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**Surveillance for Violent Deaths —
National Violent Death Reporting System,
17 States, 2013**



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CONTENTS

Introduction	2
Methods.....	3
Results	9
Discussion	13
Limitations	14
Conclusion	15
References.....	15

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Surveillance for Violent Deaths — National Violent Death Reporting System, 17 States, 2013

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Abstract

Problem/Condition: In 2013, more than 57,000 persons died in the United States as a result of violence-related injuries. This report summarizes data from CDC's National Violent Death Reporting System (NVDRS) regarding violent deaths from 17 U.S. states for 2013. Results are reported by sex, age group, race/ethnicity, marital status, location of injury, method of injury, circumstances of injury, and other selected characteristics.

Reporting Period Covered: 2013.

Description of System: NVDRS collects data from participating states regarding violent deaths obtained from death certificates, coroner/medical examiner reports, law enforcement reports, and secondary sources (e.g., child fatality review team data, supplemental homicide reports, hospital data, and crime laboratory data). This report includes data from 17 states that collected statewide data for 2013 (Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin). NVDRS collates documents for each death and links deaths that are related (e.g., multiple homicides, a homicide followed by a suicide, or multiple suicides) from a single incident.

Results: For 2013, a total of 18,765 fatal incidents involving 19,251 deaths were captured by NVDRS in the 17 states included in this report. The majority (66.2%) of deaths were suicides, followed by homicides (23.2%), deaths of undetermined intent (8.8%), deaths involving legal intervention (1.2%) (i.e., deaths caused by law enforcement and other persons with legal authority to use deadly force, excluding legal executions), and unintentional firearm deaths (<1%). (The term legal intervention is a classification incorporated into the *International Classification of Diseases, Tenth Revision [ICD-10]* and does not denote the lawfulness or legality of the circumstances surrounding a death caused by law enforcement.) Suicides occurred at higher rates among males, non-Hispanic whites, American Indian/Alaska Natives, persons aged 45–64 years, and males aged ≥75 years. Suicides were preceded primarily by a mental health, intimate partner, or physical health problem or a crisis during the previous or upcoming 2 weeks. Homicide rates were higher among males and persons aged 15–44 years; rates were highest among non-Hispanic black males. Homicides primarily were precipitated by arguments and interpersonal conflicts, occurrence in conjunction with another crime, or were related to intimate partner violence (particularly for females). A known relationship between a homicide victim and a suspected perpetrator was most likely either that of an acquaintance or friend or an intimate partner. Legal intervention death rates were highest among males and persons aged 20–24 years and 30–34 years; rates were highest among non-Hispanic black males. Precipitating factors for the majority of legal intervention deaths were another crime, a mental health problem, or a recent crisis. Deaths of undetermined intent occurred at the highest rates among males and persons aged <1 year and 45–54 years. Substance abuse and mental or physical health problems were the most common circumstances preceding deaths of undetermined intent. Unintentional firearm death rates were higher among males, non-Hispanic whites, and persons aged 15–19 and 55–64 years; these deaths were most often precipitated by a person unintentionally pulling the trigger while playing with a firearm or while hunting.

Interpretation: This report provides a detailed summary of data from NVDRS for 2013. The results indicate that violent deaths resulting from self-inflicted or interpersonal violence disproportionately affected persons aged <65 years, males, and certain minority populations. For homicides and suicides, intimate partner problems, interpersonal conflicts, mental health problems, and recent crises were primary precipitating factors.

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Public Health Action: NVDRS data are used to monitor the occurrence of violence-related fatal injuries and assist public health authorities in the development, implementation, and evaluation of programs and policies to reduce and prevent violent deaths. For

example, Utah Violent Death Reporting System (VDRS) data were used to develop policies that support children of intimate partner homicide victims, Colorado VDRS data to develop a web-based suicide prevention program targeting middle-aged men, and Rhode Island VDRS data to help guide suicide prevention efforts at workplaces. The continued development and expansion of NVDRS to include all U.S. states, territories, and the District of Columbia are essential to public health efforts to reduce the impact of violence.

Introduction

In 2013, more than 57,000 persons died in the United States as a result of violence-related injuries (1). Suicide was the 10th leading cause of death overall in the United States and disproportionately affected young and middle-aged populations. It was among the top three leading causes of death for persons aged 10–34 years and among the top five for persons aged 35–54 years. American Indian/Alaska Natives were disproportionately affected by suicide; it was the second leading cause of death among those aged 10–34 years.

Homicide was the 16th leading cause of death overall in the United States but disproportionately affected young people (1). It was the third leading cause of death for children aged 1–4 years and persons aged 15–34 years, the fourth leading cause for children aged 5–9 years, and the fifth leading cause for persons aged 10–14 years and 35–44 years. Homicide disproportionately affected young African American males; it was the leading cause of death among those aged 15–34 years.

Public health authorities require accurate, timely, and comprehensive surveillance data to better understand and ultimately prevent the occurrence of violent deaths in the United States (2). In 2000, in response to an Institute of Medicine* report noting the need for a national fatal intentional injury surveillance system (3), CDC began planning to implement the National Violent Death Reporting System (NVDRS) (4). The goals are to

- collect and analyze timely, high-quality data for monitoring the magnitude and characteristics of violent deaths at national, state, and local levels;
- ensure data are disseminated routinely and expeditiously to public health officials, law enforcement officials, policymakers, and the public;
- ensure data are used to develop, implement, and evaluate programs and strategies that are intended to reduce and prevent violent deaths and injuries at national, state, and local levels; and

- build and strengthen partnerships among organizations and communities at national, state, and local levels to ensure that data are collected and used to reduce and prevent violent deaths and injuries.

NVDRS was conceived as a state-based active surveillance system that would collect data on the characteristics and circumstances associated with all violence-related deaths in participating states. Deaths would include homicides, suicides, legal intervention deaths (i.e., deaths caused by law enforcement and other persons with legal authority to use deadly force but excluding legal executions), unintentional firearm deaths, and deaths of undetermined intent.[†] The term legal intervention is a classification incorporated into the *International Classification of Diseases, Tenth Revision (ICD-10)* and does not denote the lawfulness or legality of the circumstances surrounding a death caused by law enforcement. NVDRS data are used to assist the development, implementation, and evaluation of programs and strategies designed to reduce and prevent these deaths at the national, state, and local levels.

Before implementation of NVDRS, single data sources (e.g., death certificates or law enforcement reports) provided only limited information and few circumstances from which to understand patterns of violent deaths. NVDRS fills this surveillance gap by providing more detailed information. It is the first system to 1) provide detailed information on circumstances precipitating violent deaths, 2) link multiple source documents on violent deaths so that each incident can contribute to the study of patterns of violent deaths, and 3) link multiple deaths that are related to one another (e.g., multiple homicides, suicide pacts, or homicide followed by the suicide of the suspected perpetrator).

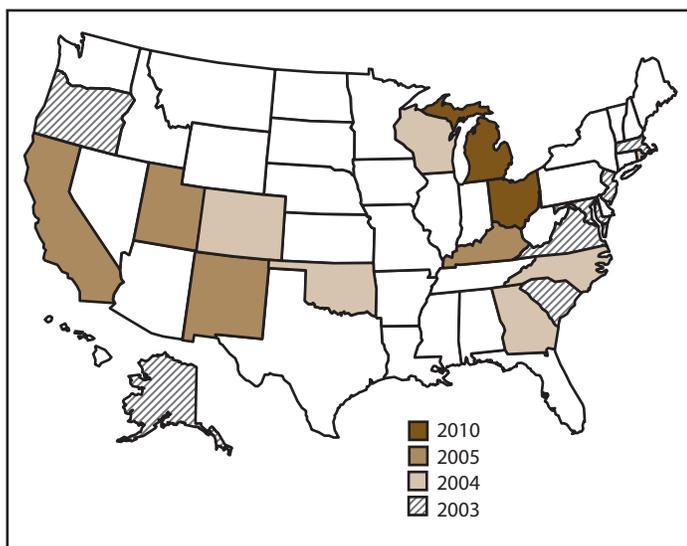
In 2003, NVDRS began data collection with seven states (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia) participating; six states (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin) joined in 2004, four (California, Kentucky, New Mexico, and Utah) in 2005, and two (Ohio and Michigan) in 2010 (Figure). CDC provides funding for state participation, and the ultimate goal is for NVDRS to expand to include all 50 states, U.S. territories, and the District of Columbia.[§]

[†] To be included in NVDRS, deaths of undetermined intent must have some evidence of the possibility that the intent was purposeful, including use of a weapon or other evidence that force was used to inflict the injury. Most commonly, the coroner/medical examiner is unsure whether the death was a suicide or unintentional.

[§] In 2014, Arizona, Connecticut, Hawaii, Iowa, Illinois, Indiana, Kansas, Maine, Minnesota, New Hampshire, New York, Pennsylvania, Vermont, and Washington joined the system for a total of 32 states participating. These 14 states did not report data until 2015.

*The name of the Institute of Medicine was changed to the National Academy of Medicine, effective July 1, 2015.

FIGURE. States participating* in the National Violent Death Reporting System, by year of initial data collection, United States, 2003–2013



* California concluded participation in 2009. Michigan did not collect data statewide during 2013. These two states are excluded from the analysis in this report.

This report summarizes data for 2013 for deaths meeting NVDRS inclusion criteria from the 17 states that collected statewide data in that year (Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin); these states account for approximately 30.1% of the U.S. population (1,5). The analysis in this report does not include data from California, which concluded its participation in 2009, and Michigan, which did not collect data statewide during 2013. NVDRS data are updated annually and are available through CDC's Web-based Injury Statistics Query and Reporting System (WISQARS)[‡] at <http://www.cdc.gov/injury/wisqars/nvdrs.html>.

Methods

NVDRS compiles information from multiple data sources. The core required data sources are death certificates, coroner/medical examiner reports, and law enforcement reports. Some participating states also collect information from secondary sources (e.g., child fatality review team data, supplemental homicide reports, and crime laboratory data). NVDRS collates

[‡]Frequencies and rates of violent deaths included in this report will differ slightly from the frequencies and rates of violent deaths reported by NVDRS WISQARS, which excludes nonresident deaths that occur in participating states (i.e., occurrent deaths). NVDRS tracks both resident and occurrent violent deaths in the overall data set, and the numbers in this report reflect both.

documents for each death and links deaths that are related (e.g., multiple homicides, a homicide followed by a suicide, or multiple suicides) from a single incident. The ability to analyze linked data permits comprehensive assessment of violent deaths. This report presents data for 2013. Historical data and rates for 2011 and 2012 are available at <https://stacks.cdc.gov/view/cdc/40576>.

In NVDRS, a violent death is defined as a death resulting from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. Information also is collected about unintentional firearm deaths (i.e., incidents in which the person causing the fatal injury did not intend to discharge the firearm) and deaths of undetermined intent (i.e., a death that results 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 evidence indicating another). NVDRS cases are coded on the basis of the *International Classification of Diseases, Tenth Revision (ICD-10)* (6) or on the basis of the manner of death assigned by the coroner/medical examiner, or law enforcement. Cases are included if they are assigned ICD-10 codes (Box 1) or if the manner of death specified in at least one of the three primary data sources is consistent with NVDRS case definitions.

Variables analyzed in NVDRS include

- manner of death (i.e., the intent [homicide/legal intervention, suicide, unintentional, undetermined] of the person inflicting a fatal injury);
- mechanism of injury (i.e., the method used to inflict a fatal injury) (Box 2);
- toxicology findings (i.e., for decedents who were tested);
- circumstances preceding injury (i.e., the events that preceded and were identified by investigators as relevant and therefore might have contributed to the infliction of a fatal injury) (Box 3);
- whether the decedent was a victim (i.e., a person who died as a result of a violence-related injury) or both a suspect and a victim (i.e., a person believed to have inflicted a fatal injury on a victim who then was fatally injured, such as the perpetrator of a homicide-suicide);
- information about suspects (i.e., a person believed to have inflicted a fatal injury on a victim);
- incident (i.e., an occurrence in which one or more persons sustained a fatal injury that was linked to a common event or perpetrated by the same suspect during a 24-hour period); and
- type of incident (i.e., a combination of the manner of death and the number of victims in an incident).

BOX 1. International Classification of Diseases, Tenth Revision (ICD-10) codes used in the National Violent Death Reporting System

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

BOX 2. Methods used to inflict injury — National Violent Death Reporting System, 17 states, 2013

- Firearm: method that uses a powder charge to fire a projectile
- Hanging/strangulation/suffocation: hanging by the neck, manual strangulation, or plastic bag over the head
- Poisoning: street drug, alcohol, pharmaceutical, carbon monoxide, gas, rat poison, or insecticide
- Sharp instrument: knife, razor, machete, or pointed instrument (e.g., chisel or broken glass)
- Blunt instrument: club, bat, rock, or brick
- Fall: being pushed or jumping
- Motor vehicle: car, bus, motorcycle, or other transport vehicle
- Personal weapons: hands, feet, or fists
- Drowning: inhalation of liquid in bathtub, lake, or other source of water/liquid
- Fire/burns: inhalation of smoke or the direct effects of fire or chemical burns
- Intentional neglect: starvation, lack of adequate supervision, or withholding of health care
- Other: any method other than those already listed
- Unknown: method not reported or not known

NVDRS is an incident-based system, and all decedents associated with a given incident are grouped in one record. Decisions about whether two or more deaths are related and belong to the same incident are made on the basis of the timing of the injuries rather than on the timing of the deaths. Deaths that occur within 24 hours of each other (i.e., the 24-hour rule) and are linked by source documents would be considered part of the same incident. Examples of an incident include 1) a single isolated violent death, 2) two or more related homicides (including legal intervention deaths) when the fatal injuries were inflicted <24 hours apart, 3) two or more

related suicides or deaths of undetermined intent when the fatal injuries were inflicted <24 hours apart, and 4) a homicide followed by a suicide when both fatal injuries were inflicted <24 hours apart (7).

Data collected from individual information sources are entered into the NVDRS web-based data entry system (8). In 2013, NVDRS began using a streamlined coding system to facilitate data abstraction efficiency by eliminating the need to enter data into source-specific data entry screens. The streamlined interface allows data from multiple sources to be entered into the same incident record and includes internal validation checks, hover-over features that define selected fields, and other quality control measures. Primacy rules and hierarchical algorithms related to the source documents are now occurring at the state level. Access to the web system is provided to each state by CDC. State project personnel are provided coding training to help increase data quality. Data are transmitted continuously via the web to a CDC-based server. No personally identifiable information is transmitted to CDC.

Manner of Death

A manner (i.e., intent) of death for each decedent is assigned by a trained abstractor who assimilates information from all source documents. The manner of death assigned must be consistent with the manner of death noted in at least one source document. When there is a discrepancy, the abstractor must assign a manner of death on the basis of the preponderance of evidence in the source documents, but such occurrences are rare. For example, if two sources report a death as a suicide and a third reports it as a death of undetermined intent, the death is coded as a suicide.

NVDRS data are categorized into five abstractor-assigned manners of death: 1) suicide, 2) homicide, 3) unintentional firearm, 4) undetermined intent, and 5) legal intervention.

- **Suicide.** Suicide is a death resulting from the use of force against oneself when a preponderance of evidence indicates that the use of force was intentional. This category includes

BOX 3. Circumstances preceding fatal injury, by manner of death — National Violent Death Reporting System, 17 states, 2013**Suicide/Undetermined Intent**

- Intimate partner problem: decedent was experiencing problems with a current or former intimate partner.
- Suicide of friend or family member: decedent was distraught over, or reacting to, a relatively recent suicide of a friend or family member.
- Other death of friend or family member: decedent was distraught over, or reacting to, a relatively recent nonsuicide death of a friend or family member.
- Physical health problem: decedent was experiencing physical health problems (e.g., a recent cancer diagnosis or chronic pain).
- Job problem: decedent was either experiencing a problem at work or was having a problem with joblessness.
- Recent criminal legal problem: decedent was facing a criminal legal problem.
- Noncriminal legal problem: decedent was facing a civil legal problem (e.g., a child custody or civil lawsuit).
- Financial problem: decedent was experiencing a problem such as bankruptcy, overwhelming debt, or foreclosure of a home or business.
- Eviction or loss of home: decedent was experiencing a recent eviction or other loss of housing.
- School problem: decedent was experiencing a problem such as poor grades, bullying, social exclusion at school, or performance pressures.
- Traumatic anniversary: the incident occurred on or near the anniversary of a traumatic event in the decedent's life.
- Exposure to disaster: decedent was exposed to a disaster (e.g., earthquake or bombing).
- Left a suicide note: decedent left a note, e-mail message, video, or other communication indicating intent to die by suicide.
- Disclosed intent to die by suicide: decedent had previously expressed suicidal feelings to another person with time for that person to intervene.
- History of suicidal thoughts or plans: decedent had previously expressed suicidal thoughts or plans.
- History of suicide attempt: decedent had previously attempted suicide before the fatal incident.

