



# FAMILY AND INTIMATE PARTNER HOMICIDE

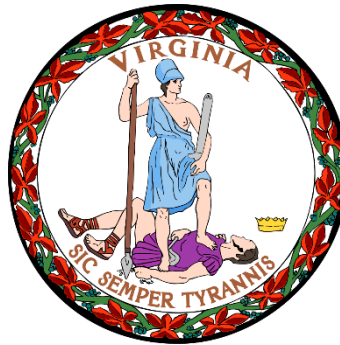
A descriptive analysis of the characteristics and  
circumstances surrounding family and intimate  
partner homicide in Virginia



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## EXECUTIVE SUMMARY

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Domestic violence is a major public health concern, and domestic violence homicides continue to occur at an alarming rate. While the overall number of homicides have generally decreased over the past decade in Virginia, fatal family and intimate partner violence continues to account for approximately one-third of all homicides. Deaths resulting from family violence are a tragic loss for both surviving family members and the community as a whole. Working to understand the drivers of this public health issue, the Family and Intimate Partner Homicide Surveillance (FIP) Project, provides standardized data collection and analysis of fatal family homicides throughout the Commonwealth. With this data, the aim is to strengthen existing collaborative efforts throughout local communities to address fatal domestic violence, and encourage new awareness and innovative prevention strategies.

### Aims of this Report

This report presents the key findings of the FIP Project for homicides that occurred in the period of January 1-December 31, 2015. It draws upon analysis of fatal events involving infants, children and adults, across a range of relationship categories. The specific aims of this report are to:

- Describe the state of family and intimate partner violence within the context of overall homicides in Virginia;
- Analyze the demographic and geographic characteristics of victims across all relationship categories within the FIP project;
- Identify through case investigation and review the precipitating characteristics of the fatal event;
- Explore the presence of existing known risk factors for family and intimate partner violence, and identify potential new risk factors for future surveillance efforts.

By conducting comprehensive data collection and analysis of domestic violence homicides, findings are able to highlight major concerning trends, as well as actionable items for prevention efforts. In doing so, the report provides a method of tracking future progress and offers a benchmark for communities to assess their own progress.

### Portrait of Fatal Family and Intimate Partner Violence in Virginia

In 2015, analysis of homicide statistics revealed that there were 124 homicides attributable to one of six of the relationship categories used by the FIP Project. Among these homicides, 69% involved intimate partners and family members, while 31% of homicides involved deaths of persons killed in a context of an intimate partner relationship, violence between family members, or child abuse and neglect by a caregiver. Amongst all victims, 55% were male, an important change in the demographic distribution compared to recent years. The highest death rate continues to be among black males and females, with black males dying at a rate three-times higher than any other group. Victims ranged in age from infancy to 84 years, with a median age of 36. The Eastern Health Planning Region continued to have the highest number of FIP fatalities; however, the rate in the Northwest Health Planning Region increased by nearly one-third since 2014. Intimate Partner Homicide continued to account for the greatest proportion, 44%, of all FIP Project typologies. The proportion of FIP homicides involving a firearm increased from 53% to 57%, and firearms remained the most common mechanism of injury.

### Improved Responsiveness to Vulnerable Groups

Race is a key factor in understanding homicide risk for all persons; this is especially true among black male and female victims of family and intimate partner violence. Across all typologies of family and intimate partner violence, the rate at which black males and females experienced fatal family and intimate partner violence was significantly higher than all other races. These findings reflect an evidence-based trend in other areas of public health research, one that highlights the significant impact social disparities, including

age, racial or ethnic group, gender, and socioeconomic status, have on a persons' health and well-being. As this report shows, such disparities also play a role in the differential impact of homicidal violence. Acknowledging the impact of these social disparities, domestic violence services should work to ensure they account for and respond to the variety of factors present within the context of fatal family and intimate partner violence, thereby being culturally responsive.

### **Improved Understanding of Family Violence**

Although Intimate Partner Homicide continues to account for the greatest proportion of family and intimate partner homicides amongst all FIP categories, in recent years, the number of fatal family violence events has been increasing, and warrants particular attention amongst domestic violence stakeholders. Compared to Intimate Partner and Intimate Partner Associated Homicides, the precipitating characteristics are often different, and currently, often unknown. As such, the development of prevention approaches and strategies for at-risk populations is challenging, and highlights the need to identify precipitating characteristics not currently captured in the FIP Project. However, the Virginia General Assembly's recognition of the need for awareness and action to prevent such fatalities has created the ability to implement Adult Fatality Review teams throughout Virginia. These teams are providing a space to identify more appropriate and relevant precipitating characteristics in these cases, thereby improving stakeholders' ability to develop responsive programming.

### **Increasing Community Awareness and Action**

In approximately one-third of all Intimate Partner and Intimate Partner Associated Homicides, someone within a victim's social network knew about either past violence or the threat of future violence. These third party individuals play a significant role in addressing the violence and abuse, and their actions, big or small, can make a meaningful difference towards helping the victim increase their safety and decrease their risk. However, to do so, there must be widespread, community-wide understanding about the risk factors present in family and intimate partner violence, and the providers and services available to those in need. The findings of this report indicate that further opportunities to increase community awareness of domestic violence resources in Virginia are needed in order to take action to help victims of ongoing family and intimate partner violence.

Domestic violence fatalities are preventable, but remain a substantial challenge for public health. Although there are many existing programs in the criminal justice system that respond to domestic violence, the data from the FIP Project provide stakeholders the opportunity to develop primary prevention strategies, aimed at reducing family and intimate partner violence. This report identifies individuals at acute risk, communities in need of strengthened prevention efforts, and circumstances surrounding relationship categories known to be associated with increased risk of fatal violence. Collectively, the findings from this report can support the development of evidence-based, targeted interventions to reduce fatal family and intimate partner violence and support healthier communities throughout Virginia.



## INTRODUCTION

In 1999, the Virginia General Assembly enacted Virginia Code §32.1-283.3 directing the Chief Medical Examiner to provide ongoing surveillance of fatal family violence occurrences and to promulgate an annual report based on accumulated data. The resulting Family and Intimate Partner Homicide Surveillance Project is a public health effort for understanding the scope of fatal domestic violence in Virginia. It provides a standardized method for monitoring and reviewing all domestic related homicides in the state.

The project is coordinated at the Virginia Department of Health, Office of the Chief Medical Examiner (OCME). To identify cases, the Project Coordinator conducts newspaper surveillance and reviews OCME records. Cases in the project are deaths deemed by the OCME to be a homicide after a medico-legal death investigation. Records obtained and compiled by the OCME during death investigation, as well as court records and internet news searches are the sources for information about each homicide. Since newspaper surveillance and OCME records identify deaths for the project, numbers may differ from data reported by law enforcement agencies and the Virginia Division of Health Statistics.

### Technical Notes

Cases are included in this project if the decedent was injured and/or died in Virginia. To provide a sense of where fatal domestic violence occurs in Virginia, this report provides two types of regional breakdowns. Health Planning Region (HPR) describes where the fatal injury occurred; revealing areas of the Commonwealth most in need of prevention efforts. OCME Districts portray where the death investigation took place, which may be different from the district where injury occurred, and are located in the appendices.

Population data are from the Virginia Department of Health's Department of Vital Records. This report differentiates Ethnicity and Race, as Hispanic persons can identify as a member of any race and are a separate ethnic group. Where appropriate, tables include numbers, percentages, and rates.

**Table 1: Number and Percent of Virginia Resident Population by Race, Ethnicity, and Sex: 2015**

	<i>Female</i>		<i>Male</i>		<i>Total</i>	
<b>Race</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
White	3,019,878	70.9	2,983,706	72.3	6,003,584	71.6
Black	899,678	21.1	830,013	20.1	1,729,691	20.6
Other	338,672	8.0	311,046	7.5	649,718	7.8
<b>Total</b>	<b>4,258,228</b>	<b>100.0</b>	<b>4,124,765</b>	<b>100.0</b>	<b>8,382,993</b>	<b>100.0</b>
<b>Ethnicity</b>						
Hispanic	363,978	8.5	390,759	9.5	754,737	9.0

Rates allow for comparisons over time and across different populations. This report omits some data when the number of cases is low to protect the confidentiality of decedents and their families. Rates are calculated for every 100,000 persons in the population, and are specific to age, race, and/or sex unless otherwise specified. Rates based on 20 or fewer cases are considered statistically unreliable and should be interpreted with caution. Where no table or figure is referenced, data is sourced from additional unpublished analyses.

## Family and Intimate Partner (FIP) Homicide Classification

The Family and Intimate Partner (FIP) Homicide Surveillance project uses the following six Case Types to define categories of fatal domestic violence.

Intimate Partner Related (IPR) Homicide	Intimate Partner Homicide (IPH)	A homicide in which the victim was killed by one of the following: spouse (married or separated) or former spouse; current or former boyfriend, girlfriend or same-sex partner; or current or former dating partner. This case type could include homicides in which only one of the parties had pursued or perceived a relationship with the other, as in some stalking cases.
	Intimate Partner Associated (IPA) Homicide	A homicide in which the victim was killed as a result of violence stemming from an intimate partner relationship. Victims could include alleged abusers killed by law enforcement or persons caught in the crossfire of intimate partner violence such as friends, co-workers, neighbors, relatives, romantic rivals, or bystanders.
Caretaker Homicide (CH)	Child Homicide by Caregiver (CHC)	A homicide in which the victim was a child under the age of 18 killed by a caregiver.
	Adult Homicide by Caregiver (AHC)	A homicide in which the victim was an adult 18 years or older who was killed by a caregiver.
Family Related Homicide (FRH)	Other Family Homicide (OFH)	A homicide in which the victim was killed by a family member related to them biologically, by marriage, or by other legal arrangement (e.g., foster or adoptive family member) and which does not meet the criteria for one of the four categories above.
	Family Associated Homicide (FAH)	A homicide in which the victim was killed as a result of violence stemming from a familial relationship. Victims could include persons killed by law enforcement during a familial conflict or persons caught in the crossfire, such as friends, co-workers, neighbors, relatives, or bystanders.

## FAMILY AND INTIMATE PARTNER (FIP) HOMICIDE IN VIRGINIA

### Overview

To understand the context of Family and Intimate Partner (FIP) Homicide, consider the following statistics regarding the 388 total homicides that occurred in Virginia in 2015:

- The homicide rate in Virginia in 2015 was 4.6, an 8.1% increase from 2014.
- The majority of victims were male (78.6%) and identified as black (65.2%).
- Males aged 20-24 years had the highest homicide rate with 21.6 deaths per 100,000 persons.
- Over seventy-three percent of all homicides were committed using a firearm.

