Homicides

Involving Intimate Partner Violence (IPV)

Arizona Violent Death
Reporting System

January 1, 2015 – December 31, 2017

AZ VDRS Violent Death Reporting System

CDC

ASU Center for Violence Prevention and Community Safety
Arizona State University

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The Arizona Violent Death Reporting System (AZ-VDRS) collects violent death data from multiple sources: death certificates issued by the Arizona Department of Health Services, police reports obtained from investigating agencies, and autopsy reports from medical examiner offices. The purpose of this project is to assist stakeholders with strategic planning and prevention efforts aimed towards reducing the number of violent deaths that occur each year in Arizona. The data used for this report—*Homicides Involving Intimate Partners*—were drawn from the compilation and analysis of three years of AZ-VDRS data, from January 1, 2015 through December 31, 2017.

AZ-VDRS recorded a total of 5,711 violent deaths for this period; circumstance data were available for 5,362 (93.9%) of the decedents. From these, we excluded suicides (3,678; 68.6%) and deaths with undetermined or unintentional causes (638; 11.9%), after which our sample consisted of 1,046 (19.5%) homicides for which circumstance data were available.

We considered homicide IPV-related when it was closely associated with a current or former IPV relationship. By definition, this naturally included any homicide committed by a suspect who was a current or former intimate partner of the victim. Less obviously, however, it also included any homicide with a third-party victim whose death was closely associated with IPV— for example, a family member, friend, or acquaintance of an IPV partner, who had intervened somehow in that relationship; or a bystander or other person, even a stranger, who became entangled with an IPV incident, whether intentionally or unintentionally. This description of IPV homicide within the NVDRS data is consistent with prior research.

For population estimates, we relied on the American Community Survey (US Census) 5-year estimates for 2015, 2016, and 2017 to compute crude rates where presented. Note that in all of the exhibits below, data and analyses represented are for the State of Arizona, 2015–2017, unless otherwise indicated.

EXHIBIT 1:

PERCENTAGE OF HOMICIDES BY IPV STATUS, 2015-2017 (N=1046)

16.7

83.3

● Non-IPV Related (n=871)
● IPV Related (n=175)
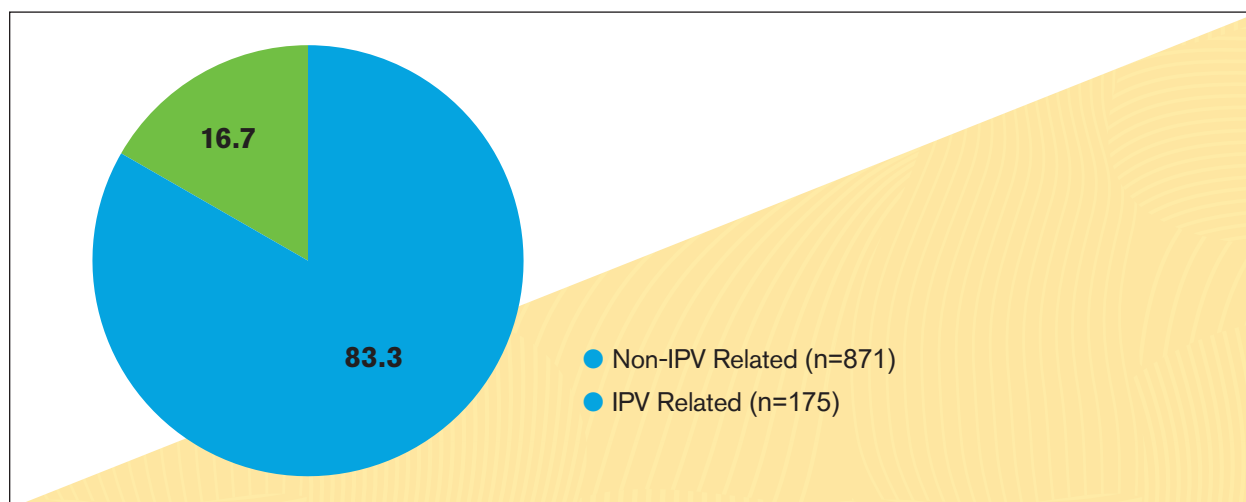
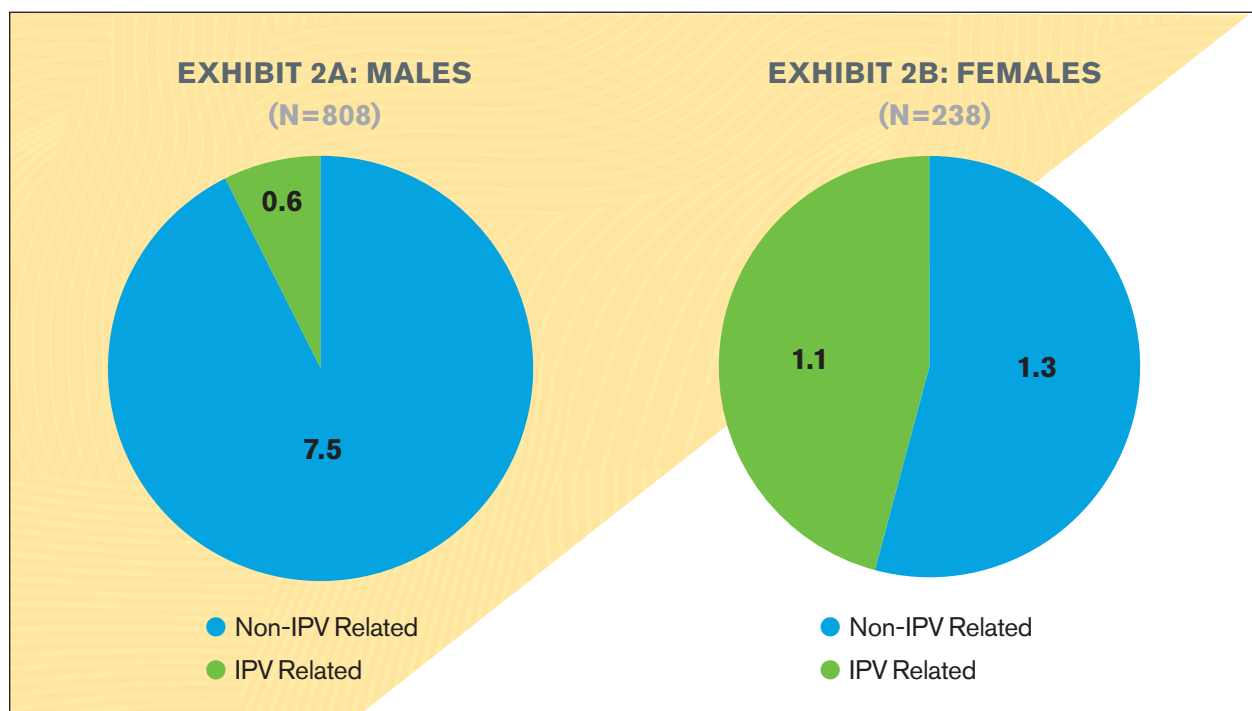* Statistically significant at p ≤ .05