Homicide/Legal Intervention

- Jealousy (lovers' triangle): jealousy or distress over an intimate partner's relationship or suspected relationship with another person.
- Stalking: pattern of unwanted harassing or threatening tactics by either the decedent or suspect.
- Prostitution: prostitution or related activity that includes prostitutes, pimps, clients, or others involved in such activity.
- Drug involvement: drug dealing, drug trade, or illegal drug use.
- Brawl: mutual physical fight involving three or more persons.
- Mercy killing: decedent wished to die because of terminal or hopeless disease or condition, and documentation indicates that the decedent wanted to be killed.
- Victim was a bystander: decedent was not the intended target in the incident (e.g., pedestrian walking past a gang fight).
- Victim was a police officer on duty: decedent was a law enforcement officer killed in the line of duty.
- Victim was an intervener assisting a crime victim: decedent was attempting to assist a crime victim at the time of the incident (e.g., a child is killed while trying to assist a parent who is being assaulted).
- Victim used a weapon: decedent used a weapon to attack or defend against suspect during the course of the incident.
- Intimate partner violence–related: incident is related to conflict between current or former intimate partners; includes the death of intimate partners and nonintimate-partner victims (e.g., child or parent) killed to cause pain to an intimate partner.
- Hate crime: decedent was intentionally selected because of actual or perceived gender, religion, sexual orientation, race/ethnicity, or disability.
- Mentally ill suspect: suspect's attack on decedent was believed to be the direct result of a mental illness.
- Drive-by shooting: suspect drove near and shot the decedent.
- Walk-by assault: decedent was killed by a targeted attack (e.g., ambush) and the suspect fled on foot.
- Random violence: decedent was killed by a random act of violence.
- Gang-related: incident resulted from gang activity or gang rivalry; not used if the decedent was a gang member whose death did not appear to result from gang activity.

BOX 3. (Continued) Circumstances preceding fatal injury, by manner of death — National Violent Death Reporting System, 17 states, 2013**All Manners of Death (Except Unintentional Firearm)**

- Current depressed mood: decedent was perceived by self or others to be depressed.
- Current diagnosed mental health problem: decedent was identified as having a mental health disorder or syndrome listed in the *Diagnostic and Statistical Manual, Version IV (DSM-IV)*, with the exception of alcohol and other substance dependence (these are captured in separate variables).
- Type of mental health diagnosis: identifies the *DSM-IV* diagnosis made by a medical or mental health practitioner.
- Current mental health treatment: decedent was currently receiving mental health treatment as evidenced by a current prescription for a psychotropic medication or visit to a mental health professional in the previous 2 months.
- History of treatment for mental health problem: decedent was identified as having ever received mental health treatment.
- Alcohol/other substance problem: decedent was perceived by self or others to have a problem with, or to be addicted to, alcohol or other drugs.
- Other addiction: decedent was perceived by self or others to have an addiction other than alcohol or other substance (e.g., gambling, sex).
- Family relationship problem: decedent was experiencing a problem with a family member, other than an intimate partner.
- Other relationship problem: decedent was experiencing a problem with a family member, friend, or associate (other than an intimate partner).
- History of child abuse/neglect: decedent had history of physical, sexual, or psychological abuse; physical, emotional, or educational neglect; or exposure to a violent environment or inadequate supervision by caretaker as a child.
- Caretaker abuse/neglect led to death: decedent was experiencing physical, sexual, or psychological abuse; physical, emotional, or educational neglect; or exposure to a violent environment or inadequate supervision by caretaker.
- Perpetrator of interpersonal violence in previous month: decedent perpetrated interpersonal violence during the previous month.
- Victim of interpersonal violence in previous month: decedent was the target of interpersonal violence in the past month.
- Physical fight: a physical fight between two individuals that resulted in the death of a person who was either involved in the fight, a bystander, or trying to stop the fight.
- Argument or conflict: a specific argument or disagreement occurred during the incident.
- Precipitated by another crime: incident occurred as the result of another serious crime.
- Nature of crime: identifies the crime that occurred during the incident (e.g., robbery or drug trafficking).
- Crime in progress: a serious crime was in progress at the time of the incident.
- Terrorist attack: decedent was injured during a terrorist attack.
- Crisis during previous or upcoming 2 weeks: decedent experienced a current crisis or acute precipitating event that had either occurred in the previous 2 weeks or was impending in the following 2 weeks (e.g., a trial for a criminal offense begins the following week).
- Other crisis: a crisis related to a death but not captured by any of the circumstances.

Unintentional Firearm Death**Context of Injury**

- Hunting: death occurred any time after leaving home for a hunting trip and before returning home from a hunting trip.
- Target shooting: shooter was aiming for a target and unintentionally hit the decedent; can be at a shooting range or an informal backyard setting (e.g., teenagers shooting at signposts on a fence).
- Loading/unloading gun: gun discharged while the shooter was loading or unloading ammunition.
- Cleaning gun: shooter pulled trigger or gun discharged while cleaning, repairing, assembling, or disassembling gun.
- Showing gun to others: gun was being shown to another person when it discharged or the trigger was pulled.
- Playing with gun: shooter and one or more others were playing with a gun when it discharged.
- Celebratory firing: shooter fired gun in celebratory manner (e.g., on New Year's Eve).
- Other context of injury: shooting occurred during some context other than those already described.

BOX 3. (Continued) Circumstances preceding fatal injury, by manner of death — National Violent Death Reporting System, 17 states, 2013***Mechanism of Injury***

- Unintentionally pulled trigger: shooter unintentionally pulled the trigger (e.g., while grabbing the gun or holding it too tightly).
- Thought gun safety was engaged: shooter believed the safety was on and gun would not discharge.
- Thought unloaded/magazine disengaged: shooter believed the gun was unloaded because the magazine was disengaged.
- Thought gun was unloaded: shooter believed the gun was unloaded for other unspecified reason.
- Bullet ricochet: bullet ricocheted from the intended target and struck the decedent.
- Gun defect or malfunction: gun had a defect or malfunctioned, as determined by a trained firearm examiner.
- Gun fired while holstering: gun was being replaced or removed from a holster or clothing.
- Dropped gun: gun discharged when it was dropped or when something was dropped on it.
- Gun fired while operating safety/lock: shooter unintentionally fired the gun while operating the safety lock.
- Gun mistaken for toy: gun was mistaken for a toy and was fired without the shooter understanding the danger.
- Other mechanism of injury: shooting occurred as the result of a mechanism not already described.

deaths of persons who intended only to injure rather than kill themselves, deaths associated with risk-taking behavior without clear intent to inflict fatal self-injury but associated with high risk for death (e.g., playing Russian roulette), and suicide involving another person providing only passive assistance to the decedent (e.g., supplying the means or information needed to complete the act). This category does not include deaths caused by chronic or acute substance abuse without the intent to die or deaths attributed to autoerotic behavior (e.g., self-strangulation during sexual activity). Corresponding *ICD-10* codes included in NVDRS are X60–X84 and Y87.0 (Box 1).

- **Homicide.** Homicide is a death resulting from the use of physical force or power, threatened or actual, against another person, group, or community when a preponderance of evidence indicates that the use of force was intentional. Two special scenarios that the National Center for Health Statistics (NCHS) regards as homicides are included in the NVDRS case definition: 1) arson with no intent to injure a person and 2) a stabbing with intent unspecified. This category excludes vehicular homicide without intent to injure, unintentional firearm deaths (a separate category), combat deaths or acts of war, and deaths of unborn fetuses but includes acts of terrorism. Corresponding *ICD-10* codes included in NVDRS are X85–X99, U01–U03, Y00–Y09, and Y87.1 (Box 1).
- **Unintentional firearm.** An unintentional firearm death is a death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile and for which a preponderance of evidence indicates that the shooting was not directed intentionally at the decedent. Examples include a person who dies as a result of celebratory firing that was not intended to frighten, control, or harm anyone; a soldier shot during a

field exercise but not in a combat situation; a person who received a self-inflicted wound while playing with a firearm; and a person who mistakenly believes a gun is unloaded and shoots another person. This category excludes firearm injuries caused by unintentionally striking a person with the firearm (e.g., hitting a person on the head with the firearm rather than firing a projectile) and unintentional injuries from nonpowder guns (e.g., BB, pellet, or other compressed air-powered or gas-powered guns). Corresponding *ICD-10* codes included in NVDRS are W32–W34 and Y86 (Box 1).

- **Undetermined intent.** A death of undetermined intent 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 evidence indicating another. This category includes coroner/medical examiner rulings (e.g., accident or suicide, undetermined, jumped or fell, or self-inflicted injury) when records give no evidence or opinions in favor of either unintentional or intentional injury. Corresponding *ICD-10* codes in NVDRS are Y10–Y34, Y87.2, and Y89.9 (Box 1).
- **Legal intervention.** A death from legal intervention is a death in which a person is killed by a law enforcement officer or other peace officer (i.e., a person with specified legal authority to use deadly force), including military police, while on 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. Legal intervention deaths include a small subset in which force was applied without clear lethal intent (e.g., during restraint or when applying force with a typically nondeadly weapon, such as a Taser [Taser International, Scottsdale, Arizona]) or in which the death occurred while the person was fleeing capture. This category excludes legal executions.

Corresponding *ICD-10* codes included in NVDRS are Y35.0–Y35.4, Y35.6–Y35.7, and Y89.0 (Box 1).

Variables Analyzed

NVDRS collects approximately 300 unique variables for each death. The number of variables recorded for each incident depends on the content and completeness of the source documents. Variables include manner of death; demographic information; *ICD-10* cause of death codes and text descriptors; location, date, and time of injury and death; toxicology results; bodily injuries; precipitating circumstances; victim-suspect relationship; and method of injury (Box 1) (Box 2) (Box 3).

Circumstances Preceding Death

The circumstances preceding death are defined as the precipitating events that contributed to the infliction of a fatal injury (Box 3). The circumstances are reported on the basis of the content of the coroner/medical examiner and law enforcement investigative reports. Some circumstances are coded to a specific manner of death (e.g., suicide or death of undetermined intent); other circumstances are coded across all manners of death. The data abstractor selects from a list of potential circumstances and is required to code all circumstances known that relate to each incident. If circumstances are not known (e.g., for a body found in the woods with no other details reported) the data abstractor leaves the circumstances known variable blank; these deaths are excluded from the denominator for circumstance values. If either the coroner/medical examiner record or the law enforcement report indicates the presence of a circumstance, then the abstractor endorses the circumstance (e.g., if the law enforcement report indicated that a decedent had disclosed an intent to commit suicide, then suicidal intent is endorsed).

Coding Training and Quality Control

Ongoing coding support for data abstractors is provided through an e-mail help desk, monthly conference calls with all states, and regular conference calls with individual states. States can also conduct additional abstractor training workshops and activities at their own discretion. An NVDRS coding manual with CDC-issued standard guidance on coding criteria and examples for each data element is provided. Software features to enhance coding reliability include automated validation rules and a hover-over feature containing variable-specific information.

States are requested to perform annual blind reabstractions of a subset of cases using multiple abstractors to identify inconsistencies. CDC also runs a quality control analysis in

which multiple variables are reviewed for their appropriateness, with special focus on abstractor-assigned variables (e.g., method and manner of death). If CDC finds inconsistencies, the state is notified and asked for a response or correction.

Time Frame

States are required to report all deaths within 6 months of the end of each calendar year for the preceding January–December. States then have an additional 12 months to complete each incident record. Although states typically meet these requirements, additional details sometimes arrive after a deadline has passed. New incidents also might be identified after the deadline (e.g., a death certificate is revised, new evidence is obtained that changes a manner of death, or an *ICD-10* miscoding is corrected to meet NVDRS inclusion criteria). These additional data are incorporated into NVDRS. CDC estimates that case counts might increase 1.0%–2.0% after the 18-month data collection period.

Fatal Injuries in 2013

This report provides data concerning fatal injuries meeting the NVDRS case definition for violent deaths in 2013 for 17 participating states that were received by CDC as of October 5, 2015. Participating states used vital statistics death certificate files or coroner/medical examiner reports to identify violent deaths meeting NVDRS case definitions. Each state reported all violent deaths of residents that occurred within the state and those of nonresidents for whom a fatal injury occurred within the state (i.e., occurrent deaths). Once a violent death was identified, NVDRS data abstractors linked source documents, linked deaths within each incident, coded data elements, and wrote a short narrative of the incident. State-level data were then consolidated and analyzed for this aggregate report.

Numbers, percentages, and crude rates are presented in aggregate for all deaths by abstractor-assigned manner of death. Rates for cells with frequency <20 are not reported because of the instability of those rates (9). Rates could not be calculated for some variables (e.g., marital status and precipitating circumstances) because denominators were unknown. Bridged-race 2013 population estimates were used as denominators in the crude rate calculations (10). For compatible numerators for rate calculations to be derived, records listing multiple races were recoded to a single race, when possible, using race-bridging methods described by NCHS (available at http://www.cdc.gov/nchs/nvss/bridged_race.htm).

Results

All Deaths Captured by NVDRS

Deaths by Manner, Method, and Location

The 17 NVDRS states included in this report collected data concerning 18,765 incidents and 19,251 deaths that occurred in 2013. The crude death rate was 20.1 deaths per 100,000 population. Suicides (n = 12,747; 66.2% of total) accounted for the highest rate of violent deaths (13.3 per 100,000 population), followed by homicides (n = 4,459; 23.2% of total) (4.6 per 100,000 population). Deaths of undetermined intent (n = 1,698; 8.8% of total), legal intervention deaths (n = 222; <1.0% of total), and unintentional firearm deaths (n = 125; <1.0% of total) occurred at lower rates (1.8, 0.2, and 0.1 per 100,000 population, respectively). Firearms were the method used in 51.3% of deaths, hanging/strangulation/suffocation in 17.2%, and poisoning in 16.3% (rates: 10.3, 3.4, and 3.3 per 100,000 population, respectively). Rates for all other methods were lower. For all deaths, a house or apartment was the most common location where injury occurred (69.4%), followed by a street or highway (6.4%) (Table 1).

Toxicology Results of Decedent

Tests for alcohol were conducted for 59.2% of decedents and tests for amphetamines, antidepressants, benzodiazepines, cocaine, marijuana, and opiates were conducted for 35.6%, 28.7%, 35.1%, 38.8%, 30.6%, and 42.2%, respectively (Table 2). Among the 37.6% of tested decedents with positive results for alcohol, 67.8% had blood alcohol concentration (BAC) ≥ 0.08 g/dL (i.e., over the legal limit in all states). Opiates, including heroin and prescription pain medications, were identified in 31.8% of decedents tested for these substances, amphetamines in 9.2%, antidepressants in 33.2%, benzodiazepines in 29.0%, cocaine in 10.4%, and marijuana in 24.0% (Table 2). The other drugs/substances category includes over-the-counter drugs (e.g., diphenhydramine, a common antihistamine), nicotine, or other substances not otherwise categorized (e.g., hypnotics, tranquilizers, or other analgesics). Ninety-nine percent of decedents tested for other drugs/substances had positive results. The explanation for the high percentage of positive toxicology test results is believed to be twofold (1): Positive results 1) might indicate miscellaneous other substances that investigators had a reason to test for, given a decedent's history, and 2) might indicate additional substances that were reported in a comprehensive exploratory toxicology panel.

Suicides

Sex, Race/Ethnicity, Age Group, and Marital Status

The 17 NVDRS states included in this report collected data for 2013 concerning 12,729 suicide incidents, which included 12,747 deaths (Table 1). Rates of suicide by month of death varied little throughout the year (range: 1.0–1.2 per 100,000 population) (Table 3). Overall, the crude suicide rate was 13.3 per 100,000 population (Table 3). The rate for males was nearly four times the rate for females (21.0 and 5.9 per 100,000 population, respectively) (Table 4). Non-Hispanic American Indian/Alaska Natives and non-Hispanic whites had the highest rates of suicides (18.7 and 16.4 per 100,000 population, respectively). The highest rates of suicide by age group occurred among persons aged 45–54 years, 55–64 years, and ≥ 85 years (19.8, 18.4, and 17.3 per 100,000 population, respectively). Persons aged 10–14 years had the lowest rate of suicide among all age groups (2.0 per 100,000 population). The suicide rate among persons aged 15–19 years (8.6 per 100,000 population) was approximately half of that for persons aged 35–64 years.

Decedents aged 35–64 years accounted for more than half (52.6%) of suicides among males. Rates among males were highest for men aged ≥ 85 years, followed by men aged 75–84 and 45–54 years (45.5, 33.0, and 29.6 per 100,000 population, respectively). Non-Hispanic whites (25.8 per 100,000 population) and non-Hispanic American Indian/Alaska Natives (30.2 per 100,000 population) had the highest rates of any male subgroups; these rates were more than three times the rate for males with the lowest rate, Asian/Pacific Islanders (8.2 per 100,000 population). Decedents aged 35–64 years accounted for the majority (60.9%) of suicides among females. The rate among females was highest for women aged 45–54 years (10.3 per 100,000). Non-Hispanic American Indian/Alaska Natives (7.7 per 100,000 population) and non-Hispanic whites (7.3 per 100,000 population) had the lowest suicide rates among females; rates were lowest among Asian/Pacific Islanders (2.5 per 100,000 population) and non-Hispanic blacks (2.0 per 100,000 population). Of suicide decedents aged ≥ 18 years, 34.5% were married, 29.7% had never married, and 21.6% were divorced at the time of death (Table 4).

Method and Location of Injury

Firearms were used in more than half of suicides (51.4%), followed by hanging/strangulation/suffocation (24.5%) and poisoning (15.5%) (rates: 6.8, 3.2, and 2.1 per 100,000 population, respectively) (Table 3). Among males, the most common method used was a firearm (56.9%) followed by hanging/strangulation/suffocation (24.7%) (Table 5). Among

females, poisoning was the most common method used (34.6%), followed by a firearm (32.4%). The most common place of suicide was a house or apartment (75.2%), followed by a natural area (4.6%), a motor vehicle (4.6%), and a hotel/motel (2.1%). A total of 173 (1.4%) suicides occurred in a jail/prison (152 males and 21 females).

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 55.9% of suicide decedents and tests for amphetamines, antidepressants, benzodiazepines, cocaine, marijuana, and opiates were conducted for 34.2%, 28.4%, 33.9%, 36.3%, 28.9%, and 38.3%, respectively (Table 6). Among those with positive results for alcohol (38.2%), 70.3% had BAC ≥ 0.08 g/dL. Opiates, including heroin and prescription pain medications, were identified in 26.8% of decedents tested for these substances; cocaine and marijuana were identified in 5.8% and 16.6% of decedents tested, respectively. Of those tested for antidepressants, 35.3% had positive results at the time of their death (Table 6).

