



Universiteit Leiden

DRUG-RELATED HOMICIDE IN EUROPE

Part 2: A proposal for DRH monitoring

Roel de Bont and Marieke Liem

ISGA Report

EMCDDA contract code: CC.16.SAT.0136.1.0

DRUG-RELATED HOMICIDE IN EUROPE

Part 2: A proposal for DRH monitoring

September 2017

Roel de Bont
Marieke Liem

Institute of Security and Global Affairs (ISGA)
Leiden University

Table of contents

- 1. Introduction4**
 - The issue of drug-related homicide4
 - Data sources on drug-related homicide.....4
- 2. Towards EU-level monitoring: Approaches6**
 - Obstacles6
 - Approaches to EU-level monitoring of DRH6
 - Recommendation.....7
- 3. The European Homicide Monitor8**
 - Introducing the EHM.....8
 - Method.....8
 - Further development of the EHM8
- 4. DRH variables.....11**
 - Current drug variables in the EHM..... 11
 - Additional DRH variables..... 11
- 5. Moving forward.....13**
 - Pilot project 13
 - The first step 14
- References.....15**
- Appendix: List of current EHM variables16**

1. Introduction

The issue of drug-related homicide

Drugs and drug markets can act as cross-cutting facilitators for all types of violence (EMCDDA & EUROPOL, 2016; UNODC 2014:71). This includes homicide, which is generally considered as one of the most serious type of crime with high costs on society (Smit et al., 2012:5). Homicide is internationally well recorded (Eisner, 2008) and one of the crimes most commonly studied by criminologists (Scherr & Langlade, 2014). As the dark figure of homicide is relatively low as compared to other violent crimes, homicide is oftentimes used as an indicator for violent crime in general. In a similar vein, drug-related homicide (DRH) has the potential to act as a valuable indicator or proxy of wider drug-related violent crime. Monitoring DRH is thus not only relevant to address in light of the importance of the issue for policy makers, but also given the need for a broader understanding of the ramifications of the drug market. Yet, in the category of drug-related crime, the phenomenon of DRH appears to be an important gap in terms of available data and knowledge. It is therefore important to further develop DRH data collection. Against this backdrop, part 1 of this project provided a comprehensive overview of available data sources and data on DRH in Europe. This first report adopted Goldstein's (1985) tripartite framework to classify these findings. Goldstein (1985) distinguishes three (non-mutual exclusive) mechanisms to address the drugs-violence nexus: psychopharmacological violence, economic-compulsive violence, and systemic violence. In short, psychopharmacological violence is violence committed while under the influence of drugs. Economic-compulsive violence is economically oriented violent crime in order to support costly drug use (ibid:496). Finally, systemic violence refers to violent crime as a product of the structure (i.e. traditionally aggressive patterns of interaction) of drug markets. Based on the findings of part 1, this second report will outline a proposal for long-term EU-level monitoring of DRH.

Data sources on drug-related homicide

As shown by the research report, homicide offences are either approached through a public health lens – and hence, included in cause-of-death statistics – or through a criminal justice lens – and consequently included in crime and justice statistics. Cause-of-death statistics are based on death certificates and are coded in accordance with the International Classification of Diseases (ICD-10), which is the international standard for reporting diseases and health conditions. The ICD contains a category on 'external causes of death', which includes multiple codes (X85 to Y09) that represent a specific cause of death by homicide. This type of homicide data is prepared by all of the studied countries (the 28 countries of the EU, as well as Norway and Turkey), although the granularity of data which is published differs between countries. Most countries publish a single figure on a category 'death by homicide', whereas others only present data on the broader category of 'external causes of death'. Nonetheless, more specific information can usually be obtained through a query. However, the research report pointed out that these cause-of-death statistics do not contain any drug-related homicide data (as defined for the purpose of this study).

Crime and justice statistics stem from primary sources such as police and court files, and usually cover a broad array of offenses. All of the studied countries prepare these more general crime and justice overviews that contain data on homicide. In addition, several countries also publish more extensive reports or statistics specifically on homicide. These tend to address key homicide features and circumstances and are more comprehensive than the 'normal' crime and justice statistics. In both cases, the homicide offenses tend to be phrased in the country's specific legal terms or penal codes. In the case of homicide, these are oftentimes the countries' equivalents of murder and manslaughter. Other homicide offenses can include infanticide, killing on request, aggravated murder and in some cases euthanasia, abortion, dangerous driving leading to death. Periodical statistics on the relation between these crimes and drugs are only published by a limited number of countries. This is the case

for Finland, Germany, Norway, England and Wales (combined), Scotland, and Slovakia.¹ This is not to say that other countries do not collect drug-related homicide data. In some countries, such as Italy, data on DRH might be documented in police files yet not processed into statistics or disclosed for research purposes. In other countries, statistics on drug-related homicide are prepared but simply not published. For instance, published Czech crime statistics do not contain data on drug-related homicide, yet statistics on the number of homicides committed under the influence of drugs can be obtained upon request.