Further, we noted circumstances surrounding IPV homicides. For example, deaths involving jealousy (e.g., "lovers' triangles") were considered IPV-related provided that an actual relationship existed; unrequited attractions did not count. We also tracked whether the victim had experienced any other violence during the prior month, even if entirely unrelated, with or without a causal link to the homicide. The following is an example of a third-party IPV-related homicide: A man goes to the home of a female friend, having learned that her new boyfriend, whom he has never met, is physically abusive. He rings the doorbell. The door opens, and he is confronted by the boyfriend, holding a loaded gun. "Go ahead, shoot," the man responds. The boyfriend complies, shooting four times and killing the man, who until that moment had been a complete stranger to him. Based on the IPV relationship between the suspect (new boyfriend) and the victim's friend, this would be recorded as an IPV-related homicide.

An IPV-related homicide may also have multiple victims (and occasionally, multiple suspects). For example, in one such case, the female partner in an IPV relationship decided to kill not only her male partner, but also his parents. She succeeded in shooting all three. Her partner and his mother died; the father survived. Of the tw a partner in an IPV relationship, and the other was a third-party victim, a family member who was killed because of her proximity to that violent relationship.

As described above, although it may seem counterintuitive, the victim in an IPV-related death need not always be one of the partners—it could be anyone, whether or not related to or known by either or both partners. If the death was directly associated with intimate partner violence, regardless of the identity of the victim, that death is considered IPV-related.o IPV-related homicide victims in this case, one was

EXHIBIT 2A & 2B:

HOMICIDE RATES PER 100,000 POPULATION BY SEX* AND IPV STATUS, 2015-2017

EXHIBIT 2A: MALES
(N=808)

0.6

7.5

● Non-IPV Related
● IPV Related

EXHIBIT 2B: FEMALES
(N=238)

1.1 1.3

● Non-IPV Related
● IPV Related

* Statistically significant at p ≤ .05

Comparing males and females by IPV status

- Arizona's overall homicide rate per 100,000 population was significantly higher for males than for females (n=808, 8.1 and n=238, 2.5).