Precipitating circumstances were known for 88.5% of suicides. Overall, mental health problems were the most common circumstance; 38.3% of decedents were described as experiencing a depressed mood at the time of their death, 46.2% as having a current diagnosed mental health problem, and 32.1% as receiving mental health treatment (Table 7). Among the 5,204 decedents with a current diagnosed mental health problem, depression/dysthymia (72.8%), anxiety disorder (15.4%), and bipolar disorder (13.8%) were the most common diagnoses for males and females (Table 8).

Substantial percentages of female (40.5%) and male (37.7%) decedents were reported to have a depressed mood at the time of their suicide and 62.7% of females and 41.2% of males were reported to have a current diagnosed mental health problem. The percentages of females (47.0%) and males (27.6%) receiving treatment for a mental health problem were lower (Table 7).

Among 11,267 suicides with known circumstances, 34.8% of decedents left a suicide note, 32.4% had a history of suicidal thoughts or plans, 19.7% had a history of previous suicide attempts, and 25.7% had disclosed suicidal intent to another person (Table 7). The majority of decedents disclosed intent to a previous or current intimate partner (37.7%) or to some other family member (29.8%). Alcohol or other substance abuse problems were indicated for 18.3% and 16.3% of suicide decedents, respectively. Other common circumstances were a crisis in the preceding or upcoming 2 weeks (32.3%) and intimate partner problems (29.7%). Physical health problems (21.6%), an argument or conflict (16.2%), and job or financial

problems (12.4% and 11.0%, respectively) were also reported to have preceded suicides.

Slightly more than one-fifth of male (21.4%) and female (22.3%) decedents experienced physical health problems that contributed to their suicide (Table 7). Job problems were noted as a precipitating circumstance in a higher percentage of males than females (13.6% and 8.3%, respectively), as were financial problems (11.7% and 8.5%), recent criminal legal problems (10.4% and 5.2%), and intimate partner problems (31.2% and 25%). In contrast, family (nonintimate) relationship problems were a precipitating circumstance in a higher percentage of females than males (12.3% and 8.8%, respectively). Although indicated in a relatively small percentage of suicides, among males being a perpetrator of interpersonal violence in the month before death was more common (3.7%) than being a victim of such violence (<1.0%); among females, the percentages were similar (1.0% and 1.2%, respectively) (Table 7).

Among suicide decedents for whom a crisis in the previous or upcoming 2 weeks was reported, intimate partner problems (42.9%), criminal legal problems (13.7%), and physical health problems (12.7%) were most common (Table 9). These percentages are similar to those for the most common precipitating circumstances.

Homicides/Legal Intervention Deaths

Sex, Race/Ethnicity, Age Group, and Marital Status

The 17 NVDRS states included in this report collected data concerning 4,448 homicide/legal intervention incidents, which included 4,681 deaths in 2013 (Table 10). Rates of homicides by month of death varied little throughout the year (range: 0.3–0.5 per 100,000 population). Overall, the crude homicide rate was 4.9 deaths per 100,000 population. The majority of homicide decedents aged ≥ 18 years (55.5%) had never been married, and 20.0% were married at the time of their death (Table 11). In more than half (52.8%) of homicides, the relationship of the victim to the suspect was not known; when the relationship was known, the suspect most often was an acquaintance or friend (22.6%), a spouse or intimate partner (21.0%), or a stranger (12.1%).

The homicide rate for males was three and half times the rate for females (7.7 and 2.2 per 100,000 population, respectively) (Table 12). Non-Hispanic blacks accounted for more than half (52.7%) of homicides and had the highest rate (16.7 per 100,000 population), followed by American Indian/Alaska Natives (7.7 per 100,000 population) and Hispanics (4.4 per 100,000 population). Non-Hispanic black males had the highest rate of homicide deaths among males of any other race/ethnicity (29.8 per 100,000 population). Age-specific

homicide rates were highest (12.1 per 100,000 population) among persons aged 20–24 years, followed by persons aged 25–29 years (10.1 per 100,000 population). The rate for infants aged <1 year was more than three times the rate for children aged 1–4 years (7.6 and 2.1 per 100,000 population, respectively). Rates were lowest among persons aged 5–14 years and 65–84 years. Among males, the majority of homicide decedents (55.8%) were aged 15–34 years; the rate was highest among men aged 20–24 years (20.4 per 100,000 population). Among females, the homicide rate was highest (5.9 per 100,000 population) among infants aged <1 year. The rate among male infants aged <1 year was 9.3 per 100,000 population.

Method and Location of Injury

Firearms were used in 66.6% of homicides, followed by sharp instruments (11.1%), blunt instruments (5.6%), and personal weapons (e.g., hands, feet, fists) (4.7%) (Table 10). No other method was used in more than 4.0% of homicides. Firearms were the most common method used in homicides of males (71.8%) and females (48.8%) (Table 13). Hanging/strangulation/suffocation was more common among females (8.8%) than males (1.7%), as was use of blunt instruments (7.5% and 5.1%, respectively). A house or apartment was the most common location of homicide (51.9%; males and females 45.7% and 73.4%, respectively), followed by a street or highway (19.9%); a motor vehicle (6.7%); or a parking lot, a public garage, or public transport (3.9%) (Table 13).

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 61.8% of homicide decedents and tests for amphetamines, antidepressants, benzodiazepines, cocaine, marijuana, and opiates were conducted for 38.0%, 23.0%, 33.2%, 42.3%, 34.8%, and 41.3%, respectively (Table 14). Among those who had positive results for alcohol (38.1%), 63.6% had BAC ≥ 0.08 g/dL. Marijuana, opiates, and cocaine were identified in 42.5%, 18.3%, and 15.7% of homicide decedents tested, respectively (Table 14).

Precipitating circumstances were identified for 78.5% of homicides. Approximately one in three of those homicides were precipitated by another crime (Table 15); in 69.9% the crime was in progress at the time of the incident. The type of crime most frequently precipitating the homicide was assault/homicide (44.3%), followed by robbery (34.2%), burglary (13.1%), drug trade** (11.4%), rape/sexual assault (2.9%), motor vehicle theft (2.8%), and arson (1.3%) (Table 16).

** Drug trade is defined as the buying, selling, or passing of drugs in exchange for goods or money. Drug involvement includes drug use in addition to drug trade.

Other common precipitating circumstances were an argument or conflict (33.2%), drug involvement (12.7%), or victim's use of a weapon (9.6%). In 18.8% of homicides with known circumstances, intimate partner violence was identified as a contributing factor (Table 15).

An argument or a conflict was a factor in more homicides among males (34.5%) than among females (29.3%). Drug involvement accounted for 15.2% of homicides among males and 5.3% among females. Intimate partner violence was a precipitating factor in 47.5% of homicides among females but only 9.3% among males. Male decedents also used a weapon during the incident in 12.1% and female decedents in 2.2% of homicides with known circumstances (Table 15).

Information was collected on crises experienced by decedents within the previous or upcoming 2 weeks (Table 17). The most common crises precipitating homicides were family relationship problems (22.5%) and jealousy (e.g., lovers' triangle) (16.3%).

Legal Intervention Deaths

The 17 NVDRS states included in this report collected data concerning 222 legal intervention incidents, which included 222 deaths in 2013 (Table 18). When analyzed separately from homicides, the majority of legal intervention deaths occurred among males (93.7%), with the highest rate among men aged 30–34 (1.1 per 100,000 population). Non-Hispanic white males accounted for the highest percentage of legal intervention deaths (43.8%), but non-Hispanic black males had the highest rate (1.2 per 100,000 population), four times the rate for non-Hispanic white males (0.3 per 100,000). Firearms were used in almost all legal intervention deaths (92.3%) (Table 19). Legal intervention deaths occurred most frequently in a house or apartment (41.4%), followed by a street or highway (25.2%) and a motor vehicle (8.6%) (Table 19).

Tests for alcohol were conducted for 72.1% of legal intervention decedents and tests for amphetamines, antidepressants, benzodiazepines, cocaine, marijuana, and opiates were conducted for 46.4%, 33.8%, 53.2%, 59.0%, 43.2%, and 59.0%, respectively (Table 20). Among those who had positive results for alcohol (39.4%), 76.2% had BAC ≥ 0.08 g/dL. Opiates, including heroin and prescription pain medications, were identified in 18.3% of those tested for these substances; cocaine and marijuana were identified in 15.3% and 37.5%, respectively. Of legal intervention decedents who were tested for antidepressants, 22.7% had positive results at the time of their death (Table 20).

Precipitating circumstances were identified for 98.2% of legal intervention deaths. Approximately 87.6% were precipitated by another crime (Table 21); in 74.3% of those the crime was in progress at the time of the incident. The type of crime

most frequently precipitating the legal intervention death was assault/homicide (68.1%), followed by robbery (9.9%), motor vehicle theft (5.2%), and burglary (4.7%) (Table 22). Other common precipitating circumstances were an argument or conflict (14.2%) or drug involvement (7.8%). In 10.6% of legal intervention deaths with known circumstances, intimate partner violence was identified as a contributing factor (Table 21). The decedent reportedly used a weapon in 72.5% of legal intervention deaths (Table 21). A recent crisis within the previous or upcoming 2 weeks was cited in 16.6% of legal intervention deaths (Table 23). The two most common crisis circumstances were family relationship problems (16.2%) and current diagnosed mental health problems (10.8%).

Deaths of Undetermined Intent

Sex, Race/Ethnicity, Age Group, and Marital Status

The 17 NVDRS states included in this report collected data concerning 1,688 incidents involving 1,698 deaths in 2013 for which a determination of intent could not be made (Table 24). Rates of deaths of undetermined intent varied little by month of death (range: 0.1–0.2 per 100,000 population) throughout the year. Overall, the crude rate of deaths of undetermined intent was 1.8 per 100,000 population. Rates were higher among males than among females (2.3 and 1.3 per 100,000 population, respectively) (Table 25). Non-Hispanic whites accounted for 78.2% of deaths of undetermined intent and also had the highest rate (2.0 per 100,000 population). Non-Hispanic white males had the highest rate of death of undetermined intent (2.5 per 100,000 population) compared with males or females of any other race/ethnicity. More than half (59.6%) of persons for whom the manner of death was undetermined were aged 35–64 years. Rates were highest (3.2 per 100,000 population) among infants aged <1 year and adults aged 45–54 years. Among decedents aged ≥18 years for whom intent of death was undetermined, 40.9% never had been married, 23.8% were married, and 24.9% were divorced at the time of death (Table 25).

Method and Location of Injury

The most common method of injury in deaths of undetermined intent was poisoning (67.4%) (Table 26). No other method accounted for >5.0% overall. The majority of deaths of undetermined intent occurred in a house or apartment (73.9%). A house or apartment was the most common place of injury for males and females (70.8% and 79.1%, respectively), followed by a street or highway (4.3% and 3.2%).

Toxicology Results of Decedent and Precipitating Circumstances

Tests for alcohol were conducted for 78.4% of death of undetermined intent decedents and tests for amphetamines, antidepressants, benzodiazepines, cocaine, marijuana, and opiates were conducted for 39.5%, 48.1%, 49.9%, 48.8%, 32.6%, and 75.1%, respectively (Table 27). Among those who had positive results for alcohol (33.7%), 63.5% had BAC ≥0.08 g/dL. Opiates, cocaine, marijuana, and antidepressants were identified in 72.2%, 23.8%, 17.2%, and 53.7% of decedents, respectively, for whom intent of death could not be determined (Table 27).

Precipitating circumstances were known in approximately 83.7% of deaths of undetermined intent. Of those, substance abuse problems (64.0%) and alcohol problems (26.9%) were most common (Table 28). Although a current depressed mood was reported for only 14.2% of decedents, 39.5% had a current diagnosed mental health problem, 32.9% were receiving mental health treatment at the time of their death, 12.8% had a history of suicide attempts, 11.3% had a history of suicidal thoughts or plans, 5.5% had disclosed intent to commit suicide, and 1.5% left a suicide note. Other common circumstances were physical health problems (21.0%), a crisis during the preceding or upcoming 2 weeks (19.4%), or intimate partner problems (9.4%) (Table 28). Of those with a current diagnosed mental health problem, depression/dysthymia (59.9%), anxiety disorder (23.5%), and bipolar disorder (21.0%) were the most common diagnoses (Table 29).

Among decedents for whom intent of death was undetermined, a greater percentage of males than females was reported to have alcohol problems (31.7% and 19.2%, respectively); the percentage with other substance abuse problems was similar for males and females (64.6% and 63.0%) (Table 28). Mental health problems were reported for approximately half of females (50.3%) and 32.8% of males. A higher percentage of females than of males was currently in treatment for a mental health problem (42.1% and 27.2%, respectively) or had a history of suicide attempts (16.1% and 10.8%) (Table 28).

A crisis within the previous or upcoming 2 weeks was experienced by 19.4% of decedents for whom intent of death was undetermined (Table 28). For males and females, the most common recent crises were health problems (33.7%), other (nonalcohol) substance abuse problems (21.4%), intimate partner problems, (18.5%), and family relationship problems (7.6%) (Table 30).

Unintentional Firearm Deaths

Sex, Race/Ethnicity, and Age Group

The 17 NVDRS states included in this report collected data concerning 125 incidents involving 125 unintentional firearm deaths in 2013 (Table 31). Fifty-five (44.0%) of these unintentional fatal firearm injuries were self-inflicted and 36 (29.0%) were known to be inflicted by another person; for the remaining 34 (27.0%), it was unknown who inflicted the injury (data not shown). Males accounted for 85.6% of decedents. The majority (78.4%) were non-Hispanic whites, followed by non-Hispanic blacks (12.8%). Persons aged 15–29 years accounted for 40.8% of all unintentional firearm deaths (Table 31).

Firearm Type, Seasonality, and Location of Injury

Handguns were involved in 46.4% of unintentional firearm deaths, shotguns in 16.0%, and rifles in 12.0%. The majority of unintentional firearm deaths occurred in March, April, October, November, and December (10.4% each month), while the fewest occurred in June (4.8%) (Table 31). Of all unintentional firearm deaths, 69.6% occurred in a house or apartment, followed by natural areas (10.4%) (Table 31).

Context of the Injury and Associated Circumstances

The context of the injury or associated circumstances were known for 77.6% of unintentional firearm deaths (Table 32). Overall, the most common context of injury was playing with a gun (28.9%), followed by hunting (13.4%) and showing a gun to others (8.2%). The most common associated circumstance was unintentionally pulling the trigger (20.6%), followed by thinking the gun was unloaded (14.4%) and thinking the magazine was disengaged (8.2%) (Table 32).

Discussion

Violent deaths occur among males and females of all ages, races, and ethnicities. NVDRS data can help identify populations particularly affected by violence. The system not only provides details on specific manners of violent deaths, but also identifies common factors for multiple types of violence. These details can increase knowledge about the circumstances associated with violence and can help public health authorities develop data-informed, effective approaches to violence prevention.

In participating states, updating to a web-based platform has simplified system operation and management, improved timeliness of data entry and reporting, and enhanced flexibility to adapt quickly to changing information needs in violence

surveillance (8). Changes to the system have also improved its capacity for future expansion to additional states (8).

NVDRS data continue to illustrate that relationship problems, specifically intimate partner problems, frequently precede suicides and homicides. These findings underscore the importance of youth violence prevention programs that help improve communication skills, individual coping skills (11), and nonviolent conflict resolution skills such as impulse control, empathy, anger management, and problem solving (12–15). For example Safe Dates, which focuses on reducing dating violence among adolescents by enhancing awareness about abusive relationships, changing norms, and teaching skills to develop healthy relationships, has been reported to reduce long-term physical and sexual dating violence (16) and other types of youth violence (17). Other school-based, family-focused, or community-based prevention programs also have been reported to reduce youth violence (18,19).

Alcohol use also frequently precedes suicidal and interpersonal violent behavior (4,7,11,20–23). NVDRS data indicate that alcohol was the most commonly identified substance in decedents who underwent toxicology testing; in 2013 over two-thirds of decedents with positive results for alcohol had BAC ≥ 0.08 g/dL (i.e., over the legal limit in all states). These findings suggest that comprehensive violence prevention efforts can benefit from strategies that address alcohol and other substance abuse.

Among other variables, NVDRS collects information about circumstances associated with violence. For example, analysis of NVDRS data on precipitating circumstances indicates that when homicides involve females, almost half are related to intimate partner violence. The U.S. Department of Health and Human Services recommends that women's preventive health care include screening and counseling for interpersonal and domestic violence (24). It is important that screening and counseling about abuse be done in a culturally sensitive and supportive way to address concerns about health and safety (25). An intervention with multiple counseling sessions to assess the risk for danger, discuss prevention options, develop a safety plan, and share appropriate community resources has been reported to reduce recurrence of partner violence among pregnant women (26).

At the state level, NVDRS data have been instrumental in planning, implementing, and evaluating public health policies and practices regarding violent deaths. For example, Utah Violent Death Reporting System (VDRS) data indicated that in 44.0% of intimate partner violence–related incidents, children and adolescents aged <18 years were living in the home. The state's Violence and Injury Prevention Program and multidisciplinary Domestic Violence Fatality Review

Committee used these data to help children of domestic violence–related homicide victims. The data-informed policy change allows the Department of Children and Family Services to help these children receive an assessment and get access to interventions such as mental health care (27).

Current diagnosed mental health problems were a common precipitating circumstance for suicides. Depression/dysthymia was the most common diagnosis, followed by anxiety disorder and bipolar disorder. However, only one-third of suicide decedents were receiving mental health treatment, which suggests the need for strategies to enhance access to care; reduce stigma for those seeking help; and enhance social connections and support, particularly during times of crisis (11).

