

SUPPORTING STATEMENT

for

School-Associated Violent Deaths Surveillance System

**Mark Anderson, M.D., M.P.H., Co-Technical Monitor, NCIPC
Thomas Simon, Ph.D., Co-Technical Monitor, NCIPC**

CENTERS FOR DISEASE CONTROL AND PREVENTION

**National Center for Injury Prevention and Control (NCIPC)
4770 Buford Highway, N.E. (K-02)
Atlanta, GA 30341**

February 6, 2021

TABLE OF CONTENTS

SUMMARY.....1

A. JUSTIFICATION.....2

- 1. Circumstances Making the Collection of Information Necessary.....2
- 2. Purpose and Use of the Information Collection.....3
- 3. Use of Information Technology and Burden Reduction.....4
- 4. Efforts to Identify Duplication and Use of Similar Information.....4
- 5. Impact on Small Businesses or Other Small Entities.....5
- 6. Consequences of Collecting the Information Less Frequently.....5
- 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....5
- 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency.....5
- 9. Explanation of Any Payment or Gift to Respondents.....6
- 10. Assurance of Confidentiality Provided to Respondents.....6
- 11. Justification for Sensitive Questions..... 7
- 12. Estimates of Annualized Burden Hour and Costs8
- 13. Estimates of Other Total Annual Cost Burden to Respondents or Record keepers..... 9
- 14. Annualized Cost to the Federal Government9
- 15. Explanation for Program Changes or Adjustments10
- 16. Plans for Tabulation and Publication and Project Time Schedule.....10
- 17. Reason(s) Display of OMB Expiration Date is Inappropriate..... 11
- 18. Exemptions to Certification for Paperwork Reduction Act Submissions.....11

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

- 1. Design.....12
- 2. Study Population.....12
- 3. Variables/Intervention.....13
- 4. Data Handling and Analysis.....13
- 5. Dissemination, Notification and Reporting of Results.....16
- 6. Informed Consent Procedures.....17

REFERENCES.....18

LIST OF ATTACHMENTS

- 1. Section 301 of the Public Health Service Act (42 USC 241)
- 2. Section 391 of the Public Health Service Act (42 USC 280b)
- 3. Section 42 USC 242(k), and 42 USC 242(m) of the Public Health Service Act
- 4. List of Publications
- 5. Survey Instrument
- 6. Federal Register Announcement
- 7. CDC approval for 308(d) protection

LIST OF ATTACHMENTS (continued)

8. CDC IRB Approval
9. Telephone Consent Script
10. Parental Consent Form

**SUPPORTING STATEMENT FOR
THE SCHOOL-ASSOCIATED VIOLENT DEATHS STUDY (SAVD)**

SUMMARY

As a leading cause of death among young people, violence is increasingly recognized as an important public health and social issue. In 2000, over 4,000 school aged children (5 to 19 years old) in the United States died violent deaths (due to suicide, homicide, and unintentional firearm injuries)¹. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. In a survey conducted by the National School Boards Association, 82% of school district officials reported that student violence had increased in their districts². School-associated violence, particularly homicides and suicides that occur in schools, have been a significant public concern for several years. A surveillance system of school-associated violent deaths was developed by CDC to establish the extent of this problem on an ongoing basis.

A number of studies of violent behavior and risk factors for violent injury have been conducted in school-based populations. Furthermore, schools have been the sites for many interventions to prevent suicide and inter-personal violence among young people^{3,4}.

Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with schools. Public health and education officials have had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death^{5,6}. As a result, the U.S. Department of Education (DOE) requested assistance from the Division of Violence Prevention (DVP)/National Center for Injury Prevention and Control (NCIPC) in establishing an ongoing surveillance system of school-associated violent deaths in the United States. This surveillance system remains the only systematic effort to document school-associated violent deaths on a national basis.

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

As a leading cause of death among young people, violence is increasingly recognized as an important public health and social issue. In 2000, over 4,000 school aged children (5 to 19 years old) in the United States died violent deaths (due to suicide, homicide, and unintentional firearm injuries)¹. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. In a survey conducted by the National School Boards Association, 82% of school district officials reported that student violence had increased in their districts².

A number of studies of violent behavior and risk factors for violent injury have been conducted in school-based populations. Furthermore, schools have been the sites for many interventions to prevent suicide and inter-personal violence among young people^{3,4}.

Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with schools. Public health and education officials have had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death^{5,6}. As a result, the U.S. Department of Education (DOE) requested assistance from the Division of Violence Prevention (DVP)/ National Center for Injury Prevention and Control (NCIPC) in establishing an ongoing surveillance system of school-associated violent deaths in the United States. This surveillance system remains the only systematic effort to document school-associated violent deaths on a national basis.

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Currently, only limited injury risk factor data are collected by a few existing national surveillance systems, e.g., National Crime Victimization Survey. (The OMB number for the National Crime Victimization Survey is 1121-0111). These systems are primarily focused on and intended for purposes other than injury prevention and school-associated violence. Because these systems must cover large numbers of mandated topics, time constraints preclude adequate coverage of the gamut of injury risk factors. Moreover, these systems have varying methods, definitions, and timeliness of data availability, and gaps exist in addressing data needs for tracking the Healthy People 2010 injury objectives. Thus, some alternative is needed to monitor violence risk factors in schools to help evaluate programs and drive policy.

The public health importance of the school-associated violent death problem is such that there should be a dedicated means of rapidly collecting national data about the prevalence of risk factors for violent death and defining which population groups are most affected.

Data from this ongoing surveillance effort had been used in a variety of settings. For instance, the US Department of Education's Office of Safe and Drug-Free Schools has used the data extensively in developing their programs. Data are published yearly in the Indicators of School Crime and Safety Report. Researchers from Harvard University have used these data in preparing a report entitled, *Rampage: The Social Roots of School Shooting*. CDC staff have also written and published reports that were presented in the Journal of the American Medical Association (JAMA) and CDC's Morbidity and Mortality Weekly Report (MMWR).

The following authorizing legislation permits this data collection:

- 1) **Section 301 of the Public Health Service Act (42 USC 241)** (Attachment 1) authorizes CDC to conduct research relating to the prevention and control of disease.
- 2) **Section 391 of the Public Health Service Act (42 USC 280b)** (Attachment 2) authorizes CDC to conduct research relating to the causes and prevention of injuries and assist the States in activities for the prevention of injuries. This survey is intended to define the prevalence of risk factors for injury in the U.S. as a whole and in specific subgroups. These data will help to identify populations with the greatest need for interventions to reduce risk factors and suggest specific behaviors to be targeted by intervention programs.
- 3) **Section 42 USC 242(k), and 42 USC 242(m)** (Attachment 3) The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this study. It keeps their names and other facts that can identify them from anyone who is not on the study staff.

2. Purpose and Use of the Information Collection

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs. NCIPC has used and will continue to use the resulting data to:

- Identify common features of school-associated violent deaths;
- Measure the prevalence of risk factors for school-associated violent deaths;

- Define which population groups are most affected;
- Estimate the rate of school-associated violent death in the United States;
- Monitor the impact of interventions and help direct interventions and resources toward the highest risk subgroups of the population.

There is a positive need to continue the School-Associated Violent Deaths Surveillance System (SAVD) to gather data for evaluation of ongoing school violence programs and guidance in the development of new school violence prevention programs. A possible negative consequence of not conducting SAVD would be spending money on ineffective prevention programs because of inadequate data for program evaluation. Another important negative consequence would be continued high morbidity and mortality from school violence because of inaction resulting from inadequate knowledge about preventable risk factors.

As mentioned in the previous section, data from the surveillance system have been used extensively to inform public officials, researchers, and the public in general. These data have appeared in several published reports that have been used to guide programmatic activities and evaluate interventions. A list of publications using data from the School-Associated Violent Deaths Surveillance System (SAVD) is presented in Attachment 4.

Data collected through the surveillance system will be reviewed and used by CDC, the US Department of Education, the US Department of Justice, and other outside agencies and organizations.

3. Use of Information Technology and Burden Reduction

The telephone survey (Attachment 5) will employ Computer Assisted Telephone Interviewing (CATI) to improve the ease and efficiency of administration. Responses are recorded directly onto electronic media, eliminating the need for keying responses from paper forms and reducing data entry errors. The questionnaire contains many skip patterns to avoid asking the respondent irrelevant questions, thus shortening interview time. CATI also reduces data entry errors by preventing out of range or miscoded responses from being entered. Electronic respondent reporting is not a relevant issue in this telephone survey.

4. Efforts to Identify Duplication and Use of Similar Information

There are no systems of comparable scope currently in existence. Our ongoing interactions and discussions with violence prevention researchers and practitioners throughout the country - including representatives of the CDC-funded Injury Control and Research Centers, the State and Territorial Injury Prevention Directors Association, the U.S. Department of Education, the U.S. Department of Justice, and the U.S. Secret Service - have identified no plans for a national surveillance system of comparable scope.

We have identified several efforts designed to systematically collect information on school-associated violent deaths. However, these projects are limited, focusing on a small subset of cases, e.g., United States Secret Service Safe Schools Initiative (USSS-SSI).

No system like this one currently exists. USSS-SSI is limited to a select number of “targeted violence” events. Thus, using the data collected by the U.S. Secret Service, it is not possible to produce national trends and risk estimates.

5. Impact on Small Businesses or Other Small Entities

No small businesses or small non-profit organizations will be involved in this study. The only small government jurisdiction that may be affected by this system is a school district, whose employees may be asked to participate in the study if a case occurred at a school within their specific district. As described in more detail below, this impact should be minimal, involving at the most, one hour of a school officials time.

6. Consequences of Collecting the Information Less Frequently

This is an ongoing data collection effort. If this information is not collected in a timely manner, it will not be possible to accurately assess trends in school-associated violent deaths. Without these data it will be difficult to determine the impact of federally funded programs to reduce school related violence. Since there is no other source for data on school-associated violent deaths, researchers, policy makers, and the general public will be dependent upon the media to supply this information. Due to the rarity of these events, it is unlikely that data sources would be contacted more than once. There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection complies fully with the guidelines in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

A. Federal Register Vol 70, No. 212, pg. 66838. School-Associated Violent Deaths Surveillance System - Renewal - The National Center for Injury Prevention and Control (NCIPC). The proposed data collection was submitted for public comment and recommendations and was published in the Federal Register on November 3, 2005. A copy of the announcement is in Attachment 6. There were no public comments.

B. The survey instrument and study design have been reviewed by the following individuals:

- a. Lisa Barrios, DrPH, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 770-488-6172, lbarrios@cdc.gov

- b. Nancy Brener, PhD, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 770-488-6184, nbrener@cdc.gov
- c. William Modzeleski, MA, Safe and Drug Free Schools Program, U.S. Department of Education. 202-260-1856, bill_modzeleski@ed.gov
- d. Lloyd Potter, PhD, Education Development Center, Inc. 617-969-7100, lpotter@edc.org
- e. Kenneth Powell, MD, MPH, Georgia State Department of Health. 404-657-2578, kepowell@dhr.state.ga.us

9. Explanation of Any Payment or Gift to Respondents

Respondents will not be compensated for their participation.

10. Assurance of Confidentiality Provided to Respondents

The CDC Privacy Act Officer has reviewed this OMB application and has determined that the Privacy Act is not applicable. Respondents are school and police officials who will provide information based on their roles. Each respondent will be interviewed only once. Cases are identified through a newspaper database search. Once a case has been identified and confirmed, a case identification number is assigned. At this point, data in the study database are maintained by the case ID number and all links to any information that can identify the school, the individuals involved, or the locations involved are destroyed or stored separately in a password-protected file within a directory on the NCIPC LAN. Only the principal investigator and study coordinator can access this directory.

Given the local and often national attention that school-associated deaths attract, and the rarity of such events, the investigation will require special measures to guarantee privacy. While the Privacy Act does not apply, in order to protect the confidentiality of the information collected, NCIPC applied for, and received an Assurance of Confidentiality. Under these provisions, all identifiable information that CDC gathers in this surveillance system will be kept confidential. This is assured under Section 308(d) of the Public Health Service Act (42 U.S.C. 242 m(d)). The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this system.

All data will be collected, coded, stored, and analyzed under conditions that will ensure that confidentiality will be maintained. Persons conducting the interviews will be

“blinded” to the identity of the school or law enforcement official they are interviewing. To accomplish this, a member of the study team will contact the official being interviewed at the time scheduled for the interview. Once the official is on the line, the call will be transferred to a team member who will complete the interview.

During the study, data will be kept under lock and key in the DVP offices. Data will be backed up nightly onto the LAN and onto removable floppy disks, which will then be stored under lock and key. If mainframe analysis is needed, the data file will be password protected. At the conclusion of the study, data will be reported in the aggregate, such that no individual case can be identified from the reports. Once data collection is complete, all records bearing identities of the victim, alleged offenders, informants, schools and communities will be destroyed.