- Among males, the rate of non-IPV-related homicide was more than 12 times higher than the rate of IPV-related homicide (7.5, 0.6).

- Among females, the rate of non-IPV-related homicide was about the same as the rate of IPV-related homicide (1.3, 1.1); about 46% of all female homicides were associated with intimate partner violence.

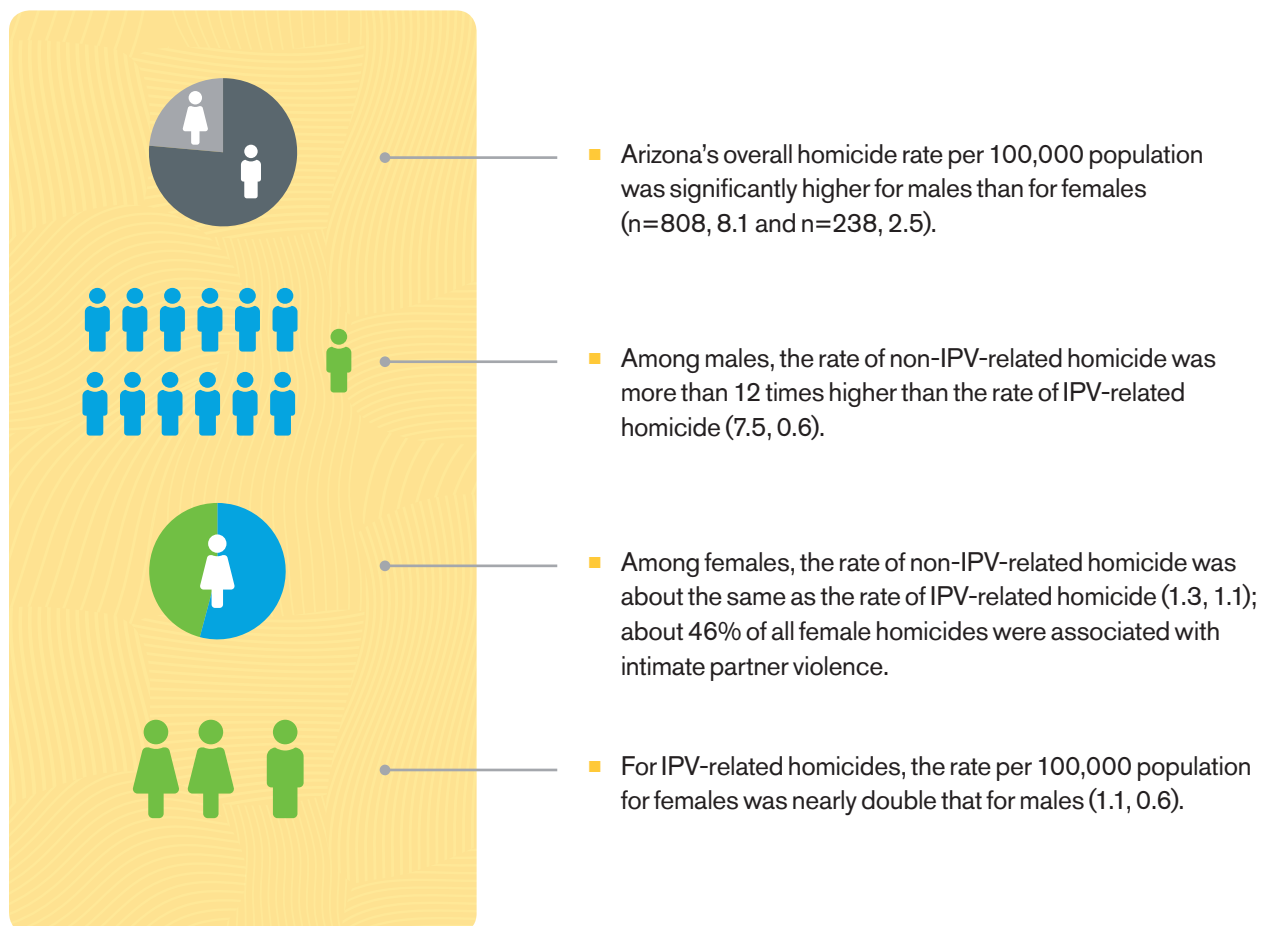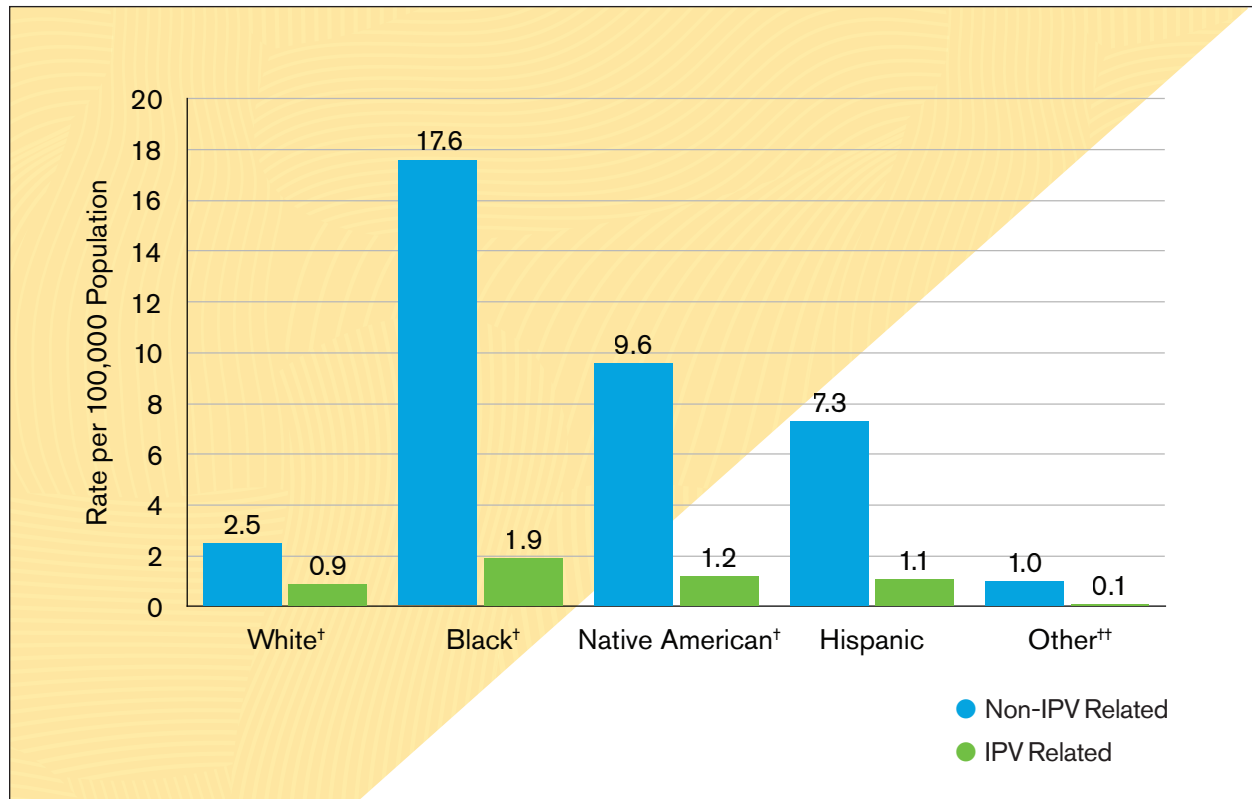- For IPV-related homicides, the rate per 100,000 population for females was nearly double that for males (1.1, 0.6).