Other studies have indicated that on average, as many as 45.0% of persons who die by suicide had visited their primary care physician within 1 month of their death (28) and as many as 67.0% of persons who attempt suicide receive medical attention as a result of their attempt (29). Such findings suggest opportunities for suicide prevention. Primary care providers have the potential to prevent suicides, connect patients to specialty care, and collaborate or formally partner with behavioral health care providers (30,31).

Colorado VDRS data on suicide among middle-aged men were used by the Colorado Department of Public Health and their partners to develop ManTherapy, a web-based suicide prevention initiative to engage and help connect men with appropriate resources (32,33). The initiative was driven by continued observation that men of working age (aged 25–64 years) comprise the population with the highest rate of suicide in Colorado. Some circumstances associated with suicide among working-aged men differed considerably from those associated with women (K Bol, MSPH, Colorado Department of Public Health and Environment, personal communication, March 2016, 33). Among suicides in Colorado from 2009 to 2013, 42.0% of men and 64.0% of women were noted to have a current diagnosed mental health problem during investigation; have ever been treated for a mental health problem (39.0% and 58.0%, respectively); have a diagnosis of depression (31.0% and 49.0%); or be receiving mental health treatment at the time of the suicide (30.0% and 51.0%). These findings suggest reticence among men to seek mental health care or to discuss a mental health diagnosis or treatment with those closest to them (e.g., family members and friends). Initial web analytics indicate that the program had over 285,000 unique visits between mid-2012 and early 2014, with 83.0% of survey respondents reporting they would recommend the site to a friend in need and 73.0% reporting they were directed to appropriate resources (32).

Suicide data from the Rhode Island VDRS (27) identified working-age males as being at increased risk for suicide and suicide attempts. Mental health and substance abuse problems, interpersonal problems, and employment-related stressors were identified as common circumstances preceding suicide in this population. As a result, a symposium with the two largest employers in the state was conducted to present these findings and increase awareness of factors precipitating suicide among working-age adults. Strategies were provided for integrating suicide prevention into worksites (27). One large employee assistance program in the state integrated suicide prevention into its mission statement and began providing training to their clinical staff and clients in early identification and referral of at-risk employees.

At the national level, NVDRS data are relevant to two national prevention initiatives, the National Strategy for Suicide Prevention (NSSP) and *Healthy People 2020* (34,35). The NSSP is a comprehensive national agenda for suicide prevention (34). *Healthy People 2020* includes specific objectives for reducing the number of suicides, homicides, and firearm-related deaths and increasing the number of states that link data on violent deaths from death certificates, law enforcement reports, and coroner/medical examiner reports at state and local levels (35). Unlike other sources of data, NVDRS allows changing patterns in circumstances and risk profiles to be examined, which can affect how the rates are interpreted, help guide prevention activities, and monitor progress toward objectives.

In addition to providing more detail than other surveillance systems regarding the circumstances of violent deaths, NVDRS collects more complete information than other data sources on manners of death such as legal intervention deaths (36) and unintentional firearm deaths (37). In light of current calls for better data on legal intervention deaths in particular (38,39), continued expansion of the NVDRS is critical to understanding the national picture of these deaths. The findings from 17 states in 2013 provide preliminary evidence of racial disparities in rates of legal intervention deaths, but further analyses are needed.

Limitations

The findings provided in this report are subject to at least eight limitations. First, NVDRS data are available from a limited number of states and therefore are not nationally representative. Second, the availability, completeness, and timeliness of data are dependent on partnerships among state VDRS and state health departments, vital statistics registrars' offices, coroners/medical examiners, and law enforcement personnel. Data

sharing and communication among partners are particularly challenging when states have independent county coroner systems rather than a centralized coroner/medical examiner system, a large number of law enforcement jurisdictions, or both. NVDRS incident data might be limited or incomplete for areas in which these data-sharing relations are not fully developed. Third, toxicology data are not collected consistently across all states or for all alcohol and drug categories. Toxicology testing is not conducted for all decedents, so the percentage of those with positive results for specific substances might be affected by selective testing patterns in coroner/medical examiner offices (40). Fourth, abstractors are limited to the data included in the investigative reports they receive. Reports might not fully reflect all information known about an incident, particularly for homicides and legal intervention deaths, when data are less readily available until after a full investigation and adjudication are completed. Fifth, case definitions present challenges when a single death is classified differently in different documents (e.g., unintentional in a law enforcement report, homicide in a coroner/medical examiner report, and undetermined on the death certificate). NVDRS abstractors reconcile these discrepancies using standard NVDRS case definitions and select a single manner of death on the basis of all source documents; the manner of death assigned must be consistent with the manner of death noted in at least one source document. Sixth, variations in coding might occur depending on the abstractor's level of experience. For this reason, CDC provides abstractor training and states conduct blinded reabstraction of cases to test consistency and identify training needs. Seventh, medical and mental health information (e.g., type of condition and whether the decedent was currently receiving treatment) are not often captured directly from medical records but from coroner/medical examiner reports and the decedent's family members and friends. Therefore, the completeness and accuracy of this information are limited by the knowledge of the informant. Finally, protective factor data (i.e., characteristics or circumstances that reduce the risk for violent death) are not collected by NVDRS because of the nature of death certificates, coroner/medical examiner reports, and law enforcement reports, which typically contain only circumstances associated with risk factors.

Conclusion

Public health surveillance is the foundation for public health practice. Surveillance is essential to monitoring the prevalence and incidence of violence-related fatal injuries, defining priorities, and directing programmatic and violence prevention activities (41). Development and expansion of NVDRS are

crucial to public health efforts at the federal, state, and local levels to reduce violence and the personal, familial, and societal consequences and costs. Further efforts are needed to increase the number of states participating in NVDRS to include all 50 states, U.S. territories, and the District of Columbia, with the ultimate goal of full national representation.

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References

1. CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: CDC; 2013. <http://www.cdc.gov/injury/wisqars/index.html>
2. Paulozzi LJ, Mercy J, Frazier L Jr, Annett JL. CDC's National Violent Death Reporting System: background and methodology. *Inj Prev* 2004;10:47–52. <http://dx.doi.org/10.1136/ip.2003.003434>
3. Institute of Medicine. Reducing the burden of injury: advancing prevention and treatment. Washington DC: National Academies Press; 1999. <http://www.nap.edu/read/6321>
4. Karch DL, Lubell KM, Friday J, Patel N, Williams DD. Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2005. *MMWR Surveill Summ* 2008;57(No. SS-3).
5. US Census Bureau. QuickFacts: United States. <http://www.census.gov/quickfacts/>
6. World Health Organization. International classification of diseases, tenth revision. Geneva, Switzerland: World Health Organization; 2007. <http://www.who.int/classifications/icd/en/>
7. Parks SE, Johnson LL, McDaniel DD, Gladden M. Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2010. *MMWR Surveill Summ* 2014;63(No. SS-1).
8. Blair JM, Fowler KA, Jack SP, Crosby AE. The National Violent Death Reporting System: overview and future directions. *Inj Prev* 2016;22(Suppl 1):i6–11. <http://dx.doi.org/10.1136/injuryprev-2015-041819>
9. Murphy SL, Xu JQ, Kochanek KD; National Center for Health Statistics Division of Vital Statistics. Deaths: final data for 2010. *National Vital Statistics Reports* volume 61, number 4. Hyattsville, MD: CDC; May 8, 2013. http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf
10. National Center for Health Statistics. US census populations with bridged race categories. Hyattsville, MD: CDC; 2015. http://www.cdc.gov/nchs/nvss/bridged_race.htm

11. Karch DL, Logan J, McDaniel D, Parks S, Patel N. Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2009. *MMWR Surveill Summ* 2012;61(No. SS-6).
12. Kotulak R. Inside the brain: revolutionary discoveries of how the mind works. Kansas City, MO: Andrews McMeel Publishing; 1997.
13. Karr-Morse R, Wiley MS. Ghosts from the nursery: tracing the roots of violence. New York, NY: Atlantic Monthly Press; 1997.
14. National Scientific Council on the Developing Child. Persistent fear and anxiety can affect young children's learning and development: working paper no. 9; 2010. <http://developingchild.harvard.edu/>
15. Gunnar MR. Quality of early care and buffering of neuroendocrine stress reactions: potential effects on the developing human brain. *Prev Med* 1998;27:208–11. <http://dx.doi.org/10.1006/pmed.1998.0276>
16. Foshee VA, Bauman KE, Ennett ST, Linder GF, Benefield T, Suchindran C. Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *Am J Public Health* 2004;94:619–24. <http://dx.doi.org/10.2105/AJPH.94.4.619>
17. Foshee VA, Reyes LM, Agnew-Brune CB, et al. The effects of the evidence-based Safe Dates dating abuse prevention program on other youth violence outcomes. *Prev Sci* 2014;15:907–16. <http://dx.doi.org/10.1007/s11121-014-0472-4>
18. Hahn R, Fuqua-Whitley D, Wethington H, et al.; Task Force on Community Preventive Services. The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior: a report on recommendations of the Task Force on Community Preventive Services. *MMWR Recomm Rep* 2007;56(No. RR-7).
19. David-Ferdon C, Simon TR. Preventing youth violence: opportunities for action. Atlanta, GA: National Center for Injury Prevention and Control, CDC; 2014.
20. Karch DL, Logan J, Patel N. Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2008. *MMWR Surveill Summ* 2011;60(No. SS-10).
21. Karch DL, Dahlberg LL, Patel N. Surveillance for violent deaths—National Violent Death Reporting System, 16 states, 2007. *MMWR Surveill Summ* 2010;59(No. SS-4).
22. Karch DL, Dahlberg LL, Patel N, et al. Surveillance for violent deaths—national violent death reporting system, 16 states, 2006. *MMWR Surveill Summ* 2009;58(No. SS-1).
23. Darke S, Dufflou J, Torok M. Drugs and violent death: comparative toxicology of homicide and non-substance toxicity suicide victims. *Addiction* 2009;104:1000–5. <http://dx.doi.org/10.1111/j.1360-0443.2009.02565.x>
24. Health Resources and Services Administration. Women's preventive services guidelines. Washington, DC: US Department of Health and Human Services; 2011. <http://www.hrsa.gov/womensguidelines/index.html>
25. Institute of Medicine. Clinical preventive services for women: closing the gaps. Washington DC: Institute of Medicine; 2011. <http://nationalacademies.org/hmd/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/Recommendations.aspx>
26. Kiely M, El-Mohandes AA, El-Khorazaty MN, Blake SM, Gantz MG. An integrated intervention to reduce intimate partner violence in pregnancy: a randomized controlled trial. *Obstet Gynecol* 2010;115:273–83. <http://dx.doi.org/10.1097/AOG.0b013e3181cbd482>
27. Safe States Alliance. NVDRS: stories from the frontlines of violent death surveillance; 2015. http://c.y.mcdn.com/sites/www.safestates.org/resource/resmgr/NVDRS/NVDRS_Stories_-_2015.pdf
28. Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry* 2002;159:909–16. <http://dx.doi.org/10.1176/appi.ajp.159.6.909>
29. Lipari R, Piscopo K, Kroutil LA, Kilmer Miller G; Substance Abuse and Mental Health Services Administration. Suicidal thoughts and behavior among adults: results from the 2014 National Survey on Drug Use and Health; September 2015. <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2014/NSDUH-FRR2-2014.pdf>
30. Reed J. Primary care: a crucial setting for suicide prevention. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care>
31. Niederkrotenthaler T, Logan J, Karch DL, Crosby AE. Characteristics of U.S. suicide decedents in 2005–2010 who had received mental health treatment. *Psychiatr Serv* 2014;65:387–90. <http://dx.doi.org/10.1176/appi.ps.201300124>
32. Spencer-Thomas S, Hindman J, Conrad J. ManTherapy™: an innovative approach to suicide prevention for working aged men [White paper]; 2012. <http://mantherapy.org/pdf/ManTherapy.pdf>
33. Colorado Department of Public Health and Environment. Office of Suicide Prevention annual report: suicide prevention in Colorado 2014–2015; 2015. https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_OSP-2014-2015-Legislative-Report.pdf
34. Office of the Surgeon General; National Alliance for Suicide Prevention. 2012 national strategy for suicide prevention: goals and objectives for action. Washington, DC: US Department of Health and Human Services; 2012.
35. US Department of Health and Human Services. Healthy People 2020. Washington, DC: CDC; 2013. <https://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>
36. Barber C, Azrael D, Cohen A, et al. Homicides by police: comparing counts from the National Violent Death Reporting System, vital statistics, and supplementary homicide reports. *Am J Public Health* 2016;106:922–7. <http://dx.doi.org/10.2105/AJPH.2016.303074>
37. Barber C, Hemenway D. Too many or too few unintentional firearm deaths in official U.S. mortality data? *Accid Anal Prev* 2011;43:724–31. <http://dx.doi.org/10.1016/j.aap.2010.10.018>
38. Office of the Attorney General. Attorney General Holder urges improved data reporting on both shootings of police officers and use of force by the police. Washington, DC: U.S. Department of Justice; 2015. <https://www.justice.gov/opa/pr/attorney-general-holder-urges-improved-data-reporting-both-shootings-police-officers-and-use>
39. Kindy K. FBI to sharply expand system for tracking fatal police shootings. *Washington Post*. December 8, 2015. https://www.washingtonpost.com/national/fbi-to-sharply-expand-system-for-tracking-fatal-police-shootings/2015/12/08/a60fbc16-9dd4-11e5-bce4-708fe33e3288_story.html
40. Karch D, Crosby A, Simon T. Toxicology testing and results for suicide victims—13 states, 2004. *MMWR Morb Mortal Wkly Rep* 2006;55:1245–8.
41. Steenkamp M, Frazier L, Lipskiy N, et al. The National Violent Death Reporting System: an exciting new tool for public health surveillance. *Inj Prev* 2006;12(Suppl 2):ii3–5. <http://dx.doi.org/10.1136/ip.2006.012518>

TABLE 1. Number,* percentage,[†] and rate[§] of deaths, by incident type, manner of death, method used, and location where injury occurred — National Violent Death Reporting System, 17 states,[¶] 2013

Characteristic	No. (%)	Rate
Incident type		
Suicide, single	12,487 (66.5)	13.0
Homicide, single	3,836 (20.4)	4.0
Undetermined intent, single	1,672 (8.9)	1.7
Unintentional firearm, single	125 (<1.0)	0.1
Suicide, multiple	17 (<1.0)	**
Homicide, multiple	166 (<1.0)	**
Undetermined intent, multiple	11 (<1.0)	**
Legal intervention, ^{††} single/multiple	220 (1.2)	**
Homicide followed by suicide	225 (1.2)	**
Other combinations of deaths	6 (<1.0)	**
Total	18,765 (100)	19.5
Manner of death		
Suicide	12,747 (66.2)	13.3
Homicide	4,459 (23.2)	4.6
Undetermined intent	1,698 (8.8)	1.8
Legal intervention ^{††}	222 (1.2)	0.2
Unintentional firearm	125 (<1.0)	0.1
Total	19,251 (100)	20.1
Method		
Firearm	9,870 (51.3)	10.3
Hanging/strangulation/suffocation	3,310 (17.2)	3.4
Poisoning	3,137 (16.3)	3.3
Sharp instrument	766 (4.0)	0.8
Blunt instrument	336 (1.7)	0.4
Fall	282 (1.5)	0.3
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	233 (1.2)	0.2
Personal weapons (e.g., hands, feet, fists)	229 (1.2)	0.2
Drowning	158 (<1.0)	0.2
Fire/burns	102 (<1.0)	0.1
Intentional neglect	18 (<1.0)	^{§§}
Other (single method)	55 (<1.0)	0.1
Unknown	755 (3.9)	0.8
Total	19,251 (100)	20.1

TABLE 1. (Continued) Number,* percentage,[†] and rate[§] of deaths, by incident type, manner of death, method used, and location where injury occurred — National Violent Death Reporting System, 17 states,[¶] 2013

Characteristic	No. (%)	Rate
Location		
House or apartment	13,359 (69.4)	13.9
Street or highway	1,241 (6.4)	1.3
Motor vehicle	939 (4.9)	1.0
Natural area	730 (3.8)	0.8
Hotel/motel	354 (1.8)	0.4
Parking lot/public garage/public transport	340 (1.8)	0.4
Commercial/retail area	250 (1.3)	0.3
Park, playground, sports/athletic area	233 (1.2)	0.2
Jail/prison	221 (1.1)	0.2
Bar/nightclub	112 (<1.0)	0.1
Railroad tracks	94 (<1.0)	0.1
Supervised residential facility	65 (<1.0)	0.1
Hospital or medical facility	63 (<1.0)	0.1
Industrial or construction area	41 (<1.0)	0
Abandoned house/building/warehouse	37 (<1.0)	0
Office building	37 (<1.0)	0
Preschool/school/college/school bus	34 (<1.0)	0
Farm	24 (<1.0)	0
Other	313 (1.6)	0.3
Unknown	764 (4.0)	0.8
Total	19,251 (100)	20.1

* No. incidents = 18,765; no. deaths = 19,251 (19,010 victims [98.7%], 241 suspects/victims [1.3%]). The incident type characteristic reports number of incidents; all others report number of deaths.

[†] Percentages might not total 100% due to rounding.

[§] Per 100,000 population.

[¶] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Because the number of victims varies in incidents involving multiple deaths, numerators cannot be determined to compute rates.

^{††} The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

^{§§} Rate is not reported when number of deaths is <20.