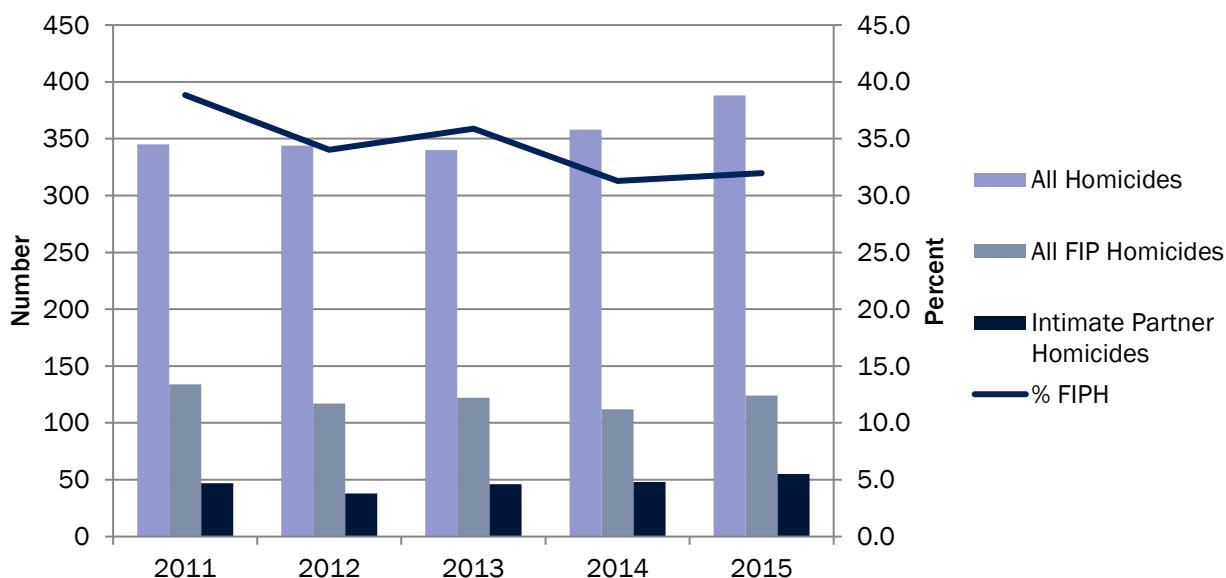
In 2015, there were 119 Family and Intimate Partner Homicide events in Virginia, resulting in 124 deaths. These deaths occurred at a rate of 1.5, representing a 15% increase in this rate from 2014 (1.3).

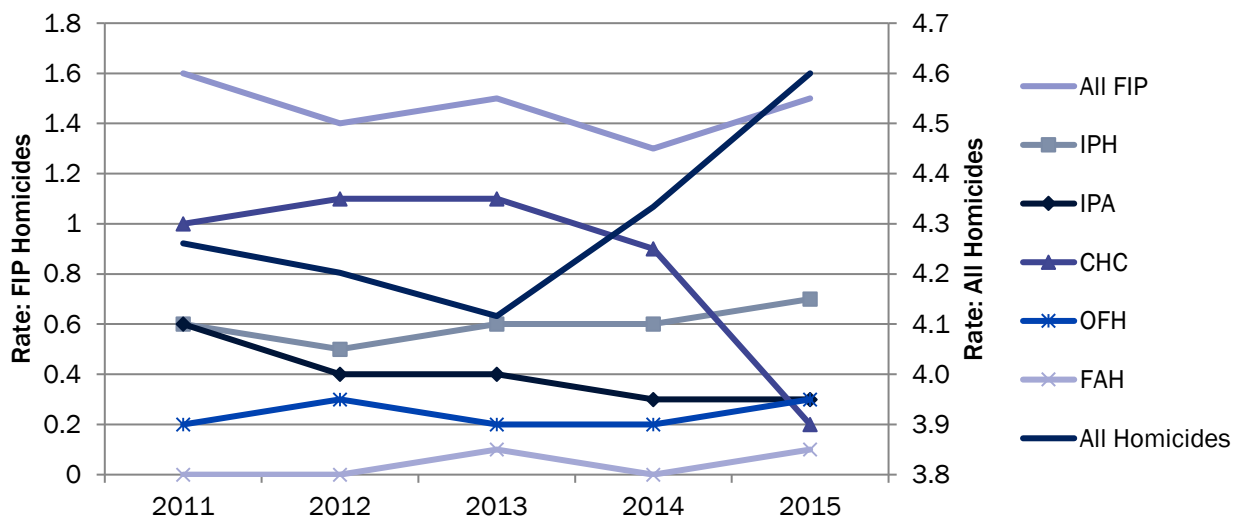
### Long Term Trends

The total number of homicides in Virginia in 2015 increased from 2014 by 8%, likewise, the number of homicides related to family and intimate partner violence increased by 12% to 124 homicides (Figure 2). While the proportion of deaths attributed to family and intimate partner violence remained below one in three, compared to 2014, this figure increased from 31% to 32% (Figure 1). Intimate Partner Homicide (IPH) continue to comprise the largest number of fatalities of all FIP typologies.

Appendix A (page 32) provides a five-year look at selected characteristics of FIP Homicides, highlighting other long-term trends. Although the rates for many demographic factors remained similar to previous years, 2015 was the first year since 2011 where the rate at which males die in FIP homicide is higher than females.

**Figure 1: Number of All Homicide, FIP Homicide, and IPH Victims and Percent FIP Homicide (FIPH) in Virginia: 2011-2015**



**Figure 2: Rate of Death by Homicide Type in Virginia: 2011-2015**

Some data omitted to protect confidentiality. Rates based on 20 or fewer cases should be interpreted with caution.

## CHARACTERISTICS OF FAMILY AND INTIMATE PARTNER HOMICIDES

By collecting demographic information about the victims of domestic violence, the Family and Intimate Partner Homicide Surveillance Project identifies which groups are at risk and the common risk factors that shape lethal domestic relationships. With this data, the project seeks to identify and describe the magnitude of fatal domestic violence in Virginia. The following sections provide a summary of these characteristics for FIP Homicides, and an overview of homicide characteristics by case type.

### Demographic Characteristics of FIP Homicide Victims:

- Despite the majority of FIP homicide victims being white, the highest death rate continues to be among blacks (3.4), with black males dying at a higher rate than any other group (4.1; Table 2).
- While the rate at which infants died did not change from 2014, the rate of death for children aged 1-4 continued to increase (from 2.9 to 3.4 in 2015; Figure 17).
- Deaths from use of sharp instrument increased by forty percent (from 15 in 2014 to 21 in 2015, Table 4), followed by personal weapon (i.e. hand, foot used to strike, kick or shake), which increased by twenty percent in 2015.
- The proportion of FIP Homicides involving a firearm increased by 4%, returning to the 2013 proportion of 57% (Table 4).
- The increase in FIP Homicides in 2015 was unevenly distributed by gender, with more male than females killed because of FIP. In 2015, 68 (54.8%) FIP homicide victims were male, while only 56 (45.2%) were female (Table 2).

### 2015 FIPH Victims Were:

- 50% white
- 55% male
- Aged 0-84, with a median age of 36
- 31% injured in Eastern HPR
- 57% killed with a firearm
- 44% of fatalities were a result of Intimate Partner Homicide
- 37% of victims were killed either by a spouse or boyfriend/girlfriend

**Table 2: Family and Intimate Partner Homicides by Victim Race, Ethnicity, and Sex in Virginia (N=124): 2015**

Type	Male			Female			Total		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
<b>Race</b>									
White	33	48.5	1.1	29	51.8	1.0	62	50.0	1.0
Black	34	50.0	4.1	25	44.6	2.8	59	47.6	3.4
Other	1	1.5	0.3	2	3.6	0.6	3	2.4	0.5
<b>Total</b>	<b>68</b>	<b>54.8</b>	<b>1.6</b>	<b>56</b>	<b>45.2</b>	<b>1.3</b>	<b>124</b>	<b>100.0</b>	<b>1.5</b>
<b>Ethnicity</b>									
Hispanic	4	5.9	1.0	2	3.6	0.5	6	4.8	0.8

**Table 3: Number, Percent, and Rate of FIP Homicide Victims by Case Type and Sex in Virginia (N=124): 2015**

Type	Male			Female			Total		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Intimate Partner Homicide	14	20.6	0.3	41	73.2	1.0	55	44.4	0.7
Intimate Partner Associated Homicide	23	33.8	0.6	2	3.6	0.0	25	20.2	0.3
Other Family Homicide	11	16.2	0.3	6	10.7	0.1	17	13.7	0.2
Child by Caretaker Homicide	14	20.6	0.3	7	12.5	0.2	21	16.9	0.3
Family Associated Homicide	6	8.8	0.1	0	0.0	0.0	6	4.8	0.1
Adult Homicide by Caregiver	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
<b>Total</b>	<b>68</b>	<b>54.8</b>	<b>1.6</b>	<b>56</b>	<b>45.2</b>	<b>1.3</b>	<b>124</b>	<b>100.0</b>	<b>1.5</b>

