatalInjuryTiming**

Definition:

This variable indicates the timing of the incident relative to the typical school day.

Response Options:

- 1 On a day when no classes or school events were held (e.g., a weekend, holiday, or an official school break)
- 2 On a school day before classes began
- 3 On a school day during lunch
- 4 On a school day during class changes
- 5 On a school day while classes were being held
- 6 On a school day during recess or other break
- 7 On a school day during a school assembly
- 8 On a school day immediately after school, including during detention
- 9 On a school day during after-school practice or immediately after
- 10 On a school day, timing unspecified
- 11 Other (Fill in text field)
- 99 Unknown

Discussion:

This variable is used to endorse any information that is known about the timing of the incident relative to the typical school day schedule. If the event happened during a school-sponsored event during the school day (e.g., field trip) or after hours (e.g., a school dance or sporting event), endorse this variable as

“11 – Other” and provide details in the “Other” text field.

11.3.2 What was this victim’s primary affiliation with the school associated with this death? SAVDVictim_SchoolAffiliation

Definition:

This variable describes this victim’s primary affiliation with the school associated with this death.

Response Options:

- 1 A student at this school
- 2 Former student at this school
- 3 A teacher, administrator, or other faculty/staff at this school
- 4 Security guard or police officer
- 5 Family member of a student or staff member at this school
- 6 Resident of surrounding community
- 7 Not associated with the school or community
- 66 Other (Fill in text field)
- 99 Unknown

Discussion:

Only one affiliation can be selected. Select this victim’s affiliation with the school that describes the closest and most primary relationship between the victim and the school. For example, if a victim is a resident of the surrounding community and a former student of the school, select “Former student at this school.”

11.3.3-11.3.11 Victim Behavior/In the 12 months prior to this event did the victim engage in any of the following behaviors?

Definition:

These variables indicates behavior in which the victim engaged in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.3 Name calling, teasing and/or bullying peers: SAVDVictimBehavior_Bullying

Definition:

This variable indicates if the victim engaged in name calling, teasing and/or bullying peers or school personnel (in person or online) in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.4 Sent verbal, written, or electronic threats: SAVDVictimBehavior_Sent threats

Definition:

This variable indicates if the victim sent verbal, written, or electronic threats in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.5 Posted threats or manifestos online via social media or other platforms SAVDVictimBehavior_Posted Threats

Definition:

This variable indicates if the victim posted threats or manifestos online via social media or other platforms in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.6 Aligned themselves with violent ideologies online SAVDVictimBehavior_AlignedwithViolentIdeologiesOnline

Definition:

This variable indicates if the victim participated in activity aligning themselves with violent ideologies online in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.7 Physically threatened or physically fought with peers SAVDVictimBehavior_PhysicallyThreatenedOthers

Definition:

This variable indicates if the victim physically threatened or physically fought with peers in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.8 Damaged or stole another's personal property or damaged school property SAVDVictimBehavior_DamagedStoleProperty

Definition:

This variable indicates if the victim damaged or stole another's personal property or damaged school property in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.9 Possessed or used illicit substances
SAVDVictimBehavior_PossessedUsedIllicitSubstances

Definition:

This variable indicates if the victim possessed or used illicit substances in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.10 Possessed a weapon: SAVDVictimBehavior_PossessedWeapon

Definition:

This variable indicates if the victim possessed a weapon in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.11 Other Behavior: SAVDVictimBehavior_OtherBehavior

Definition:

This free text field can be used to describe details or other notable information about the victim's behavior in the 12 months prior to the incident.

Response Option:

Text

Discussion:

This variable captures behavior that the victim engaged in within the year prior to the incident. This information can provide context for what was happening in the victim's life that might have contributed to risk for the injury; however, the behavior does not necessarily need to be related to the incident for it to be endorsed.

11.3.12-11.3.15 Prior Victimization of Victim/ In the 12 months prior to this event was this individual victimized in any of the following ways?

Definition:

These variables capture victimization that the victim might have experienced in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.12 SAVDVictimPriorVictimization_CalledNamesTeasedBullied

Definition:

This variable indicates if the victim experienced name calling, teasing and/or bullying by peers or school personnel (in person or online) in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

Peers referenced in this variable did not have to attend the same school where the incident took place.

11.3.13 SAVDVictimPriorVictimization_PropertyDamagedStolen

Definition:

This variable indicates if the victim had their personal property damaged or stolen in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.14 SAVDVictimPriorVictimization_ReceivedThreats

Definition:

This variable indicates if the victim received verbal, written, or electronic threats in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.15 SAVDVictimPriorVictimization_PhysicallyThreatenedAssaulted

Definition:

This variable indicates if the victim was physically assaulted or threatened by peers in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.3.16-11.3.20 SAVD Victim Abuse Experiences/Was this individual victimized in any of the following ways?

Definition:

These variables indicate if the victim experienced ongoing or past experiences of abuse, neglect, or other forms of victimization.