In addition to the publicly available data sources on homicide discussed above, the research report identified several countries in which a (semi-)closed homicide monitoring system is in place. These systems cover a variety of key homicide features and circumstances and, in some countries, provide the data for the above mentioned homicide specific reports. Identified homicide monitoring systems are the Dutch Homicide Monitor, the Homicide Index in England and Wales, the EURES homicide database in Italy, the database on lethal violence in Sweden by the National Council for Crime Prevention (Brå), the Finnish Homicide Monitor, the Kripos monitor in Norway, the Scottish Homicide Monitor, and two homicide databases (one from a health and one from a criminal perspective) in Denmark. All these systems collect some type of drug-related homicide data. This data stems from primary sources, such as (dependent on the specific monitor) police reports, court files, autopsy reports and/or forensic psychiatric evaluations.

Finally, autopsy reports and (to a lesser extent) police reports have also been analysed for several studies to contribute to the body of research literature on homicide. Although homicide did not spark scholarly interest in most of the studied countries and most of the homicide research literature does not address the issue of drug-related homicide, the research report identified several studies which provided some additional insights into DRH based on these sources. This usually however did not entail ongoing data collection or monitoring.

In sum, within the 30 studied countries, drug-related homicide statistics are only systematically prepared in the Czech Republic, Denmark, Finland, Germany, the Netherlands, Norway, Slovakia, Sweden, and the United Kingdom (England, Wales, and Scotland only). Given this scarcity of drug-related homicide data on the national level, it is not surprising that there is no EU-wide monitoring system that systematically collects data on the relationship between drugs and homicide. Most international homicide sources draw data from the national statistical authorities that prepare the above discussed national cause-of-death and crime and justice statistics. As these oftentimes do not contain any DRH data, neither do the international sources (e.g. WHO, EUROSTAT, UNODC, etc.) that rely on these statistics. The two exceptions are the Balkan Homicide Study and the European Homicide Monitor (EHM), which both draw from primary sources such as police and court files. With the former currently in development, the EHM is currently the only international data source that collects data on drug-related homicide.

¹ This data can be found in respectively Statistics Finland's interactive web database, the Federal Criminal Police Office's *Polizeiliche Kriminalstatistik* reports (only in the German version), the Norwegian police's annual homicide overviews (*drapoversikten*, only in Norwegian), the 'Focus on violent crimes and sexual offences' reports published by the Office for National Statistics (for England and Wales), the 'Homicide in Scotland' reports annually published by the Scottish government, and the police statistics annually published by the Slovak Ministry of Interior (only in Slovak).

2. Towards EU-level monitoring: Approaches

Obstacles

The DRH data stemming from the above identified data sources that contain data on this relationship shows several obstacles in terms of monitoring. First, there is a clear impediment in terms of missing data on drug-related homicide. Only a limited number of countries prepare data on DRH. In addition, most countries that do collect data on this relationship only do so on one type of drug-related homicide; psychopharmacological homicides. Data on economic-compulsive homicides and systemic homicides are especially scarce. Second, even when different countries collect data on the same type of DRH, several additional obstacles in terms of comparability come to light. At times, countries differ in the level of analysis of their statistics. For instance, some countries prepare data on homicides committed under the influence of drugs (i.e. a focus on the homicide event), while other countries prepare data on the number of homicide offenders who committed the homicide while intoxicated (i.e. a focus on the offender). In other cases, countries do focus on the same unit of analysis yet adopt different counting units. For instance, Dutch data on the offender-victim relationship contains data on the number of cases in which a customer killed his drug dealer and the number of cases in which a drug dealer killed his customer. Data on England and Wales on this relationship provides insight on the number of cases in which either a drug user was killed by a drug user, or a drug dealer was killed by a drug dealer.

Approaches to EU-level monitoring of DRH

Monitoring drug-related homicide on the EU-level thus requires defining and operationalising the concept of drug-related homicide. This entails bringing about clarity on what is (and what is not) considered a drug-related homicide, how drug-related homicide should be measured, and what type of DRH data should be prepared to ensure cross-national comparable data. The latter refers to specific variables, units of analysis, and counting units. This might require a data processing and coding manual. Countries should then prepare this data to subsequently send to a coordinating body for international monitoring. Based on the outline above, there are three options in terms of a general strategy towards an EU-level monitoring system:

1. A first possible approach is to build a new EU-wide monitoring system for DRH. This is the most time and labour intensive process, as it requires building a monitoring structure from the ground up. Countries are stimulated to prepare DRH data based on a set of requirements, which will be collected and processed by the EMCDDA as the coordinating body.
2. A second approach is to collect and monitor metadata on drug-related homicide. This would entail monitoring DRH by collecting (meta/aggregated) data from the DRH data sources as identified in the research report (and stimulating other countries to start preparing similar data). Such a system will not contain individual level data.
3. A third approach is to expand an already existing and validated international homicide monitoring system by implementing additional drug-related variables. In this regard, the only current validated available international homicide monitoring system is the European Homicide Monitor. This monitor fills a long-existing lacuna when it comes to the comparability of homicides between European countries.