**Table 4: Number and Percent of FIP Homicide Victims by Sex and Fatal Agency in Virginia (N=124): 2015<sup>1</sup>**

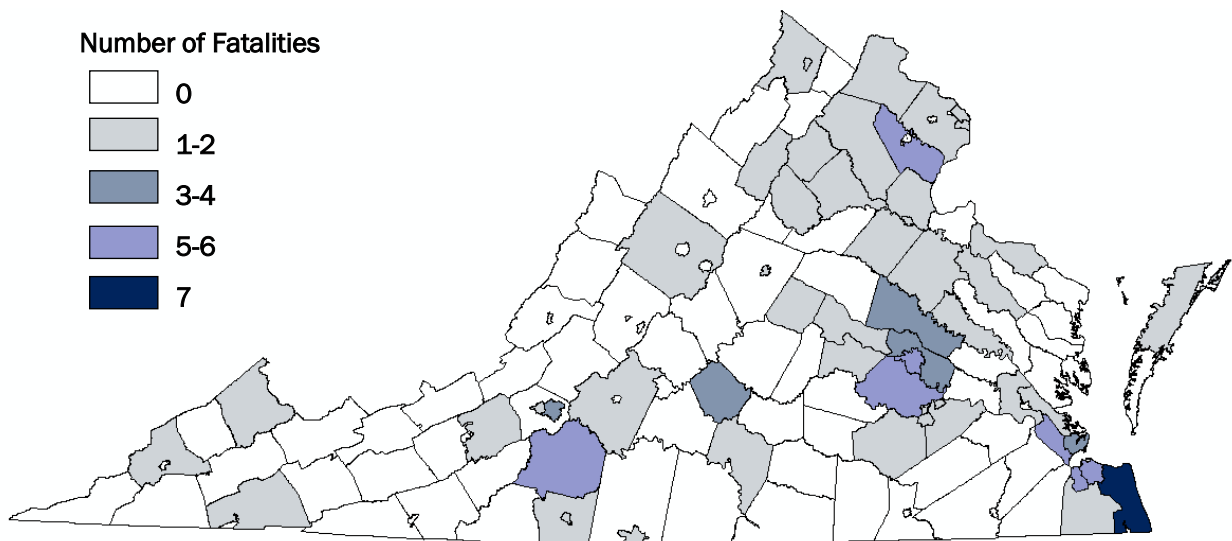
Fatal Agency	Male		Female		Total	
	No.	%	No.	%	No.	%
Firearm	39	57.4	31	55.4	70	56.5
Sharp Instrument	14	20.6	7	12.5	21	16.9
Blunt Instrument	8	11.8	3	5.4	11	8.9
Personal Weapon	5	7.4	7	12.5	12	9.7
Strangle/Choke/Hang	0	0.0	3	5.4	3	2.4
Smother/Suffocate	1	1.5	0	0.0	1	0.8
Motor Vehicle	0	0.0	1	1.8	1	0.8
Fire/Smoke Inhalation	0	0.0	1	1.8	1	0.8
Other	1	1.5	2	3.6	3	2.4

<sup>1</sup> Two decedents were killed with two or more fatal agents.

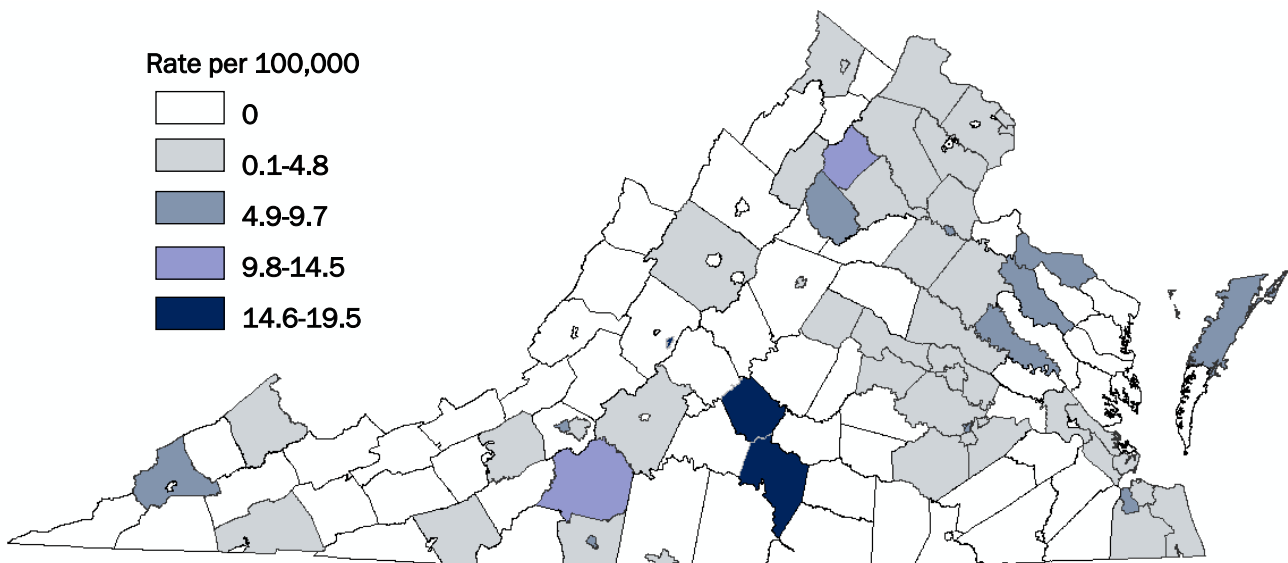
**Geographic Characteristics of FIP Homicide Victims:**

- Across all Health Planning Regions, the Eastern region had the largest number of fatalities with 38 victims, constituting 31% of all 2015 FIP homicides. Further, compared to 2014, the rate of death from FIP homicide increased from 1.7 to 2.0 in 2015.
- Except for the Central Health Planning Region, all regions saw an increase in the rate of death due to FIP homicide in 2015. The largest increase was in the Northwest region, increasing by 28%.
- While there was noteworthy variation in the localities of injury, the rate of death due to FIP homicide in Franklin County increased nearly five-fold from 2014, increasing from 1.8 to 10.7. A complete list of localities is in Appendix C.

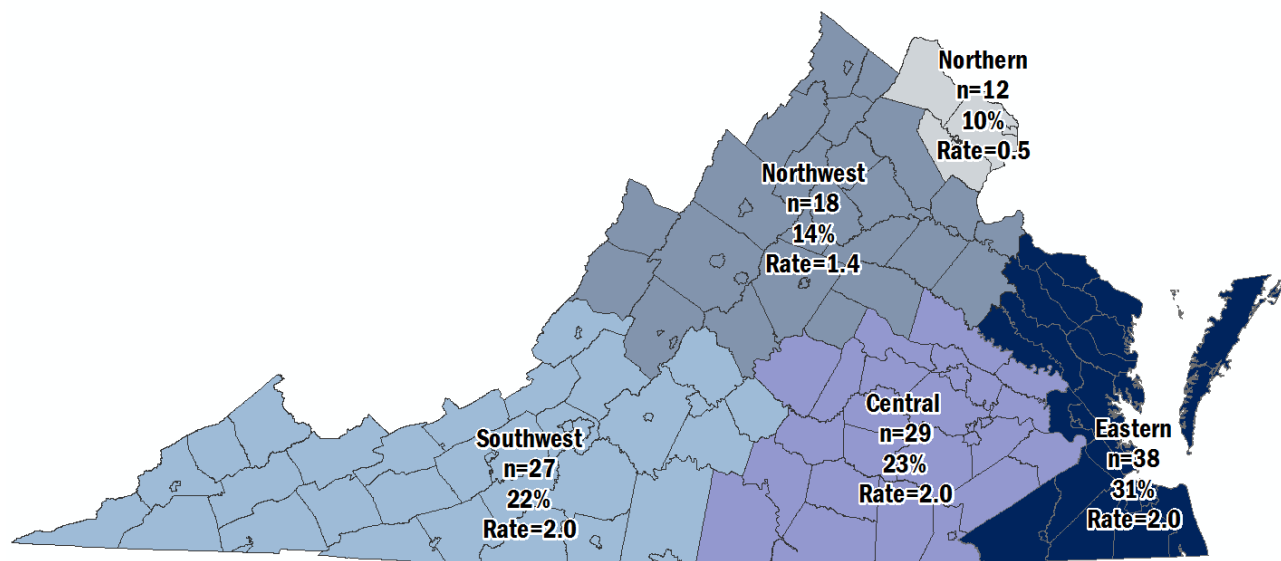
**Figure 3: Number of FIP Homicide Deaths by Locality of Injury in Virginia (N=124): 2015**



**Figure 4: Rates of FIP Homicide Deaths by Locality of Injury in Virginia (N=124): 2015**



**Figure 5: Number, Percent, and Rate of FIP Homicide Deaths by Health Planning Region of Injury in Virginia (N=124): 2015**



**Table 5: Number, Percent, and Rate of FIP Homicide Deaths by Most Common Localities of Injury in Virginia (N=124): 2015**

Locality	No.	%	Rate
Virginia Beach	7	5.6	1.5
Franklin County	6	4.8	10.7
Portsmouth	6	4.8	6.2
Newport News	6	4.8	3.3
Richmond City	6	4.8	2.7

### CHARACTERISTICS BY CASE TYPE:

Characteristics of FIP Homicide vary depending on the type of relationship involved. Below, Tables 6 and 7 highlight a variety of common characteristics, by case type, with the following notable comparisons in 2015:

- The majority of victims of IPH were women (74.5%) and were killed using a firearm (65.5%), a trend that has remained consistent since the inception of the FIPV project in 1999.
- The majority of victims of IPA were male (92%), with males dying at twice the rate in IPA homicide when compared with males killed directly by an intimate partner or family member (0.6 compared to 0.3).
- The average age of FIPH victims was 36, while victims of IPA Homicide were on average younger than FIP homicide victims overall, aside from child victims (29 compared to 36).
- Although half (50%) of all FIP homicide victims were white, black Virginians died at a rate over three times that of white Virginians for all forms of fatal domestic violence (3.4 compared to 1.0).
- Firearms stand out as the most common method of fatal agency (56.5% overall), except in the case of Child Homicide by Caretaker and Other Family Homicide where the most common fatal agent was a personal weapon (52.9%) and sharp instrument (38.1%), respectively.
- For victims of Family Related Homicide, victims were primarily male (74.1%) and white (51.9%).

**Table 6: Common Characteristics of FIP Homicide Victims by Case Type in Virginia (N=124): 2015**

Characteristic	IPH (%) (n=55)	IPA (%) (n=25)	CHC (%) (n=17)	FRH (%) (n=27)	All FIPH (%)
Average Age	42	29	2	51	36
Age Range	15-83	1-59	0-4	21-84	0-84
Gender	Female (74.5)	Male (92.0)	Male (64.7)	Male (74.1)	Male (54.8)
Race	White (58.2)	Black (64.0)	Black (58.8)	White (51.9)	White (50.0)
Fatal Agent	Firearm (65.5)	Firearm (84.0)	Personal Weapon (52.9)	Firearm (44.4)	Firearm (56.5)
Percent of Total	44.3	20.1	13.7	21.7	100.0

**Table 7: Rate of FIP Homicide Victims by Case Type and Common Characteristics in Virginia (N=124): 2015**

Characteristic		IPH (n=55)	IPA (n=25)	CHC (n=17)	FRH (n=27)	All FIP
Age Group	Male	35-44/55-64 (0.6 each)	25-34 (1.2)	Infant (7.6)	65+ (1.0)	Infant (7.6)
	Female	15-24 (1.8)	5-14 (1.0)	Infant (4.0)	65+ (1.0)	Infant (4.0)
Gender		Female (1.0)	Male (0.6)	Male (1.2)	Male (0.5)	Male (1.6)
Race		Black (1.2)	Black (1.7)	Black (2.3)	Black/White (0.4)	Black (3.4)
Overall Rate		0.7	0.3	0.2	0.3	1.5



## INTIMATE PARTNER HOMICIDE (IPH)

Intimate Partner Homicide is defined as a homicide in which a victim is killed by a current spouse (married or separated) or former spouse; current or former boyfriend, girlfriend or same-sex partner; or current or former dating partner. This could also include individuals who have children in common, whether or not they have ever lived together, or whether the relationship was ever reciprocated (e.g., one person perceived a relationship with the other, as with some stalking offenses).