Response Option:

Checkbox (Check if applicable)

Discussion:

Abuse or neglect experienced by the victim does not have to be related to the incident in order to be endorsed. This variable expands the NVDRS variable “History of abuse or neglect as a child – 5.4.13” by allowing the type of abuse/neglect to be specified and allowing forms of victimization that can occur but are not necessarily related to the incident (i.e., intimate partner violence, sexual violence).

- Endorse abuse and neglect variables if the victim experienced child abuse/neglect at any point in the past, even if the victim is currently an adult.
- Endorse if evidence of ongoing abuse is suspected, but not confirmed. Endorse if autopsy evidence from official records (i.e., CME report, hospital examination report) describes anatomical evidence of old or healing injuries as an indication of previous abuse.
- Abuse can be physical, psychological, sexual or others if the source document refers to “abuse.” If the abuse is unspecified and happened in childhood endorse “History of abuse and neglect as a child – 5.4.13.” If “abuse” is mentioned in source documents but the type of abuse and timing (i.e., childhood versus adulthood) is not specified, do not endorse these variables. Instead, indicate in the narrative that abuse was mentioned in the source documents.
- Neglect may be physical, emotional, medical, or educational.
- Indicate the nature of the abuse or neglect in the incident narrative.
- Abuse or neglect could have been perpetrated by a parent, guardian, or other individual in a caretaking role (e.g., person who was primarily responsible for caring for the victim when the abuse occurred, such as babysitter, older sibling sexually molesting victim).
- This variable and “History of abuse and neglect as a child – 5.4.13” can be endorsed together if applicable.
- 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 (i.e., 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. IPV might include physical violence, sexual violence, staking, and psychological aggression inflicted by an intimate partner. Sexual violence refers to sexual activity when consent is not obtained or not given freely (e.g., rape, sexual assault).

11.3.16 SAVDVictimAbuseExperiences_PhysicalChildAbuse

Definition:

This variable indicates if the victim experienced ongoing or past experiences of physical abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.3.17 SAVDVictimAbuseExperiences_SexualChildAbuse**Definition:**

This variable indicates if the victim experienced ongoing or past experiences of sexual abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.3.18 SAVDVictimAbuseExperiences_EmotionalChildAbuse**Definition:**

This variable indicates if the victim experienced ongoing or past emotional (verbal or psychological) abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.3.19 SAVDVictimAbuseExperiences_ChildNeglect**Definition:**

This variable indicates if the victim experienced ongoing or past neglect (physical, emotional, medical, or educational neglect) in childhood.

Response Option:

Checkbox (Check if applicable)

11.3.20 SAVDVictimAbuseExperiences_IntimatePartnerViolence**Definition:**

This variable indicates if the victim experienced ongoing or past intimate partner violence or teen dating violence.

Response Option:

Checkbox (Check if applicable)

11.3.21 SAVDVictimAbuseExperiences_SexualViolence

Definition:

This variable indicates if the victim experienced ongoing or past sexual violence as an adult (e.g., rape, sexual assault).

Response Option:

Checkbox (Check if applicable)

11.4 SAVD Suspect Variables

The SAVD suspect variables are on the NVDRS Suspect Tab and become available when an incident is identified by an abstractor as an SAVD.

11.4.1 Had the suspect ever been arrested before the victim's death?

SAVDSuspect_PriorArrest**Definition:**

This variable captures whether or not the suspect had ever been arrested prior to the victim's death.

Response Options:

0 No
1 Yes
9 Unknown

Discussion:

This variable expands NVDRS variable "Suspect recently in contact with law enforcement – 7.14" by allowing for a timeframe of arrest beyond 12 months prior to the fatal injury. Specifics about charges (if any) against the suspect do not have to be known to endorse this variable.

11.4.2 At the time of the death, was the suspect perceived by self or others to have a problem with, or to be addicted to alcohol or other drugs?

SAVDSuspect_AlcoholDrugUse**Definition:**

This variable captures the suspect's perceived drug or alcohol problems or addiction.

Response Options:

0 No
1 Yes
9 Unknown

Discussion:

Code as “Yes” if the suspect was perceived by self or others to have a problem with, or to be addicted to, alcohol or drugs. There does not need to be any indication that the alcohol or drug problem directly contributed to the death. “SAVDSuspect_AlcoholDrugUse” can be endorsed if a suspect was noted as using illicit drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using inhalants (e.g., sniffing gas).

- A suspect 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 “SAVDSuspect_AlcoholDrugUse” 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 suspect was using alcohol or drugs in the hours preceding the incident, and there is no evidence of dependence or a problem.
- If the suspect is mentioned as using illicit drugs, even if addiction or abuse is not specifically mentioned, code “SAVDSuspect_AlcoholDrugUse” as “Yes.”
- The exception to this is marijuana use. For marijuana, the use must be noted as chronic, abusive, or problematic (e.g., “suspect smoked marijuana regularly,” “suspect’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 “SAVDSuspect_AlcoholDrugUse” unless it is noted that the suspect is no longer a drug user.
- Previously attempting suicide via overdose is not sufficient justification for endorsing “SAVDSuspect_AlcoholDrugUse” in the absence of other information.