HOMICIDE RATES PER 100,000 POPULATION BY RACE/ETHNICITY* AND IPV STATUS, 2015-2017 (N=1046)

* Statistically significant at p ≤ .05

† Non-Hispanic/Latino

†† Includes Asian, Native Hawaiian, Pacific Islander, Other, and Unspecified

■ Rates per 100,000 population were significantly higher for non-IPV-related homicides than for IPV-related homicides among victims who were Black (17.6, 1.9), Native American (9.6, 1.2), and Hispanic (7.3, 1.1).

■ With respect to race/ethnicity, the proportion of homicides associated with intimate partner violence (IPV) was highest among White/non-Hispanic victims, about 1 in 3.

HOMICIDE RATES PER 100,000 POPULATION BY AGE GROUP* AND IPV STATUS, 2015-2017 (N=1046)
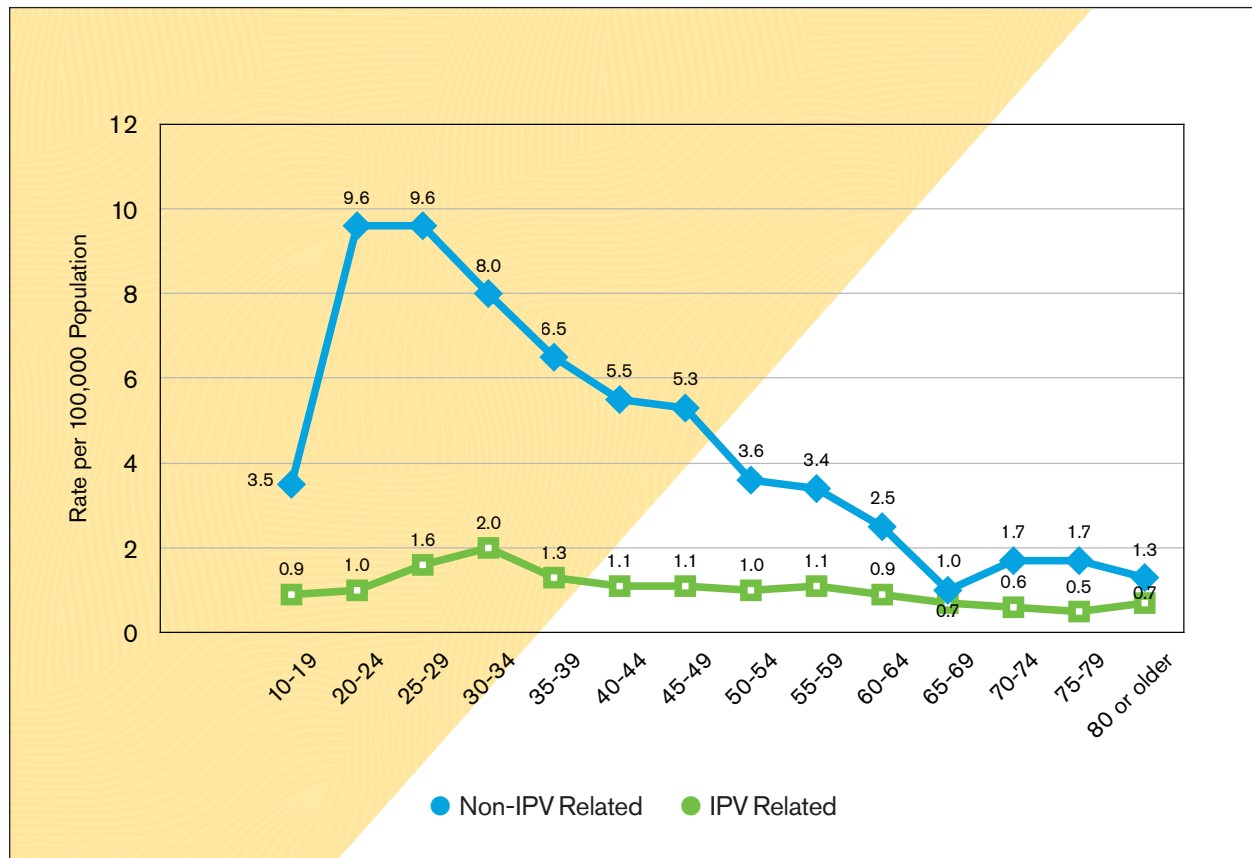
*Statistically significant at p ≤ .05

*Note: Online readers can rollover data points to view age and rate values.
Visit: cvpcs.asu.edu/projects/arizona-violent-death-reporting-system*

*Note: The data points above represent a snapshot of each age group within a specific time period (2015-2017);
they should not be interpreted as a longitudinal study of the homicide-IPV relationship over a lifetime.*

- Among individuals in the 20-24 and 25-29 age groups, homicide rates per 100,000 population were significantly lower for IPV-related homicides than for non-IPV-related homicides (1.0, 9.6 and 1.6, 9.6, respectively).

- For those in the 35-39 age group and beyond, the non-IPV-related homicide rate steadily declined to a low of 1.0, while the IPV-related homicide rate remained relatively flat at about 1.0.

- For those ages 65 and older, both of these homicide rates remained low.