Each of these different approaches brings about its own advantages and disadvantages (see Table 1).

Table 1: Pros and cons of the different approaches

Approach	Pros	Cons
Approach 1 (self-build)	<i>Keep matters in own hand: the exact approach (variables, operationalization, etc.) can be determined by the EMCDDA.</i>	<i>Building a new monitoring system is time consuming and costly (most time consuming approach).</i>
Approach 2 (metadata)	<i>Relies on existing data and thus saves time and resources (least time consuming approach).</i>	<i>Comparability issues: Data prepared by countries is, as shown by the research report, oftentimes heterogeneous.</i>
Approach 3 (EHM)	<i>No need to self-build a monitoring system (saves time and resources). High quality data generated for research purposes.</i>	<i>Still a time consuming process. Also, only a limited number of countries has currently been fully implemented in the EHM.</i>

Recommendation

Considering the groundwork laid by the EHM in terms of internationally monitoring homicide, as well as the responsible consortium's ambition and activities to further expand the EHM, it seems most worthwhile to opt for approach three. Although still time consuming, by cooperating with the EHM to incorporate the different types of drug-related homicide into the EHM framework and structure, resources can be saved while the resulting data is expected to be of high quality and useful for both monitoring and research purposes. As such, approach three is considered the fastest viable approach in terms of data quality and data comparability. Furthermore, adding new variables to the EHM initial core framework has already proven feasible. Since the EHM's inception, several variables have been added for the purpose of national research into homicide subtypes. In a similar vein, variables can be added for international research or monitoring. Given that the EHM contains individual level data, this also allows to study the drug-related homicide variables in conjunction with other variables from the framework (e.g. allowing to study the gender of those involved in drug-related homicides, the modus operandi in drug-related homicides, etc.).

The next sections will further expand on the EHM, thereby especially focussing on its development, framework, current drug-related variables, and will make propositions for new drug-related variables to add.

3. The European Homicide Monitor

Introducing the EHM

The European Homicide Monitor was created to overcome limitations in comparing homicide data between countries. Countries can, inter alia, differ in terms of homicide definitions, homicide data sources (fragmented data), and the specific type of statistics produced (e.g. different units of analyses) (e.g. Smit et al., 2012). To address these issues, a consortium of three European countries constructed a joint homicide database entitled the European Homicide Monitor (EHM). This database was created as part of a pilot study on the epidemiology of homicides in Finland, the Netherlands and Sweden. The pilot study combined the data from the respective national homicide databases (i.e. the above mentioned Finnish Homicide Monitoring System, the Dutch Homicide Monitor, and the Swedish Brå homicide database) between 2003 and 2006.

Method

During the early stages of the project, the national homicide databases from the three pilot countries were compared with regards to variables and variable values. The common variables were subsequently chosen to form the EHM framework. In many cases, the variables or variable values requires recoding to create comparable categories of data. After the recoding and merging process, several quality control strategies were used to check for logical inconsistencies in the data. First, the frequencies on each variable were split up for the individual countries and compared with the same frequencies in the national data sets. This served to check if the merger process resulted in alterations or loss of data. Secondly, all frequencies on all variables were displayed country-wise to check for (1) 'strange' values, (2) country-unique values (e.g. geographic codes) appearing in the 'wrong' country, or (3) other kinds of unreasonable results for any variable (e.g. a non-match with the predefined variable categories). Third, values that should be unique for each case (e.g. serial numbers and case numbers) were aggregated to verify that every value indeed appears only once. When these control strategies resulted in detecting an error in the data, it was corrected or the data were remerged (Liem et al., 2013:78).