11.4.3 What is the highest grade or year of school the suspect completed? SAVDSuspect_HighestGradeCompleted

Definition:

This variable indicates the highest level of formal education obtained by the suspect.

Response Options:

- 1 Last completed grades K-11
- 2 High school graduate or equivalency (e.g., GED)
- 3 Trade school or some college
- 4 College graduate or more
- 5 Other
- 9 Unknown

Discussion:

This variable captures the suspect’s highest level of formal education completed or degree attained, per source documents.

- If the suspect never attended school, endorse “5-Other.”

11.4.4 What is the suspect’s primary affiliation with the school associated with this death?

SAVDSuspect_SchoolAffiliation

Definition:

This variable describes the suspect's primary affiliation with the school associated with the death.

Response Options:

- 1 Student at this school
- 2 Former student at this school
- 3 Teacher, administrator, or other staff at this school
- 4 Security guard or police officer
- 5 Family member of a student or staff member at this school
- 6 Resident of surrounding community
- 7 Not associated with the school or community
- 66 Other (Fill in text)
- 99 Unknown

Discussion:

Select the affiliation to the school that describes the closest and most primary relationship between the suspect and the school. For example, if a suspect is a resident of the surrounding community and a former student of the school, select "former student at this school." If "Other" is selected, fill in the text box to provide any available details.

SAVD Suspect Crises Experienced/Did the suspect experience a crisis in any of the following areas within two weeks of the death (either prior or impending)?

Definition:

This variable asks, "Did the suspect experience a crisis in any of the following areas within two weeks of the death (either prior to the death or impending)?"

Response Option:

Checkbox (Check all that apply)

11.4.5 SAVDSuspectCrisesExperienced_SchoolRelatedCrisis

Definition:

This variable indicates if the victim experienced a crisis related to the school environment within two weeks of the death (either prior or impending).

Discussion:

- School-related crises include events that the suspect experiences related to the school environment (e.g., disciplinary infraction or events that might be experienced by larger groups or school-wide). Examples include:
 - Receiving a bad grade/report card
 - Getting expelled, suspended, or other disciplinary action
 - Disruption in school affiliation or schedule (e.g., being moved to a new school or placed on a different track, re-zoning of school)

- School-wide conflict (e.g., racial conflict, conflict between clubs, groups, or organizations, experiencing bullying at school)
-

11.4.6 SAVDSuspectCrisesExperienced_FamilyRelatedCrisis

Definition:

This variable indicates if the victim experienced a family-related crisis within two weeks of the death (either prior or impending).

Discussion:

- Family-related crises encompass relationship problems with a family member other than an intimate partner. Examples include:
 - The suspect and his parents get into an argument which is noted as one of the triggers for the suspect's plan to execute a mass school-shooting.
 - Guidance for "NVDRS Relationship Problem – 5.4" should also be followed.
-

11.4.7 SAVDSuspectCrisesExperienced_RelationshipRelatedCrisis

Definition:

This variable indicates if the victim experienced a crisis related to a relationship with an intimate partner or peer within two weeks of the death (either prior or impending).

Discussion:

- Relationship-related crises cover those encompassing intimate partner crisis and other relationship (e.g., friendship) crises. Examples include:
 - Suspect's partner threatened a breakup within a week of the injury
 - Suspect and partner engaged in an argument hours before the injury
 - Suspect's best friend posted a negative comment toward the suspect on social media the day before the injury
-

11.4.8 SAVDSuspectCrisesExperienced_MentalHealthRelatedCrisis

Definition:

This variable indicates if the victim experienced a mental health-related crisis within two weeks of the death (either prior or impending).

Discussion:

- Examples of mental health crises include:
 - Suspect receives mental health diagnosis
 - Suspect's mental health condition abruptly changes or worsens within two weeks of the violence (such as, suspect experiencing a psychotic episode or victim fails to comply with medication and symptomatology increases)
 - Suspect experiences changes in care within two weeks of care (such as suspect was hospitalized, suspect's therapist moves)

11.4.9 SAVDSuspectCrisesExperienced_OtherCrisis
11.4.9b SAVDSuspectCrisesExperienced_OtherCrisis_Text

Definition:

This variable indicates if the victim experienced a crisis aside from those available to be endorsed in the SAVD module. Please use the open text field to specify the type of crisis the suspect experienced.

Discussion:

This variable is important to identify deaths that appear to involve an element of impulsivity in the context of a crisis. 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 endorse a crisis. Guidance for coding NVDRS crisis variables – 5.1.6 should also be followed for this crisis variable.

