

Homicides Related to Intimate Partner Violence in Oregon: A Seven Year Review

Oregon Violent Death Reporting System
Oregon Injury Prevention and Epidemiology Program
Office of Disease Prevention and Epidemiology

*For more information or to receive this report
in an alternate format, please contact:*

Oregon Department of Human Services
Office of Disease Prevention and Epidemiology
Injury and Violence Prevention Program
800 NE Oregon Street, Suite 772
Portland, Oregon 97232
971-673-1111

Website: <http://oregon.gov/DHS/ph/ipe/nvdrs/index.shtml>

Technical contact: Xun Shen, MD, MPH, Epidemiologist,
Oregon Violent Death Reporting System

Suggested citation: Shen X, Millet L. 2010. Homicides Related to Intimate Partner
Violence in Oregon: A Seven Year Review. Oregon Department of Human Services,
Portland, Oregon.

This document was made possible in part, by grants from the Centers for Disease Control and Prevention,
National Center for Injury Prevention and Control (5U17CE001313) and support from the Oregon
Department of Human Services.

December 2010

Acknowledgements

Lee Anna Bennett-Ashworth, Data Abstractor, Oregon Violent Death Reporting System
Xun Shen, MD, MPH, Epidemiologist, Oregon Violent Death Reporting System
Lisa Millet, MSH, Principle Investigator and Project Manager

Special thanks to the Oregon Violent Death Reporting System Technical Advisory Committee for their assistance and support:

Karen Gunson, MD, State Medical Examiner
Jennifer Woodward, PhD, State Registrar
Maureen Bedell, Captain, Criminal Investigation Division Commander

We deeply appreciate the contributions of Oregon's law enforcement professionals who investigate and document cases. The support and assistance of the Oregon State Police, the Department of Justice, local law enforcement records staff, the Oregon Association Chiefs of Police, the Sheriff's Association, and the Oregon District Attorney's Association make the Oregon Violent Death Reporting Data System possible.

Executive Summary

Intimate partner violence (IPV) is a serious public health problem that impacts individuals, families, communities across Oregon. Death resulting from IPV is one of the most extreme, but sadly common forms of violence. Reviewing all IPV-related homicides that occurred in Oregon between 2003 and 2009, this report provides a summary of seven years of data and assesses the magnitude of IPV-related homicide in Oregon.

Key Findings

Approximately one in five homicides in Oregon was related to IPV.

Intimate partners committed 46% of the homicides among females ages 15 and older.

Women were more likely than men to be killed by an intimate partner; 80 percent of female victims were killed by their current husbands or boyfriends in the incidents of IPV-related homicide.

Men in the incidents of IPV-related homicide were far more likely than women to be killed by someone other than an intimate partner.

Approximately two thirds of victims who were killed by an intimate partner were living with their perpetrators when the incident occurred.

More than 40 percent of the incidents of intimate partner homicide were followed by a suicide or suicide attempt. Three in four homicide-suicide events were related to IPV.

Gunshot wound was a predominant mechanism of death in the incidents of IPV-related homicide.

Sixty-five percent of victims who were killed by an intimate partner were at her/his own home when the incident occurred.

The city of Portland had the largest number of IPV-related homicides, followed by the cities of Beaverton, Eugene, Milwaukie, and Salem.

The number of intimate partner homicides in Oregon remained relatively stable between 1997 and 2009.

Recommendations

Expand nurse home visiting.

Reduce all forms of violence in schools using evidence based programs.

Implement evidence-based skill building programs to prepare youth for adulthood.

Expand efforts in public safety, healthcare and in communities to identify and reduce violence occurring in relationships and families.

Introduction

Intimate partner violence (IPV) is actual or threatened physical aggression, sexual assault, and psychological / emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or former dates¹.

IPV occurs in all social economic classes and all cultural groups². The precise incidence of IPV in the United States is unknown. It is estimated that 4.8 million women and 2.9 million men are assaulted by an intimate partner every year. Approximately 1500 people die due to IPV and IPV-related violence annually. The cost of medical care, mental health services, and lost productivity due to IPV was more than \$8.3 billion in 2003³.

IPV impacts individuals, families and communities across Oregon⁴. One in ten Oregon women ages 20-55 report that they experienced physical and/or sexual assault by an intimate partner in the last five years⁵. In 2009 alone, Oregon domestic and sexual violence programs received 165,991 calls related to domestic violence, sexual assault, stalking, and other issues and sheltered 2,835 adults, 309 teens, and 2,022 children⁶. Each year, the state provides service to more than 6,000 families who are trying to escape domestic violence and spends nearly 35 million for direct medical and mental health care due to domestic violence⁴.