TABLE 2. Number* and percentage of decedents tested for alcohol and drugs and whose results were positive,† by toxicology variable — National Violent Death Reporting System, 17 states,‡ 2013

Toxicology variable	Tested	Positive
	No. (%)	No. (%)
BAC¶	11,403 (59.2)	4,289 (37.6)
Alcohol <0.08 g/dL		1,258 (29.3)
Alcohol ≥0.08 g/dL		2,910 (67.8)
Alcohol positive, level unknown		121 (2.8)
Amphetamines	6,845 (35.6)	627 (9.2)
Anticonvulsants	4,532 (23.5)	518 (11.4)
Antidepressants	5,528 (28.7)	1,836 (33.2)
Antipsychotics	4,688 (24.4)	411 (8.8)
Barbiturates	5,487 (28.5)	134 (2.4)
Benzodiazepines	6,757 (35.1)	1,959 (29.0)
Carbon monoxide	2,522 (13.1)	390 (15.5)
Cocaine	7,477 (38.8)	778 (10.4)
Marijuana	5,894 (30.6)	1,415 (24.0)
Muscle relaxants	4,556 (23.7)	337 (7.4)
Opiates	8,127 (42.2)	2,586 (31.8)
Other drugs/substances**	3,503 (18.2)	3,471 (99.1)

Abbreviation: BAC = blood alcohol concentration.

* No. decedents = 19,251.

† Percentage is of decedents tested for toxicology variable.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ BAC ≥0.08 g/dL is over the legal limit in all states and is used as the standard for intoxication.

** Other drugs/substances indicated if any results were positive; levels for these drugs/substances are not measured.

TABLE 3. Number,* percentage,† and rate‡ of suicides, by method used and month in which suicide occurred — National Violent Death Reporting System, 17 states,¶ 2013

Characteristic	No. (%)	Rate
Method		
Firearm	6,548 (51.4)	6.8
Hanging/strangulation/suffocation	3,118 (24.5)	3.2
Poisoning	1,975 (15.5)	2.1
Sharp instrument	242 (1.9)	0.3
Fall	234 (1.8)	0.2
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	175 (1.4)	0.2
Drowning	100 (<1.0)	0.1
Fire/burns	45 (<1.0)	0
Blunt instrument	12 (<1.0)	**
Intentional neglect	1 (<1.0)	**
Personal weapons (e.g., hands, feet, fists)	1 (<1.0)	**
Other (single method)	16 (<1.0)	**
Unknown	280 (2.2)	0.3
Total	12,747 (100)	13.3
Month		
January	1,077 (8.4)	1.1
February	970 (7.6)	1.0
March	1,139 (8.9)	1.2
April	1,032 (8.1)	1.1
May	1,042 (8.2)	1.1
June	1,065 (8.4)	1.1
July	1,106 (8.7)	1.2
August	1,086 (8.5)	1.1
September	1,026 (8.0)	1.1
October	1,069 (8.4)	1.1
November	975 (7.6)	1.0
December	935 (7.3)	1.0
Unknown	225 (1.8)	0.2
Total	12,747 (100)	13.3

* No. incidents = 12,729; no. deaths = 12,747.

† Percentages might not total 100% due to rounding.

‡ Per 100,000 population.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rate is not reported when number of deaths is <20.

TABLE 4. Number, percentage,* and rate† of suicides, by decedent's sex, age group, race/ethnicity, and marital status — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	Male		Female		Total¶	
	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate
Age group (yrs)						
<10	**	**	**	**	**	**
10–14	80 (<1.0)	2.5	45 (1.6)	1.5	125 (1.0)	2.0
15–19	434 (4.4)	13.2	116 (4.0)	3.7	550 (4.3)	8.6
20–24	809 (8.2)	23.1	173 (6.0)	5.2	982 (7.7)	14.3
25–29	849 (8.6)	26.1	188 (6.6)	5.9	1,037 (8.1)	16.1
30–34	788 (8.0)	24.6	233 (8.1)	7.2	1,021 (8.0)	15.9
35–44	1,574 (15.9)	25.6	484 (16.9)	7.8	2,058 (16.1)	16.6
45–54	1,959 (19.8)	29.6	707 (24.6)	10.3	2,666 (20.9)	19.8
55–64	1,665 (16.9)	28.7	558 (19.4)	8.9	2,224 (17.4)	18.4
65–74	902 (9.1)	25.2	235 (8.2)	5.8	1,137 (8.9)	14.8
75–84	554 (5.6)	33.0	88 (3.1)	3.9	643 (5.0)	16.3
≥85	261 (2.6)	45.5	40 (1.4)	3.4	301 (2.4)	17.3
Unknown	0 (0)	††	1 (<1.0)	††	1 (<1.0)	††
Total	9,876 (100)	21.0	2,869 (100)	5.9	12,747 (100)	13.3
Race/Ethnicity						
White, non-Hispanic	8,342 (84.5)	25.8	2,450 (85.4)	7.3	10,792 (84.7)	16.4
Black, non-Hispanic	637 (6.4)	9.1	154 (5.4)	2.0	791 (6.2)	5.3
American Indian/Alaska Native	167 (1.7)	30.2	44 (1.5)	7.7	211 (1.7)	18.7
Asian/Pacific Islander	159 (1.6)	8.2	53 (1.8)	2.5	212 (1.7)	5.2
Hispanic§§	484 (4.9)	9.3	128 (4.5)	2.6	612 (4.8)	6.0
Other	19 (<1.0)	††	10 (<1.0)	††	29 (<1.0)	††
Unknown	68 (<1.0)	††	30 (1.0)	††	100 (<1.0)	††
Total	9,876 (100)	21.0	2,869 (100)	5.9	12,747 (100)	13.3
Marital status¶¶						
Married	3,313 (34.6)	***	941 (34.1)	***	4,255 (34.5)	***
Never married	3,019 (31.5)	***	651 (23.6)	***	3,670 (29.7)	***
Widowed	519 (5.4)	***	236 (8.6)	***	756 (6.1)	***
Divorced	1,921 (20.0)	***	743 (26.9)	***	2,664 (21.6)	***
Married but separated	301 (3.1)	***	79 (2.9)	***	380 (3.1)	***
Single, not otherwise specified	314 (3.3)	***	44 (1.6)	***	358 (2.9)	***
Unknown	202 (2.1)	***	64 (2.3)	***	266 (2.2)	***
Total	9,589 (100)	***	2,758 (100)	***	12,349 (100)	***

* Percentages might not total 100% due to rounding.

† Per 100,000 population.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Sex is unknown for two decedents; therefore, total is two greater than sum of males and females.

** Suicide is not reported for decedents aged <10 years, as per standard in the suicide prevention literature.

†† Rate is not reported when number of deaths is <20 or when age or race/ethnicity is other or unknown.

§§ Includes persons of any race.

¶¶ Includes decedents aged ≥18 years only.

*** Rate cannot be computed for marital status because denominator is unknown.

TABLE 5. Number and percentage* of suicides, by decedent's sex, method used, and location where injury occurred — National Violent Death Reporting System, 17 states,† 2013

Characteristic	Male	Female	Total§
	No. (%)	No. (%)	No. (%)
Method			
Firearm	5,619 (56.9)	929 (32.4)	6,548 (51.4)
Hanging/strangulation/suffocation	2,442 (24.7)	676 (23.6)	3,118 (24.5)
Poisoning	982 (9.9)	993 (34.6)	1,975 (15.5)
Sharp instrument	196 (2.0)	46 (1.6)	242 (1.9)
Fall	169 (1.7)	65 (2.3)	234 (1.8)
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	133 (1.3)	42 (1.5)	175 (1.4)
Drowning	66 (<1.0)	34 (1.2)	100 (<1.0)
Fire/burns	32 (<1.0)	13 (0.5)	45 (<1.0)
Blunt instrument	5 (<1.0)	7 (0.2)	12 (<1.0)
Intentional neglect	1 (<1.0)	0 (0)	1 (<1.0)
Personal weapons (e.g., hands, feet, fists)	1 (<1.0)	0 (0)	1 (<1.0)
Other (single method)	15 (<1.0)	1 (<0.1)	16 (<1.0)
Unknown	215 (2.2)	63 (2.2)	280 (2.2)
Total	9,876 (100)	2,869 (100)	12,747 (100)
Location			
House or apartment	7,297 (73.9)	2,287 (79.7)	9,586 (75.2)
Motor vehicle	493 (5.0)	96 (3.3)	589 (4.6)
Natural area	490 (5.0)	99 (3.5)	589 (4.6)
Hotel/motel	193 (2.0)	73 (2.5)	266 (2.1)
Street or highway	198 (2.0)	45 (1.6)	243 (1.9)
Park, playground, sports/athletic area	150 (1.5)	26 (<1.0)	176 (1.4)
Jail/prison	152 (1.5)	21 (<1.0)	173 (1.4)
Parking lot/public garage/public transport	118 (1.2)	34 (1.2)	152 (1.2)
Commercial/retail area	84 (<1.0)	13 (<1.0)	97 (<1.0)
Railroad tracks	69 (<1.0)	17 (<1.0)	86 (<1.0)
Hospital or medical facility	33 (<1.0)	12 (<1.0)	45 (<1.0)
Supervised residential facility	24 (<1.0)	16 (<1.0)	40 (<1.0)
Industrial or construction area	27 (<1.0)	2 (<1.0)	29 (<1.0)
Office building	27 (<1.0)	2 (<1.0)	29 (<1.0)
Preschool/school/college/school bus	20 (<1.0)	4 (<1.0)	24 (<1.0)
Farm	18 (<1.0)	3 (<1.0)	21 (<1.0)
Abandoned house/building/warehouse	15 (<1.0)	3 (<1.0)	18 (<1.0)
Bar/nightclub	7 (<1.0)	0 (0)	7 (<1.0)
Other	189 (1.9)	39 (1.4)	228 (1.8)
Unknown	272 (2.8)	77 (2.7)	349 (2.7)
Total	9,876 (100)	2,869 (100)	12,747 (100)

* Percentages might not total 100% due to rounding.

† Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

§ Sex is unknown for two decedents; therefore, total is two greater than sum of males and females.

TABLE 6. Number* and percentage of suicide decedents tested for alcohol and drugs and whose results were positive,† by toxicology variable — National Violent Death Reporting System, 17 states,‡ 2013

Toxicology variable	Tested	Positive
	No. (%)	No. (%)
BAC¶	7,120 (55.9)	2,720 (38.2)
Alcohol <0.08 g/dL		726 (26.7)
Alcohol ≥0.08 g/dL		1,913 (70.3)
Alcohol positive, level unknown		81 (3.0)
Amphetamines	4,360 (34.2)	316 (7.2)
Anticonvulsants	2,918 (22.9)	348 (11.9)
Antidepressants	3,616 (28.4)	1,278 (35.3)
Antipsychotics	3,032 (23.8)	286 (9.4)
Barbiturates	3,479 (27.3)	106 (3.0)
Benzodiazepines	4,327 (33.9)	1,355 (31.3)
Carbon monoxide	1,647 (12.9)	301 (18.3)
Cocaine	4,632 (36.3)	269 (5.8)
Marijuana	3,683 (28.9)	612 (16.6)
Muscle relaxants	2,891 (22.7)	231 (8.0)
Opiates	4,880 (38.3)	1,307 (26.8)
Other drugs/substances**	2,118 (16.6)	2,097 (99.0)

Abbreviation: BAC = blood alcohol concentration.

* No. decedents = 12,747.

† Percentage is of decedents tested for toxicology variable.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ BAC ≥0.08 g/dL is over the legal limit in all states and is used as the standard for intoxication.

** Other drugs/substances indicated if any results were positive; levels for these drugs/substances are not measured.

TABLE 7. Number* and percentage† of suicides, by precipitating circumstance and decedent's sex — National Violent Death Reporting System, 17 states,§ 2013

Precipitating circumstance	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Mental health/Substance abuse			
Current diagnosed mental health problem	3,572 (41.2)	1,632 (62.7)	5,204 (46.2)
History of ever being treated for a mental health problem	3,042 (35.1)	1,441 (55.4)	4,483 (39.8)
Current depressed mood	3,264 (37.7)	1,054 (40.5)	4,318 (38.3)
Current mental health treatment	2,392 (27.6)	1,223 (47.0)	3,615 (32.1)
Alcohol problem	1,666 (19.2)	393 (15.1)	2,059 (18.3)
Other substance abuse problem (excludes alcohol)	1,318 (15.2)	514 (19.7)	1,832 (16.3)
Other addiction (e.g., gambling, sex)	65 (<1.0)	18 (<1.0)	83 (<1.0)
Interpersonal			
Intimate partner problem	2,700 (31.2)	651 (25.0)	3,351 (29.7)
Family relationship problem	765 (8.8)	319 (12.3)	1,084 (9.6)
Other death of family member or friend within past 5 years	530 (6.1)	199 (7.6)	729 (6.5)
Perpetrator of interpersonal violence within past month	317 (3.7)	26 (1.0)	343 (3.0)
Other relationship problem (nonintimate)	238 (2.7)	76 (2.9)	314 (2.8)
Suicide of family member or friend within past 5 years	169 (2.0)	90 (3.5)	259 (2.3)
Victim of interpersonal violence within past month	26 (<1.0)	31 (1.2)	57 (<1.0)
Life stressor			
Crisis within previous or upcoming 2 weeks	2,929 (33.8)	715 (27.5)	3,644 (32.3)
Physical health problem	1,851 (21.4)	580 (22.3)	2,431 (21.6)
Argument or conflict	1,422 (16.4)	407 (15.6)	1,829 (16.2)
Job problem	1,182 (13.6)	215 (8.3)	1,397 (12.4)
Financial problem	1,012 (11.7)	222 (8.5)	1,234 (11.0)
Recent criminal legal problem	899 (10.4)	135 (5.2)	1,034 (9.2)
Eviction or loss of home	321 (3.7)	104 (4.0)	425 (3.8)
Noncriminal legal problem	266 (3.1)	70 (2.7)	336 (3.0)
School problem	132 (1.5)	29 (1.1)	161 (1.4)
History of child abuse/neglect	55 (<1.0)	56 (2.2)	111 (1.0)
Physical fight (two people, not a brawl)	72 (<1.0)	17 (<1.0)	89 (<1.0)
Traumatic anniversary	54 (<1.0)	23 (<1.0)	77 (<1.0)
Exposure to disaster	9 (<1.0)	1 (<1.0)	10 (<1.0)
Caretaker abuse/neglect led to suicide	1 (<1.0)	1 (<1.0)	2 (<1.0)
Crime and criminal activity			
Precipitated by another crime	376 (4.3)	37 (1.4)	413 (3.7)
Crime in progress¶	99 (26.3)	4 (10.8)	103 (24.9)
Terrorist attack	0 (0)	0 (0)	0 (0)
Suicide event			
Left a suicide note	2,858 (33.0)	1,059 (40.7)	3,917 (34.8)
History of suicidal thoughts or plan	2,699 (31.1)	956 (36.7)	3,655 (32.4)
History of suicide attempt	1,365 (15.8)	854 (32.8)	2,219 (19.7)
Suicide disclosure			
Disclosed suicide intent	2,238 (25.8)	661 (25.4)	2,899 (25.7)
Disclosed intent to whom**			
Previous or current intimate partner	878 (39.2)	214 (32.4)	1,092 (37.7)
Other family member	643 (28.7)	220 (33.3)	863 (29.8)
Friend/colleague	253 (11.3)	97 (14.7)	350 (12.1)
Health care worker	92 (4.1)	37 (5.6)	129 (4.4)
Neighbor	35 (1.6)	7 (1.1)	42 (1.4)
Other person	160 (7.1)	32 (4.8)	192 (6.6)
Unknown	177 (7.9)	54 (8.2)	231 (8.0)
Total suicides with precipitating circumstances	8,665 (100)	2,603 (100)	11,268 (100)

* Includes suicides with one or more precipitating circumstances. Circumstances are unknown for 1,479 suicides (1,211 males, 266 females; sex is unknown for two suicides). Numbers do not equal the sums of the columns because more than one circumstance could have been present per decedent.

† Denominator includes only those suicides with one or more precipitating circumstances. Sums of percentages in columns exceed 100% because a suicide could have had more than one precipitating circumstance.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Denominator includes only those decedents involved in an incident that was precipitated by another crime.

** Denominator is decedents who disclosed intent.

TABLE 8. Number* and percentage[†] of suicide decedents with a current diagnosed mental health problem, by diagnosis — National Violent Death Reporting System, 17 states,[§] 2013

Diagnosed mental health problem	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Depression/dysthymia	2,553 (71.5)	1,238 (75.9)	3,791 (72.8)
Anxiety disorder	507 (14.2)	295 (18.1)	802 (15.4)
Bipolar disorder	441 (12.3)	276 (16.9)	717 (13.8)
Schizophrenia	191 (5.3)	63 (3.9)	254 (4.9)
PTSD	175 (4.9)	38 (2.3)	213 (4.1)
ADD/ADHD	103 (2.9)	16 (1.0)	119 (2.3)
OCD	23 (<1.0)	7 (<1.0)	30 (<1.0)
Eating disorder	1 (<1.0)	16 (1.0)	17 (<1.0)
Other	291 (8.1)	132 (8.1)	423 (8.1)
Unknown	380 (10.6)	151 (9.3)	531 (10.2)
Total decedents with a diagnosed mental health problem	3,572 (100)	1,632 (100)	5,204 (100)

Abbreviations: ADD/ADHD = attention deficit disorder/attention deficit hyperactivity disorder; OCD = obsessive-compulsive disorder; PTSD = posttraumatic stress disorder.
* Includes decedents with one or more diagnosed mental health problems. Numbers do not equal the sums of the columns because decedents could have had more than one diagnosis.

[†] Denominator includes only those decedents with one or more diagnosed mental health problems. Sums of percentages in columns exceed 100% because decedents could have had more than one diagnosis.