HOMICIDE RATES PER 100,000 POPULATION BY COUNTY AND IPV STATUS, 2015-2017

(N=1036)
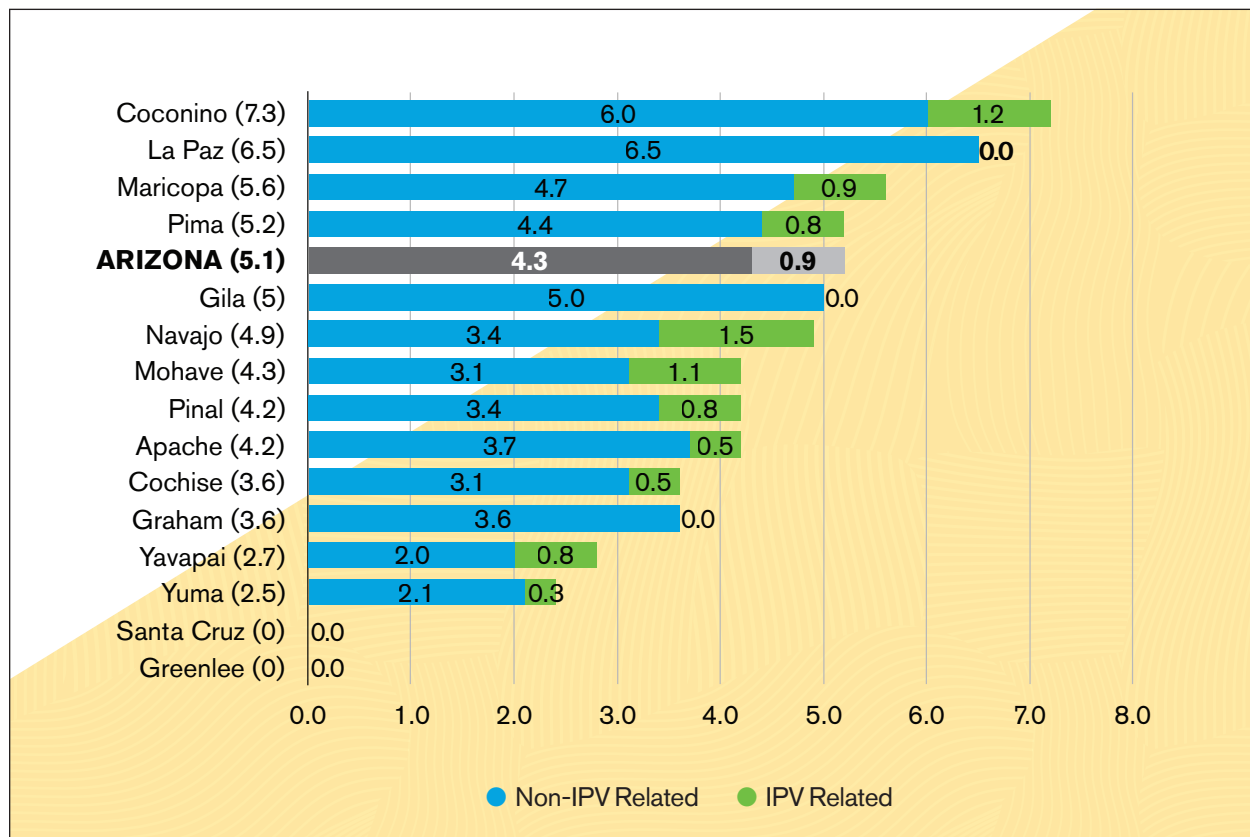
* Statistically significant at p ≤ .05

- Arizona's overall homicide rate was 5.1 per 100,000 population.

- Navajo County recorded the state's highest IPV-related homicide rate (1.5), followed by Coconino (1.2), Mohave (1.1), and Maricopa (0.9) counties; proportionately, about 1 in 3 homicides were IPV-related in Navajo County, more than 1 in 4 homicides were IPV-related in Mohave and Yavapai counties, and more than 1 in 6 were IPV-related in Coconino, Maricopa, and Pinal counties.

- For this period, Gila, Graham, and La Paz counties reported no homicides associated with intimate partner violence (IPV).

- Greenlee and Santa Cruz counties reported no homicides of either type for this period.

ARIZONA COUNTIES

EDUCATION COMPLETED, MARITAL STATUS, VETERAN STATUS AND BIRTHPLACE AMONG HOMICIDE VICTIMS AGES 18 AND OLDER BY IPV STATUS, 2015-2017 (N=975)

	NON-IPV		IPV-RELATED		TOTAL	
	n	%	n	%	n	%
Education Completed *						
<= 8th grade	52	6.4	10	6.0	62	6.4
9th – 12th grade	215	26.6	17	10.2	232	23.8
High school or GED grad	336	41.6	64	38.3	400	41.0
Some college credit	107	13.2	31	18.6	138	14.2
Associate or bachelor's degree	59	7.3	31	18.6	90	9.2
Advanced degree	16	2.0	9	5.4	25	2.6
Unknown	23	2.8	5	3.0	28	2.9
Marital Status*						
Never married	500	61.9	57	34.1	557	57.1
Married	132	16.3	59	35.3	191	19.6
Married, but separated	9	1.1	13	7.8	22	2.3
Divorced	123	15.2	30	18.0	153	15.7
Widowed	22	2.7	8	4.8	30	3.1
Single, unspecified	0	0.0	0	0.0	0	0.0
Unknown	22	2.7	0	0.0	22	2.3
Veteran Status*						
Non-veteran	733	90.7	152	91.0	885	90.8
Veteran	51	6.3	15	9.0	66	6.8
Unknown	24	3.0	0	0.0	24	2.5
Birthplace*						
Arizona	360	44.6	51	30.5	411	42.2
Other US state or territory	308	38.1	89	53.3	397	40.7
Foreign country	121	15.0	25	15.0	146	15.0
Unknown	19	2.4	<5	na	19	2.2

* Statistically significant at p ≤ .05

Note: CDC reporting requirements require that counts less than 5 not be shown for reasons related to data reliability and identity protection. These counts can, however, be included in totals. Therefore, totals in each row may include values represented here only as <5.