In 2015, there were 54 Intimate Partner Homicide (IPH) events, resulting in 55 deaths. The rate of death from IPH was 0.66, a slight increase from the rate in 2014, which was 0.58.

### 2015 Highlights:

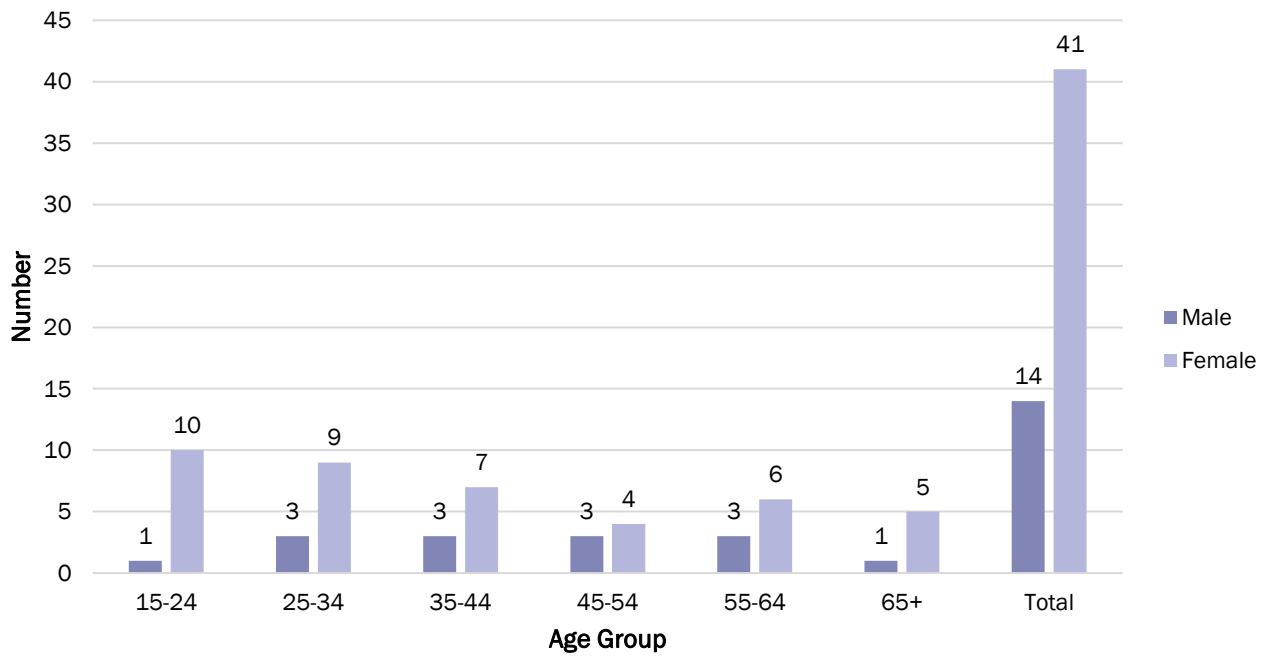
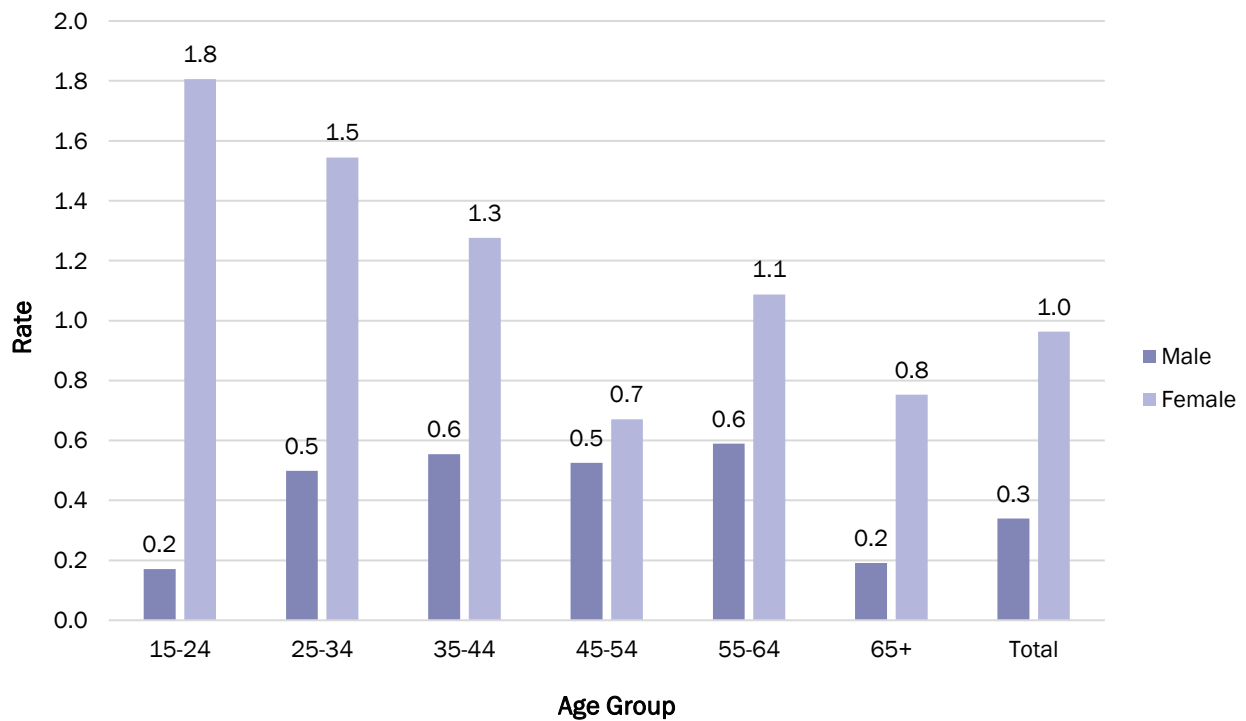
- A current boyfriend or girlfriend killed approximately 45% of IPH victims, while a current spouse (Table 10) killed 40% of IPH victims.
- Nearly one fifth of all IPH victims were killed with a sharp instrument, representing an 7% increase in the number of homicides attributed to sharp instruments as compared to 2014 (17% in 2014 to 18.2% in 2015, Table 9).
- Approximately one third of all IPH events were Homicide-Suicide events, with 18 events being Homicide-Suicide events out of 54 events total IPH events.

### Demographic Characteristics of Intimate Partner Homicide Victims:

- Approximately three quarters of all victims of IPH were women (74.5%), with a rate three times that of male victims (1.0 compared to 0.3).
- While white females accounted for the largest number of fatalities amongst all demographic groups, black females died at twice the rate of their white female counterparts (1.6 compared to 0.9), and had the highest fatality rate of all groups.
- Victims of IPH ranged in age from 15-83, with a mean age of 42. Females ages 15-24 were at highest risk of IPH at a rate of 1.8, resulting in a two-fold increase in the risk among this demographic group from 2014.
- Although the rates across all age groups were higher among females than males, the rate amongst males ages 55-64 increased three-fold compared to 2014, a demographic group which did not have any fatalities in 2014, but three in 2015.
- The rate for victims of Hispanic origin remained at 0.3; however, all homicides were seen in the Hispanic male population, in contrast to 2014, where all victims were Hispanic females.

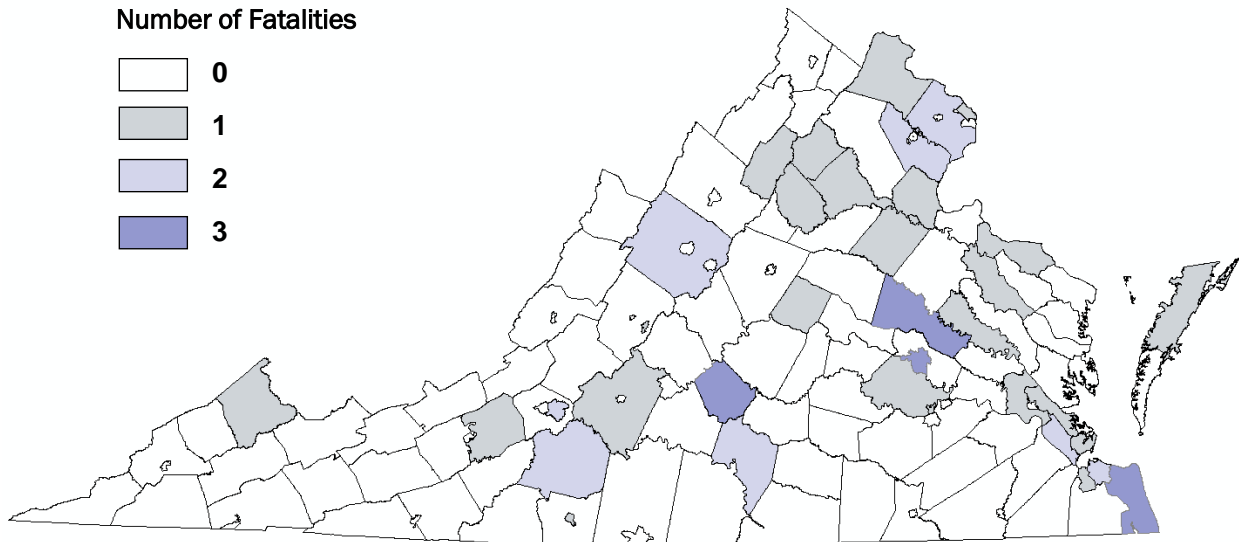
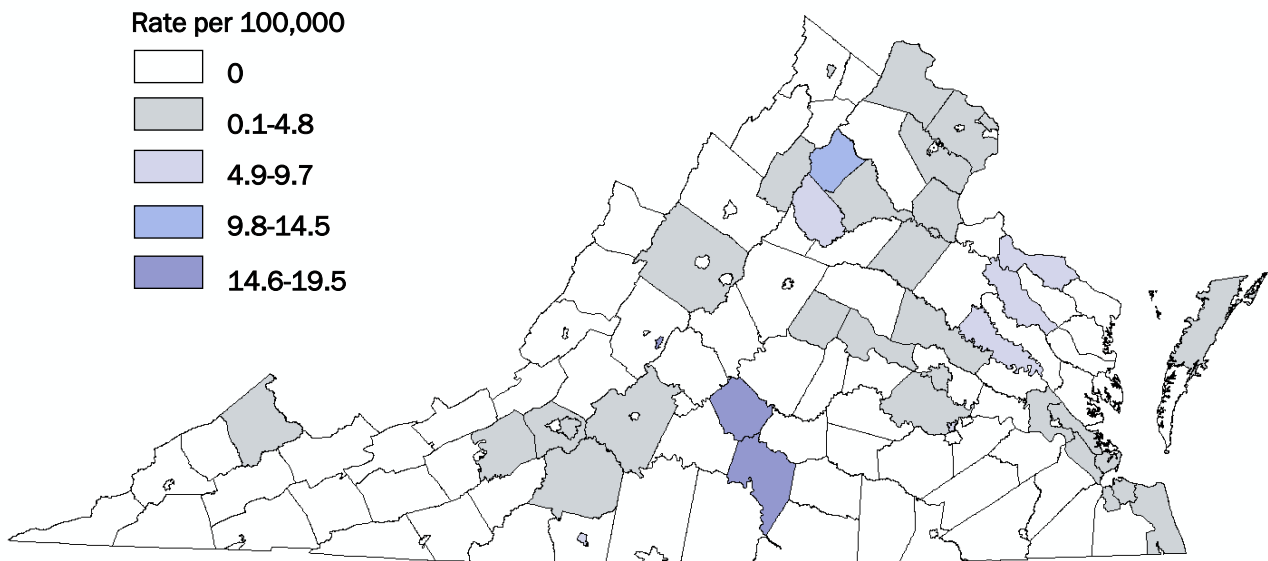
**Table 8: Number, Percentage, and Rate of IPH Victims by Race, Ethnicity, and Sex in Virginia (N=55): 2015**