IPV can affect health in many ways and cause a variety of health problems and even death. Death resulting from IPV, especially intimate partner homicide is one of the most extreme, but tragically common forms of violence^{1,7}. Based on the data from Oregon Violent Death Reporting System (ORVDRS), we identified and analyzed all IPV-related

¹ Saltzman LE, Fanslow JL, McMahon PM, & Shelley GA. (1999). Intimate partner violence surveillance: uniform definitions and recommended data elements, Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

² WHO. World report on violence and health: summary. Geneva (Switzerland): World Health Organization. 2002.

³ CDC. Understanding intimate partner violence--Fact sheet 2009. Available from: http://www.cdc.gov/violenceprevention/pdf/IPV_factsheet-a.pdf. Accessed on Nov. 5, 2010.

⁴ Oregon Department of Human Services. Director's announcement for domestic violence awareness month. 2010.

⁵ Oregon Department of Human Services. Intimate partner violence in Oregon: finding from the Oregon women's health and safety survey. 2004

⁶ Oregon Department of Human Services. (2009). Striving to meet the need: Summary of services provided by Sexual and Domestic Violence Programs in Oregon

⁷ National Research Council. (1996). Understanding violence against women (p. 74-80). Washington (DC): National Academy Press.

homicides that occurred in Oregon over a seven-year period, from 2003 to 2009. This report provides the most current statistics and the knowledge of IPV-related homicides in Oregon.

Methods, Definitions and Limitations

Data source

The data are from ORVDRS. The ORVDRS is a statewide, active surveillance system that collects detailed information on all homicides, suicides, deaths of undetermined intent, deaths resulting from legal intervention, and deaths related to unintentional firearm injuries. ORVDRS collects data from Oregon medical examiners, local police agencies, death certificates, and the Homicide Incident Tracking System and compiles them into an incident-based database¹. The cases in this report were identified and categorized according to the following definitions.

Definitions^{2,3}

Defining and classifying homicides that occur as a result of IPV isn't easy and epidemiologists working together in the eighteen states funded by the CDC are striving to apply standard definitions to data that will allow for more meaningful analysis and state to state comparisons. The terms listed below define and help to classify all of the many situations and relationships of victims, perpetrators, responders and bystanders that might be killed or wounded in an event that might stretch out over hours or days. The definitions below may seem awkward but they do help to clarify the many types of situations and relationships among parties in each case.

Homicide: a death resulting from the intentional use of force or power, threatened or actual, against another person. It is determined by the medical examiner.

Intimate partner: a current or former spouse, girlfriend, boyfriend, or date.

Intimate partner homicide: a homicide committed by an intimate partner.

¹ Paulozzi LJ, Mercy J, Frazier Jr L, et al. CDC's National Violent Death Reporting System: Background and Methodology. *Injury Prevention*, 2004;10:47-52.

² Saltzman LE, Fanslow JL, McMahon PM, & Shelley GA. (1999). Intimate partner violence surveillance: uniform definitions and recommended data elements, Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

³ Centers for Disease Control and Prevention. National Violent Death Reporting System (NVDRS) Coding Manual (Online). (2003). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from: URL: www.cdc.gov/injury.

Intimate partner associated homicide: a homicide that is related to an intimate partner relationship and committed by a person other than an intimate partner. Those homicides include (1) new intimate partners killed by their current partner's former partner; (2) former intimate partners killed by their former partner's new intimate partner; (3) violent perpetrators killed by police officers during the course of intervening in a domestic dispute; (4) intimate partners killed by a current or former intimate partner's family member; (5) friends intentionally or mistakenly killed while trying to protect the intended target from the intimate partner; and (6) family members (children) intentionally or a bystander(s) killed by the intimate partner in the incident of intimate partner homicide or in an incident of retaliation.

IPV-related homicide: a homicide that occurred in the context of IPV. IPV-related homicides include but are not limited to intimate partner homicide. It includes intimate partner homicide and intimate partner associated homicide.

Legal intervention death: a death in which the decedent was killed by a police officer or other peace officer acting in the line of duty.

Homicide-suicide/suicide attempt: one person killing one or more others then taking his/her own life or trying to kill himself/herself within 24 hours.

Homicide victim: the person who is killed regardless of whether he/she was an IPV victim or IPV perpetrator.