The CDC approval for 308(d) protection is in Attachment 7.

The CDC IRB approval memo is in Attachment 8.

11. Justification for Sensitive Questions

Justification for Collection of Sensitive Information

The questionnaire contains some questions that are sensitive (e.g., drug use/abuse, alcohol use/abuse, intimate partner/interpersonal violence, history of sexual violence, and demographic data on race/ethnicity). No social security numbers or other individual identifier data will be collected. Respondents will be told that they can refuse to answer any question(s) they do not wish to answer, and that they can withdraw or terminate the interview at any time.

Alcohol use (V15, V16, X15, X16) Alcohol use is an important risk factor for violence. Information on alcohol consumption is relevant for interpretation of both risk-taking and risk-avoidance behaviors.

Demographic data Information on race and ethnicity (V9-10, X9-10) is needed because, as noted in *Healthy People 2010*, there are important disparities in rates and types of violent injuries in different population subgroups. These differences may be due to differences in the prevalence of injury risks and/or injury prevention measures in populations that have different educational levels or income levels, for which racial or ethnic composition may be a marker.

Family history of violence, alcohol/drug abuse, child maltreatment (Vm03, Vm03a, Xm03, Xm03a) Chronic fear of violence has psychosocial consequences including increased risk for suicide.

Suicide (Vs01, Vs02, Xs01, Xs02) A history of attempted suicide is a significant risk factor for subsequent completed suicide, and the number of previous suicide attempts is related to subsequent suicide outcomes and other health problems.

Criminal Activity (V13, Vw01, Vw02, X13, Xw01) History of criminal activity is an important risk factor for subsequent violent behavior.

Psychiatric History (Vm01, Vm02, Xm01, Xm02) History of depression is a leading risk factor for suicidal activity.

Sexual Orientation (Vm08, Xm08) Important to examine if sexual orientation is a risk factor for victimization and/or suicidal activity.

12. Estimates of Annualized Burden Hour and Costs

- A. The estimated number of respondents is 70 per year. This is based on an estimated 35 events per year and 2 interviews per event (1 school official and 1 police official). Each respondent will be interviewed only once. The estimated total annual hour burden on respondents is 70 hours (Table 1). The estimates are based on the average time to complete the survey during the current implementation of the system. The hour burden will differ for individual respondents because the use of skip patterns will vary depending on the history of exposure to different risk factors for each victim and perpetrator. Response times for previous interviews ranged from 27 to 85 minutes, with an average time of 54 minutes. Most of these interviews were conducted with paper-based interview forms. Because the computer-assisted interviewing in the actual survey will be more efficient than the paper-and-pencil technique used previously, we assume that the average interview time will be less than the 60 minutes used to calculate the burden on respondents.

Table A-12-1

Estimates of Annualized Burden Hours

Type of Respondents	Number of respondents	Frequency of Response	Average Time per Response	Annual Hour Burden
School Officials	35	1	1	35
Police Officials	35	1	1	35
Totals:	70	--	--	70

* All entries rounded up to next whole hour.

- B. The only cost to respondents will be time spent on the telephone responding to the survey.

Table A-12-2

Annualized Cost to Respondents

Type of Respondents	Number of respondents	Frequency of Response	Hourly wage rate	Respondent cost
School Officials	35	1	\$48.67	\$1,703.45
Police Officials	35	1	\$27.11	\$948.85
			Total:	\$2,652.30

13. Estimates of Other Total Annual Cost Burden to Respondents or Recordkeepers

Respondents will incur no capital and maintenance costs.

14. Annualized Cost to the Federal Government

SAVD is planned as an ongoing surveillance project, with recurring survey preparation and design, data collection, and preparation and analysis of survey results. The government costs are the personnel costs of federal staff involved in oversight, design, and analysis. No outside contractors will be used. There will be no printing or publication costs for the government.

A. Contract phases, tasks, and estimated costs

None

B. Federal (CDC) staff involved in oversight and/or analysis

<u>Position</u>	<u>Tasks</u>	<u>Avg time/yr</u>	<u>Avg. cost/yr</u>
Lead medical epidemiologist	oversight and supervision	20%	\$23,000
Lead statistician	data analysis & consultation	10%	\$8,400
Project coordinator	data collection; analyze survey results	100%	\$29,000
Injury prev. research assistant	data collection; analyze survey results	100%	\$29,000 -----

Annualized federal costs:

\$89,400 /yr

Estimated total annualized cost: \$89,400 per year.

15. Explanation for Program Changes or Adjustments

This is an ongoing data collection. There are no changes in the hour burden or annualized cost.

16. Plans for Tabulation and Publication and Project Time Schedule

<u>Activity</u>	<u>Time Schedule</u>
Initiate data collection	Began after initial OMB approval
Complete data collection	Continuous
Complete cleaning and weighting of final data set	Continuous
Analyses and preparation of draft reports	Continuous
Submit results for publication	Approximately every 12 months

As in the past, it is anticipated that there will be multiple publications from the survey. All data will be received, reviewed, analyzed, published, and disseminated by CDC.

The analysis plan follows the objectives of the SAVD System, which are to:

- Identify common features of school-associated violent deaths;
- Measure the prevalence of risk factors for injury;
- Define which population groups are most affected;
- Estimate the rate of school-associated violent death in the United States;
- Monitor the impact of interventions and help direct interventions and resources toward the highest risk subgroups of the population.

The analysis plan has four parts:

1. Describing the study population;
2. Estimating the prevalence of injury risk factors by demographic characteristic;
3. Estimating crude odds ratios for injury outcomes by risk factor (where outcome questions are available); and
4. Building logistic regression models to better describe the association between risk and demographic characteristics, and outcome.

All analyses will be conducted using complex survey software that takes into account the complex nature of the survey design when computing variance estimates. In bivariable

analyses (parts 2 and 4, above), the relative standard error (RSE) of the point estimate will be assessed. Estimates with RSEs ranging from 23-30% will be flagged as possibly unreliable while those with RSEs > 30% will be suppressed, or if presented, flagged as unstable. Where reasonable, categories will be collapsed to improve the stability of estimates. Estimates that are unstable in bivariable analyses will not be further analyzed in multivariable analyses.

Describing the study population

This step in the analysis includes a comparison of the distribution of the study population to the distribution of the US population of elementary and secondary school students as a means of evaluating the characteristics of the study population.

Prevalence analysis of injury risk factors:

This descriptive analysis will produce prevalence estimates and NCIPC will use these data to identify potential interventions and target populations.

Multivariable analysis: The purpose of the multivariable analysis is to clarify the relationships among preventable injury risk factors and outcomes after adjusting for potential confounders that may modify associations between these risk factors and outcomes.

Multivariable analyses will be presented in terms of adjusted odds ratios. Adjusted odds ratios and 95% confidence intervals will be calculated by using logistic regression to adjust for potential confounders identified in bivariable analyses. Possible effect modification of risk by selected demographic variables and other potential confounders will be identified based on evidence in the literature, and assessed using a likelihood ratio test.

17. Reason(s) Display of OMB Expiration Date is Inappropriate
No exemption requested.

18. Exemptions to Certification for Paperwork Reduction Act Submissions
Not applicable - no exemptions.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

The data collection does not involve statistical methods. Therefore, the following section will describe the data collection procedures employed in this system. In the following, the terms “system” or “surveillance system” and “study” will be used interchangeably.

1. Design

In the system, investigators will review public records and published press reports concerning each school-associated violent death. For each identified case, investigators will also interview an investigating law enforcement official (defined as a police officer, police chief, or district attorney), and a school official (defined as a school principal, school superintendent, school counselor, school teacher, or school support staff) who are knowledgeable about the case in question. Researchers will request information on both the victim and alleged offender(s)--including demographic data, their academic and criminal records, and their relationship to one another. They will also collect data on the time and location of the death; the circumstances, motive, and method of the fatal injury; and the security and violence prevention activities in the school and community where the death occurred, before and after the fatal injury event.

2. Study Population

a. Source of Study Population. The study population will include the victims and offenders from all identified events in which there was a school-associated violent death in the United States.

b. Case Definitions. Investigators will identify all cases of school-associated violent death according to the following three-tiered case definition:

A school-associated violent death is any homicide, suicide, or firearm-related death in the United States, in which the fatal injury occurred:

- Level 1. on the property of a functioning public or private elementary or secondary school;
- Level 2. on the way to or from regular sessions at such a school; or,
- Level 3. while attending or on the way to or from an official school-sponsored event.

Cases will be identified through a systematic search of two on-line newspaper and broadcast media data bases (Dialog and LEXIS/NEXIS).

c. Estimated Number of Participants. The system will collect data on all identified cases of school-associated homicides, suicides, or unintentional firearm deaths that occur in the US (expected 30-40 per year).

3. Variables/Interventions

- a. Variables.** Information will be collected on characteristics of the victims and offenders, the schools involved, and on the circumstances of the particular event. These variables will address the following general categories: demographic characteristics, psychological history, school history, criminal background, weapons involved, and family history. In relation to the circumstances of the event itself, information will be collected on the location of injury, the context in which injury occurred (e.g., while classes being held, on school day during lunch), the motives for injury, the method of fatal injury (e.g., firearm, knife, beating), and the school response to event (counseling activities, increased security measures, etc.). Finally, specific questions have been developed to provide a description of the school setting in which the event occurred. These variables will address the population characteristics of the school (grade levels, attendance/absentee rates, and school history of weapon carrying), security measures (e.g., metal detectors, security guards, etc.), and violence prevention activities (course requirements and course components).
- b. Study Instrument.** Information will be collected using an instrument developed by CDC for use in this surveillance system. The proposed instrument, designed to collect data from multiple sources concerning the victim, alleged offenders, event, school, and community, is attached (Attachment 5).
- c. Training Personnel.** The study coordinator will review each item on the instrument with study personnel and discuss possible responses and coding issues. Where it is necessary, specific definitions will be provided for variables that may not be well known or have multiple definitions. In addition, skip patterns will be reviewed so that study personnel will be familiar with the organization of the instrument.

4. Data Handling and Analysis

- a. Data Collection.** To obtain as much detailed information as possible concerning each identified case, investigators will seek to obtain information from multiple sources. These will include: 1) the initial police report, and interviews with 2) a law enforcement official, and 3) a school official. This multiple source approach will also permit the researchers to compare the quality and quantity of data obtained from the different sources.

Investigators will rely on existing public records for a substantial portion of the data collection. Some of the data will be abstracted from initial police reports into the survey instrument. These police reports are public domain and will be requested for each case. The principal investigator and study coordinator will be responsible for abstracting data from these documents. As each case is identified, school officials and law enforcement officials with jurisdiction over the case will be contacted in writing and asked to participate in the study.

More detailed data will undoubtedly exist in police investigation files and school system records; however, direct access to these records will not be possible. Researchers will attempt to gain this detailed information by arranging telephone or face-to-face interviews with a law enforcement official and school official.

Participation in the study will be voluntary. All interviews will be conducted by the principal investigator, the study coordinator, or by temporary support staff who will be trained to use the data collection instrument. The interviews will last approximately 1 hour, depending on the circumstances of the event (single victim/offender vs. multiple victims/offenders). The investigators anticipate that in some cases, school and law enforcement officials will be unable or unwilling to provide an answer for every question. At the start of each interview, school and law enforcement officials will be reminded that the study is not part of an official criminal investigation and that they may decline to answer any questions or terminate the interview at any time.

b. Information Management and Analysis Software. Case management and tracking will be completed using the Microsoft Access software package. This package will allow for records management, tracking of interviews and police reports, and mail merging for correspondence with identified cases. This information will be stored in password-protected directories on NCIPC's Local Area Network (LAN). The principal investigator and study coordinator will have "read/write" privileges to all files; other project staff will have limited "read" privileges to files that have had all personal identifiers removed.

Data entry and analysis will be performed with the SPSS statistical/database package. More complex analyses may be performed with the SUDAAN statistical software program.

c. Data Entry, Editing and Management. Data from each questionnaire will be directly entered into an SPSS database.

Data from police reports will be abstracted by the principal investigator and the study coordinator. Again, the principal investigator and the study coordinator will review each report and abstract the information to complete a questionnaire.

All paper forms (police reports) will be stored in a locked filing cabinet. Electronic data and other electronic documents will be stored in a password-protected file that will be accessible only to study group members. These data will be backed up nightly on the LAN. A copy of the data will be kept on a floppy disk that will be stored in a locked cabinet.

d. Quality Control/Assurance. Data from police reports will be abstracted in a manner

similar to that described above. Again, the principal investigator and the study coordinator will abstract the information to complete a questionnaire. The data will then be entered into an SPSS database and cross-checked as described above. An inter-rater reliability figure will be determined. Discrepancies will be noted and resolved in a conference setting with the other members of the study group. All decisions that impact data entry and data coding will be documented and stored for future reference.