	Male (n=14)			Female (n=41)			Total (n=55)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	6	42.9	0.2	26	63.4	0.9	32	58.2	0.5
Black	7	50.0	0.8	14	34.1	1.6	21	38.2	1.2
Other	1	7.1	0.3	1	2.4	0.3	2	3.6	0.3
<b>Total</b>	14	25.5	0.3	41	74.5	1.0	55	100.0	0.7
Ethnicity									
Hispanic	2	14.3	0.0	0	0.0	0.0	2	3.6	0.3

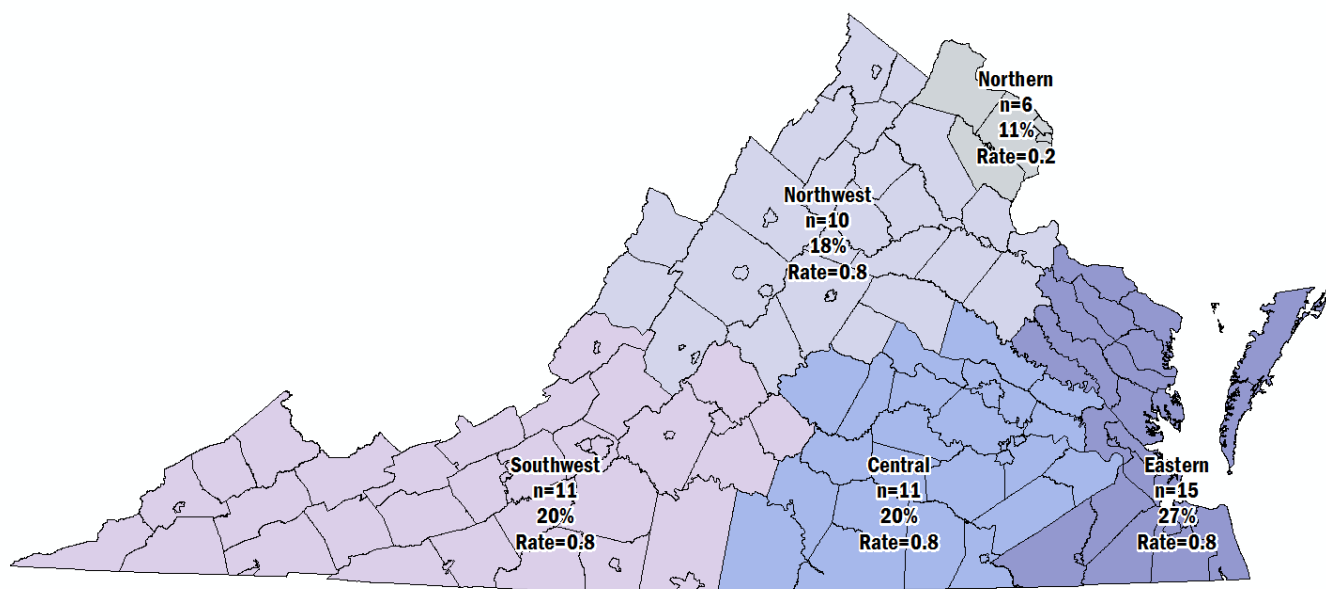
**Figure 6: Number of IPH Victims by Age and Sex in Virginia (N=55): 2015****Figure 7: Rate of IPH Deaths by Age and Sex of Victim in Virginia (N=55): 2015**

**Geographic Characteristics of Intimate Partner Homicides:**

- In 2015, the risk of IPH was equal among the Central, Eastern, Northwest, and Southwest Health Planning Regions, with a rate of 0.8; however, the Eastern Health Planning Region had the highest number of fatalities due to IPH, with 15 deaths, which accounted for 27% of all IPH.
- Although the majority of fatal injuries occurred within one of Virginia's Health Planning Regions, two fatal injuries did not, with one fatal injury occurring outside of Virginia, and the location of the other fatal injury being unknown at the time of publication.

**Figure 8: Number of Intimate Partner Homicide Deaths by Locality of Injury in Virginia (N=55): 2015****Figure 9: Rates of Intimate Partner Homicide Deaths by Locality of Injury in Virginia (N=55): 2015**

**Figure 10: Number, Percent and Rate of IPH Deaths by Health Planning Region of Injury in Virginia (N=55): 2015**



#### Fatal Agency of Intimate Partner Homicides:

- For both males and females, the most common method of fatal injury was a firearm, accounting for 65.5% of all types of fatal agents.
- While firearms and sharp instruments remained the top fatal agents, compared to 2014, there were significantly fewer fatalities where a motor vehicle was the fatal agent (1.9% compared to 6.4%), and there were no cases where a blunt instrument was the fatal agent.

**Table 9: Number and Percent of IPH Victims by Fatal Agent and Sex in Virginia (N=55): 2015**

Fatal Agency	Male (n=14)		Female (n=41)		Total (n=54)	
	No.	%	No.	%	No.	%
Firearm	7	50.0	29	72.5	36	65.5
Sharp Instrument	6	42.9	4	10.0	10	18.2
Strangle/choke/hang	0	0.0	3	7.5	3	5.5
Blunt Instrument	0	0.0	0	0.0	0	0.0
Motor Vehicle	0	0.0	1	2.5	1	1.8
Personal Weapon (e.g. hand, foot used to strike, kick, or shake)	0	0.0	1	2.5	1	1.8
Smother/suffocate	1	7.1	0	0.0	1	1.8
Drown	0	0.0	1	2.5	1	1.8
Fire/smoke inhalation	0	0.0	1	2.5	1	1.8
Other	0	0.0	1	2.5	1	1.8

### Relationship Characteristics of Intimate Partner Homicide:

- The majority of IPH victims were killed by a current intimate partner (85.5%), including a spouse or boyfriend/girlfriend.
- Three of the homicides involved individuals that were either “Friends” or “Acquaintances”; these homicides involved a past sexual contact or attempted sexual contact between the decedent and alleged offender, but the relationship was not defined or known to fit any aforementioned relationship classifications.

**Table 10: Number and Percent of IPH Victims by Relationship to Alleged Offender in Virginia (N=55): 2015**

Relationship	Male (n=14)		Female (n=41)		Total (n=54)	
	No.	%	No.	%	No.	%
Current Spouse	5	35.7	17	42.5	22	40.7
Boyfriend/Girlfriend	7	50.0	18	43.9	25	45.5
Ex-Boyfriend/Girlfriend	1	7.1	4	10.0	5	9.3
Other	1	7.1	2	5.0	3	5.5

### Other Victims of Intimate Partner Homicide:

Another way in which FIP Homicide may impact families and communities is through children and other dependents who lose parents and caregivers to IPH through death or incarceration.

- In 22% (12) of IPH cases, a child was exposed in some way to the fatal event, including being on the same premises as the decedent at the time of fatal injury, hearing the fatal injury being inflicted, and finding the decedent.
- In 7.4% (4) of IPH cases, there were surviving victims of the fatal event; however, all survivors were adults (18 years and older).
- In 16.7% (9) of IPH cases, the intimate partners had children in common, while approximately 20.4% (11) of IPH cases, the intimate partners had children outside of their relationship.

## INTIMATE PARTNER ASSOCIATED (IPA) HOMICIDE

Intimate Partner Associated Homicide is classified as a homicide in which a victim was killed as a result of violence stemming from an intimate partner relationship. Victims could include alleged abusers killed by law enforcement or persons caught in the crossfire of intimate partner violence, such as friends, co-workers, neighbors, relatives, new intimate partners, or bystanders.

In 2015, there were 23 Intimate Partner Associated (IPA) Homicide events in Virginia, resulting in 25 deaths.