Homicide suspect: the person who kills regardless of whether he/she was involved in IPV or not.

IPV perpetrator: the person who inflicts the violence, or causes the violence, or initiates a violent death incident.

Rate: rates are presented as death(s) per 100,000 Oregon residents in a year. Rates are calculated according to occurrent deaths and bridged-race postcensal estimates of the state residents that released by the National Center for Health Statistics (NCHS)¹.

Occurrent death refers the death in which the decedent was injured and died in Oregon regardless whether or not the decedent was a resident of Oregon.

Limitations

Although ORVDRS collects data from multiple sources, reports from medical examiners and police officers may sometimes lack the details of previous IPV history, the help seeking behavior of the victim and/or the perpetrator's history (mental health, violence,

¹ National Center for Health Statistics. U.S. Census Population with Bridged-race Categories (vintage 2006 postcensal estimates): <http://www.cdc.gov/nchs/about/major/dvs/popbridge/datadoc.htm>
Accessed on Oct. 8, 2010.

and substance use). This report is limited by what is reported and most certainly under reports existing yet unreported details on IPV history, warning signs and risk factors.

Summary of Data

Overview

A total of 723 homicides and 79 legal intervention deaths occurred in Oregon between 2003 and 2009. Of 802 deaths, 106 were intimate partner homicides and 62 were intimate partner associated homicides, which included 10 persons who were killed by a police officer during the course of intervening in a domestic dispute. Overall an average of 24 IPV-related homicides occurs in Oregon each year, with a rate of 0.65 per 100,000 people. IPV-related homicide accounts for approximately 22 percent of the all homicides and 13 percent of the all legal intervention deaths.

Intimate partner homicides accounted for 63 percent of IPV-related homicides, 46 percent of all homicides among females ages 15 and older, and 5 percent of all homicides among males ages 15 and older.

Intimate partner associated homicides accounted for 37 percent of IPV-related homicides, 3 percent of all homicides among females ages 15 and older, and 11 percent of the all homicides among males ages 15 and older.

Who were the homicide victims?

Of 168 IPV-related homicide victims, 87 were females and 81 males. Their ages ranged from 4 to 89 years with an average age of 39. One hundred and forty-eight (88%) were white, nine (5%) were African Americans, five (3%) Asians, 4 (2%) American Indians/Native Alaskans and in two cases race was unknown. Twenty-three (14%) were with Hispanic ethnicity. Rates by race and ethnicity are not calculated because of the small number of cases by race in this report. The following tables show the victims' educational attainment and marital status.

Table 1. Educational attainment of IPV-related homicide victims, Oregon 2003-2009

Educational Level	Male	%*	Female	%*	All	%*
8th grade or less	8	10	5	6	13	8
9-12th grade	15	19	11	14	26	17
High school or GED	39	50	36	47	75	48
Some college or associate degree	13	17	16	21	29	19
Bachelor or graduate degree	3	4	9	12	12	8
Unknown	3	NA	10	NA	13	NA

* Percentage is calculated according to available data.

Table 2. Marital status of IPV-related homicide victims, Oregon 2003-2009

Marital Status	Male	%*	Female	%*	All	%*
Married	19	24	50	57	69	41
Never Married	41	51	21	24	62	37
Divorced	17	21	15	17	32	19
Widowed	3	4	1	1	4	2
Other /Unknown	1	NA	0	NA	1	NA

* Percentage is calculated according to available data.

What was the relationship between victim and suspect?

Intimate partner homicide

Women are more likely than men to be killed by an intimate partner. Most intimate partner homicide victims were female (77%) and 80 percent of them were killed by a current husband or boyfriend (Table 3). Compared to men, women were more than three times likely to be killed by an intimate partner (the rates were 0.77 per 100,000 for women and 0.23 per 100,000 for men).

Intimate partner associated homicide

Men who died in the incident of IPV-related homicide were most likely to be killed by someone other than an intimate partner. Eight-two percent of intimate partner associated homicide victims were male and nearly 50 percent of them were killed by either their current partner's former partner or their former partner's current intimate partner (Table 3).