[§] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 9. Number* and percentage[†] of suicide decedents who experienced a recent crisis, by type of crisis and decedent's sex — National Violent Death Reporting System, 17 states,[§] 2013

Type of crisis	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Intimate partner problem	1,285 (43.9)	277 (38.7)	1,562 (42.9)
Recent criminal legal problem	447 (15.3)	52 (7.3)	499 (13.7)
Physical health problem	373 (12.7)	89 (12.4)	462 (12.7)
Family relationship problem	243 (8.3)	101 (14.1)	344 (9.4)
Job problem	213 (7.3)	41 (5.7)	254 (7.0)
Eviction or loss of home	123 (4.2)	38 (5.3)	161 (4.4)
Financial problem	113 (3.9)	30 (4.2)	143 (3.9)
Current diagnosed mental health problem	71 (2.4)	45 (6.3)	116 (3.2)
Alcohol problem	86 (2.9)	21 (2.9)	107 (2.9)
Other death of friend or family member	70 (2.4)	30 (4.2)	100 (2.7)
Other substance abuse problem	69 (2.4)	17 (2.4)	86 (2.4)
Other relationship problem	71 (2.4)	15 (2.1)	86 (2.4)
Noncriminal legal problem	61 (2.1)	17 (2.4)	78 (2.1)
School problem	39 (1.3)	7 (1.0)	46 (1.3)
Suicide of friend or family member	18 (<1.0)	10 (1.4)	28 (<1.0)
Other addiction (e.g., gambling, sex)	5 (<1.0)	0 (0)	5 (<1.0)
Disaster exposure	1 (<1.0)	0 (0)	1 (<1.0)
Other crisis	402 (13.7)	100 (14.0)	502 (13.8)
Total decedents who experienced a recent crisis	2,929 (100)	715 (100)	3,644 (100)

* Includes decedents who experienced one or more crises within the previous or upcoming 2 weeks. Numbers do not equal the sums of the columns because more than one crisis could have been experienced per decedent.

[†] Denominator includes only those decedents who experienced one or more crises within the previous or upcoming 2 weeks. Sums of percentages in columns exceed 100% because a decedent could have experienced more than one crisis.

[§] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 10. Number,* percentage,[†] and rate[§] of homicides/legal intervention[¶] deaths, by method used and month in which death occurred — National Violent Death Reporting System, 17 states, 2013**

Characteristic	No. (%)	Rate
Method		
Firearm	3,119 (66.6)	3.2
Sharp instrument	519 (11.1)	0.5
Blunt instrument	263 (5.6)	0.3
Personal weapons (e.g., hands, feet, fists)	221 (4.7)	0.2
Hanging/strangulation/suffocation	156 (3.3)	0.2
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	30 (<1.0)	0
Fire/burns	26 (<1.0)	0
Poisoning	17 (<1.0)	††
Intentional neglect	15 (<1.0)	††
Fall	9 (<1.0)	††
Drowning	5 (<1.0)	††
Other (single method)	25 (<1.0)	0
Unknown	276 (5.9)	0.3
Total	4,681 (100)	4.9
Month		
January	402 (8.6)	0.4
February	310 (6.6)	0.3
March	321 (6.9)	0.3
April	368 (7.9)	0.4
May	396 (8.5)	0.4
June	397 (8.5)	0.4
July	439 (9.4)	0.5
August	392 (8.4)	0.4
September	359 (7.7)	0.4
October	382 (8.2)	0.4
November	423 (9.0)	0.4
December	417 (8.9)	0.4
Unknown	75 (1.6)	0.1
Total	4,681 (100)	4.9

* No. incidents = 4,448; no. deaths = 4,681.

† Percentages might not total 100% due to rounding.

§ Per 100,000 population.

¶ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

** Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

†† Rate is not reported when number of deaths is <20.

TABLE 11. Number* and percentage[†] of homicides/legal intervention[§] deaths, by decedent's marital status and victim-suspect[¶] relationship — National Violent Death Reporting System, 17 states, 2013**

Characteristic	No. (%)
Marital status^{††}	
Never married	2,306 (55.5)
Married	829 (20.0)
Divorced	544 (13.1)
Single, not otherwise specified	280 (6.7)
Widowed	139 (3.3)
Married but separated	57 (1.4)
Total	4,155 (100)
Relationship	
Acquaintance or friend	563 (22.6)
Spouse/intimate partner (current or former)	523 (21.0)
Stranger	301 (12.1)
Victim injured by a law enforcement officer	211 (8.5)
Other relative	160 (6.4)
Child	145 (5.8)
Parent	110 (4.4)
Other intimate partner involvement ^{§§}	60 (2.4)
Rival gang member	32 (1.3)
Victim was law enforcement officer injured in the line of duty	8 (<1.0)
Other person known to victim	376 (15.1)
Total	2,489 (100)

* No. deaths = 4,681. Marital status is unknown for 132 decedents; victim-suspect relationship is unknown for 2,192 decedents.

† Percentages might not total 100% due to rounding.

§ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ A victim is a person whose death resulted from a violence-related injury; a suspect is a person believed to have inflicted a fatal injury.

** Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

†† Includes decedents aged ≥18 years only.

§§ Death was due to intimate partner-related violence but not between the intimate partners (e.g., child killed by mother's boyfriend).

TABLE 12. Number, percentage,* and rate† of homicides/legal intervention‡ deaths, by decedent's sex, age group, and race/ethnicity — National Violent Death Reporting System, 17 states,¶ 2013

Characteristic	Male		Female		Total	
	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate
Age group (yrs)						
<1	56 (1.5)	9.3	34 (3.2)	5.9	90 (1.9)	7.6
1–4	55 (1.5)	2.2	46 (4.4)	2.0	101 (2.2)	2.1
5–9	25 (<1.0)	0.8	15 (1.4)	**	40 (<1.0)	0.6
10–14	31 (<1.0)	1.0	13 (1.2)	**	44 (<1.0)	0.7
15–19	311 (8.6)	9.5	46 (4.4)	1.5	357 (7.6)	5.6
20–24	716 (19.7)	20.4	113 (10.7)	3.4	829 (17.7)	12.1
25–29	550 (15.2)	16.9	104 (9.9)	3.3	654 (14.0)	10.1
30–34	446 (12.3)	13.9	112 (10.6)	3.5	558 (11.9)	8.7
35–44	573 (15.8)	9.3	182 (17.3)	2.9	755 (16.1)	6.1
45–54	448 (12.3)	6.8	167 (15.9)	2.4	615 (13.1)	4.6
55–64	260 (7.2)	4.5	113 (10.7)	1.8	373 (8.0)	3.1
65–74	97 (2.7)	2.7	53 (5.0)	1.3	150 (3.2)	2.0
75–84	44 (1.2)	2.6	38 (3.6)	1.7	82 (1.8)	2.1
≥85	16 (<1.0)	**	15 (1.4)	**	31 (<1.0)	1.8
Unknown	1 (<1.0)	**	1 (<1.0)	**	2 (<1.0)	**
Total	3,629 (100)	7.7	1,052 (100)	2.2	4,681 (100)	4.9
Race/Ethnicity						
White, non-Hispanic	1,013 (27.9)	3.1	543 (51.6)	1.6	1,556 (33.2)	2.4
Black, non-Hispanic	2,097 (57.8)	29.8	372 (35.4)	4.8	2,469 (52.7)	16.7
American Indian/Alaska Native	68 (1.9)	12.3	19 (1.8)	**	87 (1.9)	7.7
Asian/Pacific Islander	40 (1.1)	2.1	23 (2.2)	1.1	63 (1.3)	1.6
Hispanic††	365 (10.1)	7.0	83 (7.9)	1.7	448 (9.6)	4.4
Other	20 (<1.0)	**	4 (<1.0)	**	24 (<1.0)	**
Unknown	26 (<1.0)	**	8 (<1.0)	**	34 (<1.0)	**
Total	3,629 (100)	7.7	1,052 (100)	2.2	4,681 (100)	4.9

* Percentages might not total 100% due to rounding.

† Per 100,000 population.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rate is not reported when number of deaths is <20 or when age or race/ethnicity is other or unknown.

†† Includes persons of any race.

TABLE 13. Number and percentage* of homicides/legal intervention† deaths, by decedent's sex, method used, and location where injury occurred — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Method			
Firearm	2,606 (71.8)	513 (48.8)	3,119 (66.6)
Sharp instrument	368 (10.1)	151 (14.4)	519 (11.1)
Blunt instrument	184 (5.1)	79 (7.5)	263 (5.6)
Personal weapons (e.g., hands, feet, fists)	166 (4.6)	55 (5.2)	221 (4.7)
Hanging/strangulation/suffocation	63 (1.7)	93 (8.8)	156 (3.3)
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	17 (<1.0)	13 (1.2)	30 (<1.0)
Fire/burns	17 (<1.0)	9 (<1.0)	26 (<1.0)
Poisoning	8 (<1.0)	9 (<1.0)	17 (<1.0)
Intentional neglect	7 (<1.0)	8 (<1.0)	15 (<1.0)
Fall	5 (<1.0)	4 (<1.0)	9 (<1.0)
Drowning	2 (<1.0)	3 (<1.0)	5 (<1.0)
Other (single method)	15 (<1.0)	10 (1.0)	25 (<1.0)
Unknown	171 (4.7)	105 (10.0)	276 (5.9)
Total	3,629 (100)	1,052 (100)	4,681 (100)
Location			
House or apartment	1,659 (45.7)	772 (73.4)	2,431 (51.9)
Street or highway	868 (23.9)	63 (6.0)	931 (19.9)
Motor vehicle	257 (7.1)	58 (5.5)	315 (6.7)
Parking lot/public garage/public transport	166 (4.6)	16 (1.5)	182 (3.9)
Commercial/retail Area	128 (3.5)	12 (1.1)	140 (3.0)
Bar/nightclub	94 (2.6)	5 (<1.0)	99 (2.1)
Natural area	57 (1.6)	23 (2.2)	80 (1.7)
Hotel/motel	35 (1.0)	15 (1.4)	50 (1.1)
Park, playground, sports/athletic area	39 (1.1)	8 (<1.0)	47 (1.0)
Jail/prison	41 (1.1)	0 (0)	41 (<1.0)
Abandoned house/building/warehouse	10 (<1.0)	5 (<1.0)	15 (<1.0)
Hospital or medical facility	5 (<1.0)	6 (<1.0)	11 (<1.0)
Industrial or construction area	10 (<1.0)	1 (<1.0)	11 (<1.0)
Preschool/school/college/school bus	8 (<1.0)	2 (<1.0)	10 (<1.0)
Supervised residential facility	5 (<1.0)	2 (<1.0)	7 (<1.0)
Office building	2 (<1.0)	4 (<1.0)	6 (<1.0)
Farm	1 (<1.0)	2 (<1.0)	3 (<1.0)
Railroad tracks	1 (<1.0)	0 (0)	1 (<1.0)
Other	52 (1.4)	11 (1.0)	63 (1.3)
Unknown	191 (5.3)	47 (4.5)	238 (5.1)
Total	3,629 (100)	1,052 (100)	4,681 (100)

* Percentages might not total 100% due to rounding.

† The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 14. Number* and percentage of homicide/legal intervention† decedents tested for alcohol and drugs and whose results were positive,§ by toxicology variable — National Violent Death Reporting System, 17 states,¶ 2013

Toxicology variable	Tested	Positive
	No. (%)	No. (%)
BAC**	2,895 (61.8)	1,102 (38.1)
Alcohol <0.08 g/dL		375 (34.0)
Alcohol ≥0.08 g/dL		701 (63.6)
Alcohol positive, level unknown		26 (2.4)
Amphetamines	1,781 (38.0)	198 (11.1)
Anticonvulsants	1,029 (22.0)	56 (5.4)
Antidepressants	1,078 (23.0)	120 (11.1)
Antipsychotics	1,066 (22.8)	21 (2.0)
Barbiturates	1,391 (29.7)	16 (1.2)
Benzodiazepines	1,552 (33.2)	190 (12.2)
Carbon monoxide	654 (14.0)	49 (7.5)
Cocaine	1,980 (42.3)	310 (15.7)
Marijuana	1,630 (34.8)	693 (42.5)
Muscle relaxants	1,099 (23.5)	18 (1.6)
Opiates	1,933 (41.3)	353 (18.3)
Other drugs/substances††	675 (14.4)	665 (98.5)

* No. decedents = 4,681.

† The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

§ Percentage is of decedents tested for toxicology variable.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** BAC ≥0.08 g/dL is over the legal limit in all states and is used as the standard for intoxication.

†† Other drugs/substances indicated if any results were positive; levels for these drugs/substances are not measured.

TABLE 15. Number* and percentage† of homicides/legal intervention‡ deaths, by precipitating circumstance and decedent's sex — National Violent Death Reporting System, 17 states,¶ 2013

Precipitating circumstance	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Mental health/Substance abuse			
Other substance abuse problem (excludes alcohol)	279 (10.1)	80 (8.8)	359 (9.8)
Current diagnosed mental health problem	124 (4.5)	53 (5.8)	177 (4.8)
History of ever being treated for a mental health problem	99 (3.6)	48 (5.3)	147 (4.0)
Alcohol problem	115 (4.2)	26 (2.9)	141 (3.8)
Current mental health treatment	66 (2.4)	40 (4.4)	106 (2.9)
Current depressed mood	22 (<1.0)	8 (<1.0)	30 (<1.0)
Other addiction (e.g., gambling, sex)	4 (<1.0)	2 (<1.0)	6 (<1.0)
Interpersonal			
Intimate partner problem	258 (9.3)	433 (47.5)	691 (18.8)
Family relationship problem	132 (4.8)	62 (6.8)	194 (5.3)
Other relationship problem (nonintimate)	127 (4.6)	25 (2.7)	152 (4.1)
Jealousy (lovers' triangle)	60 (2.2)	48 (5.3)	108 (2.9)
Victim of interpersonal violence within past month	34 (1.2)	66 (7.2)	100 (2.7)
Perpetrator of interpersonal violence within past month	84 (3.0)	6 (<1.0)	90 (2.4)
Life stressor			
Argument or conflict	954 (34.5)	267 (29.3)	1,221 (33.2)
Physical fight (two people, not a brawl)	367 (13.3)	48 (5.3)	415 (11.3)
Crisis within previous or upcoming 2 weeks	200 (7.2)	106 (11.6)	306 (8.3)
History of child abuse/neglect	30 (1.1)	19 (2.1)	49 (1.3)
Crime and criminal activity			
Precipitated by another crime	1,188 (43.0)	259 (28.4)	1,447 (39.4)
Crime in progress**	847 (71.3)	164 (63.3)	1,011 (69.9)
Drug involvement	420 (15.2)	48 (5.3)	468 (12.7)
Gang related	183 (6.6)	17 (1.9)	200 (5.4)
Terrorist attack	2 (<1.0)	1 (<1.0)	3 (<1.0)
Homicide/Legal intervention event			
Victim used a weapon	333 (12.1)	20 (2.2)	353 (9.6)
Suspect was mentally ill	56 (2.0)	48 (5.3)	104 (2.8)
Brawl	84 (3.0)	6 (<1.0)	90 (2.4)
Victim was a bystander	35 (1.3)	19 (2.1)	54 (1.5)
Random violence	33 (1.2)	9 (1.0)	42 (1.1)
Victim was an intervener assisting a crime victim	25 (<1.0)	5 (<1.0)	30 (<1.0)
Prostitution	12 (<1.0)	12 (1.3)	24 (<1.0)
Stalking	3 (<1.0)	9 (1.0)	12 (<1.0)
Victim was a police officer on duty	8 (<1.0)	0 (0)	8 (<1.0)
Homicide-only event††			
Caretaker abuse/neglect led to death	99 (3.9)	78 (8.7)	177 (5.1)
Justifiable self-defense	97 (3.8)	5 (<1.0)	102 (3.0)
Drive-by shooting	84 (3.3)	10 (1.1)	94 (2.7)
Walk-by assault	72 (2.8)	6 (<1.0)	78 (2.3)
Mercy killing	2 (<1.0)	3 (<1.0)	5 (<1.0)
Hate crime	0 (0)	0 (0)	0 (0)
Total deaths with precipitating circumstances	2,763 (100)	911 (100)	3,674 (100)

* Includes deaths with one or more precipitating circumstances. Circumstances are unknown for 1,007 decedents (866 males, 141 females). Numbers do not equal the sums of the columns because a death could have had more than one precipitating circumstance.

† Denominator includes only those deaths with one or more precipitating circumstances. Sums of percentages in columns exceed 100% because a death could have had more than one precipitating circumstance.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Denominator includes only those decedents involved in an incident that was precipitated by another crime.

†† Includes 3,456 deaths (2,559 males, 897 females).

TABLE 16. Number* and percentage† of homicides/legal intervention‡ deaths precipitated by another crime, by type of crime — National Violent Death Reporting System, 17 states,¶ 2013

Type of crime	No. (%)
Assault, homicide	641 (44.3)
Robbery	495 (34.2)
Burglary	189 (13.1)
Drug trade	165 (11.4)
Rape, sexual assault	42 (2.9)
Motor vehicle theft	41 (2.8)
Arson	19 (1.3)
Witness intimidation/elimination	7 (<1.0)
Gambling	5 (<1.0)
Other crime	152 (10.5)
Unknown	23 (1.6)
Total deaths precipitated by another crime	1,447 (100)

* Includes deaths precipitated by one or more other crimes. Number will not equal the sum of the column because a death could have been precipitated by more than one other crime.