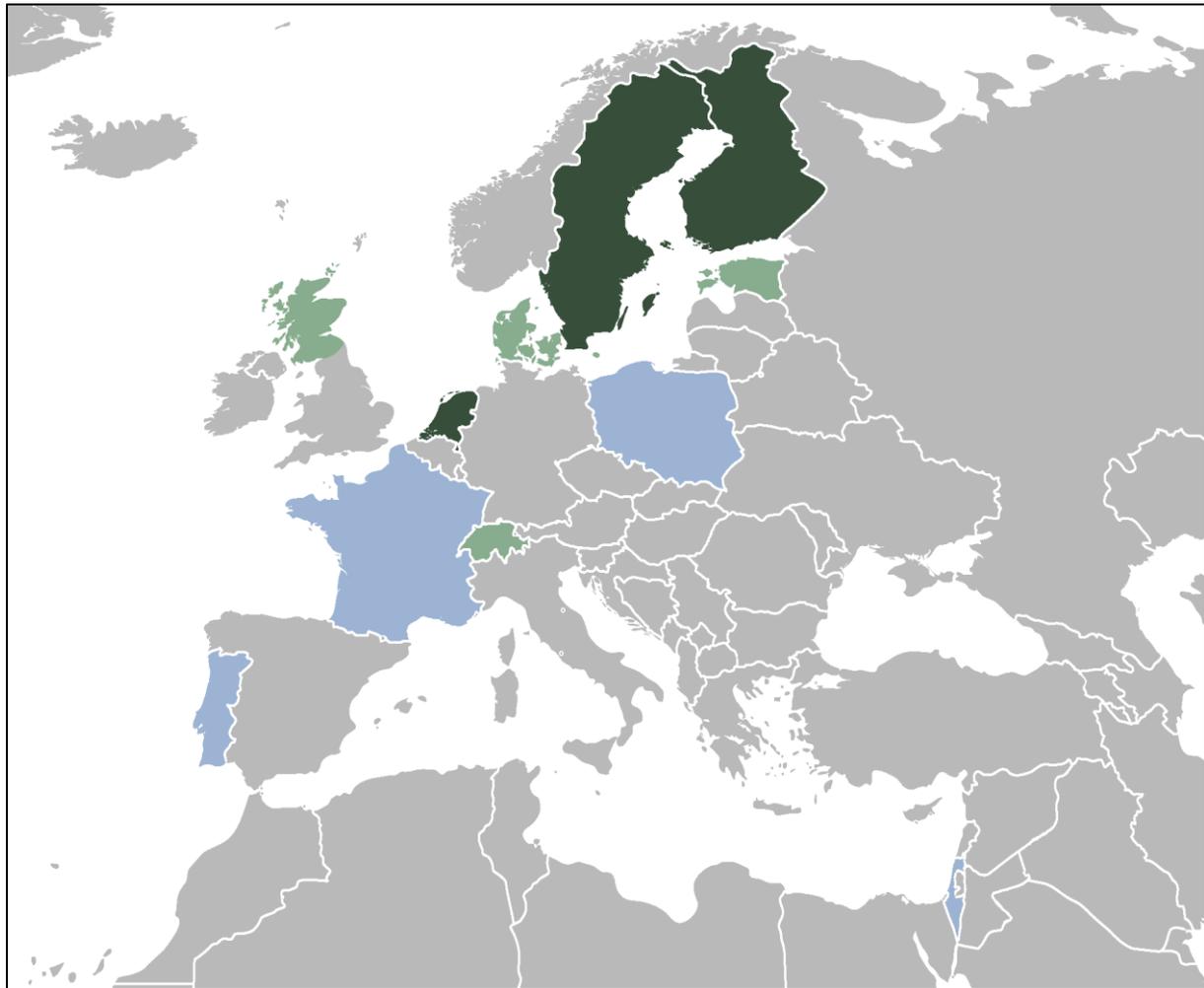
Based on this process, the EHM collects data on 85 variables related to homicide – which is defined as 'an intentional criminal act of violence by one or more human beings resulting in the death of one or more other human beings' (Liem et al., 2013:79). These variables include characteristics of the incident (the homicidal act), the victim, and the perpetrator. Homicide incident characteristics include the homicide location, the modus operandi (determined by the cause of death of the victim) and the type of homicide (reflecting a combination of the relationship between victim and offender and the motive). Homicide victim and offender characteristics include gender, age, ethnicity (defined by country of birth of the individual as well as the individual's parents) and alcohol and drug use and dependence (for an overview of all 85 variables, see appendix A).

Further development of the EHM

The instrument has been actively promoted at international conferences, including the Stockholm Criminology Symposium and the UNODC International Conference on Governance, Crime and Justice Statistics. Members from various platforms, such as the European Society of Criminology (ESC), are invited to join the European Homicide Research Group and to explore the possibilities of the European Homicide Monitor. Consequently, although the currently available EHM data is limited to the three pilot countries within the 2003-2006 timeframe (see Granath et al., 2011; Liem et al., 2013), behind the scenes the database has been growing substantially since its inception. This applies to both its geographical scope and the years on which data is collected. In addition to Finland, the Netherlands and Sweden, also Denmark, Estonia, Scotland, and Switzerland are currently collecting EHM-compatible national data. Furthermore, France, Israel, Poland, and

Portugal are planning or preparing to collect (potentially) compatible data for the EHM (Liem et al., forthcoming) (see Figure 1).