11.4.10-11.4.18 Suspect Behavior/In the 12 months prior to this event did the suspect engage in any of the following behaviors?

Definition:

These variables indicate behavior in which the suspect engaged in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.10 SAVDSuspectBehavior_NameCallingTeasingBullying

Definition:

This variable indicates if the suspect engaged in name calling, teasing and/or bullying peers or school personnel (in person or online) in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

Peers referenced in this variable did not have to attend the same school where the incident took place.

11.4.11 SAVDSuspectBehavior_Sent threats

Definition:

This variable indicates if the suspect sent verbal, written, or electronic threats in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.12 SAVDSuspectBehavior_Posted Threats**Definition:**

This variable indicates if the suspect posted threats or manifestos online via social media or other platforms in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.13 SAVDSuspectBehavior_AlignedwithViolentIdeologiesOnline**Definition:**

This variable indicates if the suspect participated in activity aligning themselves with violent ideologies in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.14 SAVDSuspectBehavior_PhysicallyThreatenedOthers**Definition:**

This variable indicates if the suspect physically threatened or physically fought with peers in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

Peers referenced in this variable did not have to attend the same school where the incident took place.

11.4.15 SAVDSuspectBehavior_DamagedStoleProperty**Definition:**

This variable indicates if the suspect damaged or stole another's personal property or damaged school property in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.16 SAVDSuspectBehavior_PossessedUsedIllicitSubstances

Definition:

This variable indicates if the suspect possessed or used illicit substances in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.17 SAVDSuspectBehavior_PossessedWeapon

Definition:

This variable indicates if the suspect possessed a weapon in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.18 SAVDSuspectBehavior_Other

Definition:

This free text field can be used to describe details or other notable information about the suspect's behavior in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

This variable captures behavior that the suspect engaged in within the year prior to the injury event. This information can provide context for what was happening in the suspect's life that might have contributed to risk for the injury; however, the behavior does not necessarily need to be related to the incident for it to be endorsed.

11.4.19-11.4.22 Prior Victimization of Suspect/In the 12 months prior to this event was the suspect victimized in any of the following ways?

Definition:

These variables capture victimization experiences of the suspect within the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

These variables capture prior victimization of the suspect within the year prior to the incident. This

information can provide context for what was happening in the suspect's life that might have contributed to risk for the injury; however, the behavior does not necessarily need to be related to the incident for it to be endorsed. These variables should not capture the fatal injury, but events prior to the fatal injury.

11.4.19 SAVDSuspectPriorVictimization_CalledNamesTeasedBullied

Definition:

This variable indicates if the suspect experienced name calling, teasing and/or bullying by peers or school personnel (in person or online) in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

Peers referenced in this variable did not have to attend the same school where the incident took place.

11.4.20 SAVDSuspectPriorVictimization_PropertyDamagedStolen

Definition:

This variable indicates if the suspect had their personal property damaged or stolen in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.21 SAVDSuspectPriorVictimization_ReceivedThreats

Definition:

This variable indicates if the suspect received verbal, written, or electronic threats in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

11.4.22 SAVDSuspectPriorVictimization_PhysicallyThreatenedAssaulted

Definition:

This variable indicates if the suspect was physically assaulted or threatened by peers in the 12 months prior to the incident.

Response Option:

Checkbox (Check if applicable)

Discussion:

Peers referenced in this variable did not have to attend the same school where the incident took place.

11.4.23-11.4.28 Suspect Abuse Experiences/Did the suspect experience any of the following?

Definition: These variables indicate if the suspect experienced ongoing or past experiences of abuse, neglect, or other forms of victimization.

Response Option:

Checkbox (Check if applicable)

Discussion:

Abuse or neglect experienced by the suspect does not have to be related to the incident in order to be endorsed. This variable expands the NVDRS variable “History of abuse or neglect as a child – 5.4.13” by allowing the type of abuse/neglect to be specified and allowing forms of victimization that can occur but are not necessarily related to the incident (i.e., intimate partner violence, sexual violence).

- Endorse abuse and neglect variables if the suspect experienced child abuse/neglect at any point in the past even if the victim is currently an adult.
 - Endorse if evidence of ongoing abuse is suspected, but not confirmed. Endorse if autopsy evidence from official records (i.e., CME, hospital examination report) describes anatomical evidence of old or healing injuries as an indication of previous abuse.
 - Abuse can be physical, psychological, sexual or others if the source document refers to “abuse.” If the abuse is unspecified and happened in childhood endorse “History of abuse and neglect as a child – 5.4.13.” If “abuse” is mentioned in source documents but the type of abuse and timing (i.e., childhood versus adulthood) is not specified, do not endorse these variables. Instead, indicate in the narrative that abuse was mentioned in the source documents.
 - Neglect may be physical, emotional, medical, or educational.
 - Indicate the nature of the abuse or neglect in the incident narrative.
 - Abuse or neglect could have been perpetrated by a parent, guardian, or other individual in a caretaking role (e.g., person who was primarily responsible for caring for the victim when the abuse occurred, such as babysitter, older sibling sexually molesting victim).
 - This variable and “History of abuse and neglect as a child – 5.4.13” can be endorsed together if applicable.
 - 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. IPV can include physical violence, sexual violence, staking, and psychological aggression inflicted by an intimate partner.
 - Sexual violence refers to sexual activity when consent is not obtained or not given freely (e.g., rape, sexual assault).
-