Table 3. Relationship of victim and suspect among IPV-related homicides by sex

Relationship		Female	Male	Total
Homicide victim was killed by				
Current spouse		46	9	55
Ex-spouse		3	1	4
Current boy/girl friend		20	6	26
Ex-boy/girl friend		11	5	16
Couple (same sex)		2	3	5
<i>Total homicides killed by an intimate partner</i>		<i>82</i>	<i>24</i>	<i>106</i>
Partner's ex-partner		3	12	15
Ex-partner's or lover's current partner		0	16	16
Police officers		0	10	10
Other (IPV victim's child / family member / friend)		2	19	21
<i>Total homicides killed by someone other than a intimate partner</i>		<i>5</i>	<i>57</i>	<i>62</i>
Homicides related to IPV		87	81	168

How often did the homicide victim and suspect/perpetrator cohabitate together?

Sixty-eight victims (64%) who were killed by an intimate partner were living with their suspects /perpetrators when the incidents occurred.

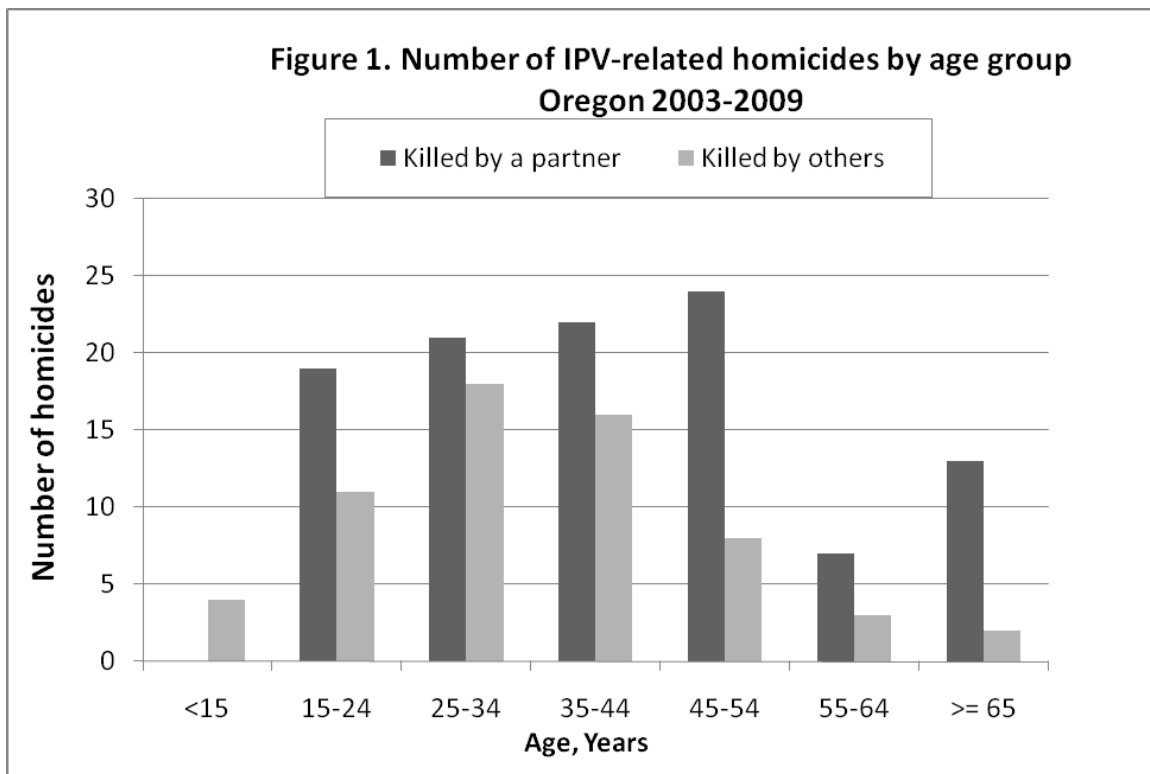
How many intimate partner homicides were a result of self-defense or occurred while a restraining order in place?

Four males were killed by a spouse and ruled by the police as self-defense.