Victims of IPV-related homicide were:

Significantly more likely than other homicide victims to have earned some college credit or a degree (42.6%, 22.5%).

More likely than victims of non-IPV-related homicide to have been veterans (9.0%, 6.3%).

More likely to have been married, or married but separated, than victims of homicide unrelated to IPV (43.1%, 17.4%).

Less likely than other homicide victims to have been born in Arizona (30.5%, 44.6%).

EXHIBIT 7:

LOCATIONS OF HOMICIDE BY IPV STATUS, 2015-2017 (N=1046)

Locations	NON-IPV		IPV-RELATED		TOTAL	
	n	%	n	%	n	%
House or apartment	382	43.9	129	73.7	511	48.9
Street/road, sidewalk, alley	137	15.7	10	5.7	147	14.1
Motor vehicle (excluding school bus, public transportation)	47	5.4	5	2.9	52	5.0
Commercial establishment (bar, store, service station, etc.)	42	4.8	<5	na	42	4.3
Parking lot/public parking garage	80	9.2	8	4.6	88	8.4
Jail, prison, group home, shelter, other supervised residential facility	22	2.5	0	0.0	22	2.1
Park, playground, public use area	14	1.6	0	0.0	14	1.3
Natural area (e.g., field, river, beach, woods)	37	4.2	<5	na	37	3.7
Hotel/motel	20	2.3	<5	na	20	2.3
Other	32	3.7	7	4.0	39	3.7
Unknown	58	6.7	7	4.0	65	6.2

* Statistically significant at p ≤ .05

Note: CDC reporting requirements require that counts less than 5 not be shown for reasons related to data reliability and identity protection. These counts can, however, be included in totals. Therefore, totals in each row may include values represented here only as <5.

■ With respect to locations where homicides occurred, nearly three-quarters (73.7%) of IPV-related homicides occurred in a private residence.

■ After private residences, the most likely types of location for both IPV-related and other homicides were public streets/walkways (5.7%, 15.7%), followed by parking lots and public parking garages (4.6%, 9.2%).

METHODS OF HOMICIDE, BY IPV STATUS 2015-2017 (N=1046)

	NON-IPV		IPV-RELATED		TOTAL	
	n	%	n	%	n	%
Methods						
Firearm	595	68.3	127	72.6	722	69.0
Sharp instrument	113	13.0	21	12.0	134	12.8
Blunt instrument	106	12.2	15	8.6	121	11.6
Hanging, strangulation, or suffocation	32	3.7	<5	na	32	3.4
Poisoning	<5	na	0	0.0	<5	0.3
Other[†]	17	2.0	8	4.6	25	2.4
Unknown	5	0.6	0	0.0	5	0.5

* Statistically significant at p ≤ .05
[†] Including, but not limited to, falls, fire/burns, motor vehicles and drowning.

Note: CDC reporting requirements require that counts less than 5 not be shown for reasons related to data reliability and identity protection. These counts can, however, be included in totals. Therefore, totals in each row may include values represented here only as <5.

- With respect to methods used, we found no significant differences between IPV-related and non-IPV-related homicides.

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EXHIBIT 9:

SUSPECT-TO-VICTIM RELATIONSHIPS BY IPV STATUS, 2015–2017 (N=1046)

	NON-IPV		IPV-RELATED		TOTAL	
	n	%	n	%	n	%
Relationships*						
Current partner[†]	--	--	106	60.6	106	10.1
Former partner[†]	--	--	23	13.1	23	2.2
Family member	108	12.4	12	6.9	120	11.5
Friend or acquaintance	207	23.8	16	9.1	223	21.3
Other person known to victim	63	7.2	10	5.7	73	7.0
Stranger	161	18.5	<5	na	161	15.5
Relationship unknown	332	38.1	7	4.0	339	32.4

* Statistically significant at p ≤ .05

[†] When the suspect is a current or former intimate partner of the victim, homicide is always IPV-related by definition.

Note: CDC reporting requirements require that counts less than 5 not be shown for reasons related to data reliability and identity protection. These counts can, however, be included in totals. Therefore, totals in each row may include values represented here only as <5.