11.4.23 SAVDSuspectAbuseExperiences_PhysicalChildAbuse

Definition:

This variable indicates if the suspect experienced ongoing or past experiences of physical abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.4.24 SAVDSuspectAbuseExperiences_SexualChildAbuse

Definition:

This variable indicates if the suspect experienced ongoing or past experiences of sexual abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.4.25 SAVDSuspectAbuseExperiences_EmotionalChildAbuse

Definition:

This variable indicates if the suspect experienced ongoing or past emotional (verbal or psychological) abuse in childhood.

Response Option:

Checkbox (Check if applicable)

11.4.26 SAVDSuspectAbuseExperiences_ChildNeglect

Definition:

This variable indicates if the suspect experienced ongoing or past neglect (physical, emotional, medical, or educational neglect) in childhood.

Response Option:

Checkbox (Check if applicable)

11.4.27 SAVDSuspectAbuseExperiences_IntimatePartnerViolence

Definition:

This variable indicates if the suspect experienced ongoing or past intimate partner violence or teen dating violence.

Response Option:

Checkbox (Check if applicable)

11.4.28 SAVDSuspectAbuseExperiences_SexualViolence

Definition:

This variable indicates if the suspect experienced ongoing or past sexual violence as an adult (e.g., rape, sexual assault).

Response Option:

Checkbox (Check if applicable)

SECTION 12: APPENDICES

Appendix A is a decision-tree intended to assist states in determining which state enters an incident in the NVDRS web-based system when the incident crosses state lines or a resident was fatally injured in another state. The decision-tree can be used by states collecting statewide data and states with pilot years.

Appendix B includes an overview of the National Violent Death Reporting System (NVDRS) and the State Unintentional Drug Overdose Reporting System (SUDORS)

NVDRS uses information from death certificates (DC), coroner/medical examiner (CME) reports, and law enforcement (LE) reports to provide a complete picture of violent deaths. The case definition for NVDRS includes homicides, suicides, unintentional firearm deaths, deaths of undetermined intent (including opioid overdose deaths of undetermined intent), deaths due to legal intervention (excluding executions), and deaths due to terrorism. Information from NVDRS can be used to characterize violent deaths and inform, develop, and guide violence prevention programs.