Figure 1: The current geographical scope of the EHM



Dark green: EHM fully implemented (n.d.).
Light green: Providing EHM compatible homicide data
Light blue: Providing potentially EHM compatible homicide data

Original map template by: Wikimedia Commons

Now that the European Homicide Monitor is growing to include data from a larger number of countries as well as data from a longer series of years, the development in homicide rates can be monitored and disaggregated to constituent parts (Liem et al., forthcoming). This creates new possibilities for future research. The EHM network is also exploring new directions to further develop the EHM. At some point in the future, there may be a need to a ‘stock taking’ regarding the information content of the EHM variables. In particular, there is reason to probe the possibility of monitoring political, ideological or religious dimensions in homicide motives. While such incidents might be rare, one of the purposes of large datasets should also be to enable the analysis of rare incidents (as in of instance the Global Terrorism Database, GTD). Furthermore, a recent development in the EHM network is the emerging idea of ‘historical penetration’; to also apply the EHM coding retrospectively to historical materials. This could open up new options for the analysis of such historical materials in homicide research (ibid). Given these traits and ambitions, the EHM network is working towards creating a pivotal data infrastructure of European criminology and social science research in general.

4. DRH variables

Current drug variables in the EHM

In its current form, there are three drug-related variables present in the EHM's data set (see Table 2). Of these three variables, the indication whether or not the offender and/or victim had taken any drugs at the time of the crime directly relates to Goldstein's mechanism of psychopharmacological violence (Goldstein, 1985). The second drug-related variable – whether the individual is known to be a drug addict – does not directly constitute any of Goldstein's types of drug-related violence. Still, it might serve as an indicator that the homicide was drug-related.

Table 2: Drug variables in the EHM

Variable name	Explanation	Level	Coding
DRUG	Had the individual taken drugs at the time of the crime?	Victim/offender	0 = No, nothing in the case indicates this; 1 = Yes, some indications exist; 2 = Yes, there are sure indications; 999 = Unknown
DRUGADD	Individual drug dependent (a drug addict)	Victim/offender	0 = No, nothing in the case indicates this; 1 = Yes, some indications exist; 2 = Yes, there are sure indications; 999 = Unknown
PREDRUG	Offender previously convicted for drug crime	Offender	0 = No; 1 = Yes; 999 = Unknown

Furthermore, there is an additional variable on the type of homicide which includes – among others – cases of systemic and economic-compulsive violence. However, given the granularity of this data, specific information on these two types of drug-related homicide cannot be extracted from this variable, as the two are part of respectively the broader 'criminal milieu' and 'robbery killing' categories (see Table 3).

Table 3: Types of homicide

Variable name	Explanation	Level	Coding
TYPEHOM	How can the homicide be described in reference to relationship, motive and situation between the perpetrator and the victim	Incident	1 = Partner killing; 2 = Child killing within family; 3 = Infanticide 4 = Other familial killing; 5 = Criminal milieu (rip deals, narcotics affairs etc.); 6 = Robbery killing; commercial; business (shop, bank, taxi etc.); 7 = Robbery killing; private home; 8 = Robbery killing; street robbery; (civilian victim); 9 = Nightlife violence; 10 = Killing by mentally disturbed; person (Non-family); 11 = Other in non-criminal milieu; 12 = Killing by children, not family-related; 13 = Child killed by adult, not family-related; 14 = Sexual; 15 = Other 999 = Unknown

As can be derived from the above and the research report, the current EHM framework does not cover the full spectrum of Goldstein's tripartite framework. By adding additional variables and further developing the EHM, this lacuna can be filled.

Additional DRH variables

To further include drug-related homicide in data collection, several additional variables on the individual and incident level should be formulated. On the more general level, this should include an overview of the three typologies coined by Goldstein (Table 4).

Table 4: General drug-related variables

Variable name	Explanation	Level	Coding
HOMDRUG	Was the homicide drug-related?	Incident	0 = No; 1 = Yes: psychopharmacological; 2 = Yes: economic-compulsive; 3 = Yes: systemic; 999 = Unknown [Note: 1, 2 and 3 are not mutually exclusive]

For each of these three mechanisms of drug-related violence, additional variables could be formulated to increase our understanding of DRH. In terms of psychopharmacological homicide, perhaps the most important variable (i.e. whether the involved parties had taken drugs at the time of the crime) is already part of the EHM framework. Additional relevant insights can be gained by focusing on the type of drugs used, the amount of drug used, and the legality of that drugs (Table 5).