### 2015 Highlights:

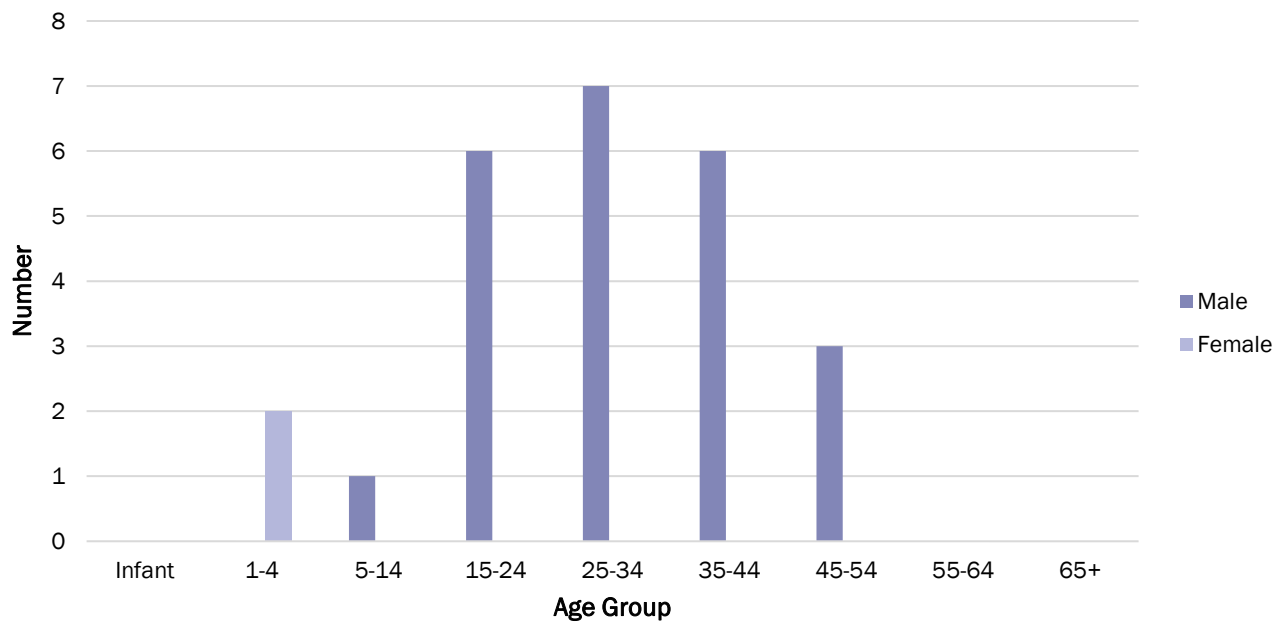
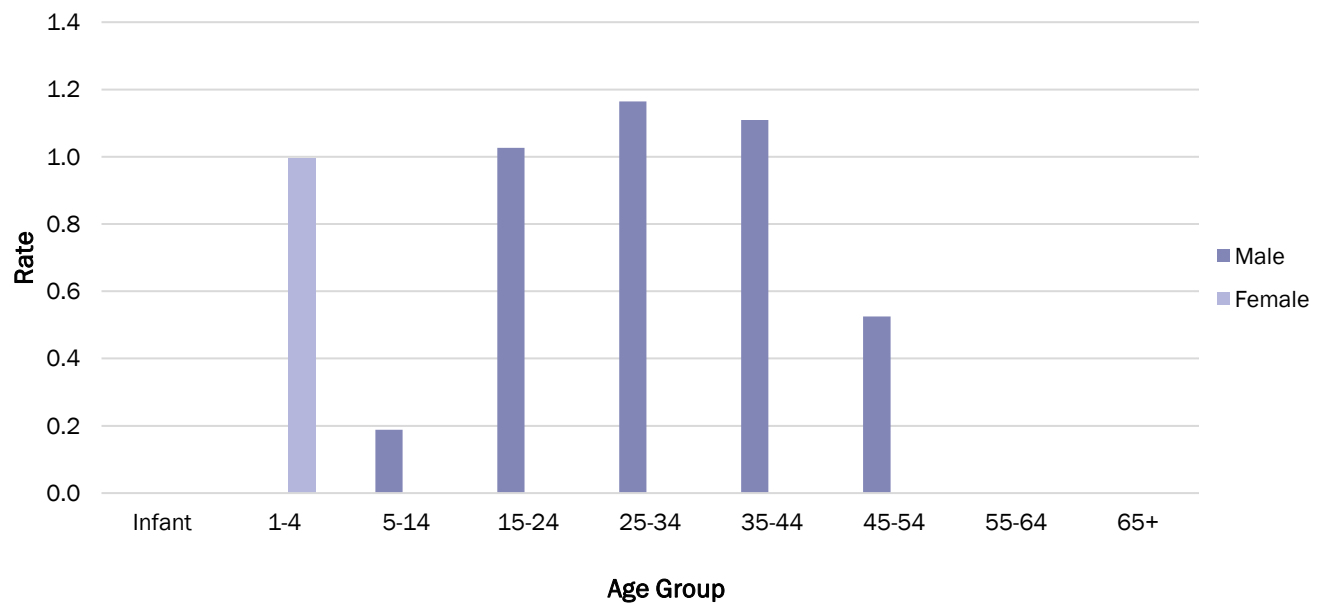
- Although there were fewer IPA fatalities as 2014, there were nine more fatal events, representing a 62% increase in the number of fatal IPA events in 2015.
- The majority of victims of IPA continue to be male; however, in 2015, the proportion of male victims was significantly higher than previous years (92% in 2015 compared to 58% in 2014).
- Approximately 84% of IPA victims were killed by a firearm, including all female victims.
- Within defined relationship categories, a Current Intimate Partner of Alleged Offender's Former Intimate Partner killed nearly 20% of victims.

### Demographic Characteristics of Intimate Partner Associated Homicide Victims:

- Nearly all victims of IPA were men (92%); with a rate six times that of female victims (0.6 compared to 0.05).
- Approximately 64% of all victims were black, although black males died at more than eight times the rate of their female counterparts (1.7 compared to 0.2), and had the highest rate of amongst all groups.
- Victims of IPA ranged in age from 1-53, with a mean age of 29. Males aged 25-34 were at highest risk of IPA at a rate of 1.2, accounting for a twenty percent increase in the risk among this demographic group from 2014.
- Although victims of IPA were overwhelming male, females were most at risk of being victims of IPA between ages one and four, a similar trend to 2014.
- In 2015, there were no homicides of individuals over 54 or older whereas, there were two fatalities in this age group in 2014.
- While 2014 saw no IPA Homicides amongst individuals of Hispanic origin, there was one fatality in 2015, resulting in an overall rate of 0.1

**Table 11: Number, Percentage, and Rate of IPA Victims by Race, Ethnicity, and Sex in Virginia (N=25): 2015**

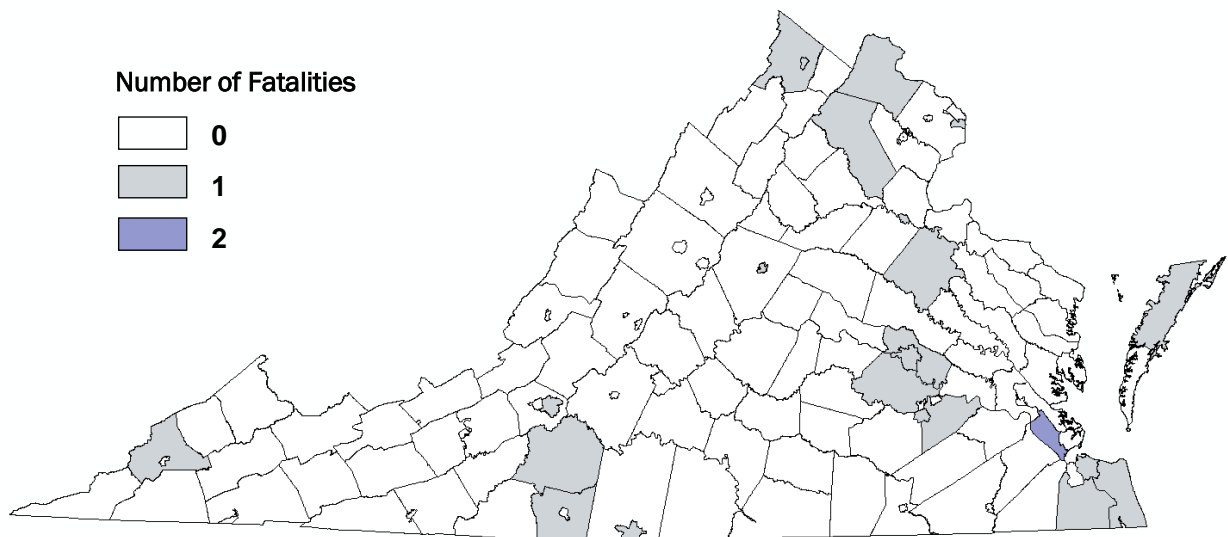
	Male (n=23)			Female (n=2)			Total (n=25)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	9	39.1	0.3	0	0.0	0.0	9	36.0	0.1
Black	14	60.9	1.7	2	100.0	0.2	16	64.0	0.9
Other	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
<b>Total</b>	<b>23</b>	<b>92.0</b>	<b>0.6</b>	<b>2</b>	<b>8.0</b>	<b>0.05</b>	<b>25</b>	<b>100.0</b>	<b>0.3</b>
Ethnicity									
Hispanic	1	4.3	0.3	0	0.0	0.0	1	4.0	0.1

**Figure 11: Number of IPA Victims by Age and Sex in Virginia (N=25): 2015****Figure 12: Rate of IPA Deaths by Age and Sex of Victim in Virginia (N=25): 2015**

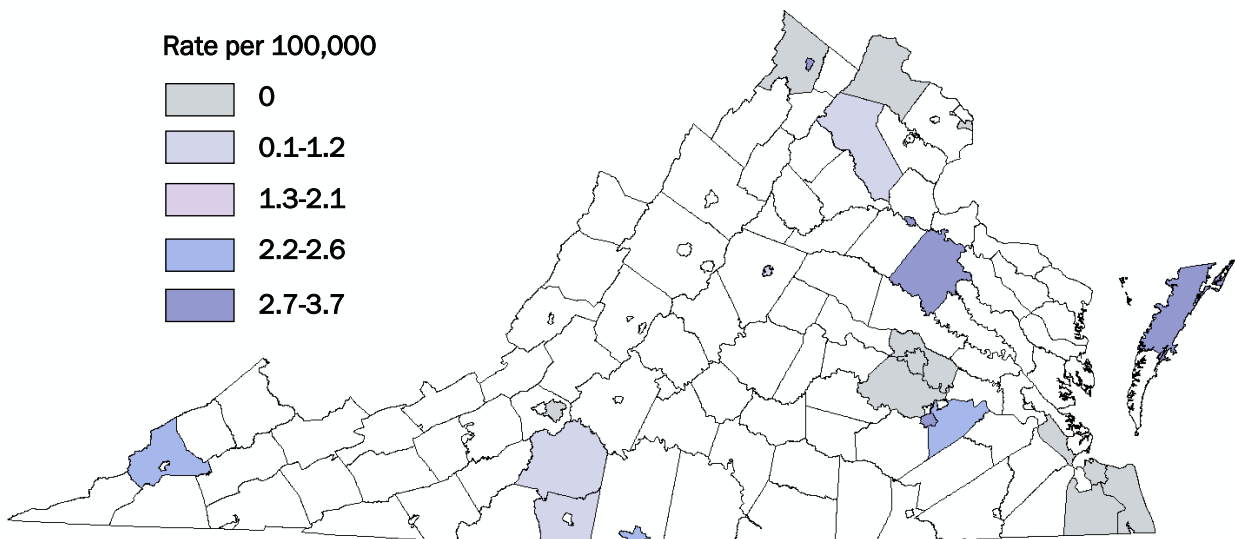
### Geographic Characteristics of Intimate Partner Associated Homicides:

- In 2015, although the Eastern and Northwest Health Planning Regions both had 6 IPA fatalities, accounting for nearly half of all IPA fatalities, the risk of IPA was highest in the Northwest Health Planning Region, with a rate of 0.5. Conversely, neighboring Northern Health Planning Region had the lowest risk of IPA, with a rate of 0.2 and two fatalities, accounting for only eight percent of all IPA fatalities.
- Compared to 2014, in 2015, the Eastern, Northern, and Southwest Health Planning Regions all saw increases in the number of fatalities in their respective regions; however, the Central Health Planning Region saw the number of fatal injuries decrease by approximately 61 percent.
- Although the majority of fatal injuries occurred within one of Virginia's Health Planning Regions, one fatal injury occurred outside of Virginia.