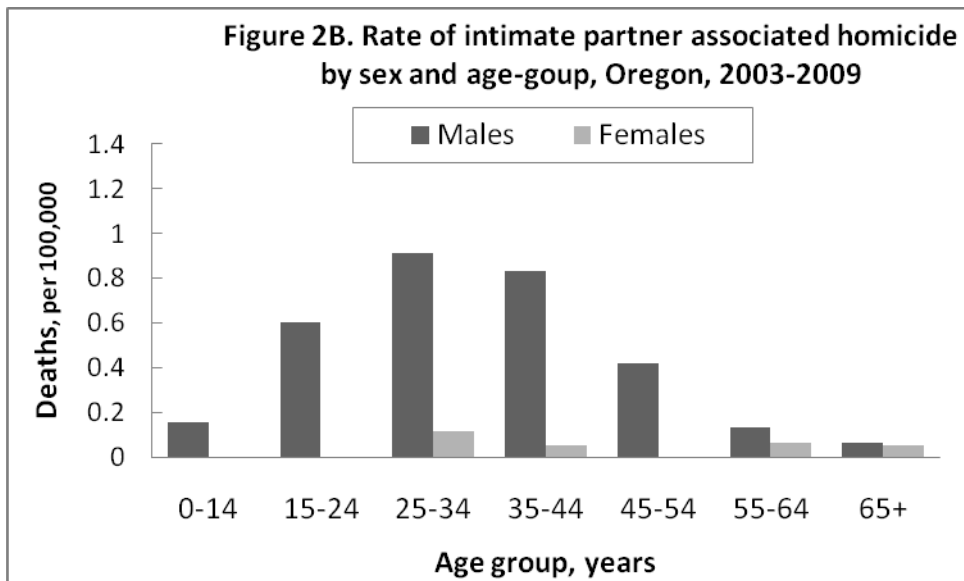
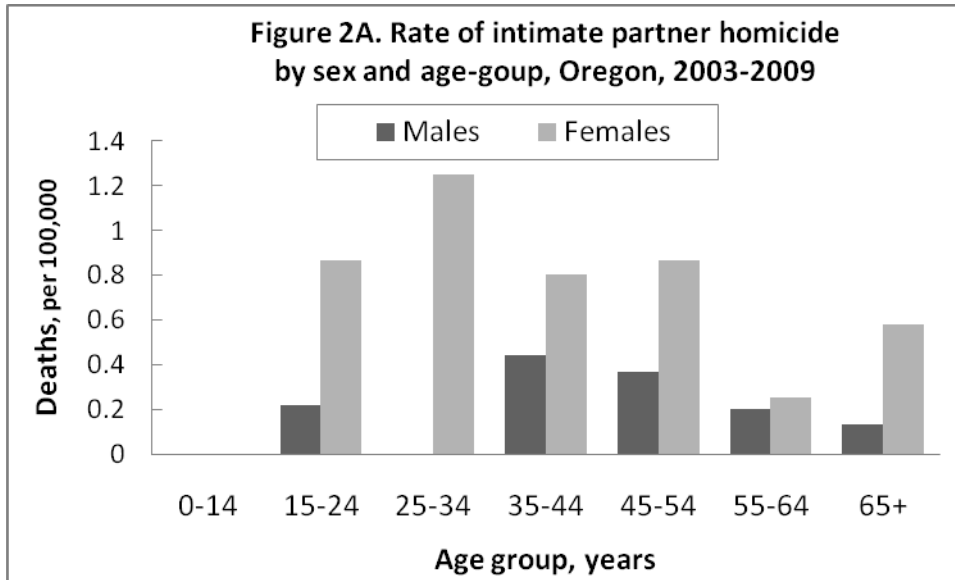
Sixteen occurred where a restraining order against IPV-perpetrators was in place at the time of the incident.

Who was at risk?

Both female and male adults are at risk. Approximately 80 percent of victims were between the ages of 15 and 54 (Figure 1).



Figures of 2A and 2B show age specific rates by sex, and type of homicide.



How did they die?

Gunshot wound is a predominant mechanism of death among IPV-related homicide victims (Table 2). Firearms accounted for 63 percent of those deaths, followed by sharp instrument (17%) such as a knife, strangulation (5%) and blunt instrument (5%).

Table 3. Weapon used / mechanism of death in IPV-related homicides

Weapon / mechanism	Female	Male	Killed by a partner	Killed by others	Sum	% of total
Firearm	50	56	59	47	106	63
Sharp instrument	15	14	21	8	29	17
Strangulation	8	1	8	1	9	5
Blunt instrument	4	5	7	2	9	5
Personal Weapon (fist, feet, hand)	3	2	4	1	5	3
Fire / Burns	3	1	2	2	4	2
Other / Unknown	4	2	5	1	6	4
Total	87	81	106	62	168	100

What were the characteristics of incidents?

Among 161 incidents of IPV-related homicide, six incidents (4%) had more than one homicide victim, which indicated at least two or more people were murdered at the same time and same place. A suicide or suicide attempt following a homicide occurred in 51 incidents (31%). The risk of homicide-suicide/suicide attempt is much higher among the incidences of intimate partner homicide than that of intimate partner related homicide (43% vs. 9%). Three in four homicide-suicide events in Oregon were related to IPV.