- e. Confidentiality.** Given the local and often national attention that school-associated deaths attract, and the rarity of such events, the investigation will require special measures to guarantee privacy. In order to protect the confidentiality of the information collected, NCIPC applied for, and received an Assurance of Confidentiality. Under these provisions, all identifiable information that CDC gathers in this study will be kept confidential. This is assured under Section 308(d) of the Public Health Service Act (42 U.S.C. 241(d)). The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this study. All study participants will receive a copy of the formal 308(d) Assurance of Confidentiality Statement that summarizes this information when they are first contacted about the study.

All data will be collected, coded, stored, and analyzed under conditions that will ensure that confidentiality will be maintained. Persons conducting the interviews will be “blinded” to the identity of the school or law enforcement official they are interviewing. To accomplish this, a member of the study team will contact the official being interviewed at the time scheduled for the interview. Once the official is on the line, the call will be transferred to a team member who will complete the interview.

During the study, data will be kept under lock and key in the DVP offices. Data will be backed up nightly onto the LAN and onto removable floppy disks, which will then be stored under lock and key. If mainframe analysis is needed, the data file will be password protected. All data will be reported in the aggregate, such that no individual case can be identified from the reports. Once data collection is complete, all records bearing identities of the victim, alleged offenders, informants, schools and communities will be destroyed.

- f. Bias in Data Collection, Measurement, and Analysis.** The proposed study is open to recall bias given the design and the time-period covered. School-associated violent deaths are particularly traumatic events, which may differentially affect the interpretation and subsequent recall of the characteristics surrounding these events for those involved. Similarly, the attention that these events receive in the press and the awareness this coverage generates may potentially lead to interviewer bias.

Two strategies have been proposed to lessen the effects of these two forms of information bias. First, information for each event will be collected from at least two

sources (school official interview, law enforcement report and/or interview). Final data for analysis will be drawn from these sources depending on the variable (school focused vs. law/community focused) and its relevance to the data source, and the degree of knowledge about the event and those involved that the officials report during the course of the interview (see item S28 in the questionnaire). To reduce the potential impact of interviewer bias, each interviewer will be blinded through the process described above. In this way, the interviewer will not know the identity of the person they are interviewing, the relevant school, or any of the persons involved.

g. Data Analysis. Most of the analysis will be restricted to simple descriptive statistics--frequencies and univariable analysis. Case-finding methods will be compared using capture-recapture calculations, which can also be used to estimate the proportion of cases not identified by a particular case-finding technique. To calculate a rate of school-associated violent death in the United States, the DOE will provide national enrollment data. In computing the rate, it may be necessary to restrict the numerator to those cases that concern the death of a student on school property during regularly scheduled hours of operation.

h. Limitations of the System. An important limitation of the proposed study is the possibility that cases not reported in the press may be overlooked, because both case-finding methods depend heavily on news reports. However, since most cases receive extensive, often nationwide, coverage, it is not likely that many cases of school-associated homicide or suicide would go entirely unreported. Because the data in this report are based on a small number of deaths, the risk estimates that are generated may be unstable. It will be important to emphasize that the risk estimates presented in the final analysis should not be interpreted as actual rates but as the best possible estimates based on the available data.

5. Dissemination, Notification and Reporting of Results

a. Notifying Participants of Study Findings. Study participants will be given the opportunity to receive a copy of the final published report of the study findings. Upon completion of the interview, each participant will be asked if they would like to receive a copy of the study findings. When the final report is published, each participant who requested a copy will be mailed a reprint of the final report

b. Disseminating Results to the Public. Results will be reported through CDC's Morbidity and Mortality Weekly Report (MMWR) publication, which will be made available to partners for distribution. Additional reports will be submitted for publication in a peer-reviewed journal and for presentation at scientific meetings. All reports will be made in the aggregate, such that no individual case can be recognized.

6. Informed Consent Procedures

Prior to the start of each interview, informed consent will be obtained over the telephone from the school official or law enforcement officers being interviewed (Attachment 9). It is possible that some school districts will require parental consent for the release of any school information on the victims and offenders, regardless of whether these individuals are currently enrolled or not. For these instances, a parental consent form has been developed (Attachment 10).

For those cases where parental consent is requested, a school official will be asked to provide contact information for the surviving parents of the victims and offenders. The study coordinator will contact the parents by phone to describe the purpose of the study and the consent procedures. The parents will also be told that a consent form and survey instrument will be mailed to them, which they will be asked to review when it arrives. The study coordinator will schedule a time to call the parents back after the consent package arrives. During this follow-up call, the study coordinator will read through the consent form with the parents, answer any questions they may have, and then ask the parents to sign the form, either giving or declining to give their consent. The parents will then be asked to return the signed consent form to the study coordinator in a stamped, addressed envelope included in the consent packet. To date, there has been only one request for parental consent by a school official.

References:

1. Office of Statistics and Programming. *Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.*: National Center for Injury Prevention and Control, CDC; 2002.
2. National School Boards Association. *Violence in the schools: how America's school boards are safeguarding our children.* Alexandria, VA.: National School Boards Association; 1993.
3. Centers for Disease Control and Prevention. *Youth suicide prevention programs: a resource guide.* Atlanta, GA.: CDC; 1992.
4. National Center for Injury Prevention and Control. *The prevention of youth violence: a framework for community action.* Atlanta, GA.: CDC; 1993.
5. Violence-related attitudes and behaviors of high school students--New York City, 1992. *MMWR Morb Mortal Wkly Rep.* Oct 15 1993;42(40):773-777.
6. Geiger K. A safe haven for children: curbing violence in schools. *The Washington Post*, February 21, 1993.

Attachment 1

Section 301 of the Public Health Service Act (42 USC 241)

Sec. 301 [Sec. 241] (a) The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Secretary is authorized to -

- (1) collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;
- (2) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;
- (3) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the advisory council to the entity of the Department supporting such projects and make, upon recommendation of the advisory council to the appropriate entity of the Department, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research;
- (4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;
- (5) for purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment;
- (6) make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods to experiments, studies, and surveys in health and medical fields;
- (7) enter into contracts, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under sections [2353](#) and [2354](#) of title [10](#), except that determination, approval, and certification required thereby shall be by the Secretary of Health and Human Services; and
- (8) adopt, upon recommendations of the advisory councils to the appropriate entities of the Department or, with respect to mental health, the National Advisory Mental Health Council, such additional means as the Secretary considers necessary or appropriate to carry out the purposes of this section.

The Secretary may make available to individuals and entities, for biomedical and behavioral

research, substances and living organisms. Such substances and organisms shall be made available under such terms and conditions (including payment for them) as the Secretary determines appropriate.

(b) (1) The Secretary shall conduct and may support through grants and contracts studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects. In carrying out this paragraph, the Secretary shall consult with entities of the Federal Government, outside of the Department of Health and Human Services, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct for such entity studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects.

(2) (A) The Secretary shall establish a comprehensive program of research into the biological effects of low-level ionizing radiation under which program the Secretary shall conduct such research and may support such research by others through grants and contracts.

(B) The Secretary shall conduct a comprehensive review of Federal programs of research on the biological effects of ionizing radiation.

(3) The Secretary shall conduct and may support through grants and contracts research and studies on human nutrition, with particular emphasis on the role of nutrition in the prevention and treatment of disease and on the maintenance and promotion of health, and programs for the dissemination of information respecting human nutrition to health professionals and the public. In carrying out activities under this paragraph, the Secretary shall provide for the coordination of such of these activities as are performed by the different divisions within the Department of Health and Human Services and shall consult with entities of the Federal Government, outside of the Department of Health and Human Services, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct and support such activities for such entity.

(4) The Secretary shall publish a biennial report which contains -

(A) a list of all substances (i) which either are known to be carcinogens or may reasonably be anticipated to be carcinogens and (ii) to which a significant number of persons residing in the United States are exposed;

(B) information concerning the nature of such exposure and the estimated number of persons exposed to such substances;

(C) a statement identifying **(i)** each substance contained in the list under subparagraph (A) for which no effluent, ambient, or exposure standard has been established by a Federal agency, and

(ii) for each effluent, ambient, or exposure standard established by a Federal agency with respect to a substance contained in the list under subparagraph (A), the extent to which, on the basis of available medical, scientific, or other data, such standard, and the implementation of such standard by the agency, decreases the risk to public health from exposure to the substance; and

(D) a description of **(i)** each request received during the year involved -

(I) from a Federal agency outside the Department of Health and Human Services for the Secretary, or

(II) from an entity within the Department of Health and Human Services to

any other entity within the Department, to conduct research into, or testing for, the carcinogenicity of substances or to provide information described in clause (ii) of subparagraph (C), and (ii) how the Secretary and each such other entity, respectively, have responded to each such request.

(5) The authority of the Secretary to enter into any contract for the conduct of any study, testing, program, research, or review, or assessment under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance in appropriation Acts.

(c) The Secretary may conduct biomedical research, directly or through grants or contracts, for the identification, control, treatment, and prevention of diseases (including tropical diseases) which do not occur to a significant extent in the United States.

(d) Protection of privacy of individuals who are research subjects

The Secretary may authorize persons engaged in biomedical, behavioral, clinical, or other research (including research on mental health, including research on the use and effect of alcohol and other psychoactive drugs) to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.

Attachment 2

Section 391 of the Public Health Service Act (42 USC 280b)

SEC. 391 [280b] (a) The Secretary, through the Director of the Centers for Disease Control and Prevention, shall –

- (1) conduct, and give assistance to public and nonprofit private entities, scientific institutions, and individuals engaged in the conduct of, research relating to the causes, mechanisms, prevention, diagnosis, treatment of injuries, and rehabilitation from injuries;
- (2) make grants to, or enter into cooperative agreements or contracts with, public and nonprofit private entities (including academic institutions, hospitals, and laboratories) and individuals for the conduct of such research; and
- (3) make grants to, or enter into cooperative agreements or contracts with, academic institutions for the purpose of providing training on the causes, mechanisms, prevention, diagnosis, treatment of injuries, and rehabilitation from injuries.

(b) The Secretary, through the Director of the Centers for Disease Control and Prevention, shall collect and disseminate, through publications and other appropriate means, information concerning the practical applications of research conducted or assisted under subsection (a) of this section. In carrying out the preceding sentence, the Secretary shall disseminate such information to the public, including through elementary and secondary schools.

Attachment 3

Section 42 USC 242(k) and USC 242(m)

Section 42 CSC 242(k)

(a) Establishment; appointment of Director; statistical and epidemiological activities

There is established in the Department of Health and Human Services the National Center for Health Statistics (hereinafter in this section referred to as the "Center") which shall be under the direction of a Director who shall be appointed by the Secretary. The Secretary, acting through the Center, shall conduct and support statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency, and quality of health services in the United States.

(b) Duties

In carrying out subsection (a) of this section, the Secretary, acting through the Center,

(1) shall collect statistics on—

(A) the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality,

(B) the impact of illness and disability of the population on the economy of the United States and on other aspects of the well-being of its population (or of such groupings),

(C) environmental, social, and other health hazards,

(D) determinants of health,

(E) health resources, including physicians, dentists, nurses, and other health professionals by specialty and type of practice and the supply of services by hospitals, extended care facilities, home health agencies, and other health institutions,

(F) utilization of health care, including utilization of

(i) ambulatory health services by specialties and types of practice of the health professionals providing such services, and

(ii) services of hospitals, extended care facilities, home health agencies, and other institutions,

(G) health care costs and financing, including the trends in health care prices and cost, the sources of payments for health care services, and Federal, State, and local governmental expenditures for health care services, and

(H) family formation, growth, and dissolution;

(2) shall undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in paragraph (1);

(3) may undertake and support (by grant or contract) epidemiological research, demonstrations, and evaluations on the matters referred to in paragraph (1); and

(4) may collect, furnish, tabulate, and analyze statistics, and prepare studies, on matters referred to in paragraph (1) upon request of public and nonprofit private entities under arrangements under which the entities will pay the cost of the service provided.

Amounts appropriated to the Secretary from payments made under arrangements made under paragraph (4) shall be available to the Secretary for obligation until expended.

(c) Statistical and epidemiological compilations and surveys

The Center shall furnish such special statistical and epidemiological compilations and surveys as the Committee on Labor and Human Resources and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives may request. Such statistical and epidemiological compilations and surveys shall not be made subject to the payment of the actual or estimated cost of the preparation of such compilations and surveys.