**Figure 13: Number of Intimate Partner Associated Homicide Deaths by Locality of Injury in Virginia (N=25): 2015**

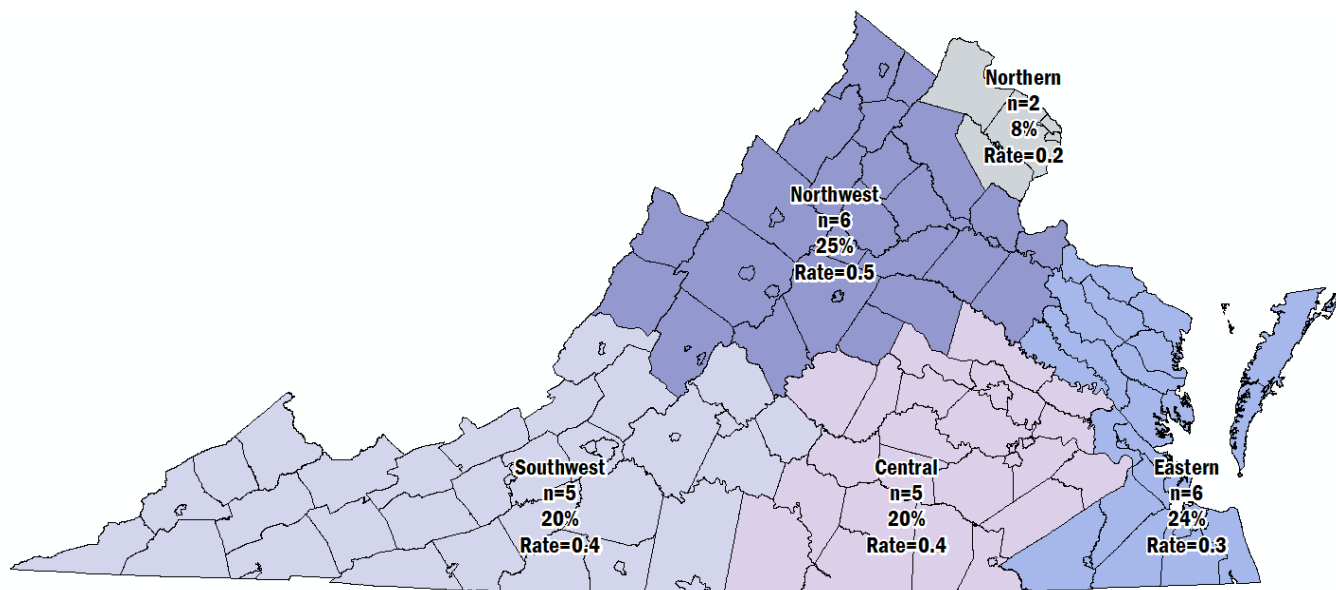


**Figure 14: Rates of Intimate Partner Associated Homicide Deaths by Locality of Injury in Virginia (N=25): 2015**





**Figure 15: Number, Percent and Rate of IPA Deaths by Health Planning Region of Injury in Virginia (N=25): 2015**



### Fatal Agency of Intimate Partner Associated Homicides:

- For both males and females, the most common method of fatal injury was a firearm, accounting for 84% of all types of fatal agents.
- While firearms and sharp instruments remained the top fatal agents, compared to 2014, there were fewer fatalities where a blunt instrument was the fatal agent (4.0% compared to 7.7%), and there were no cases where Fire/Smoke Inhalation was the fatal agent.

**Table 12: Number and Percent of IPA Victims by Fatal Agent and Sex in Virginia (N=25): 2015**

Fatal Agency	Male (n=23)		Female (n=2)		Total (n=25)	
	No.	%	No.	%	No.	%
Firearm	19	82.6	2	100.0	22	84.0
Sharp Instrument	3	13.0	0	0.0	3	12.0
Blunt Instrument	1	4.3	0	0.0	1	4.0

### Relationship Characteristics of Intimate Partner Associated Homicide:

- The relationship between the victim and alleged offender in IPA Homicide cases is often difficult to describe; however, the majority of IPA victims were killed by the former intimate partner (ex-spouse/ex-boyfriend/girlfriend) of their current intimate partner (20%), followed by someone who is also in an intimate relationship with their current intimate partner (decendent and alleged offender currently in relationship with same person; 16%).
- Four of the homicides involved individuals that either had a relationship that did not fit the definitions currently in use in the FIP Surveillance Project, or where the alleged offender is unknown at the time of publication, but the motive is known to be due either direct or indirect result of a relationship between two intimate partners. The FIP Surveillance Project Coordinator will use this information to inform future data abstraction tools, working to more accurately capture common relationships amongst IPA victims and alleged offenders.

**Table 13: Number and Percent of IPA Victims by Relationship to Alleged Offender in Virginia (N=25):2015**

Relationship	Male (n=23)		Female (n=2)		Total (n=26)	
	No.	%	No.	%	No.	%
Intimate Partner of Alleged Offender's Current Intimate Partner	4	17.4	0	0.0	4	16.0
Current Intimate Partner of Alleged Offender's Former Intimate Partner	5	21.7	0	0.0	5	20.0
Former Intimate Partner of Alleged Offender's Current Intimate Partner	2	8.7	0	0.0	2	8.0
Friend of Alleged Offender's Current Intimate Partner	3	13.0	0	0.0	3	12.0
Friend of Alleged Offender's Former Intimate Partner	1	4.3	0	0.0	1	4.0
Family Member of Alleged Offender's Current Intimate Partner	1	4.3	0	0.0	1	4.0
Family Member of Alleged Offender's Former Intimate Partner	0	0.0	1	50.0	1	4.0
Biological Child	0	0.0	1	50.0	1	4.0
Subject of Law Enforcement	2	8.7	0	0.0	2	8.0
Acquaintance	1	4.3	0	0.0	1	4.0
Other	3	13.0	0	0.0	3	12.0
Unknown	1	4.3	0	0.0	1	4.0

#### Other Victims of Intimate Partner Associated Homicide:

- In 50% (13) of IPA cases, there were surviving victims of the fatal events; however, all survivors were adults (18 years and older).
- In 35% (9) of IPA cases, a child was exposed in some way to the fatal event, including being on the same premises as the decedent at the time of fatal injury, hearing the fatal injury being inflicted, and finding the decedent. Of those children exposed, 33% were between the ages of 5-9 years old.
- In 19.2% (5) of IPA cases, the intimate partners had children in common, while approximately 30% (7) of IPA cases, the intimate partners had children outside of their relationship.

## INTIMATE PARTNER RELATED (IPR) HOMICIDE

### Risk Factors

In order to identify individuals who are more likely to become victims or perpetrators of intimate partner violence (IPV), the FIP Homicide Surveillance Project has identified over 30 known risk factors. While these risk factors may contribute to IPV, they might not be direct causes. It is often a combination of individual, relational, community, and societal factors that contribute to the risk of becoming an IPV victim or perpetrator, and understanding the multilevel factors can help identify various opportunities for prevention.

Of the 80 Intimate Partner and Intimate Partner Associated Homicides (Intimate Partner Related [IPR] Homicide), 71 (88.8%) had one or more identifiable risk factors prior to their homicide in 2015. The most common risk factors for fatal IPV were: the termination of a relationship (28.8%), the perpetrator was previously arrested or convicted of non-domestic violence offenses (25.0%), or was known to be violent outside the home and/or relationship (20.0%; Table 14). Use of either alcohol or illegal drugs by the perpetrator of the IPV continued to be a common risk factor (17.5% and 20.0%, respectively), and the number of cases involving an alleged offender with a history of substance abuse increased to 18.8% overall, from 12% in 2014. Approximately one-third (33.8%) of all IPR Homicides had a history of physical assault between the intimate partners, and one-third (32.5%) of IPR Homicides had a record indicating that a third party knew about past violence or the threat of future violence.

**Table 14: Number and Percent of IPR Homicide Deaths by Selected Risk Factors in Virginia (N=80): 2015**

Risk Factor	No.	%
Relationship had ended or was ending	23	28.8
Perpetrator was previously arrested or convicted of non-domestic violence offenses	20	25.0
Perpetrator was violent outside the home and/or relationship	16	20.0
Perpetrator used drugs illegally	16	20.0
Perpetrator used alcohol	14	17.5

### Lethality Assessment

The *Lethality Screen for First Responders* is used in communities across Virginia to identify a victim's potential level of risk for fatal violence. For a list of communities implementing Office of the Attorney General's Lethality Assessment Program (LAP), as of February 2018, please see Annex E. A positive response to one or more of the first three items on the tool indicates a victim is at the highest level of risk. In 2015, 21.5% of Intimate Partner Related events in Virginia, where the *Lethality Screen for First Responders* was used, involved a relationship where at least one of these high risk factors was identified during surveillance:

- Item #1: In 3.8% (3) of cases, the abuser had threatened with a gun or other weapon.
- Item #2: In 11.3% (9) of cases, the abuser had threatened to kill the abuse victim.
- Item #3: In 2.5% (2) of cases, the abuse victim believed the abuser was capable of killing them.

### Precipitating Characteristics

In 2015, 66 (82.5%) of IPR Homicides had one or more identifiable precipitating characteristics. The most common triggers for fatal violence remained similar to characteristics from past years, including the termination of a relationship (21.3%), and the presence or perception of a new partner (18.8%; Table 15).