- Among IPV-related homicides, nearly three-quarters of the victims were (60.6%) or formerly had been (13.1%) the suspect's intimate partner; other victims of IPV-related homicide victims were caught up in some way in others' violent partnerships (family members, 6.9%; friends, 9.1%; or other known bystanders, 5.7%), with the exception of 4% for whom their relationship to the killer was unknown.

- Among non-IPV homicides, 4 of every 10 victims were killed by someone known to them—a family member (12.4%), acquaintance (23.8%), or other familiar person (7.2%); more than half either were killed by strangers or their killers remained unidentified (18.5% and 38.1%).

CIRCUMSTANCES SURROUNDING HOMICIDE EVENTS BY IPV STATUS,
2015-2017 (N=1046)

	NON-IPV		IPV-RELATED		TOTAL	
	n	%	n	%	n	%
Circumstances						
Victim experienced another violent incident within past month[†]	0	0.0	50	19.4	50	5.2
Violence precipitated by another crime	215	30.4	39	15.1	254	26.3
Another crime in progress at the time	180	25.5	27	10.5	207	21.5
An argument preceded the homicide[††]	306	43.3	112	43.4	418	43.3
Evidence of jealousy / love triangle	6	0.8	30	11.6	36	3.7

*   Statistically significant at $p \le .05$
†   Includes all forms of violence, not necessarily related to an IPV event.
†† Argument occurred within 24 hours of the fatal incident.

■ A notable difference between IPV-related and non-IPV-related homicides is that about 1 in 5 (19.4%) victims of IPV-related homicides had experienced another violent incident, often unrelated to the homicide, during the month prior to death; none of the non-IPV victims were known to have done so.

■ Non-IPV-related homicides were committed more often than IPV homicides in connection with a precipitating crime (30.4%, 15.1%) or another crime in progress (25.5%, 10.5%).

Prevention Strategies for IPV and Homicide[2]

- Intimate partner violence (IPV) is a serious problem that has lasting and harmful effects on individuals, families, and communities. The goal for IPV prevention is to stop it from happening in the first place.

- Prevention efforts should ultimately reduce the occurrence of IPV by promoting healthy, respectful, nonviolent relationships. Healthy relationships can be promoted by addressing change at all levels of the social ecology that influence IPV: individual, relationship, community, and society.

- The CDC's **Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices**, highlights strategies based on the best available evidence to help states and communities prevent intimate partner violence, support survivors, and lessen the short and long-term harms of intimate partner violence. The strategies and their corresponding approaches are listed in the table below.

Preventing Intimate Partner Violence From: cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html	
Strategy	**Approach**
Teach safe and healthy relationship skills	■ Social-emotional learning programs for youth ■ Healthy relationship programs for couples
Engage influential adults and peers	■ Men and boys as allies in prevention ■ Bystander empowerment and education ■ Family-based programs
Disrupt the developmental pathways toward partner violence	■ Early childhood home visitation ■ Preschool enrichment with family engagement ■ Parenting skill and family relationship programs ■ Treatment for at-risk children, youth and families
Create protective environments	■ Improve school climate and safety ■ Improve organizational policies and workplace climate ■ Modify the physical and social environments of neighborhoods
Strengthen economic supports for families	■ Strengthen household financial security ■ Strengthen work-family supports
Support survivors to increase safety and lessen harms	■ Victim-centered services ■ Housing programs ■ First responder and civil legal protections ■ Patient-centered approaches ■ Treatment and support for IPV survivors, including TDV (teen dating violence) survivors

END NOTES

[1] Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H., (2017), Racial and ethnic differences in homicides of adult women and the role of intimate partner violence—United States, 2003–2014, *MMWR: Morbidity and Mortality Weekly Report*, 66(28), 741; see also, Palladino, C. L., Singh, V., Campbell, J., Flynn, H., & Gold, K., (2011), Homicide and suicide during the perinatal period: Findings from the National Violent Death Reporting System, *Obstetrics and Gynecology,* 118(5), 1056; see also, Sanford, C., & Hedegaard, H. (eds), Deaths from Violence: A Look at 17 States–Data from the National Violent Death Reporting System, December 2008; see also, Karch, D. L., Logan, J., & Patel, N., (2011), Surveillance for violent deaths–National deaths reporting systems, 16 states, 2008, *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 60(10), 1–49; see also, Karch, D. L., Barker, L., & Strine, T. W., (2006), Race/ethnicity, substance abuse, and mental illness among suicide victims in 13 US states: 2004 data from the National Violent Death Reporting System, *Injury Prevention, 12* (supp 2), ii22–ii27.

[2] Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T.L., & Gilbert, L., (2017), *Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices,* Division of Violence Prevention National Center for Injury Prevention and Control Centers for Disease Control and Prevention, Atlanta, Georgia.