(d) Technical aid to States and localities

To insure comparability and reliability of health statistics, the Secretary shall, through the

Center, provide adequate technical assistance to assist State and local jurisdictions in the development of model laws dealing with issues of confidentiality and comparability of data.

(e) Cooperative Health Statistics System

For the purpose of producing comparable and uniform health information and statistics, there is established the Cooperative Health Statistics System. The Secretary, acting through the Center, shall—

(1) coordinate the activities of Federal agencies involved in the design and implementation of the System;

(2) undertake and support (by grant or contract) research, development, demonstrations, and evaluations respecting the System;

(3) make grants to and enter into contracts with State and local health agencies to assist them in meeting the costs of data collection and other activities carried out under the System; and

(4) review the statistical activities of the Department of Health and Human Services to assure that they are consistent with the System.

States participating in the System shall designate a State agency to administer or be responsible for the administration of the statistical activities within the State under the System. The Secretary, acting through the Center, shall prescribe guidelines to assure that statistical activities within States participating in the system ⁽¹⁾ produce uniform and timely data and assure appropriate access to such data.

(f) Federal-State cooperation

To assist in carrying out this section, the Secretary, acting through the Center, shall cooperate and consult with the Departments of Commerce and Labor and any other interested Federal departments or agencies and with State and local health departments and agencies. For such purpose he shall utilize insofar as possible the services or facilities of any agency of the Federal Government and, without regard to section 5 of title 41, of any appropriate State or other public agency, and may, without regard to such section, utilize the services or facilities of any private agency, organization, group, or individual, in accordance with written agreements between the head of such agency, organization, or group and the Secretary or between such individual and the Secretary. Payment, if any, for such services or facilities shall be made in such amounts as may be provided in such agreement.

(g) Collection of health data; data collection forms

To secure uniformity in the registration and collection of mortality, morbidity, and other health data, the Secretary shall prepare and distribute suitable and necessary forms for the collection and compilation of such data.

(h) Registration area records

(1) There shall be an annual collection of data from the records of births, deaths, marriages, and divorces in registration areas. The data shall be obtained only from and restricted to such records of the States and municipalities which the Secretary, in his discretion, determines possess records affording satisfactory data in necessary detail and form. The Secretary shall encourage States and registration areas to obtain detailed data on ethnic and racial populations, including subpopulations of Hispanics, Asian Americans, and Pacific Islanders with significant representation in the State or registration area. Each State or registration area shall be paid by the Secretary the Federal share of its reasonable costs (as determined by the Secretary) for collecting and transcribing (at the request of the Secretary and by whatever method authorized by him) its records for such data.

(2) There shall be an annual collection of data from a statistically valid sample concerning the general health, illness, and disability status of the civilian noninstitutionalized population. Specific topics to be addressed under this paragraph, on an annual or periodic basis, shall include the incidence of illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospitalizations, and the relationship between demographic and socioeconomic characteristics and health characteristics.

(i) Technical assistance in effective use of statistics

The Center may provide to public and nonprofit private entities technical assistance in the effective use in such activities of statistics collected or compiled by the Center.

(j) Coordination of health statistical and epidemiological activities

In carrying out the requirements of section [242b \(c\)](#) of this title and paragraph (1) of subsection (e) of this section, the Secretary shall coordinate health statistical and epidemiological activities of the Department of Health and Human Services by—

(1) establishing standardized means for the collection of health information and statistics under laws administered by the Secretary;

(2) developing, in consultation with the National Committee on Vital and Health Statistics, and maintaining the minimum sets of data needed on a continuing basis to fulfill the collection requirements of subsection (b)(1) of this section;

(3) after consultation with the National Committee on Vital and Health Statistics, establishing standards to assure the quality of health statistical and epidemiological data collection, processing, and analysis;

(4) in the case of proposed health data collections of the Department which are required to be reviewed by the Director of the Office of Management and Budget under section [3509](#) ^[2] of title [44](#), reviewing such proposed collections to determine whether they conform with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3), and if any such proposed collection is found not to be in conformance, by taking such action as may be necessary to assure that it will conform to such sets of data and standards, and

(5) periodically reviewing ongoing health data collections of the Department, subject to review under such section [3509](#) ^[2] to determine if the collections are being conducted in accordance with the minimum sets of data and the standards promulgated pursuant to paragraphs (2) and (3) and, if any such collection is found not to be in conformance, by taking such action as may be necessary to assure that the collection will conform to such sets of data and standards not later than the ninetieth day after the date of the completion of the review of the collection.

(k) National Committee on Vital and Health Statistics; establishment; membership; term of office; compensation; functions; consultations of Secretary with Committee and professional advisory groups

(1) There is established in the Office of the Secretary a committee to be known as the National Committee on Vital and Health Statistics (hereinafter in this subsection referred to as the "Committee") which shall consist of 18 members.

(2) The members of the Committee shall be appointed from among persons who have distinguished themselves in the fields of health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services research, consumer interests in health information, health data standards, epidemiology, and the provision of health services. Members of the Committee shall be appointed for terms of 4 years.

(3) Of the members of the Committee—

(A) 1 shall be appointed, not later than 60 days after August 21, 1996, by the Speaker of the House of Representatives after consultation with the Minority Leader of the House of Representatives;

(B) 1 shall be appointed, not later than 60 days after August 21, 1996, by the President pro tempore of the Senate after consultation with the Minority Leader of the Senate; and

(C) 16 shall be appointed by the Secretary.

(4) Members of the Committee shall be compensated in accordance with section [210 \(c\)](#) of this title.

(5) The Committee—

(A) shall assist and advise the Secretary—

(i) to delineate statistical problems bearing on health and health services which are of national or international interest;

(ii) to stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees;

(iii) to determine, approve, and revise the terms, definitions, classifications, and guidelines for assessing health status and health services, their distribution and costs, for use

(I) within the Department of Health and Human Services,

(II) by all programs administered or funded by the Secretary, including the Federal-State-local cooperative health statistics system referred to in subsection (e) of this section, and

(III) to the extent possible as determined by the head of the agency involved, by the Department of Veterans Affairs, the Department of Defense, and other Federal agencies concerned with health and health services;

(iv) with respect to the design of and approval of health statistical and health information systems concerned with the collection, processing, and tabulation of health statistics within the Department of Health and Human Services, with respect to the Cooperative Health Statistics System established under subsection (e) of this section, and with respect to the standardized means for the collection of health information and statistics to be established by the Secretary under subsection (j)(1) of this section;

(v) to review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies;

(vi) to cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest;

(vii) to issue an annual report on the state of the Nation's health, its health services, their costs and distributions, and to make proposals for improvement of the Nation's health statistics and health information systems; and

(viii) in complying with the requirements imposed on the Secretary under part C of title XI of the Social Security Act [[42 U.S.C. 1320d](#) et seq.];

(B) shall study the issues related to the adoption of uniform data standards for patient medical record information and the electronic exchange of such information;

(C) shall report to the Secretary not later than 4 years after August 21, 1996, recommendations and legislative proposals for such standards and electronic exchange; and

(D) shall be responsible generally for advising the Secretary and the Congress on the status of the implementation of part C of title XI of the Social Security Act [[42 U.S.C. 1320d](#) et seq.].

(6) In carrying out health statistical activities under this part, the Secretary shall consult with, and seek the advice of, the Committee and other appropriate professional advisory groups.

(7) Not later than 1 year after August 21, 1996, and annually thereafter, the Committee shall submit to the Congress, and make public, a report regarding the implementation of part C of title XI of the Social Security Act [[42 U.S.C. 1320d](#) et seq.]. Such report shall address the following subjects, to the extent that the Committee determines appropriate:

(A) The extent to which persons required to comply with part C of title XI of the Social Security Act are cooperating in implementing the standards adopted under such part.

(B) The extent to which such entities are meeting the security standards adopted under such part and the types of penalties assessed for noncompliance with such standards.

(C) Whether the Federal and State Governments are receiving information of sufficient quality to meet their responsibilities under such part.

(D) Any problems that exist with respect to implementation of such part.

(E) The extent to which timetables under such part are being met.

(I) Data specific to particular ethnic and racial populations

In carrying out this section, the Secretary, acting through the Center, shall collect and

analyze adequate health data that is specific to particular ethnic and racial populations, including data collected under national health surveys. Activities carried out under this subsection shall be in addition to any activities carried out under subsection (m) of this section.

(m) Grants for assembly and analysis of data on ethnic and racial populations

(1) The Secretary, acting through the Center, may make grants to public and nonprofit private entities for—

(A) the conduct of special surveys or studies on the health of ethnic and racial populations or subpopulations;

(B) analysis of data on ethnic and racial populations and subpopulations; and

(C) research on improving methods for developing statistics on ethnic and racial populations and subpopulations.

(2) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.

(3) Provisions of section [242m \(d\)](#) of this title do not apply to surveys or studies conducted by grantees under this subsection unless the Secretary, in accordance with regulations the Secretary may issue, determines that such provisions are necessary for the conduct of the survey or study and receives adequate assurance that the grantee will enforce such provisions.

(4)

(A) Subject to subparagraph (B), the Secretary, acting through the Center, shall collect data on Hispanics and major Hispanic subpopulation groups and American Indians, and for developing special area population studies on major Asian American and Pacific Islander populations.

(B) The provisions of subparagraph (A) shall be effective with respect to a fiscal year only to the extent that funds are appropriated pursuant to paragraph (3) of subsection (n) of this section, and only if the amounts appropriated for such fiscal year pursuant to each of paragraphs (1) and (2) of subsection (n) of this section equal or exceed the amounts so appropriated for fiscal year 1997.

(n) Authorization of appropriations

(1) For health statistical and epidemiological activities undertaken or supported under subsections (a) through (l) of this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 through 2003.

(2) For activities authorized in paragraphs (1) through (3) of subsection (m) of this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1999 through 2003. Of such amounts, the Secretary shall use not more than 10 percent for administration and for activities described in subsection (m)(2) of this section.

(3) For activities authorized in subsection (m)(4) of this section, there are authorized to be appropriated \$1,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

Section 42 USC 242(m)

(a) Reports to Congress and President; preparation; review by Office of Management and Budget

(1) Not later than March 15 of each year, the Secretary shall submit to the President and Congress the following reports:

(A) A report on health care costs and financing. Such report shall include a description and analysis of the statistics collected under section [242k \(b\)\(1\)\(G\)](#) of this title.

(B) A report on health resources. Such report shall include a description and analysis, by geographical area, of the statistics collected under section [242k \(b\)\(1\)\(E\)](#) of this title.

(C) A report on the utilization of health resources. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section [242k \(b\)\(1\)\(F\)](#) of this title.

(D) A report on the health of the Nation's people. Such report shall include a description and analysis, by age, sex, income, and geographic area, of the statistics collected under section [242k \(b\)\(1\)\(A\)](#) of this title.

(2) The reports required in paragraph (1) shall be prepared through the National Center for Health Statistics.

(3) The Office of Management and Budget may review any report required by paragraph (1) of this subsection before its submission to Congress, but the Office may not revise any such report or delay its submission beyond the date prescribed for its submission, and may submit to Congress its comments respecting any such report.

(b) Grants or contracts; applications, submittal; application peer review group, findings and recommendations; necessity of favorable recommendation; appointments

(1) No grant or contract may be made under section [242b](#), [242k](#), or [242l](#) of this title unless an application therefor has been submitted to the Secretary in such form and manner, and containing such information, as the Secretary may by regulation prescribe and unless a peer review group referred to in paragraph (2) has recommended the application for approval.

(2)

(A) Each application submitted for a grant or contract under section [242k](#) of this title in an amount exceeding \$50,000 of direct costs and for a health services research, evaluation, or demonstration project, or for a grant under section [242k \(m\)](#) of this title, shall be submitted to a peer review group for an evaluation of the technical and scientific merits of the proposals made in each such application. The Director of the National Center for Health Statistics shall establish such peer review groups as may be necessary to provide for such an evaluation of each such application.

(B) A peer review group to which an application is submitted pursuant to subparagraph (A) shall report its finding and recommendations respecting the application to the Secretary, acting through the Director of the National Center for Health Statistics, in such form and manner as the Secretary shall by regulation prescribe. The Secretary may not approve an application described in such subparagraph unless a peer review group has recommended the application for approval.

(C) The Secretary, acting through the Director of the National Center for Health Statistics, shall make appointments to the peer review groups required in subparagraph (A) from among persons who are not officers or employees of the United States and who possess appropriate technical and scientific qualifications, except that peer review groups regarding grants under section [242k \(m\)](#) of this title may include appropriately qualified such officers and employees.