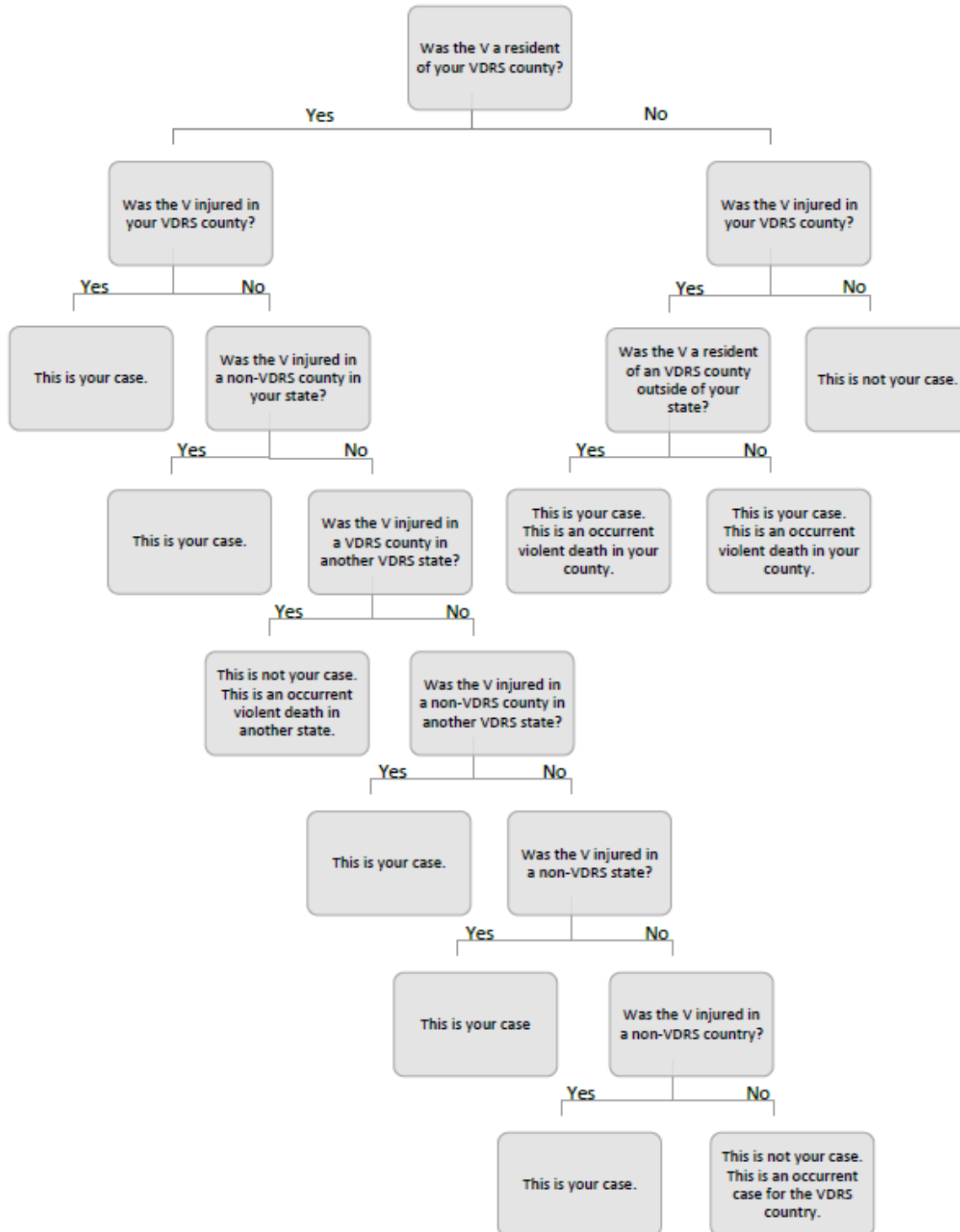
SUDORS uses information from DCs and CME reports for unintentional drug overdose deaths, and from DCs, CME reports, and LE reports for drug overdose deaths of undetermined intent (LE data for drug overdose deaths of undetermined intent are required for NVDRS but not for SUDORS and therefore do not have to be entered by the 8-month SUDORS data entry deadline; see details in table below). The case definition for SUDORS includes drug overdose deaths that are either unintentional or of undetermined intent. Information from SUDORS can be used to characterize drug overdose deaths and inform, develop, and guide overdose prevention programs.

Both NVDRS and SUDORS data collection take place using the NVDRS web-based system. SUDORS and NVDRS collect information for different cases, with one exception: drug overdose deaths of undetermined intent. These cases should only be entered once in the web-based system, but within the scope of both SUDORS and NVDRS, and should be coded using abstractor manner of death “9-undetermined intent” and incident type “1-NVDRS” (incident category values of “5-single death of undetermined intent” or “10-multiple deaths of undetermined intent” will be used to identify deaths of undetermined intent from the broader NVDRS incident type) in the web-based system.

The content in this document (e.g., data closeout dates, etc.) is for informational purposes only and should not be used as a substitute for the Notice of Funding Opportunity Announcement for either program – SUDORS and NVDRS.