† Denominator includes only those decedents involved in an incident that was precipitated by another crime. Sum of percentage exceeds 100% because a death could have been precipitated by more than one other crime.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 17. Number* and percentage† of homicide/legal intervention‡ decedents who experienced a recent crisis, by type of crisis and decedent's sex — National Violent Death Reporting System, 17 states,¶ 2013

Type of crisis	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Family relationship problem	50 (25.0)	19 (17.9)	69 (22.5)
Jealousy (lovers' triangle)	27 (13.5)	23 (21.7)	50 (16.3)
Other relationship problem	38 (19.0)	3 (2.8)	41 (13.4)
Current diagnosed mental health problem	5 (2.5)	0 (0)	5 (1.6)
Alcohol problem	4 (2.0)	0 (0)	4 (1.3)
Other substance abuse problem	3 (1.5)	1 (<1.0)	4 (1.3)
Stalking	1 (<1.0)	3 (2.8)	4 (1.3)
Prostitution	0 (0)	2 (1.9)	2 (<1.0)
Other addiction (e.g., gambling, sex)	0 (0)	1 (<1.0)	1 (<1.0)
Other crisis	74 (37.0)	32 (30.2)	106 (34.6)
Total decedents who experienced a recent crisis	200 (100)	106 (100)	306 (100)

* Includes decedents who experienced one or more crises within the previous or upcoming 2 weeks. Numbers do not equal the sums of the columns because a decedent could have experienced more than one crisis.

† Denominator includes only those decedents who experienced one or more crises within the previous or upcoming 2 weeks. Sums of percentages in columns exceed 100% because a decedent could have experienced more than one crisis.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 18. Number, percentage* and rate† of legal intervention‡ deaths, by decedent's sex, age group, and race/ethnicity — National Violent Death Reporting System, 17 states,¶ 2013

Characteristic	Male		Female		Total	
	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate
Age group (yrs)						
<1	0 (0)	**	0 (0)	**	0 (0)	**
1–4	0 (0)	**	0 (0)	**	0 (0)	**
5–9	0 (0)	**	0 (0)	**	0 (0)	**
10–14	0 (0)	**	0 (0)	**	0 (0)	**
15–19	12 (5.8)	**	0 (0)	**	12 (5.4)	**
20–24	35 (16.8)	1.0	2 (14.3)	**	37 (16.7)	0.5
25–29	23 (11.1)	0.7	0 (0)	**	23 (10.4)	0.4
30–34	35 (16.8)	1.1	3 (21.4)	**	38 (17.1)	0.6
35–44	46 (22.1)	0.7	5 (35.7)	**	51 (23.0)	0.4
45–54	32 (15.4)	0.5	3 (21.4)	**	35 (15.8)	0.3
55–64	20 (9.6)	0.3	1 (7.1)	**	21 (9.5)	0.2
65–74	3 (1.4)	**	0 (0)	**	3 (1.4)	**
75–84	2 (1.0)	**	0 (0)	**	2 (<1.0)	**
≥85	0 (0)	**	0 (0)	**	0 (0)	**
Unknown	0 (0)	**	0 (0)	**	0 (0)	**
Total	208 (100)	0.4	14 (100)	**	222 (100)	0.2
Race/Ethnicity						
White, non-Hispanic	91 (43.8)	0.3	7 (50.0)	**	98 (44.1)	0.1
Black, non-Hispanic	81 (38.9)	1.2	4 (28.6)	**	85 (38.3)	0.6
American Indian/Alaska Native	6 (2.9)	**	0 (0)	**	6 (2.7)	**
Asian/Pacific Islander	0 (0)	**	1 (7.1)	**	1 (<1.0)	**
Hispanic††	28 (13.5)	0.5	2 (14.3)	**	30 (13.5)	0.3
Other	2 (1.0)	**	0 (0)	**	2 (<1.0)	**
Unknown	0 (0)	**	0 (0)	**	0 (0)	**
Total	208 (100)	0.4	14 (100)	**	222 (100)	0.2

* Percentages might not total 100% due to rounding.

† Per 100,000 population.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rate is not reported when number of deaths is <20 or when age or race/ethnicity is other or unknown.

†† Includes persons of any race.

TABLE 19. Number and percentage* of legal intervention† deaths, by decedent's sex, method used, and location where injury occurred — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Method			
Firearm	192 (92.3)	13 (92.9)	205 (92.3)
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	1 (<1.0)	1 (7.1)	2 (<1.0)
Poisoning	2 (1.0)	0 (0)	2 (<1.0)
Blunt instrument	1 (<1.0)	0 (0)	1 (0.5)
Hanging/strangulation/suffocation	1 (<1.0)	0 (0)	1 (0.5)
Sharp instrument	1 (<1.0)	0 (0)	1 (0.5)
Drowning	0 (0)	0 (0)	0 (0)
Fall	0 (0)	0 (0)	0 (0)
Fire/burns	0 (0)	0 (0)	0 (0)
Intentional neglect	0 (0)	0 (0)	0 (0)
Personal weapons (e.g., hands, feet, fists)	0 (0)	0 (0)	0 (0)
Other (single method)	2 (1.0)	0 (0)	2 (<1.0)
Unknown	8 (3.8)	0 (0)	8 (3.6)
Total	208 (100)	14 (100)	222 (100)
Location			
House or apartment	86 (41.3)	6 (42.9)	92 (41.4)
Street or highway	53 (25.5)	3 (21.4)	56 (25.2)
Motor vehicle	15 (7.2)	4 (28.6)	19 (8.6)
Commercial/retail Area	8 (3.8)	1 (7.1)	9 (4.1)
Parking lot/public garage/public transport	9 (4.3)	0 (0)	9 (4.1)
Natural area	8 (3.8)	0 (0)	8 (3.6)
Jail/prison	4 (1.9)	0 (0)	4 (1.8)
Park, playground, sports/athletic area	4 (1.9)	0 (0)	4 (1.8)
Bar/nightclub	3 (1.4)	0 (0)	3 (1.4)
Hotel/motel	3 (1.4)	0 (0)	3 (1.4)
Preschool/school/college/school bus	3 (1.4)	0 (0)	3 (1.4)
Hospital or medical facility	1 (<1.0)	0 (0)	1 (<1.0)
Office building	1 (<1.0)	0 (0)	1 (<1.0)
Supervised residential facility	1 (<1.0)	0 (0)	1 (<1.0)
Abandoned house/building/warehouse	0 (0)	0 (0)	0 (0)
Farm	0 (0)	0 (0)	0 (0)
Industrial or construction area	0 (0)	0 (0)	0 (0)
Railroad tracks	0 (0)	0 (0)	0 (0)
Other	3 (1.4)	0 (0)	3 (1.4)
Unknown	6 (2.9)	0 (0)	6 (2.7)
Total	208 (100)	14 (100)	222 (100)

* Percentages might not total 100% due to rounding.

† The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 20. Number* and percentage of legal intervention† decedents tested for alcohol and drugs and whose results were positive,§ by toxicology variable — National Violent Death Reporting System, 17 states,¶ 2013

Toxicology variable	Tested	Positive
	No. (%)	No. (%)
BAC**	160 (72.1)	63 (39.4)
Alcohol <0.08 g/dL		14 (22.2)
Alcohol ≥0.08 g/dL		48 (76.2)
Alcohol positive, level unknown		1 (1.6)
Amphetamines	103 (46.4)	26 (25.2)
Anticonvulsants	70 (31.5)	4 (5.7)
Antidepressants	75 (33.8)	17 (22.7)
Antipsychotics	64 (28.8)	2 (3.1)
Barbiturates	89 (40.1)	2 (2.2)
Benzodiazepines	118 (53.2)	24 (20.3)
Carbon monoxide	28 (12.6)	0 (0)
Cocaine	131 (59.0)	20 (15.3)
Marijuana	96 (43.2)	36 (37.5)
Muscle relaxants	58 (26.1)	1 (1.7)
Opiates	131 (59.0)	24 (18.3)
Other drugs/substances††	53 (23.9)	53 (100)

Abbreviation: BAC = blood alcohol concentration.

* No. decedents = 222.

† The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

§ Percentage is of decedents tested for toxicology variable.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** BAC ≥0.08 g/dL is over the legal limit in all states and is used as the standard for intoxication.

†† Other drugs/substances indicated if any results were positive; levels for these drugs/substances are not measured.

TABLE 21. Number* and percentage† of legal intervention‡ deaths, by precipitating circumstance and decedent's sex — National Violent Death Reporting System, 17 states,¶ 2013

Precipitating circumstance	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Mental health/Substance abuse			
Current diagnosed mental health problem	41 (20.1)	2 (14.3)	43 (19.7)
History of ever being treated for a mental health problem	37 (18.1)	1 (7.1)	38 (17.4)
Other substance abuse problem (excludes alcohol)	33 (16.2)	2 (14.3)	35 (16.1)
Current mental health treatment	20 (9.8)	0 (0)	20 (9.2)
Alcohol problem	18 (8.8)	0 (0)	18 (8.3)
Current depressed mood	12 (5.9)	0 (0)	12 (5.5)
Other addiction (e.g., gambling, sex)	0 (0)	0 (0)	0 (0)
Interpersonal			
Perpetrator of interpersonal violence within past month	26 (12.7)	1 (7.1)	27 (12.4)
Intimate partner violence-related	22 (10.8)	1 (7.1)	23 (10.6)
Family relationship problem	11 (5.4)	0 (0)	11 (5.0)
Other relationship problem (nonintimate)	8 (3.9)	0 (0)	8 (3.7)
Jealousy (lovers' triangle)	3 (1.5)	1 (7.1)	4 (1.8)
Victim of interpersonal violence within past month	1 (<1.0)	0 (0)	1 (<1.0)
Life stressor			
Crisis within previous or upcoming 2 weeks	35 (17.2)	2 (14.3)	37 (17.0)
Argument or conflict	31 (15.2)	0 (0)	31 (14.2)
Physical fight (two people, not a brawl)	12 (5.9)	0 (0)	12 (5.5)
History of child abuse/neglect	0 (0)	0 (0)	0 (0)
Crime and criminal activity			
Precipitated by another crime	178 (87.3)	13 (92.9)	191 (87.6)
Crime in progress**	133 (74.7)	9 (69.2)	142 (74.3)
Drug involvement	15 (7.4)	2 (14.3)	17 (7.8)
Gang related	3 (1.5)	0 (0)	3 (1.4)
Terrorist attack	1 (<1.0)	0 (0)	1 (<1.0)
Homicide/Legal intervention event			
Victim used a weapon	149 (73.0)	9 (64.3)	158 (72.5)
Brawl	2 (1.0)	0 (0)	2 (<1.0)
Victim was a bystander	0 (0)	1 (7.1)	1 (<1.0)
Victim was a police officer on duty	0 (0)	0 (0)	0 (0)
Victim was an intervener assisting a crime victim	0 (0)	0 (0)	0 (0)
Suspect was mentally ill	0 (0)	0 (0)	0 (0)
Random violence	0 (0)	0 (0)	0 (0)
Stalking	0 (0)	0 (0)	0 (0)
Prostitution	0 (0)	0 (0)	0 (0)
Total deaths with precipitating circumstances	204 (100)	14 (100)	218 (100)

* Includes deaths with one or more precipitating circumstances. Circumstances are unknown for four decedents (four males, no females). Numbers do not equal the sums of the columns because a death could have had more than one precipitating circumstance.

† Denominator includes only those deaths with one or more precipitating circumstances. Sums of percentages in columns exceed 100% because a death could have more than one precipitating circumstance.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Denominator includes only those decedents involved in an incident that was precipitated by another crime.

TABLE 22. Number* and percentage† of legal intervention‡ deaths precipitated by another crime, by type of crime — National Violent Death Reporting System, 17 states,¶ 2013

Type of crime	No. (%)
Assault, homicide	130 (68.1)
Robbery	19 (9.9)
Motor vehicle theft	10 (5.2)
Burglary	9 (4.7)
Drug trade	8 (4.2)
Rape, sexual assault	2 (1.0)
Other crime	57 (29.8)
Unknown	11 (5.8)
Total deaths precipitated by another crime	191 (100)

* Includes deaths precipitated by another crime. Number does not equal the sum of the column because a death could have been precipitated by more than one other crime.

† Denominator includes only those decedents involved in an incident that was precipitated by another crime. Sum of percentage in the column exceeds 100% because a death could have been precipitated by more than one other crime.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 23. Number* and percentage† of legal intervention‡ decedents who experienced a recent crisis, by type of crisis and decedent's sex — National Violent Death Reporting System, 17 states,¶ 2013

Type of crisis	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Family relationship problem	6 (17.1)	0 (0)	6 (16.2)
Current diagnosed mental health problem	4 (11.4)	0 (0)	4 (10.8)
Other substance abuse problem	2 (5.7)	0 (0)	2 (5.4)
Other relationship problem	2 (5.7)	0 (0)	2 (5.4)
Alcohol problem	1 (2.9)	0 (0)	1 (2.7)
Jealousy (lovers' triangle)	0 (0)	1 (50.0)	1 (2.7)
Other addiction (e.g., gambling, sex)	0 (0)	0 (0)	0 (0)
Stalking	0 (0)	0 (0)	0 (0)
Prostitution	0 (0)	0 (0)	0 (0)
Other crisis	16 (45.7)	1 (50.0)	17 (45.9)
Total decedents who experienced a recent crisis	35 (100)	2 (100)	37 (100)

* Of the 222 legal intervention decedents, 37 decedents (16.6%; 35 males, 2 females) experienced one or more crises within the previous or upcoming 2 weeks. Numbers do not equal the sums of the columns because a decedent could have experienced more than one crisis.

† Denominator includes only those decedents who experienced one or more crises within the previous or upcoming 2 weeks. Sums of percentages in columns exceed 100% because a decedent could have experienced more than one crisis.

‡ The term legal intervention does not denote the lawfulness or legality of the circumstances surrounding the death.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 24. Number,* percentage,[†] and rate[§] of deaths of undetermined intent,[¶] by method used and month in which death occurred — National Violent Death Reporting System, 17 states, 2013**

Characteristic	No. (%)	Rate
Method		
Poisoning	1,145 (67.4)	1.2
Firearm	78 (4.6)	0.1
Blunt instrument	61 (3.6)	0.1
Drowning	53 (3.1)	0.1
Fall	39 (2.3)	0
Hanging/strangulation/suffocation	36 (2.1)	0
Fire/burns	31 (1.8)	0
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	28 (1.6)	0
Personal weapons (e.g., hands, feet, fists)	7 (<1.0)	††
Sharp instrument	5 (<1.0)	††
Intentional neglect	2 (<1.0)	††
Other (single method)	14 (<1.0)	††
Unknown	199 (11.7)	0.2
Total	1,698 (100)	1.8
Month		
January	146 (8.6)	0.2
February	108 (6.4)	0.1
March	142 (8.4)	0.1
April	142 (8.4)	0.1
May	144 (8.5)	0.2
June	162 (9.5)	0.2
July	150 (8.8)	0.2
August	141 (8.3)	0.1
September	124 (7.3)	0.1
October	134 (7.9)	0.1
November	133 (7.8)	0.1
December	155 (9.1)	0.2
Unknown	17 (1.0)	††
Total	1,698 (100)	1.8

* No. incidents = 1,688; no. deaths = 1,698.

† Percentages might not total 100% due to rounding.

§ Per 100,000 population.

¶ Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

** Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

†† Rate is not reported when number of deaths is <20.

TABLE 25. Number, percentage,* and rate[†] of deaths of undetermined intent,[§] by decedent's sex, age group, race/ethnicity, and marital status — National Violent Death Reporting System, 17 states,[¶] 2013

Characteristic	Male		Female		Total	
	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate
Age group (yrs)						
<1	27 (2.5)	4.5	11 (1.8)	**	38 (2.2)	3.2
1–4	9 (<1.0)	**	8 (1.3)	**	17 (1.0)	**
5–9	1 (<1.0)	**	2 (<1.0)	**	3 (<1.0)	**
10–14	3 (<1.0)	**	5 (<1.0)	**	8 (<1.0)	**
15–19	29 (2.7)	0.9	12 (1.9)	**	41 (2.4)	0.6
20–24	89 (8.3)	2.5	40 (6.4)	1.2	129 (7.6)	1.9
25–29	102 (9.5)	3.1	54 (8.6)	1.7	156 (9.2)	2.4
30–34	104 (9.7)	3.3	66 (10.5)	2.1	170 (10.0)	2.7
35–44	199 (18.6)	3.2	108 (17.2)	1.7	307 (18.1)	2.5
45–54	257 (24.0)	3.9	170 (27.1)	2.5	427 (25.1)	3.2
55–64	181 (16.9)	3.1	98 (15.6)	1.6	279 (16.4)	2.3
65–74	41 (3.8)	1.1	24 (3.8)	0.6	65 (3.8)	0.8
75–84	13 (1.2)	**	17 (2.7)	**	30 (1.8)	0.8
≥85	15 (1.4)	**	12 (1.9)	**	27 (1.6)	1.5
Unknown	0 (0)	**	<1.0	**	1 (<1.0)	**
Total	1,070 (100)	2.3	628 (100)	1.3	1,698 (100)	1.8
Race/Ethnicity						
White, non-Hispanic	806 (75.3)	2.5	521 (83.0)	1.6	1,327 (78.2)	2.0
Black, non-Hispanic	164 (15.3)	2.3	67 (10.7)	0.9	231 (13.6)	1.6
American Indian/Alaska Native	15 (1.4)	**	10 (1.6)	**	25 (1.5)	2.2
Asian/Pacific Islander	11 (1.0)	**	8 (1.3)	**	19 (1.1)	**
Hispanic ^{††}	68 (6.4)	1.3	17 (2.7)	**	85 (5.0)	0.8
Other	2 (<1.0)	**	1 (<1.0)	**	3 (<1.0)	**
Unknown	4 (<1.0)	**	4 (<1.0)	**	8 (<1.0)	**
Total	1,070 (100)	2.3	628 (100)	1.3	1,698 (100)	1.8
Marital status^{§§}						
Married	225 (22.0)	¶¶	160 (26.7)	¶¶	385 (23.8)	¶¶
Never married	470 (46.0)	¶¶	193 (32.2)	¶¶	663 (40.9)	¶¶
Widowed	34 (3.3)	¶¶	46 (7.7)	¶¶	80 (4.9)	¶¶
Divorced	235 (23.0)	¶¶	169 (28.2)	¶¶	404 (24.9)	¶¶
Married but separated	14 (1.4)	¶¶	13 (2.2)	¶¶	27 (1.7)	¶¶
Single, not otherwise specified	16 (1.6)	¶¶	9 (1.5)	¶¶	25 (1.5)	¶¶
Unknown	27 (2.6)	¶¶	9 (1.5)	¶¶	36 (2.2)	¶¶
Total	1,021 (100)	¶¶	599 (100)	¶¶	1,620 (100)	¶¶

* Percentages might not sum to 100% due to rounding.