(c) Development and dissemination of statistics

The Secretary shall take such action as may be necessary to assure that statistics

developed under sections [242b](#) and [242k](#) of this title are of high quality, timely, comprehensive as well as specific, standardized, and adequately analyzed and indexed, and shall publish, make available, and disseminate such statistics on as wide a basis as is practicable.

(d) Information; publication restrictions

No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section [242b](#), [242k](#), or [242l](#) of this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose; and in the case of information obtained in the course of health statistical or epidemiological activities under section [242b](#) or [242k](#) of this title, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form.

(e) Payment procedures; advances or reimbursement; installments; conditions; reductions

(1) Payments of any grant or under any contract under section [242b](#), [242k](#), or [242l](#) of this title may be made in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary deems necessary to carry out the purposes of such section.

(2) The amounts otherwise payable to any person under a grant or contract made under section [242b](#), [242k](#), or [242l](#) of this title shall be reduced by—

(A) amounts equal to the fair market value of any equipment or supplies furnished to such person by the Secretary for the purpose of carrying out the project with respect to which such grant or contract is made, and

(B) amounts equal to the pay, allowances, traveling expenses, and related personnel expenses attributable to the performance of services by an officer or employee of the Government in connection with such project, if such officer or employee was assigned or detailed by the Secretary to perform such services, but only if such person requested the Secretary to furnish such equipment or supplies, or such services, as the case may be.

(f) Contracts without regard to section 3324 of title 31 and section 5 of title 41

Contracts may be entered into under section [242b](#) or [242k](#) of this title without regard to section [3324](#) of title [31](#) and section [5](#) of title [41](#).

Attachment 4

List of Selected Publications

Publications

1. Reza A, Feucht T, Anderson M, et al. [Source of firearms used by students in school-associated violent deaths - United States, 1992-1999 \(Reprinted from MMWR, vol 52, pg 169-172, 2003\)](#)
JAMA 2003; 289 (13):1626-1627.
2. Anderson MA, Kaufman J, Simon TG, Barrios LC, et al. School-Associated Violent Deaths in the United States, 1994-1999. *JAMA*. 2001;286:2695-2702.
3. Brener, N.D., Simon, T.R., Anderson, M.A., Barrios, L.C., Small, M. Trends in Violence- and Suicide-Related Behavior Among High School Students in the United States, 1991-1999. *AJPM*. 2002;22:146-150.
4. School Associated Suicides – 1994-1999. *MMWR* 2004; 53(22): 476-478.
5. The Source of Firearms Used in School-Associated Violent Deaths, United States, 1992-1999, *MMWR* 2003;52(9): 169-172.
6. CDC. Temporal Variations in School-Associated Student Homicide and Suicide Events C United States, 1992-1999 *MMWR* 2001;50(31): 657-660.

Attachment 5
Data Collection Instrument

Proposed Changes:

1. Update OMB expiration date upon approval

Form Approved

OMB NO: 0920-0604

Exp. Date: 11/30/2006

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

Division of Violence Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent and School Health

National Institute of Justice

U.S. Department of Education

School Associated Violent Deaths in the United States

Data Collection Instrument

Public reporting burden of this collection of information is estimated at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

INSTRUCTIONS:

1. Investigators should record their investigator number in space provided.
2. Before beginning the interview, be certain to read the telephone script that explains the study and contains the statement of informed consent. **DO NOT RECORD ANY IDENTIFYING INFORMATION.**
3. Record the preassigned Event Number in the space provided.
4. Instructions for the investigator are written in italics, this information should not be read to the respondents.
5. Information written in bold face is to be read to the respondent, unless specifically stated otherwise.

Date of data collection (*code four-digit years*) __/__/____

Investigator Identifier Code --

Case ID Number -----

General Questions

G01. How many individuals are providing information for this interview?

Indicate actual number _____

G02. What is (are) your current position(s) in this school/district?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) principal** _
- b) teacher** _
- c) counselor** _
- d) superintendent** _
- e) school support staff** _

(specify.....)

- f) police official** _
- g) other** _ (specify

G03. What was (were) your position(s) during the period in which this event took place?

Do NOT read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) principal _
- b) teacher _
- c) counselor _
- d) superintendent _
- e) school support staff _ (specify

)

- f) police official _
- g) other _ (specify

QUESTIONS about the school

Case ID. *To be assigned by study coordinator, record 5-digit number*

S01. Is the school associated with this death a public, private or charter school?

Do NOT read options

- 1=public
- 2=private
- 3=charter
- 8=unknown
- 9=refused to answer

—

S02. Is the school associated with this death an alternative school?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

There is no Question S03 or S04.

S05. Has there ever been another violent death associated with this school?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

S06. What grade levels are served by this school?

Write K thru 12...to be coded later

There are no Questions S07 to S14.

S15. What is the school's average daily attendance rate?

There are no questions S16 or S17

S18. How many students, if any, withdrew from school in the month following the death?

to be coded later

S19. Does the school currently use any of the following security measures?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **walk through metal detectors** _
- b) **hand held metal detectors** _
- c) **armed police or security guards** _
- d) **unarmed security guards** _
- e) **locker searches** _
- f) **ban on book bags and back packs** _
- g) **no lockers issued** _
- h) **hall monitors** _
- i) **other** (*specify*.....)

S20. Does the school currently have a violence prevention curriculum and is it required?

Read options

- 1= **yes, there is a REQUIRED curriculum**
- 2= **yes, there is an ELECTIVE curriculum**
- 3= **no such instruction***
- 7= **not applicable***
- 8=**unknown***
- 9=**refused to answer***

—

**Go to Question #S25, page S4 ...Otherwise, proceed with Question #S21a.*

S21a. Is the curriculum used a commercially available product?

Do NOT read options

- 1=yes (*specify product name*.....)
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

S21. Is the violence prevention curriculum taught separately or as part of another course?

Do NOT read options

- 1=a separate course
- 2=part of another course (specify course.....)
- 7=not applicable
- 8=unknown
- 9=refused to answer
-

S22a. How long has the violence prevention curriculum been in place?

Do NOT read options

- 1=less than one year
- 2=one to five years
- 3=greater than five years
- 7=not applicable
- 8=unknown
- 9=refused to answer
-

S22. How many students are exposed to the violence prevention curriculum each academic year?

To be coded later

S23. For those student who participate, what is the total number of violence prevention course hours or class periods provided in one school year?

To be coded later

S24. Which of the following components does the violence prevention curriculum include?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **how to avoid conflicts** _
- b) **how to manage anger** _
- c) **how to settle conflicts without physical fighting** _
- d) **how to handle stress in healthy ways** _
- e) **risks associated with physical fighting** _
- f) **risks associated with carrying and using weapons** _
- g) **risks associated with gang activities** _
- h) **what to do if someone is thinking about suicide** _
- i) **statistics on adolescent deaths from violence and suicide** _
- j) **social norms on violence-related risk behaviors** _
(specify.....)
(*PROBE: norms=socially accepted attitudes*)
- k) **other components** _

(specify.....)

S25. Were any of the following security measures operating at the time of this event?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **walk through metal detectors** _
- b) **hand held metal detectors** ____
- c) **armed police or security guards** _
- d) **unarmed security guards** _
- e) **locker searches** _
- f) **ban on book bags and back packs** _
- g) **no lockers issued** _
- h) **hall monitors** _
- i) **other** (*specify*.....)

S26a. Did the school have a violence prevention curriculum in place at the time of this event?

Do NOT read options

- 1=yes (*specify*.....)
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer
-

S27. What actions did the school take in response to the death.

*(PROBE FOR: immediate, long-term, policy, environmental, social, curricular)
to be coded later, please note sources*

.....
.....
.....

Sw01. How many incidents of student weapon carrying were identified by school staff during the year in which the incident took place?

- 00-##=actual number
- 77=not applicable
- 88=unknown
- 99=refused to answer
- —

Sw02. How many weapons were confiscated from students during the school year in which the incident took place? (Please indicate the number of each type of weapon confiscated)

Read options

- a) **Handguns** ____
- b) **Long guns** ____
- c) **Knives, razors, box cutters, or other blades** ____

- d) **Mace, pepper spray** ____
- e) **Other** (specify _____)

Sw03. At the time the incident took place, did the school have an official policy regarding student weapon carrying?

Do not read options

- 1=yes*
- 2=no**
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

**If yes, proceed with Question Sw04; then skip to Question S28, page S6*

***If no, skip to Question Sw05, then proceed to Question S28, page S6.*

Sw04. Please describe what actions the policy stipulated should be taken by the school when a student was identified with a weapon while under the supervision of the school?

.....

.....

.....

.....

Sw05. If no, please describe what actions were typically taken by the school when a student was identified with a weapon while under the supervision of the school?

.....

.....

.....

.....

S28. How well do you know this school and its history?

Read options

- 1= **extensive knowledge of school**
- 2= **some knowledge of school**
- 3= **little knowledge of school**
- 4= **no knowledge of school**

—

QUESTIONS about the event

E01. Where did the injury event occur?

Read options

- 1= **on school property**
- 2= **on the way to or from the campus***
- 3= **at an off-campus school-sponsored event***
- 4= **on the way to or from a school sponsored event***
- 6= **other*** (specify.....)
- 8= unknown*
- 9= refused to answer

**If the event occurred off campus, skip to Question #E03, below otherwise, proceed with Question #E02*

E02. Where on the campus did the injury event occur?

Read options; code written answers later; code leading zeros

- 01= in a classroom**
- 02= in a hallway**
- 03= in a cafeteria**
- 04= in a gymnasium**
- 05= in a locker room**
- 06= in an office**
- 07= on campus lawn or gardens**
- 08= on sporting fields or playground**
- 09= in a parking lot**
- 10= in a driveway**
- 66= other**
indoor(specify.....)
- 67= other outdoor**
(specify.....)
- 77= not applicable
- 88= unknown
- 99= refused to answer

After completing E02, skip to Question #E04, page E2.

E03. Where did the off-campus injury event occur?

Read options; code written responses later; code leading zeros

- 01= **on the street, sidewalk, footpath**
- 02= **on a bus or public transport vehicle**
- 03= **waiting for or alighting from bus or public transport vehicle**
- 04= **in a privately-owned vehicle**
- 05= **on private property**
- 66= **other** (specify.....)
- 77= not applicable
- 88= unknown
- 99= refused to answer
-

E04. Which of the following best describes the context in which the injury event occurred?

Read options; code written responses later; code leading zeros

- 01= **on a day when no classes or school events were held**
- 02= **on a school day before classes began**
- 03= **while classes were being held**
- 04= **on a school day during lunch, recess or other break, including class changes**
- 05= **immediately after school**
- 06= **on a school day during after-school practice or detention**
- 07= **on a school day after official activities**
- 08= **at a school sporting activity**
- 09= **at another official school-sponsored activity**
- 10= **on the way to or from a school-sponsored activity**
- 66= **other** (specify.....)
- 77= not applicable
- 88= unknown
- 99= refused to answer
-

E05. At the time of fatal injury were any the victims in some place they ought not to have been?

Do NOT read options (PROBE: an area of restricted access)

- 1=yes
- (specify.....)
- 2=no
- 7=not applicable
- 9=unknown/refused to answer
-

E06. At the time of fatal injury were any of the offenders in some place they ought not to have been?

Do NOT read options (PROBE: an area of restricted access)

- 1=yes
(specify.....)
- 2=no
- 7=not applicable
- 9=unknown/refused to answer
-

E07. What were the motives for the fatal injury?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **single suicide** _
- b) **suicide pact** _
- c) **drug related** _
- d) **gang related** _
- e) **robbery, attempted robbery** _
- f) **rape, attempted sex crime** _
- g) **dispute over money or property** _
- h) **dispute over romantic relationship** _
- i) **dispute related to sporting event** _
- j) **dispute, other or unspecified** _
- k) **racially or hate crime motivated** _
- l) **victim killed by police or security personnel** _
- m) **victim killed by civilian during commission of a crime** _
- n) **random victim** _
- o) **unintentional injury** _
- p) **other** _ (*specify.....*)

E08. Briefly describe the circumstances of the fatal injury and events leading up to it, including history of prior conflicts between the principles, etc.

Code later

.....
.....
.....

E09. What was the method of fatal injury?

Read options; code leading zeros

- 01= **firearm** (specify.....)
- 02= **knife, razor, box cutter or other blade**
- 03= **beaten with club, bat, other object**
- 04= **beaten, no weapon used**
- 05= **motor vehicle**
- 06= **hanging/strangulation**
- 07= **poisoning, solid or liquid**
- 08= **asphyxiation by gas**
- 66= **other** (specify.....)
- 77= not applicable
- 88= unknown
- 99= refused to answer

--

E10. After a tragedy such as this people look for things, such as comments, notes, threats, or actions that took place prior to the incident that could have signaled a potential risk for this type of behavior. Which of the following did any of the offenders, or victims in the case of suicide, leave as signs that they were considering this action? Please include as many signs as you can think of even if they were things that nobody could have recognized as a sign at the time they happened.