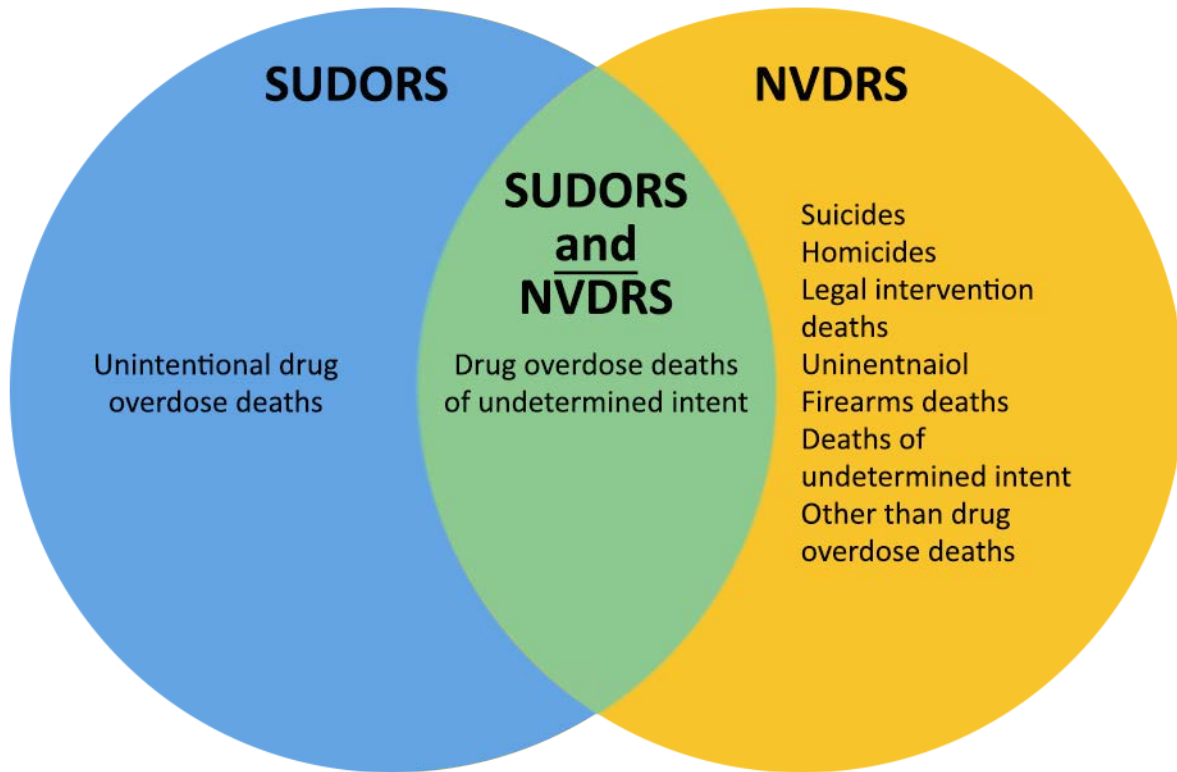
Appendix A

County-Level Resident and Occurrent Violent Deaths



Appendix B

Deaths collected by SUDORS, by NVDRS, and by both SUDORS and NVDRS



| DEATH MANNER/TYPE | DEATH MANNER/TYPE FOR DEATHS INCLUDED IN SUDORS, NVDRS, OR BOTH | | |
|-----------------------------------|--|---|---|
| | <p><i>SUDORS-only cases</i></p> <p>Unintentional drug overdose deaths</p> | <p><i>SUDORS and NVDRS cases*</i></p> <p>Drug overdose deaths of undetermined intent</p> | <p><i>NVDRS-only cases</i></p> <p>Suicides</p> <p>Homicides</p> <p>Legal intervention deaths</p> <p>Unintentional firearm deaths</p> <p>Deaths of undetermined intent other than drug overdose deaths</p> |
| Abstractor Manner of Death | - 11 Unintentional poisoning | - 9 Undetermined intent | <ul style="list-style-type: none"> - 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 |
| Incident type | - 3 SUDORS | - 1 NVDRS (with Incident Category 5-single death of undetermined intent or 10-multiple deaths of undetermined intent) | <ul style="list-style-type: none"> - 1 NVDRS - 2 NVDRS Non-Targeted Area - 3 SUDORS - 9 Other (State-Defined) |

*Only entered once in the web-based system, but within scope of both SUDORS and NVDRS

Of NOTE: For OPTIONAL Data Collection

Grantees can enter data into the web-based system for other types of deaths that are not part of the SUDORS or NVDRS case definitions (e.g., motor vehicle crashes without intent to injure). For these deaths, the following must be used:

Abstractor Manner of Death = “10 Other unintentional death (outside NVDRS case definition)”

Incident Type = “9 Other (State-Defined)”

If grantees want to enter data for drug-related deaths other than drug overdose deaths (e.g., drowning while intoxicated), the following must be used:

Abstractor Manner of Death = “11 Unintentional poisoning”

Incident Type = “9 Other (State-Defined)”

1. Required data fields in web-based system

a. NVDRS cases

- i. All data fields are required on all tabs except the Intimate Partner Violence (IPV), Child Fatality Review (CFR), and Overdose (OD) tabs, which are optional.

b. SUDORS cases

i. For unintentional drug overdose deaths:

1. Certain data fields are optional on the Demographics, Injury and Death, and Circumstances tabs.
2. All data fields on the Weapons and Toxicology tabs are required.
3. All but 3 specific data fields on the OD tab are required.
4. Data fields on the Suspects, IPV, and CFR tabs are optional.

ii. For drug overdose deaths of undetermined intent:

1. All data fields are required on the Demographics, Injury and Death, Circumstances, Toxicology, and OD tabs (except 3 specific fields on the OD tab).
2. Data fields on the IPV and CFR tabs are optional.

c. Required fields and Narrative guidance for NVDRS and SUDORS cases are detailed below:

| TAB | REQUIRED FIELDS | | |
|-------------------------|--|--|--|
| | <p style="text-align: center;"><i>SUDORS-only cases</i> Unintentional drug overdose deaths</p> | <p style="text-align: center;"><i>SUDORS and NVDRS cases*</i> Drug overdose deaths of undetermined intent</p> | <p style="text-align: center;"><i>NVDRS-only cases</i> Suicides Homicides Legal intervention deaths Unintentional firearm deaths Deaths of undetermined intent other than drug overdose deaths</p> |
| Demographics | <p>- All required <u>except</u> (and it is strongly encouraged to include the following if available):</p> <ul style="list-style-type: none"> ○ Day of birth ○ First initial of last name ○ Last 4 of CME number ○ Last 4 of DC number ○ US Census Tract and Block Group of Residence | <p>- All required <u>except</u> (and it is strongly encouraged to include the following if available):</p> <ul style="list-style-type: none"> ○ Day of birth ○ First initial of last name ○ Last 4 of CME number ○ Last 4 of DC number | <p>- All required <u>except</u> (and it is strongly encouraged to include the following if available):</p> <ul style="list-style-type: none"> ○ Day of birth ○ First initial of last name ○ Last 4 of CME number ○ Last 4 of DC number |
| Injury and death | <p>- All required <u>except</u> (and it is strongly encouraged to include the following if available and relevant):</p> <ul style="list-style-type: none"> ○ Manner of death per LE ○ US Census Tract and Block Group of Where Injury Occurred ○ Hospital ICD-9-CM and ICD-10-CM codes ○ Number and location of wounds | <p>- All required</p> | <p>- All required</p> |

| | | | |
|----------------------|--|--|--|
| Circumstances | <ul style="list-style-type: none"> - All CME fields required in “Mental Health, Substance Abuse, and other Addictions” section - All CME fields required in the “Suicide/Undetermined Specific Circumstances” portion of the “Manner Specific Circumstances for Homicide and Suicide Deaths,” <u>except</u> the “Life Stressors” fields - All other fields optional | - All required as applicable (including CME and LE circumstances) | - All required as applicable (including CME and LE circumstances) |
| Weapons | - Required to enter “poisoning” as weapon | - Required to enter “poisoning” as weapon | - All required |
| Suspects | - None | - All required (if applicable) | - All required (if applicable) |
| Toxicology | - All required, required to enter all detected drugs, (i.e., positive result), including metabolites | - All required, required to enter all detected drugs (i.e., positive result), including metabolites | - All required, required to enter all detected drugs (i.e., positive result) |
| OD | <ul style="list-style-type: none"> - All required <u>except</u>: <ul style="list-style-type: none"> ○ Number of opioid prescriptions in 30 days preceding injury ○ Number of pharmacies dispensing opioids to decedent in 180 days preceding injury ○ Number of doctors writing opioid prescriptions to decedent in 180 days preceding injury | <ul style="list-style-type: none"> - All required <u>except</u>: <ul style="list-style-type: none"> ○ Number of opioid prescriptions in 30 days preceding injury ○ Number of pharmacies dispensing opioids to decedent in 180 days preceding injury ○ Number of doctors writing opioid prescriptions to decedent in 180 days preceding injury | - None |
| IPV | - None | - None | - None |
| CFR | - None | - None | - None |

| NARRATIVES | GUIDANCE | | |
|----------------------|--|--|--|
| CME narrative | <ul style="list-style-type: none"> - Per the NVDRS coding manual guidance, with the following exceptions: <ul style="list-style-type: none"> o Alternative wording can be used to describe the decedent (i.e., “decedent,” “D”) in addition to “Victim,” “V” o Dates related to the injury, death, and last seen alive can be included in narrative to help verify dates of injury/death/last seen alive o If LE information is available, it should be included in the CME narrative | <ul style="list-style-type: none"> - Per the NVDRS coding manual guidance | <ul style="list-style-type: none"> - Per the NVDRS coding manual guidance |
| LE narrative | <ul style="list-style-type: none"> - Not required and should be left blank; if LE report is available, information should be captured in the CME narrative (i.e., only write one narrative) | <ul style="list-style-type: none"> - Per the NVDRS coding manual guidance | <ul style="list-style-type: none"> - Per the NVDRS coding manual guidance |

2. Timelines for data entry (Please consult your respective Funding Opportunity Announcement for specific dates)

| | <i>SUDORS-only cases</i> Unintentional drug overdose deaths | <i>SUDORS and NVDRS cases*</i> Drug overdose deaths of undetermined intent | <i>NVDRS-only cases</i> Suicides Homicides Legal intervention deaths Unintentional firearm deaths Deaths of undetermined intent other than drug overdose deaths |
|------------------------------|---|---|---|
| Case initiation | - At minimum, within 6 months of the end of the reporting period† | - Within 4 months of the date of death (corresponding to NVDRS' earlier case initiation) | - Within 4 months of the date of death |
| Data entry completion | - At minimum, within 8 months of the end of the reporting period† | - SUDORS-required fields only: At minimum, within 8 months of the end of the reporting period for fields required by SUDORS† - NVDRS-required fields (including LE fields): Within 16 months of the calendar year of death for fields required only by NVDRS | - Within 16 months from the calendar year of death |

*Only entered once in the web-based system, but within scope of both SUDORS and NVDRS

†SUDORS reporting periods are 6 months long, representing the first half (January–June) and second half (July–December) of each funded year. Some grantees committed to faster initiation and completion timelines; but the minimum requirements are listed here.

----END OF CODING MANUAL----