Table 5: Variables related to psychopharmacological homicide

Variable name	Explanation	Level	Coding
DRUGTYPE	What type of drug had the individual taken at the time of the crime?	Victim/offender	0 = Cannabis; 1 = Cocaine; 2 = Opiates; Ecstasy; 3 = Amphetamine; 4 = GHB; 5 = Sedatives and tranquilizers; 6 = Other; 999 = Unknown
HOMDOS	What amount of drug had the individual taken?	Victim/offender	0 = Less than one dose; 1 = One dose; 2 = Two doses; 3 = Three doses; 4 = Four doses; 5 = Five doses; 6 = More than five doses; 999 = Unknown
DRUGLEG	Did the individual take legal or illegal drugs at the time of the crime?	Victim/offender	0 = Legal; 1 = Illegal/Illicit; 999 = Unknown

Whether a homicide constituted a robbery killing can be derived from the TYPEHOM variable (Table 3). In order to determine whether cases of robbery killings constitute economic-compulsive violence, it should be determined what the perpetrator (intended to) steal. Additional relevant information can be gathered when collecting data on the type of drugs the perpetrator obtained or tried to obtain by committing the homicide. This allows to collect empirical data on the notion that economic-compulsive violence especially seems to occur in cases of addiction to more expensive drugs typified by compulsive patterns of use, such as cocaine and heroin (Bennet et al., 2008; Goldstein, 1985).

Table 6: Variables related to economic-compulsive homicide

Variable name	Explanation	Level	Coding
ROBKILLTYPE	If a robbery killing: What did the perpetrator (intended to) steal?	Incident	0 = Money (to buy drugs) ; 1 = Money (other purpose or purpose unknown); 2 = Goods (to exchange/sell for drugs) ; 3 = Goods (other purpose or purpose unknown); 4 = Drugs (to foresee in one's costly drug use) ; 5 = Other; 999 = Unknown [Note: Bold = economic-compulsive violence]
ECOCOMDRUG	If economic-compulsive: What did the perpetrator (intended to) obtain?	Incident	0 = Cannabis; 1 = Cocaine; 2 = Opiates; Ecstasy; 3 = Amphetamine; 4 = GHB; 5 = Sedatives and tranquilizers; 6 = Other drugs; 7 = Money (to buy drugs); 8 = Goods (to exchange/sell for drugs); 999 = Unknown

Finally, systemic violence occurs within the broader criminal milieu. The number of homicides related to the criminal milieu can be derived from the TYPEHOM variable. To increase the granularity of the available data, more in-depth information should be collected on these homicides. This allows for the distinction between which homicides are cases of systemic violence and which are not. Finally, it is interesting to zero-in on the victim-offender relationship. In itself, this does not necessarily provide the insights to clearly determine whether a homicide is a case of systemic violence or not (e.g. a drug user killing another drug user might or might not be systemic violence), although some cases (e.g. a drug dealer killing another drug dealer) are likely to be the result of aggressive patterns of interaction within drug markets (and hence systemic violence). Therefore, the variable has the potential to serve as an indicator for systemic violence. Furthermore, when viewed in conjunction to the above discussed variable (CRIMMILTYPE), it can serve to identify the relationship between the victim and perpetrator in cases flagged as systemic homicide.

Table 7: Variables related to systemic homicide

Variable name	Explanation	Level	Coding
CRIMMILTYPE	If occurred in the criminal milieu: How	Incident	0 = Rip deal (not drug-related); 1 = Rip deal (drug-related) ; 2 = Turf war (not drug-related or unknown); 3 = Turf war (drug-

	can the homicide be described?		<i>related</i>); 4 = Retaliation/vengeance (not drug-related or unknown); 5 = Retaliation/vengeance (drug-related) ; 6 = Other feud (not drug-related or unknown); 7= Other feud (drug-related) ; 999 = Unknown [Note: Bold = systemic violence]
VICOFFREL ²	The victim is the ... of the offender	Victim	0 = Parent; 1 = Child, 2 = Brother/sister; 3 = (Ex-)husband/wife; 4 = Other family; 5 = Lover; 6 = Friend or acquaintance; 7 = Employer, employee or colleague; 8 = Neighbor; 9 = Drug customer ; 10 = Drug dealer ; 11 = Fellow drug user ; 12 = Fellow drug dealer ; 13 = Customer (no drugs); 14 = Patient; 15 = Doctor or other medical profession; 16 = Roommate (not family); 17 = Tenant or landlord; 18 = Student; 19 = Teacher; 20 = Other (drug-related) ; 21 Other (not drug-related); 999 = Unknown [Note: Bold = (potential indicator for) systemic violence]

5. Moving forward

Pilot project

Given the above-described obstacles and shortcomings of available DRH data, as well as the potential of existing monitoring systems, it is recommended to explore the possibilities of including DRH variables into the already existing EHM framework and to establish the reliability of the resulting DRH data. For this purpose, it is suggested to launch a pilot project. Table 8 serves as a suggestion on how to shape this pilot.