Where and when did the incidents take place?

Most IPV-related homicide incidents take place at a house / apartment. Seventy-nine percent of the victims were killed at a house / apartment, and 65% of victims who were killed by an intimate partner were at her/his own home when the incident occurred.

Most IPV-related homicide incidents occur in urban areas. The city of Portland had the largest number of IPV-related homicides (n=36), followed by Beaverton (n=9), Eugene (n=8), Milwaukie (n=7), Salem (n=6) and Medford (n=5).

IPV-related homicide incidents occur throughout the day, but they most frequently occur in the late afternoon and at night. Based on available data, nearly half of victims were killed between 4:00 PM and midnight.

Who were the suspects?

Excluding legal intervention incidents, available data (161 suspects) show that 83 percent of homicide suspects were male. The suspects' ages ranged from 17 to 91 years old; average age was 41; 82 percent of them were between the ages of 15 and 54; and 13 percent were older adults ages 65 and older. Most suspects were white (86%) and 13 percent were of Hispanic ethnicity.

Was illicit substance and/or alcohol involved?

Among 161 IPV-related homicide incidents, 26 IPV perpetrators (16%) were reported to have mental health problems that include mental illness (n=16), alcohol / substance abuse (n=7), and co-occurring substance abuse and mental disorder (n=3); 31 IPV perpetrators (19%) were reported have used alcohol (n =25), illicit substances (n=3), and both alcohol and an illicit substance (n=3) prior to the incident.

Yearly trends

From 2003 to 2009, the annual number of deaths due to intimate partner homicide remained stable. The deaths due to intimate partner associated homicide decreased recently (Table 4). As in a previous report¹, intimate partner homicides in Oregon remained relatively stable - with one notable dip in 2008 when only 13 cases were found to be related to IPV.

Table 4. Numbers of IPV-related homicides by year, Oregon, 2003-2009

Year	Killed by an Intimate partner	Killed by someone other than intimate partner	Total
2003	15	13	28
2004	16	12	28
2005	15	14	29
2006	19	6	25
2007	14	7	21
2008	9	4	13
2009	18	6	24

¹ Drach, L. (2004). Intimate Partner homicide in Oregon, 1997-2003. Portland, OR: Oregon Department of Human Services, Office of Disease Prevention and Epidemiology. Available on the internet at http://www.oregon.gov/DHS/ph/ipv/docs/IPV_Homicide97-03.pdf.

Discussion

The results of the examination of seven years of data show that one in five homicides in Oregon is related to IPV. IPV contributes significantly to homicides in Oregon. IPV-related homicide is only the tip of the iceberg of a much larger IPV problem - IPV is a serious problem that impacts individuals, families and communities across Oregon.

Reducing IPV will require sustained efforts that focus on evidence based primary prevention. Primary prevention targeting young families, children and youth has potential for reducing future violence and the high cost of public safety, jails, prison and treatment. Adding primary prevention that complements coordinated community response will require additional resources and must engage professionals from many sectors of the community that don't traditionally have a role in addressing violence. Health promotion and prevention professionals can play a key role in developing primary prevention strategies that include nurse home visiting programs to support young parents, non-violence education in schools - starting in grade school, and gender specific strategies to prepare young boys and young girls for adulthood¹.

There are warning signs of intimate partner homicide, and they often involve threats. Threats of strangulation, with a weapon or threats to kill should always be taken seriously—especially where access to firearms is a concern. A woman's risk can be assessed using a simple tool, the Danger Assessment, which is a series of 20 questions that despite limitations can identify women who may be at risk of being killed by an intimate partner².

Even so, efforts to strengthen support for victims, reform laws and policies, encourage treatment for perpetrators, and restrict access to firearms must continue as a robust primary prevention infrastructure is developed¹.

¹ WHO. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, 2010. Available on the internet at http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf

² Campbell JC, Webster D, Koziol-McLain J, et al: Assessing risk factors for intimate partner homicide. NIJ Journal 2003;250. Available on the internet at <http://www.ncjrs.gov/pdffiles1/jr000250e.pdf>

Recommendations

Expand nurse home visiting.

Reduce all forms of violence in schools using evidence based programs.

Implement evidence-based skill building programs to prepare youth for adulthood.

Expand efforts in public safety, healthcare and in communities to identify and reduce violence occurring in relationships and families.