[†] Per 100,000 population.

[§] Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

[¶] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** Rate is not reported when number of deaths is <20 or when age or race/ethnicity is other or unknown.

^{††} Includes persons of any race.

^{§§} Includes decedents aged ≥18 years only.

^{¶¶} Rate cannot be computed for marital status because denominator is unknown.

TABLE 26. Number and percentage* of deaths of undetermined intent,† by decedent's sex, method used, and location in which injury occurred — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Method			
Poisoning	687 (64.2)	458 (72.9)	1,145 (67.4)
Firearm	65 (6.1)	13 (2.1)	78 (4.6)
Blunt instrument	44 (4.1)	17 (2.7)	61 (3.6)
Drowning	38 (3.6)	15 (2.4)	53 (3.1)
Fall	23 (2.1)	16 (2.5)	39 (2.3)
Hanging/strangulation/suffocation	23 (2.1)	13 (2.1)	36 (2.1)
Fire/burns	15 (1.4)	16 (2.5)	31 (1.8)
Motor vehicle (e.g., car, bus, motorcycle, other transport vehicle)	23 (2.1)	5 (<1.0)	28 (1.6)
Personal weapons (e.g., hands, feet, fists)	6 (<1.0)	1 (<1.0)	7 (<1.0)
Sharp instrument	5 (<1.0)	0 (0)	5 (<1.0)
Intentional neglect	0 (0)	2 (<1.0)	2 (<1.0)
Other (single method)	8 (<1.0)	6 (1.0)	14 (<1.0)
Unknown	133 (12.4)	66 (10.5)	199 (11.7)
Total	1,070 (100)	628 (100)	1,698 (100)
Location			
House or apartment	758 (70.8)	497 (79.1)	1,255 (73.9)
Street or highway	46 (4.3)	20 (3.2)	66 (3.9)
Natural area	34 (3.2)	14 (2.2)	48 (2.8)
Hotel/motel	22 (2.1)	14 (2.2)	36 (2.1)
Motor vehicle	27 (2.5)	5 (<1.0)	32 (1.9)
Supervised residential facility	13 (1.2)	5 (<1.0)	18 (1.1)
Commercial/retail area	9 (<1.0)	4 (<1.0)	13 (<1.0)
Park, playground, sports/athletic area	7 (<1.0)	3 (<1.0)	10 (<1.0)
Hospital or medical facility	3 (<1.0)	4 (<1.0)	7 (<1.0)
Jail/prison	6 (<1.0)	1 (<1.0)	7 (<1.0)
Bar/nightclub	5 (<1.0)	1 (<1.0)	6 (<1.0)
Railroad tracks	5 (<1.0)	1 (<1.0)	6 (<1.0)
Parking lot/public garage/public transport	5 (<1.0)	0 (0)	5 (<1.0)
Abandoned house/building/warehouse	3 (<1.0)	1 (<1.0)	4 (<1.0)
Office building	2 (<1.0)	0 (0)	2 (<1.0)
Industrial or construction area	1 (<1.0)	0 (0)	1 (<1.0)
Farm	0 (0)	0 (0)	0 (0)
Preschool/school/college/school bus	0 (0)	0 (0)	0 (0)
Other	13 (1.2)	5 (<1.0)	18 (1.1)
Unknown	111 (10.4)	53 (8.4)	164 (9.7)
Total	1,070 (100)	628 (100)	1,698 (100)

* Percentages might not total 100% due to rounding.

† Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 27. Number* and percentage of deaths of undetermined intent† decedents tested for alcohol and drugs and whose results were positive,§ by toxicology variable — National Violent Death Reporting System, 17 states,¶ 2013

Toxicology variable	Tested	Positive
	No. (%)	No. (%)
BAC**	1,331 (78.4)	449 (33.7)
Alcohol <0.08 g/dL		151 (33.6)
Alcohol ≥0.08 g/dL		285 (63.5)
Alcohol positive, level unknown		13 (2.9)
Amphetamines	671 (39.5)	112 (16.7)
Anticonvulsants	572 (33.7)	112 (19.6)
Antidepressants	816 (48.1)	438 (53.7)
Antipsychotics	576 (33.9)	104 (18.1)
Barbiturates	591 (34.8)	12 (2.0)
Benzodiazepines	848 (49.9)	411 (48.5)
Carbon monoxide	209 (12.3)	40 (19.1)
Cocaine	829 (48.8)	197 (23.8)
Marijuana	553 (32.6)	95 (17.2)
Muscle relaxants	552 (32.5)	88 (15.9)
Opiates	1,276 (75.1)	921 (72.2)
Other drugs/substances††	704 (41.5)	703 (99.9)

Abbreviation: BAC = blood alcohol concentration.

* No. decedents = 1,698.

† Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

§ Percentage is of decedents tested for toxicology variable.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

** BAC ≥0.08 g/dL is over the legal limit in all states and is used as the standard for intoxication.

†† Other drugs/substances indicated if any results were positive; levels for these drugs/substances are not measured.

TABLE 28. Number* and percentage† of deaths of undetermined intent,‡ by precipitating circumstance and decedent's sex — National Violent Death Reporting System, 17 states,¶ 2013

Precipitating circumstance	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Mental health/Substance abuse			
Other substance abuse problem (excludes alcohol)	569 (64.6)	341 (63.0)	910 (64.0)
Current diagnosed mental health problem	289 (32.8)	272 (50.3)	561 (39.5)
History of ever being treated for a mental health problem	290 (32.9)	259 (47.9)	549 (38.6)
Current mental health treatment	240 (27.2)	228 (42.1)	468 (32.9)
Alcohol problem	279 (31.7)	104 (19.2)	383 (26.9)
Current depressed mood	107 (12.1)	95 (17.6)	202 (14.2)
Other addiction (e.g., gambling, sex)	7 (0.8)	0 (0)	7 (0.5)
Interpersonal			
Intimate partner problem	74 (8.4)	60 (11.1)	134 (9.4)
Family relationship problem	40 (4.5)	24 (4.4)	64 (4.5)
Other death of family member or friend within past 5 years	23 (2.6)	28 (5.2)	51 (3.6)
Other relationship problem (nonintimate)	13 (1.5)	4 (0.7)	17 (1.2)
Victim of interpersonal violence within past month	9 (1.0)	6 (1.1)	15 (1.1)
Suicide of family member or friend within past 5 years	5 (<1.0)	3 (<1.0)	8 (<1.0)
Perpetrator of interpersonal violence within past month	3 (<1.0)	1 (<1.0)	4 (<1.0)
Life stressor			
Physical health problem	161 (18.3)	138 (25.5)	299 (21.0)
Crisis within previous or upcoming 2 weeks	155 (17.6)	121 (22.4)	276 (19.4)
Argument or conflict	56 (6.4)	37 (6.8)	93 (6.5)
Recent criminal legal problem	29 (3.3)	14 (2.6)	43 (3.0)
Financial problem	21 (2.4)	14 (2.6)	35 (2.5)
Job problem	23 (2.6)	11 (2.0)	34 (2.4)
Eviction or loss of home	19 (2.2)	6 (1.1)	25 (1.8)
Noncriminal legal problem	9 (1.0)	14 (2.6)	23 (1.6)
Physical fight (two people, not a brawl)	16 (1.8)	3 (<1.0)	19 (1.3)
History of child abuse/neglect	8 (<1.0)	5 (<1.0)	13 (<1.0)
Caretaker abuse/neglect led to death	6 (<1.0)	6 (1.1)	12 (<1.0)
Traumatic anniversary	3 (<1.0)	3 (<1.0)	6 (<1.0)
School problem	2 (<1.0)	2 (<1.0)	4 (<1.0)
Exposure to disaster	2 (<1.0)	2 (<1.0)	4 (<1.0)
Crime and criminal activity			
Precipitated by another crime	20 (2.3)	0 (0)	20 (1.4)
Crime in progress††	5 (25.0)	0 (0)	5 (25.0)
Terrorist attack	0 (0)	0 (0)	0 (0)
Suicide event			
History of suicide attempt	95 (10.8)	87 (16.1)	182 (12.8)
History of suicidal thoughts or plan	82 (9.3)	79 (14.6)	161 (11.3)
Left a suicide note	11 (1.2)	11 (2.0)	22 (1.5)
Suicide disclosure			
Disclosed suicide intent	39 (4.4)	39 (7.2)	78 (5.5)
Disclosed intent to whom**			
Other family member	14 (35.9)	14 (35.9)	28 (35.9)
Previous or current intimate partner	5 (12.8)	10 (25.6)	15 (19.2)
Friend/colleague	5 (12.8)	4 (10.3)	9 (11.5)
Health care worker	4 (10.3)	4 (10.3)	8 (10.3)
Neighbor	2 (5.1)	1 (2.6)	3 (3.8)
Other person	3 (7.7)	3 (7.7)	6 (7.7)
Unknown	6 (15.4)	3 (7.7)	9 (11.5)
Total deaths with precipitating circumstances	881 (100)	541 (100)	1,422 (100)

* Includes deaths with one or more precipitating circumstances. Circumstances were unknown for 276 decedents (189 males, 87 females). Numbers do not equal the sums of the columns because a death could have had more than one precipitating circumstance.

† Denominator includes only those decedents with one or more precipitating circumstances. Sums of percentages in columns exceed 100% because a death could have had more than one precipitating circumstance.

‡ Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

¶ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

†† Denominator includes only those decedents involved in an incident that was precipitated by another crime.

** Denominator is decedents who disclosed intent.

TABLE 29. Number* and percentage[†] of deaths of undetermined intent[§] decedents with a current diagnosed mental health problem, by diagnosis — National Violent Death Reporting System, 17 states,[¶] 2013

Diagnosed mental health problem	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Depression/dysthymia	161 (55.7)	175 (64.3)	336 (59.9)
Anxiety disorder	64 (22.1)	68 (25.0)	132 (23.5)
Bipolar disorder	59 (20.4)	59 (21.7)	118 (21.0)
Schizophrenia	28 (9.7)	12 (4.4)	40 (7.1)
PTSD	15 (5.2)	2 (<1.0)	17 (3.0)
ADD/ADHD	6 (2.1)	5 (1.8)	11 (2.0)
Eating disorder	1 (<1.0)	4 (1.5)	5 (<1.0)
OCD	0 (0)	1 (<1.0)	1 (<1.0)
Other	23 (8.0)	23 (8.5)	46 (8.2)
Unknown	41 (14.2)	37 (13.6)	78 (13.9)
Total decedents with a diagnosed mental health problem	289 (100)	272 (100)	561 (100)

Abbreviations: PTSD = posttraumatic stress disorder; ADD/ADHD = attention deficit disorder/attention deficit hyperactivity disorder; OCD = obsessive-compulsive disorder.
* Includes decedents with one or more current diagnosed mental health problems. Numbers do not equal the sums of the columns because a decedent could have had more than one diagnosis.

[†] Denominator includes only those decedents with one or more current diagnosed mental health problems. Sums of percentages in columns exceed 100% because a decedent could have had more than one diagnosis.

[§] Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

[¶] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 30. Number* and percentage[†] of deaths of undetermined intent[§] decedents who experienced a recent crisis, by type of crisis and decedent's sex — National Violent Death Reporting System, 17 states,[¶] 2013

Type of crisis	Male	Female	Total
	No. (%)	No. (%)	No. (%)
Physical health problem	42 (27.1)	51 (42.1)	93 (33.7)
Other substance abuse problem	34 (21.9)	25 (20.7)	59 (21.4)
Intimate partner problem	32 (20.6)	19 (15.7)	51 (18.5)
Family relationship problem	13 (8.4)	8 (6.6)	21 (7.6)
Alcohol problem	8 (5.2)	8 (6.6)	16 (5.8)
Criminal legal problem	11 (7.1)	4 (3.3)	15 (5.4)
Eviction or loss of home	12 (7.7)	3 (2.5)	15 (5.4)
Other death of friend or family	9 (5.8)	6 (5.0)	15 (5.4)
Current diagnosed mental health problem	4 (2.6)	3 (2.5)	7 (2.5)
Job problem	4 (2.6)	3 (2.5)	7 (2.5)
Other relationship problem	3 (1.9)	2 (1.7)	5 (1.8)
Financial problem	1 (<1.0)	3 (2.5)	4 (1.4)
School problem	2 (1.3)	1 (<1.0)	3 (1.1)
Noncriminal legal problem	0 (0)	2 (1.7)	2 (<1.0)
Suicide of friend or family member	2 (1.3)	0 (0)	2 (<1.0)
Other addiction (e.g., gambling, sex)	0 (0)	0 (0)	0 (0)
Disaster exposure	0 (0)	0 (0)	0 (0)
Other crisis	19 (12.3)	20 (16.5)	39 (14.1)
Total decedents who experienced a recent crisis	155 (100)	121 (100)	276 (100)

* Includes decedents who experienced one or more crises within the previous or upcoming 2 weeks. Numbers do not equal the sums of the columns because a decedent could have experienced more than one crisis.

[†] Denominator includes only those decedents who experienced one or more crises within the previous or upcoming 2 weeks. Sums of percentages in columns exceed 100% because a decedent could have experienced more than one crisis.

[§] Death that results from the use of force or power against oneself or another person for which evidence indicating one manner of death is no more compelling than evidence indicating another.

[¶] Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 31. Number* and percentage† of unintentional firearm deaths, by decedent's sex, race/ethnicity, age group, month in which the death occurred, location where injury occurred, and type of firearm — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	No. (%)
Sex	
Male	107 (85.6)
Female	18 (14.4)
Total	125 (100)
Race/Ethnicity	
White, non-Hispanic	98 (78.4)
Black, non-Hispanic	16 (12.8)
American Indian/Alaska Native	3 (2.4)
Asian/Pacific Islander	1 (<1.0)
Hispanic¶	4 (3.2)
Other	1 (<1.0)
Unknown	2 (1.6)
Total	125 (100)
Age group (yrs)	
<1	0 (0)
1–4	6 (4.8)
5–9	6 (4.8)
10–14	4 (3.2)
15–19	21 (16.8)
20–24	15 (12.0)
25–29	15 (12.0)
30–34	5 (4.0)
35–44	7 (5.6)
45–54	16 (12.8)
55–64	18 (14.4)
65–74	5 (4.0)
75–84	6 (4.8)
≥85	1 (<1.0)
Total	125 (100)
Month	
January	9 (7.2)
February	10 (8.0)
March	13 (10.4)
April	13 (10.4)
May	8 (6.4)
June	6 (4.8)
July	11 (8.8)
August	9 (7.2)
September	7 (5.6)
October	13 (10.4)
November	13 (10.4)
December	13 (10.4)
Total	125 (100)

TABLE 31. (Continued) Number* and percentage† of unintentional firearm deaths, by decedent's sex, race/ethnicity, age group, month in which the death occurred, location where injury occurred, and type of firearm — National Violent Death Reporting System, 17 states,§ 2013

Characteristic	No. (%)
Location	
House or apartment	87 (69.6)
Natural area	13 (10.4)
Motor vehicle	3 (2.4)
Hotel/motel	2 (1.6)
Parking lot/public garage/public transport	1 (<1.0)
Railroad tracks	1 (<1.0)
Street/highway	1 (<1.0)
Other**	4 (3.2)
Unknown	13 (10.4)
Total	125 (100)
Type of firearm	
Handgun	58 (46.4)
Shotgun	20 (16.0)
Rifle	15 (12.0)
Other firearm	0 (0)
Unknown	32 (25.6)
Total	125 (100)

* No. deaths = 125.

† Percentages might not total 100% due to rounding.

§ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

¶ Includes persons of any race.

** Includes military training exercise, private land campsites, and private hunting land attached to homes.

TABLE 32. Number* and percentage† of unintentional firearm deaths, by context and circumstance of injury — National Violent Death Reporting System, 17 states‡, 2013

Characteristic	No. (%)
Context of injury	
Playing with gun	28 (28.9)
Hunting	13 (13.4)
Cleaning gun	11 (11.3)
Showing gun to others	8 (8.2)
Loading/unloading gun	6 (6.2)
Target shooting	2 (2.1)
Celebratory firing	0 (0)
Other context of injury	32 (33.0)
Circumstance of injury	
Unintentionally pulled trigger	20 (20.6)
Thought gun was unloaded	14 (14.4)
Thought gun was unloaded, magazine disengaged	8 (8.2)
Gun was dropped	4 (4.1)
Gun fired while handling safety lock	3 (3.1)
Gun was mistaken for a toy	3 (3.1)
Gun fired due to defect or malfunction	2 (2.1)
Thought gun safety was engaged	1 (1.0)
Bullet ricocheted	1 (1.0)
Gun fired while holstering	0 (0)
Other mechanism of injury	23 (23.7)

* Includes 97 deaths with one or more circumstances known. Circumstances were unknown for 28 deaths.

† Percentages might exceed 100% because one or more circumstances could have been known per death; therefore, number and percentage are reported when the number of deaths is <5 because no particular circumstance identifies a single death.

‡ Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, North Carolina, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

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