Table 8: Suggestion for a pilot study

Component	Description
Overall aim	<i>To include specific drug-related homicide variables into the EHM framework and to allow for the monitoring of all three types of DRH (Goldstein's tripartite framework, 1985).</i>
Tasks	<i>(1) To collect data on already existing and new, to-be-included DRH variables, (2) to process/merge this data, (3) to conduct quality checks, and (4) to provide a report with the study's findings (including the amount of DRH data, comparability, and reliability).</i>
Focus (year)	<i>2015</i>
Focus (countries)	<i>The current EHM compatible countries (i.e. Denmark, Estonia, Finland, the Netherlands, Sweden, Switzerland). Possibly also including Scotland.</i>
Pilot duration	<i>18 months.</i>

Rationale

For a pilot project to be successful, it is recommended to focus on one recent year for analysis. Since many homicide cases taking place in 2016 (including drug-related homicide cases) are still unsolved, or still in process due to which no (criminal justice and autopsy) information can be shared, it is recommended to focus on the year 2015 for each of the participating countries. Regarding the latter, it is recommended to focus on the current EHM compatible countries. This allows to not only study DRH based on the new variables, but also to study DRH in conjunction with already existing variables. Furthermore, as these countries are already engaged in preparing data according to EHM standards and definitions, preparing comparable DRH data will likely be less time consuming than in the case of non-EHM compatible countries. Nonetheless, working towards high quality comparable DRH data for the EHM compatible countries is still a timely effort. Given the amount of time needed to prepare and process the DRH data of the participating countries, as well as to conduct proper quality checks, we recommend a pilot duration of 18 months. If successful (i.e. the DRH is

² Based on the victim-offender variable by Smit and Nieuwbeerta (2007).

successfully prepared and considered reliable), follow-up projects could be conducted to broaden the geographical scope and to increase the number of years for which data is collected.

The first step

To initiate this collaborative effort, it is recommended that a start (lunch-to-lunch) meeting will be arranged between representatives of the EMCDDA and the EHM consortium consisting of initiators Liem, Kivivuori and Granath (for example, in Fall 2017 at Leiden University, the Netherlands), to further discuss the pilot outline presented above, as well as other ideas to monitor DRH in Europe.

References

- EMCDDA & EUROPOL (2016). 'EU drug markets report: In-depth analysis', <http://www.emcdda.europa.eu/system/files/publications/2373/TD0216072ENN.PDF> (Information was retrieved: 06/02/2017).
- Goldstein, P.J. (1985). 'The drugs/violence nexus: A tripartite conceptual framework', *Journal of Drug Issues*, Vol. 15(4): 493–506.
- Granath, S., Ganpat, S.M., Hagstedt, J., Kivivuori, J., Lehti, M., Liem, M. & Nieuwbeerta, P. (2011). 'Homicide in Finland, the Netherlands and Sweden: A first study on the European Homicide Monitor data'. Stockholm: Brå/The Swedish National Council for Crime Prevention.
- Liem, M., Ganpat, S., Granath, S., Hagstedt, J., Kivivuori, J., Lehti, M. & Nieuwbeerta, P. (2013). 'Homicide in Finland, the Netherlands, and Sweden: First findings from the European Homicide Monitor', *Homicide Studies*, Vol. 17(1): 75–95.
- Liem, M., Kivivuori, J., Lehti, M., Granath, S. & Schönberger, H. (forthcoming). 'Intimate partner homicide in Europe: Findings from the European Homicide Monitor'.
- Scherr, M. & Langlade, A. (2014). 'Characteristics of homicides committed in Paris and the inner suburbs: According to the census drawn up by CORAIL between 2007 and 2013', *Grand Angle*, Vol. 35.
- Smit, P., De Jong, R. & Bijleveld, C. (2012) 'Homicide data in Europe: Definitions, sources and statistics', In: Liem, M. & Pridemore, W. (eds.), *Handbook of European Homicide Research*. New York: Springer.
- Smit, P. & Nieuwbeerta, P. (2007). 'Moord en doodslag in Nederland: 1998 en 2002-2004', *Cahier*, 2007-15.
- UNODC (2014). 'Global study on homicide 2013: Trends, contexts, data', https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf (Information was retrieved: 08/02/2017).
- Wikimedia Commons (n.d.). Blank map [image], <https://upload.wikimedia.org/wikipedia/commons/5/5a/BlankMap-Europe-v4.png> (image was retrieved: 10/07/2017).