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {E10a} **notes** ____
- {E10b} **journal entry** ____
- {E10c} **threats** ____
- {E10d} **other actions** (specify.....)

There is no question E11.

E12. Based on the information you have regarding the timing of precipitating factors and the amount of preparation required, how much time do you think that this offender (victim if suicide) spent planing this incident?

Do not read options; complete information for minutes, hours and days; code later

- a) minutes ____
- b) hours ____
- c) days ____

Esc01. Did any of the following events occur during the 2 weeks before or after this incident? Please note all that apply:

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- {Esc01a} **Prom/dance/social event** _
- {Esc01b} **Graduation** _
- {Esc01c} **Homecoming** _
- {Esc01d} **Rivalry game between schools** _
- {Esc01e} **Holiday break** _
- {Esc01f} **Report card distribution** _
- {Esc01g} **Other** _ (specify _____)

There is no question Esc02.

Esc03. Was the victim cited or disciplined for disruptive behavior during the 2 weeks before the event?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

If suicide, skip to Esc05, page E5.

Esc04. Was the offender cited for disruptive behavior during the 2 weeks before the event?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

E13. How well do you know the details of this event?

Read options

1= **extensive knowledge of event**

2= **some knowledge of event**

3= **little knowledge of event**

4= **no knowledge of event**

—

QUESTIONS about the Victim

CaseID. Case ID Number

To be assigned by study coordinator, record 5-digit number

V01. How many victims were fatally injured in this event?

Write in actual number

--

V01a. Victim Number

Number for this victim, is assigned by the primary data collector.

-

V02. What was the date of the fatal injury?

Record month/date/year, code leading zeros (code four-digit years)

--/--/-----

V03. What was the time of the fatal injury?

Record in military time

V04. What was the date of death?

Record month/date/year, code leading zeros (code four-digit years)

--/--/-----

V05. What was the time of death?

Record in military time

V06. What was this victim's date of birth?

Record month/date/year, code leading zeros (code four-digit years)

--/--/-----

V07. What was this victim's age in years at the time of death?

Do NOT read options, code leading zero

01-65=actual age in years

66=age 66 years and older

77=not applicable

88=unknown

99=refused to answer

--

V08. What was this victim's gender?

Do NOT read options

- 1=male
- 2=female
- 7=not applicable
- 8=unknown
- 9=refused to answer

--

V09. Was this victim of Latino or Hispanic origin?

Do NOT read options

- 1=yes
- 2=no
- 8=unknown
- 9=refused

--

V10. What was the victim's race?

Do NOT read Options

- 1=White
- 2=Black or African American
- 3=Asian
- 4=American Indian or Alaska Native
- 6=Native Hawaiian or other Pacific Islander
- 8=unknown
- 9=refused to answer

--

V11. Which of the following best describes the victim's family structure/living arrangements at the time of death?

Read options

- 01= **two-parent nuclear family**
- 02= **single parent household**
- 03= **lives with adult relative other than parent**
- 04= **lives independently**
- 05= **foster care**
- 06= **residential institution**
- 66= **other** (*specify:.....*)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

There is no question V12.

V13. Had the victim ever been charged with a crime before the fatal injury?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused

—

Vp01. Youth often affiliate with distinct peer groups. With which one of the following groups would you say this victim was most closely affiliated?

Read options

- 01= **street gang**
- 02= **tagging crew** (spray paint graffiti of groups logo or Atag@ around the neighborhood)
- 03= **Wannabes** (dress and act like gang members without actually belonging to a street gang)
- 04= **Druggies or Stoners**
- 05= **Hip-Hop**
- 06= **Gothic**
- 07= **Punkers**
- 08= **Skaters/Surfers**
- 09= **Rockers**
- 10= **Cowboys/girls**
- 11= **Brains**
- 12= **Jocks, Athletes**
- 13= **Preppies**
- 14= **Geeks**
- 15= **Band**
- 16= **Hackers**
- 17= **Bible study**
- 18= **Granolas**
- 19= **Loner**
- 20= **Not a loner but no particular group**
- 66= **other** (*specify.....*)
- 77= **not applicable**
- 88=unknown
- 99=refused to answer

— —

Vp02. In the year prior to this event, was there a change in this victim's peer group?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

V15. Did the victim use alcohol or other drugs at least once a week?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

V16. Was there evidence that the victim was intoxicated with alcohol or other drugs at the time of death?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

N.B. There is no Question V17

Vw01. During the year prior to this incident, had the victim ever been found carrying a weapon on school grounds or on the way to or from school?

Do NOT read options

- 1=yes
- 2=no*
- 7=not applicable*
- 8=unknown*
- 9=refused to answer*

—

**If no, Go to Question V18, page V5*

Vw02. During the year prior to this incident, how many times had the victim been found carrying a weapon on school grounds or on the way to or from school?

01-##=actual number of times the victim carried a weapon

77=not applicable

88=unknown

99=refused to answer

--

Vw03. For the most recent event prior to the date of fatal injury, which of the following types of weapons was the victim carrying?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

a) **rope or wire** _

b) **club or bat** _

c) **knife, razor, box cutter, or other blade** _

d) **firearm** _ (specify.....)

e) **other** _ (specify.....)

Vw04. What, if any, actions did the school take in response to the victim's most recent incident of weapon carrying?

.....
.....
.....

V18. Was the victim carrying a weapon at the time of the fatal injury?

Do NOT read options

1=yes

2=no*

7=not applicable*

8=unknown*

9=refused to answer*

-

**If no, Go to Question #V21, page V6.*

V19. At the time of the fatal injury, which of the following types of weapon was this victim carrying?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

a) **rope or wire** _

b) **club or bat** _

c) **knife, razor, box cutter, or other blade** _

d) **firearm** _ (specify.....)

e) **other** _ (specify.....)

V20. Where did this victim obtain these weapons?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **from home** _ (specify weapon.....)
- b) **from friend or relative outside household** _ (specify weapon.....)
- c) **purchased for himself/herself** _ (specify weapon.....)
- d) **stolen** _ (specify weapon.....)
- e) **from the victim** (specify weapon.....)_
- f) **other** _ (specify weapon.....)

V21. What was the highest grade or year of school this victim completed?

Do NOT read options, code leading zero

- 00-12=last completed grades K-12
- 13=high school equivalency
- 14=some college or trade school
- 15=college graduate or more
- 16=never attended
- 66=other
(specify.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

V22. What was the victim's affiliation with the school associated with this death?

Do NOT read options, code leading zero

- 01=a student at this school
- 02=a student at another school
- 03=a teacher at this school*
- 04=administrator at this school*
- 05=other staff at this school*
- 06=security guard or police officer*
- 07=family member of a student*
- 08=resident of surrounding community*
- 09=not associated with the school or community*
- 10=unidentified victim*
- 66=other*
(specify.....)
- 77=not applicable*
- 88=unknown*
- 99=refused to answer*

--

**If the victim is NOT a student, Go to Question #V30, page V11..*

V23. How many years had the victim attended his or her school?

Do NOT read options; code leading zeros

00=less than one school year

01-12=number of years

13=more than 12 years

77=not applicable

88=unknown

99=refused to answer

--

There is no Question V24.

V25. How many times in the last year was the victim suspended or expelled from his or her school?

Do NOT read options

0=none, never suspended

1-5=actual number of times

6=more than five times

7=not applicable

8=unknown

9=refused to answer

-

There is no question V26.

V27. What extracurricular activities was the victim involved in?

To be coded later

.....
.....
.....
.....

Vr01. To the best of your knowledge, in the 12 months prior to this event was the victim reported to the principal's office for any of the following behaviors?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

{Vr01a} **disobeying authority figure**__

{Vr01b} **namecalling or teasing peers** __

{Vr01c} **physical fighting with peers** _

{Vr01d} **damaging another's personal property**_ _

{Vr01e} **stealing another's personal property** __

Vr01a. To the best of your knowledge, in the 12 months prior to this event was this individual victimized in any of the following ways?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Vr01a} called names by peers__
- {Vr01b} bullied by peers __
- {Vr01c} had personal property damaged or stolen _
- {Vr01d} physically threatened by peers __ _
- {Vr01e} physically assaulted by peers __

Vr02. To the best of your knowledge, did the victim experience any of the following events in the last 12 months?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Vr02a} family moved to a new home or apartment _
- {Vr02b} parents divorced_
- {Vr02c} family had a new baby _
- {Vr02d} anyone moved out of the house _

(specify.....)

{Vr02e} family member died (

specify.....)

{Vr02f} a close relative or friend died (specify.....)_

{Vr02g} family member became seriously ill, badly injured or was admitted to the hospital

(specify.....)

{Vr02h} a close relative or friend beaten or attacked _ (

specify.....)

{Vr02i} saw someone beaten, attacked or shot _ (

specify.....)

{Vr02j} changed where they went to school _

{Vr02k} romantic breakup _

Vr03a. At the time of the event, was this victim demonstrating symptoms, such as impulsivity, short attention span, and distractibility, consistent with an Attention Deficit or a Hyperactivity Disorder?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

Vr03. At the time of the event, was the victim medically diagnosed with an Attention Deficit or a Hyperactivity Disorder?

Do not read options

- 1=yes
- 2=no*
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

**If no, skip to Question Vr05, below.*

Vr04. Was the victim being treated in any of the following ways for this problem?

Read options

- 1= **medication alone**
- 2= **behavioral/environmental modification alone**
- 3= **both medication and behavioral/environmental modification**
- 4= **no treatment**
- 6= **other** (*specify*.....)
- 7= not applicable
- 8= unknown
- 9= refused to answer

—

Vr05. At the time of the event, did this victim have a diagnosed Learning Disability?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

Vm01. In the year prior to this event, did this victim receive school-sponsored psychological counseling services?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

Vm02. In the year prior to this event, was this victim ever treated for depression?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

Vm03a Did this victim have a documented family history of

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Vm03a} **alcoholism** _
- {Vm03b} **drug abuse** _
- {Vm03c} **child abuse/neglect** __
- {Vm03d} **intimate partner violence**_

**If yes to all of the above, then skip to Vm04, below.*

Vm03. To the best of your knowledge, did this victim have a suspected family history of

Read only those options not confirmed above, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Vm03a} **alcoholism** _
- {Vm03b} **drug abuse** _
- {Vm03c} **child abuse/neglect** __
- {Vm03d} **intimate partner violence**_

Vm04. In what subject area, if any, did this victim seem to excel?

Read options in bold only

- 00= did not excel in any area
- 01= **art**
- 02= **music**
- 03= **science**
- 04= **mathematics**
- 05= **social sciences**
- 06= **computer sciences**
- 07= **language arts**
- 08= **vocational/industrial arts**
- 66= **other** (*specify.....*)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

Vm05. In what subject areas, if any, did this victim seem to have particular difficulty?

Read options in bold only

- 00= did not have difficulty in any area
- 01= **art**
- 02= **music**
- 03= **science**
- 04= **mathematics**
- 05= **social sciences**
- 06= **computer sciences**
- 07= **language arts**
- 08= **vocational/industrial arts**
- 66= **other** (*specify.....*)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

There is no question Vm06 or Vm07

V30. Which of the following situations best describes this victim's death?

Read options; code leading zero

- 01= **single victim suicide***
- 02= **multiple victim suicide***
- 03= **single victim homicide; unknown number of offenders**
- 04= **single victim homicide; single offender**
- 05= **single victim homicide; multiple offenders**
- 06= **multiple victim homicide; unknown number of offenders**
- 07= **multiple victim homicide; single offender**
- 08= **multiple victim homicide; multiple offenders**
- 09= **combination murder/suicide**
- 10= **intention undetermined**
- 66= **other**
(*specify.....*)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

Vs01. Do you have any knowledge that this victim had, in the year prior to this event exhibited any of the following signs and symptoms of suicide?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

{Vs01a} **Thoughts/threats of suicide_**

{Vs01b} **Plans of suicide_**

{Vs01c} **Previous suicide attempts_**

**If no to all, skip to V31, below.*

Vs02. To whom was this suicidal behavior reported?

Do not read options

01=no one

02=parents

03=other family

04=peers

05=school staff

06=other medical/mental health professional

66=other (*specify*.....)

77=not applicable

88=unknown

99=refused to answer

--

Vs03. What, if any, actions were taken by the school in response to this suicidal behavior?

.....
.....
.....

Vm08. What was the perceived sexual orientation of this victim?

Do not read options

1=homosexual

2=heterosexual

3=bisexual

7=not applicable

8=unknown

9=refused to answer

-

V32. How well do you know the background of this victim?

Read options

1= **extensive knowledge of this victim**

2= **some knowledge of this victim**

3= **little knowledge of this victim**

4= **no knowledge of this victim**

—

V33. How many alleged offenders were responsible for the victim's death?

Do NOT read options (PROBE: alleged offender = legally charged as offender)

0=none, death was self-inflicted

1-5=actual number of offenders*

6=more than 5*

7=not applicable

8=unknown

9=refused to answer

—

**If there is more than one victim, complete a "Victim" section for each victim, starting with Question V01...Otherwise go to Question #Vi01.*

QUESTIONS about Alleged Offender

CaseID. Case ID Number

Case number is assigned by study coordinator.

X01. How many offenders were officially charged for this incident?

Write in actual number.

--

X01a. Offender Number

Number for this offender is assigned by the primary data collector.

-

There are no Questions #X02-X05.

X06. What was this offender's date of birth?

Record month/date/year, code leading zeros, code four-digit years

--/--/-----

X07. What was this offender's age in years at time of victim's death?

Do NOT read options, code leading zero

01-65=actual age in years

66=age 66 years and older

77=not applicable

88=unknown

99=refused to answer

--

X08. What was this offender's gender?

Do NOT read options

1=male

2=female

7=not applicable

8=unknown

9=refused to answer

--

X09. Was this victim of Latino or Hispanic origin?

Do NOT read options

1=yes

2=no

8=unknown

9=refused

—
X10. What was the victim's race?

Do NOT read Options

- 1=White
- 2=Black or African American
- 3=Asian
- 4=American Indian or Alaska Native
- 6= Native Hawaiian or other Pacific Islander
- 8=unknown
- 9=refused to answer

—

X11. Which of the following best describes this offender's family structure or living arrangements at the time of the victim's death?

Read options

- 01= **two-parent nuclear family**
- 02= **single parent household**
- 03= **lives with adult relative other than parent**
- 04= **lives independently**
- 05= **foster care**
- 06= **residential institution**
- 66= **other** (*specify:.....*)
- 77=not applicable
- 88=unknown
- 99=refused to answer

— —

There is no question X12

X13. Had this offender ever been charged with a crime before the victim's death?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

Xp01. Youth often affiliate with distinct peer groups. With which one of the following groups would you say the offender was most closely affiliated?

Read options

- 01= **Member of an identified street gang**
- 02= **Member of a tagging crew** (spray paint graffiti of groups logo or Atag@ around the neighborhood)
- 03= **Wannabes** (dress and act like gang members without actually belonging to a street gang)
- 04= **Druggies or Stoners**
- 05= **Hip-Hop**
- 06= **Gothic**
- 07= **Punkers**
- 08= **Skaters/Surfers**
- 09= **Rockers**
- 10= **Cowboys/girls**
- 11= **Brains**
- 12= **Jocks, Athletes**
- 13= **Preppies**
- 14= **Geeks**
- 15= **Band**
- 16= **Hackers**
- 17= **Bible study**
- 18= **Granolas**
- 19= **Loner**
- 20= **Not a loner but no particular group**
- 66= **other** (*specify.....*)
- 77= **not applicable**
- 88=unknown
- 99=refused to answer

--

Xp02. In the year prior to this event, was there a change in this offender's peer group?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

-

X15. Did this offender use alcohol or other drugs at least once a week at the time of the victim's death?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

X16. Was there evidence that this offender was intoxicated with alcohol or other drugs at the time of the victim's death?

Do NOT read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

X17. What was the relationship of this offender to the victim?

Read options; code written responses later

- 01= **relatives** (specify.....)
- 02= **romantic partner**
- 03= **close friend**
- 04= **casual acquaintances**
- 05= **strangers**
- 66= **other** (specify.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

— —

Xw01. During the year prior to this incident, had the offender ever been found carrying a weapon on school grounds or on the way to or from school?

Do NOT read options

- 1=yes
- 2=no*
- 7=not applicable*
- 8=unknown*
- 9=refused to answer*

—

If no, Go to Question #X18, pageO5.

Xw02. During the year prior to this incident, how many times had this offender been found carrying a weapon on school grounds or on the way to or from school?

Do NOT read options, code leading zeros

01-##=actual number of times the victim carried a weapon

77=not applicable

88=unknown

99=refused to answer

--

Xw03. For the most recent event prior to the date of fatal injury, was this offender carrying any of the following types of weapon?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

a) **rope or wire** _

b) **club or bat** _

c) **knife, razor, box cutter, or other blade** _

d) **firearm** _ (specify.....)

e) **other** _ (specify.....)

Xw04. What, if any, actions did the school take in response to the this offender's most recent incident of weapon carrying?

.....
.....
.....

X18. Was this offender carrying a weapon at the time of the fatal injury?

Do NOT read options

1=yes

2=no*

7=not applicable*

8=unknown*

9=refused to answer*

--

**Skip to Question #X21, page O6.*

X19. At the time of the fatal injury, which of the following types of weapon was this offender carrying?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

a) **rope or wire** _

b) **club or bat** _

c) **knife, razor, box cutter, or other blade** _

d) **firearm** _ (specify.....)

e) **other** _ (specify.....)

X20. Where did this offender obtain these weapons?

Read options, Coding instructions: 1=yes, 2=no, 7=not applicable, 8=unknown

- a) **from home** _ (specify weapon.....)
- b) **from friend or relative outside household** _ (specify weapon.....)
- c) **purchased for himself/herself** _ (specify weapon.....)
- d) **stolen** _ (specify weapon.....)
- e) **from the victim** (specify weapon.....)_
- f) **other** _ (specify weapon.....)

X21. What was the highest grade or year of school this offender completed?

Do NOT read options, code leading zero

- 00-12=last completed grades K-12
- 13=high school equivalency
- 14=some college or trade school
- 15=college graduate or more
- 16=never attended
- 66=other (specify.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

X22. What was this offender's affiliation with the school associated with the victim's death?

Do NOT read options, code leading zero

- 01=a student at this school
- 02=a student at another school
- 03=a teacher at this school*
- 04=administrator at this school*
- 05=other staff at this school*
- 06=security guard or police officer*
- 07=family member of a student*
- 08=resident of surrounding community*
- 09=not associated with the school or community*
- 10=unidentified offender*
- 66=other* (specify.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

**If this offender is NOT a student, Go to Question Xs01, page O11 .*

X23. For how many years has this offender attended his or her school?

Do NOT read options; code leading zeros

00=less than one school year

01-12=number of years

13=more than 12 years

77=not applicable

88=unknown

99=refused to answer

--

There is no Question X24.

X25. How many times was this offender suspended or expelled from his or her school?

Do NOT read options

0=none, never suspended or expelled

1-5=actual number of times

6=more than five times

7=not applicable

8=unknown

9=refused to answer

-

There is no Question X26.

X27. What extracurricular activities was this offender involved in at the time of the victim's death?

to be coded later; please note the sources.

.....
.....
.....
.....

Xr01. To the best of your knowledge, in the 12 months prior to this event was this offender reported to the office for any of the following behaviors?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

{Xr01a} **disobeying authority figure**__

{Xr01b} **name calling or teasing peers** _

{Xr01c} **physical fighting with peers** _

{Xr01d} **damaging another's personal property**_ _

{Xr01e} **stealing another's personal property** __

Xr01a. To the best of your knowledge, in the 12 months prior to this event was this offender victimized in any of the following ways?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Xr01a} called names by peers__
- {Xr01b} bullied by peers __
- {Xr01c} had personal property damaged or stolen _
- {Xr01d} physically threatened by peers __ _
- {Xr01e} physically assaulted by peers __

Xr02. To the best of your knowledge, did this offender experience any of the following events in the last 12 months?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Vr02a} family moved to a new home or apartment _
- {Vr02b} parents divorced_
- {Vr02c} family had a new baby _
- {Vr02d} anyone moved out of the house (specify.....)_
- {Vr02e} family member died (specify.....)_
- {Vr02f} a close relative or friend died (specify.....)_
- {Vr02g} family member became seriously ill, badly injured or was admitted to the hospital (specify)_
- {Vr02h} a close relative or friend beaten or attacked (specify)_
- {Vr02i} saw someone beaten, attacked or shot (specify)_
- {Vr02j} changed where they went to school _
- {Vr02k} romantic breakup _

Xr03a. At the time of the event, was this offender demonstrating symptoms, such as impulsivity, short attention span, and distractability, consistent with an Attention Deficit or a Hyperactivity Disorder? Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer
-

Xr03. At the time of the event, was this offender medically diagnosed with an Attention Deficit or a Hyperactivity Disorder?

Do not read options

- 1=yes
- 2=no*

7=not applicable*
8=unknown*
9=refused to answer*

—

**If no, skip to Question Xr05, below.*

Xr04. Were they being treated in any of the following ways for this problem?

Read options

1= **medication alone**
2= **behavioral/environmental modification alone**
3= **both medication and behavioral/environmental modification**
4= **no treatment**
7=not applicable
8=unknown
9=refused to answer

—

Xr05. At the time of the event, did this offender have a diagnosed Learning Disability?

Do not read options

1=yes
2=no
7=not applicable
8=unknown
9=refused to answer

—

Xm01. In the year prior to this event, did this offender receive school-sponsored psychological counseling services?

Do not read options

1=yes
2=no
7=not applicable
8=unknown
9=refused to answer

—

Xm02. In the year prior to this event, was this offender ever treated for depression?

Do not read options

1=yes
2=no
7=not applicable
8=unknown
9=refused to answer

-

Xm03a Did this offender have a documented family history of

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Xm03a} **alcoholism** _
- {Xm03b} **drug abuse** _
- {Xm03c} **child abuse/neglect** __
- {Xm03d} **intimate partner violence**_

**If yes to all of the above, then skip to Xm04, below*

Xm03. To the best of your knowledge, did this offender have a suspected family history of

Read only those options not confirmed above, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Xm03a} **alcoholism** _
- {Xm03b} **drug abuse** _
- {Xm03c} **child abuse/neglect** __
- {Xm03d} **intimate partner violence**_

Xm04. In what subject area, if any, did this offender seem to excel?

Read options in bold only

- 00= did not excel in any area
- 01= **art**
- 02= **music**
- 03= **science**
- 04= **mathematics**
- 05= **social sciences**
- 06= **computer sciences**
- 07= **language arts**
- 08= **vocational/industrial arts**
- 66= **other** (*specify*.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

Xm05. In what subject areas, if any, did this offender seem to have particular difficulty?

Read options in bold only

- 00= did not have difficulty in any area
- 01= **art**
- 02= **music**
- 03= **science**
- 04= **mathematics**
- 05= **social sciences**
- 06= **computer sciences**
- 07= **language arts**
- 08= **vocational/industrial arts**
- 66= **other** (*specify*.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

There is no question Xm06 or Xm07

Xs01. Do you have any knowledge that this offender had, in the year prior to this event exhibited any of the following signs and symptoms of suicide?

Read options, Coding instructions: 1=yes, 2=no, 8=unknown.

- {Xs01a} **Thoughts/threats of suicide***_
- {Xs01b} **Plans of suicide***_
- {Xs01c} **Previous suicide attempts***_

**If no to all, skip to Xm09*

Xs02. To whom was this suicidal behavior reported?

Do not read options

- 01=no one
- 02=parents
- 03=other family
- 04=peers
- 05=school staff
- 06=other medical/mental health professional
- 66=other (*specify*.....)
- 77=not applicable
- 88=unknown
- 99=refused to answer

--

Xs03. What, if any, actions were taken by the school in response to this suicidal behavior?
To be coded later

.....
.....
.....

Xm08. What was the perceived sexual orientation of this offender?

Do not read options

- 1=homosexual
- 2=heterosexual
- 3=bisexual
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

Xm09. Was there evidence that this offender was targeting a specific person or group?

Do not read options

- 1=yes
- 2=no
- 7=not applicable
- 8=unknown
- 9=refused to answer

—

There is no question X30.

X32. How well do you know the background of this offender?

Read options

- 1= **extensive knowledge of this offender**
- 2= **some knowledge of this offender**
- 3= **little knowledge of this offender**
- 4= **no knowledge of this offender**

—

X31. Was there another offender, in addition to the one we just discussed, involved in this event?

Do NOT read options

1=yes*

2=no

7=not applicable

8=unknown

9=refused to answer

—

*If there is a second alleged offender identified as Offender Y, complete a second "Offender" section, starting with Question X01.....otherwise, conclude the interview.