Appendix: List of current EHM variables

Table 9: List of core EHM variables

Nr.	Name	Level/Unit of analysis	Definition
1	SERNR	Victim/offender	Serial number
2	CASENR	Incident	Case number
3	COUNTR	Incident	Country that submitted the data
4	NRVIC	Incident	Number of victims per incident
5	NRPERP	Incident	Number of offenders per incident
6	CRIME	Incident	Legal type of homicide
7	SOLVED	Incident	Homicide cleared or exceptionally cleared
8	YEARREP	Incident	Year the homicide was reported
9	YEARCOM	Incident	Year the homicide was committed
10	MONTH	Incident	Month the homicide was committed
11	WDAY	Incident	Day the homicide was committed
12	PUBHOL	Incident	Homicide committed during a public holiday
13	TIME	Incident	Time of the day the homicide was committed
14	TIMEDISC	Incident	Number of days between homicide and discovery
15	TIMDEATH	Victim	Number of hours between homicide and death
16	VICDECEASED	Victim	Victim deceased before, during, after medical care
17	TIMEARRESTED	Offender	Number of days between homicide and arrest
18	CRIMESCENE	Incident	Location of homicide event
19	URBANRURAL	Incident	Urban or rural location of homicide event
20	NUTS2	Incident	NUTS 2 code for location of homicide
21	NUTS3	Incident	NUTS 3 code for location of homicide
22	POLICEREP	Incident	Way in which crime became known to authorities
23	WITNESS	Incident	Presence of eyewitnesses
24	MODUS	Victim	Modus operandi of homicide
25	KNIFE	Victim	Location of most severe stab wound on body
26	NRSTABS	Victim	Number of stab wounds
27	FIREARM	Incident	License circumstances of firearm
28	TYPEFIREARM	Incident	Type of firearm
29	VICVIOL	Incident	Victim's violence against offender
30	SUICIDE	Offender	Offender suicide
31	SUICIDETIME	Offender	Time of offender's suicide
32	SUICIDEMETHOD	Offender	Method of offender's suicide
33	TYPEHOM	Incident	Type of homicide
34	MREVENGE	Incident	Homicide motive involved revenge
35	MJEALOUSY	Incident	Homicide motive involved jealousy
36	MSEPARATION	Incident	Homicide motive involved separation
37	MTRIVIALITY	Incident	Homicide motive involved triviality
38	MOTTHAT	Incident	Homicide motive involved hate crime
39	MOTTHR	Incident	Homicide motive involved threat to offender
40	MOTMEN	Incident	Homicide motive involved mental illness
41	MOTALT	Incident	Homicide motive involved altruism
42	MOTNCEC	Incident	Homicide motive involved nonfelony related money
43	MOTCEC	Incident	Homicide motive involved felony related money
44	MOTSEX	Incident	Homicide motive involved rape or sex
45	MOTCRIM	Incident	Homicide motive involved felony
46	MOTOTH	Incident	Homicide motive was other than above
47	RELAT	Incident	Relationship between victim and offender
48	PRETHREATBYPERP	Incident	Previous threats by offender towards victim
49	PRETHREATBYVIC	Incident	Previous threats by victim towards offender
50	PREVIOLENCEBYPERP	Incident	Previous violence by offender towards victim
51	PREVIOLENCEBYVIC	Incident	Previous violence by victim towards offender
52	TYPE	Victim/offender	Individual: Victim or offender
53	PRINCIPAL	Victim/offender	Individual: Principal victim or principal offender
54	GENDER	Victim/offender	Individual gender
55	AGE	Victim/offender	Individual age
56	BIRTHCOUNTRY	Victim/offender	Individual country of birth
57	CITIZ	Victim/offender	Individual country of citizenship
58	PARENTS	Victim/offender	Individual's parents country of birth
59	CIVIL	Victim/offender	Individual's civil status
60	CHILD	Victim/offender	Individual's children
61	HOUSESIT	Victim/offender	Individual's housing situation
62	PROF	Victim/offender	Individual's professional status
63	EDUC	Victim/offender	Individual's level of completed education
64	DRINK	Victim/offender	Individual drinking alcohol at time of homicide
65	DRUG	Victim/offender	Individual taking drugs at time of the homicide
66	ALCOHOLIC	Victim/offender	Individual an alcoholic
67	DRUGADD	Victim/offender	Individual drug dependent

68	PSYCH	Victim/offender	Individual a history of mental illness
69	VIOLENTHISTORY	Victim/offender	Individual a history of violence
70	OTHCRIM	Victim/offender	Individual victim of other crime at time of homicide
71	AREA	Victim/offender	Individual's relation to homicide region
Nr.	Name	Level/ Unit of analysis	Definition
72	PROSECUTED	Offender	Offender prosecuted for homicide
73	SENTENCED	Offender	Offender sentenced for homicide
74	SANCTIONED	Offender	Offender sanction
75	LENGTHSENTENCE	Offender	Offender length of sentence
76	PREHOM	Offender	Offender previously convicted for homicide
77	PREVIO	Offender	Offender previously convicted for violent crime
78	PRESEX	Offender	Offender previously convicted for sexual crime
79	PREROB	Offender	Offender previously convicted for robbery
80	PREPROP	Offender	Offender previously convicted for property crime
81	PREDRUG	Offender	Offender previously convicted for drug crime
82	PRETRAF	Offender	Offender previously convicted for traffic violation
83	PREOTH	Offender	Offender previously convicted for other crime
84	PRECON	Offender	Total number of previous convictions
85	CORR	Victim/offender	Corresponding cases



Institute of Security and Global Affairs (ISGA)
Leiden University
www.universiteitleiden.nl/en

Turfmarkt 99
2511 DP The Hague

September 2017