Attachment 6

**Federal Register Notice
Volume 70
Number 212
November 3, 2005**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-0604]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

School Associated Violent Death Surveillance System (0920-0604)-- Reinstatement without change--National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC) proposes to maintain a system for the surveillance of **school-associated** homicides and suicides. The system will rely on existing public records and interviews with law enforcement officials and **school** officials. The purpose of the system is to (1) estimate the rate of **school-associated** violent death in the United States and (2) identify common features of **school-associated** violent deaths. The system will contribute to the understanding of fatal violence **associated** with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Violence is the leading cause of death among young people, and increasingly recognized as an important public health and social issue. In 1998, over 3,500 **school** aged children (5 to 18 years old) in the United States died violent deaths due to suicide, homicide, and unintentional firearm injuries. The vast majority of these fatal injuries were not **school associated**. However, whenever a homicide or

suicide occurs in or around **school**, it becomes a matter of particularly intense public interest and concern. NCIPC conducted the first scientific study of **school-associated** violent deaths during the 1992-99 academic years to establish the true extent of this highly visible problem. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence **associated** with schools. Until NCIPC conducted the first nationwide investigation of violent deaths **associated** with schools, public health and education officials had to rely on limited local studies and estimated numbers to describe the extent of **school-associated** violent death.

The system will draw cases from the entire United States in attempting to capture all cases of **school-associated** violent deaths that have occurred. Investigators will review public records and published press reports concerning each **school-associated** violent death. For each identified case, investigators will also interview an investigating law enforcement official (defined as a police officer, police chief, or district attorney), and a **school** official (defined as a **school** principal, **school** superintendent, **school** counselor, **school** teacher, or **school** support staff) who are knowledgeable about the case in question. Researchers will request information on both the victim and alleged offender(s)--including demographic data, their academic and criminal records, and their relationship to one another. They will also collect data on the time and location of the death; the circumstances, motive, and method of the fatal injury; and the security and violence prevention activities in the **school** and community where the death occurred, before and after the fatal injury event. There are no costs to the respondents other than their time.

Estimate of Annualized Burden Table

Average burden/ response (in respondents	Total annual Respondents burden (in hours)	Number of respondents	Number of responses/ respondents
School Officials			35
1	60/60	35	
Policy Officials			35
1	60/60	35	
Total			70
70			70

Dated: October 28, 2005.
Betsey Dunaway,
Acting Reports Clearance Officer, Centers for Disease Control and
Prevention.
[FR Doc. 05-21913 Filed 11-2-05; 8:45 am]
BILLING CODE 4163-18-P

Attachment 7

CDC Approval for 308(d) protection

Proposed Changes:

1. Apply for extension of 308(d) protection (in process)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention (CDC)

Date

From

Subject

To

Memorandum

June 21, 2000

Director
Management Analysis and Services Office (Eli)

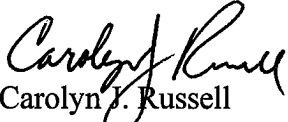
Authorization to Assure Confidentiality for "School-Associated Violent Deaths Study"

Stephen B. Thacker, M.D., M.Sc.
Director (Acting), National Center for Injury
Prevention and Control (K02)

This memo is to provide formal approval of your request to assure confidentiality under Section 3 08(d) of the Public Health Service (PHS) Act for the project "School-Associated Violent Deaths Study." The expiration date for this authority is June 30, 2005. Please use 42 USC 242(k), and 42 USC 242(m) as the legal references for information collection and protection.

If you have any questions, please contact Betsey Dunaway, CDC Confidentiality Officer, at (404) 639-2942.

cc:
Mark Anderson, NCIPC (K60)


Carolyn J. Russell

Attachment 8
CDC IRB Approval (Continuation)

DATE: 11/7/2006

FROM: IRB Administrator
Human Research Protection Office
Office of the Chief Science Officer, OD/CDC

SUBJECT: IRB Approval of Continuation of Protocol #2513, "School Associated Violent Deaths, United States" (Expedited)

TO: JEFFREY HALL [DZU4]
NCIPC

CDC's IRB B has reviewed and approved your request to continue protocol #2513 for the maximum allowable period of one year and it will expire on 11/9/2007. The protocol was reviewed in accordance with the expedited review process outlined in 45 CFR 46.110(b)(1), Categories 5 and 7.

If other institutions involved in this protocol are being awarded CDC funds through the CDC Procurement and Grants Office (PGO), you are required to send a copy of this IRB approval to the CDC PGO award specialist handling the award. You are also required to verify with the award specialist that the awardee has provided PGO with the required documentation and has approval to begin or continue research involving human subjects as described in this protocol.

As a reminder, the IRB must review and approve all human subjects research protocols at intervals appropriate to the degree of risk, but not less than once per year. There is no grace period beyond one year from the last IRB approval date. It is ultimately your responsibility to submit your research protocol for continuation review and approval by the IRB. Please keep this approval in your protocol file as proof of IRB approval and as a reminder of the expiration date. To avoid lapses in approval of your research and the possible suspension of subject enrollment and/or termination of the protocol, please submit your continuation request at least six weeks before the protocol's expiration date of 11/9/2007.

Any problems of a serious nature should be brought to the immediate attention of the IRB, and any proposed changes to the protocol should be submitted as an amendment to the protocol for IRB approval before they are implemented.

If you have any questions, please contact the Human Research Protection Office at (404)639 4721 or e-mail: huma@cdc.gov.

Connie Nakano

cc:
Natalie Gilles
Scott Damon
Rob Merritt

Attachment 9
Telephone Consent Script

Telephone Script for Obtaining Consent Prior to Interviewing a School or Law Enforcement Official:

Hello, my name is _____ and I'm with the Division of Violence Prevention at the Centers for Disease Control and Prevention in Atlanta, Georgia. We are working with the United States Department of Education and Justice, to complete a study that involves research of suicides and homicides that occur in and around schools. This is not a criminal investigation. The purpose of this study is to identify the common features of these events and to estimate the level of risk for violent death that occurs in or around schools.

The interview will take approximately 1 hour and your participation is voluntary. You are free to decline to be interviewed or to terminate the interview at any time. If you do so, there will be no loss to you or anyone you associate with. All of the data we collect will be safeguarded against disclosure by removing all personal identifiers, restricting access to the data, and storing the information in a secure area. Your identity will not be revealed in any published report of the study findings--nor will the identities of the victims, alleged offenders, their schools, nor their communities. You may decide that you are unable or unwilling to answer some of the questions asked of you. If so, you have the right refuse to answer any question or terminate the interview at any time you wish. In order to maintain confidentiality, it is important that you do not identify yourself, the school involved, or any other individuals involved in this event.

While there are no obvious risks for you in assisting us with this study, answering some of the questions may make you uneasy. But as we said, you can tell us if there are questions that you do not want to answer.

There will be no direct benefit for you, your family members or for the school if you agree to help us with this study. But assisting us with this study may tell us a lot about why murders and suicide happen in schools.

You should understand that there is no cost to you for helping us with this study. At the same time, you will not be paid for helping with this study.

All identifiable information that CDC gathers in this study will be kept confidential. This is assured under Section 308(d) of the Public Health Service Act (42 U.S.C. 242 m(d)). The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this study. It keeps their names and other facts that can identify them from anyone who is not on the study staff. We may only give out information provided for this

study if we receive written consent from those providing the information. Only CDC will have data that can identify you.

NOTE: Participants should have been given a copy of the formal 308(d) Assurance of Confidentiality Statement prior to the interview.

You should have received a copy of the formal 308(d) Assurance of Confidentiality Statement that summarizes this information. Did you receive a copy of this statement?

If they did not receive a copy, ask if they would like to be sent a copy prior to being interviewed.

Do you have any questions about it?

Do you understand this information?

The questions are grouped into four sections: in the first and second sections, you will be asked a series of questions about the school involved and about the event itself. You will then be asked questions about the victims involved. In the final section, you will be asked about any offenders that might have been involved. If you wish more information about the purpose of the study or particular questions, please ask the interviewer. Some of the questions might seem repetitive; we hope that you will understand the importance of getting complete information for each item. Your assistance is very important so that we can get accurate information about each incident.

Please **do not** consult official student records when answering these questions.

Do you have any questions before we start the interview?

If, at a later date, you have any questions about the study, contact Dr. Mark Anderson at 1-800-447-4784, extension 498-0821, and leave a message. We will return your call as soon as possible.

If you have questions about your rights in the study, contact Dr. Deborah Holtzman, head of CDC's Human Subject Office, at 1-800-584-8814 and leave a message. Your call will be returned as soon as possible.

With your permission I would like to begin the interview at this time. May we begin?

Thank You.

Attachment 10
Parental Consent Form

Consent for Release of School Information for Study of School-Associated Violent Deaths, United States.

Family Member's Name: _____

School's Name: _____

Introduction:

Many people are worried that more and more children and adults are being killed while they are studying or working at school. Doctors have learned a lot about why murders and suicides happen. But there is still much that we do not know. Through this study, we hope to learn more about why murders and suicide happen in schools. The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, and the Department of Education and the Department of Justice in Washington, DC are doing a study of murders and suicides that happen in schools. We will be collecting information on all school murders and suicides that have happened since July, 1999.

We are asking you to help in this study because someone in your family was involved in a murder or suicide that happened in a school. The project we are asking you to help us with is a research study. In this study, we are asking for your permission to let people from the school where the murder or suicide happened to talk to us about your family member.

Purpose of the Research:

In this study we want to find out how many murders and suicides happen in schools. We also want to try to find out if any of these events have things in common. If there are things that these events share, then we can try to come up with ways to prevent these murders and suicides from happening in the future.

Procedures:

If you agree to let the school talk to us about your family member, then someone from the school will be interviewed about the murder or suicide that involved your family member. We will ask someone from the school a number of questions about what happened. During this survey, we will also ask questions about the school and the people that were involved. If your family member was a student at the school, we will ask questions about your child's grades, activities, and whether they had any problems in school. We will also ask questions about whether your child had problems at home or problems with the police. Some of the questions may concern you. You may choose that you do not want some questions to be answered. If there are

things that you do not want us to ask, please tell us. This survey will take about 1 hour.

You are free to give us permission to talk to people from the school or not. If you do not give us permission, nothing bad will happen to you. You will not lose any health care services, school services, or other services that you should receive.

Risks or Discomforts:

Nothing bad will happen to you or your family if you let someone from the school where the murder or suicide happened, talk to us about your family member. As we said, some of the questions we ask are about family problems, school problems, and other problems your family member may have had. The answers to some of these questions may make you uneasy. But as we said, you can tell us if there are questions that you do not want us to ask

We understand that thinking about what happened to your family member may be hard for you. Thinking about these things may depress you, perhaps a great deal. If thinking about these things upsets you, you may need to see a doctor to help you cope.

Benefits:

There will be no direct benefit for you, your family members or for the school if you agree to help us with this study. But helping us do this study may tell us a lot about why murders and suicide happen in schools. If so, that could be good for you or someone you know in the future.

Confidentiality:

Because sensitive information will be collected on your family member, CDC applied for and received an "assurance of confidentiality " for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that CDC has that identifies you will be used only for this study and cannot be disclosed to anyone else unless those furnishing the information give their consent.

NOTE: Participants are to be given a copy of the formal 308(d) Assurance of Confidentiality Statement

To protect your privacy and your family member's privacy, we will keep all information under a code number instead of a name. We will keep the records in locked files and only study staff will be allowed to look at them. Names or any other facts that might point to you, your family member, your community, or the school will not appear when we allow other people to look at the results of the study.

If you agree to allow the school to release information about your family member, it will remain private. If you do not agree to allow the school to release information, it will be kept private too.

Cost/Payment:

There is no cost for helping us with this study. You will not be paid for helping with this study.

Right to Refuse or Withdraw:

As we said before, you are free to give us permission to talk to people from the school or not. If you do not give us permission, nothing bad will happen to you. You will not lose any health care services, school services, or other services that you should receive. If you decide to give us permission to talk to people from the school, you are also free to change your mind later for any reason. In that case too, you will not lose any health care services, school services, or other services that you should receive.

Persons to Contact:

If you have any questions about how the study works, contact Dr. Mark Anderson, the chief study person, at 1-800-447-4784, extension 498-0821, and leave a message. We will return your call as soon as possible.

If you have questions about your rights in the study, contact Dr. Deborah Holtzman, head of CDC’s Human Subject Office, at 1-800-584-8814 and leave a message. Your call will be returned as soon as possible.

Your Consent:

I have read this consent form. I have had my questions answered so that all parts of the study are clear to me now. I have received a copy of this consent form. I agree to let people from the school where my family member studied or worked talk to people working on the study about my family member.

I give consent for the school where my family member studied or worked to talk about the information the school has on my family member.

(Parent or Legal Guardian)

(Date)

I **DO NOT** give consent for the school where my family member studied or worked to talk about the information the school has on my family member.

(Parent or Legal Guardian)

(Date)