**Table 15: Number and Percent of IPR Homicide Deaths by Selected Precipitating Factors in Virginia (N=80): 2015**

Precipitating Factors	No.	%
Termination of a relationship	17	21.3
New partner or perception of a new partner	15	18.8
Unspecified argument	11	13.8
Third Party Intervention	9	11.3
Substance/Alcohol Use/Abuse	7	8.8

Compared to 2014, the number of fatal events involving a third party intervention increased by nearly one-fifth (18.9%). In addition to the precipitating factors highlighted above, arguments between intimate partners were identified as a precipitating factor in approximately a quarter (26.4%) of fatal events. In over half (52.3%) of these fatal events, the topic of the argument was unspecified; however, other argument topics included an argument over property, an argument due to a party feeling “disrespected”, or an argument due to an existing mental health issue.

### **Civil Court Proceedings and Protective Orders**

In 10 (12.5%) of IPR Homicide events, the intimate partners had a history of civil court involvement, including child custody; visitation or support; divorce; and protective orders.

## CHILD HOMICIDE BY CARETAKER (CHC)

Child Homicide by Caregiver (CHC) is classified as a homicide in which a victim is under the age of 18 and killed by a caregiver, such as a parent, relative, babysitter, or daycare worker.

In 2015, there were 17 Child Homicide by Caretaker (CHC) events, resulting in 17 deaths.

### 2015 Highlights:

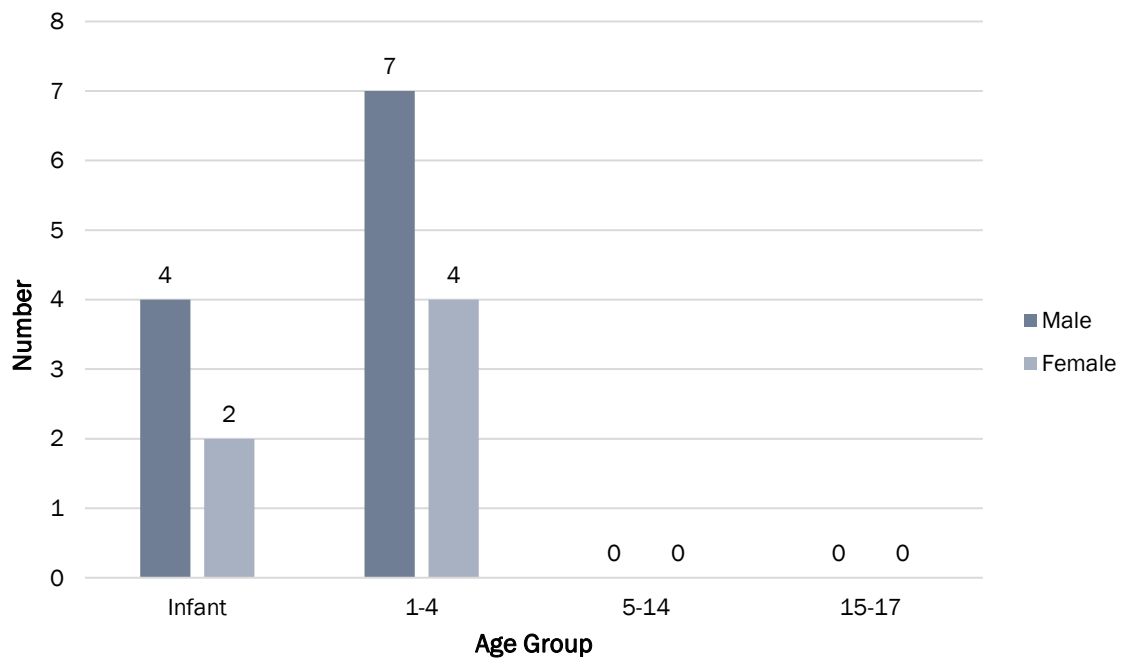
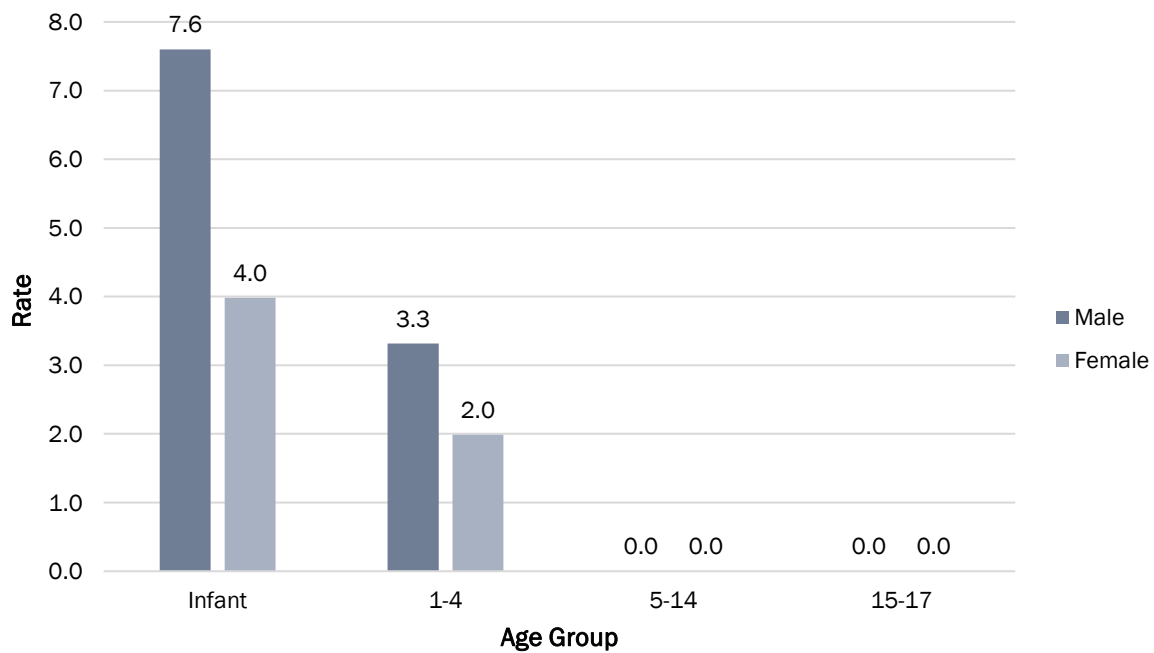
- The number of Child Homicides by Caretaker increased by one fatal event, accounting for a six percent increase from 2014. While 2014 has an equal number of male and female victims, in 2015, there were nearly double the number of male victims than female victims (11 male victims compared to 6 female victims).
- The highest number of CHC Homicides was in the Southwest Health Planning Region, with the rate more than doubling from 2014 (2.3 compared to 1.1).
- The most common fatal agent was a personal weapon, which is defined as using a hand, foot, or other parts to strike, kick or shake the decedent.

### Demographic Characteristics of Child Homicide by Caretaker Victims:

- In 2015, there were 11 male victims and 6 female CHC victims. The majority of the victims were black (58.8%), with the highest risk among black children with a rate of 2.3, which represents a 27.8% increase in the rate amongst this demographic group from 2014.
- Victims of CHC ranged in age from infancy-4, with a mean age of one and a half. Male infants were at highest risk of CHC at a rate of 7.6, accounting for a thirty-three percent increase in the risk among this demographic group from 2014.
- Although victims of CHC were overwhelming male, females were most at risk of being victims of CHC during infancy; however, the rate for this group decreased by more than half from 2014.
- In 2015, there were no CHC homicides amongst individuals of Hispanic origin.

**Table 16: Number, Percentage, and Rate of CHC Victims by Race, Ethnicity, and Sex in Virginia (N=17): 2015**

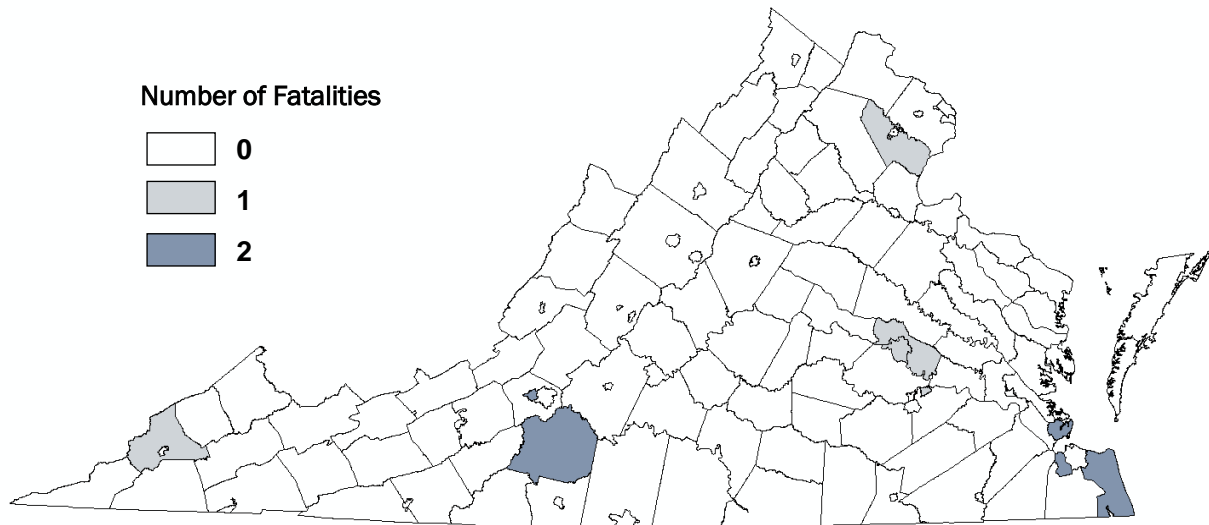
Race	Male (n=11)			Female (n=6)			Total (n=17)		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	6	54.5	0.9	1	16.7	0.2	7	41.2	0.5
Black	5	45.5	2.2	5	83.3	2.3	10	58.8	2.3
Other	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
<b>Total</b>	<b>11</b>	<b>64.7</b>	<b>1.2</b>	<b>6</b>	<b>35.3</b>	<b>0.7</b>	<b>17</b>	<b>100.0</b>	<b>0.9</b>
<b>Ethnicity</b>									
Hispanic	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0

**Figure 16: Number of CHC Victims by Age and Sex in Virginia (N=17): 2015****Figure 17: Rate of CHC Deaths by Age and Sex of Victim in Virginia (N=17): 2015**

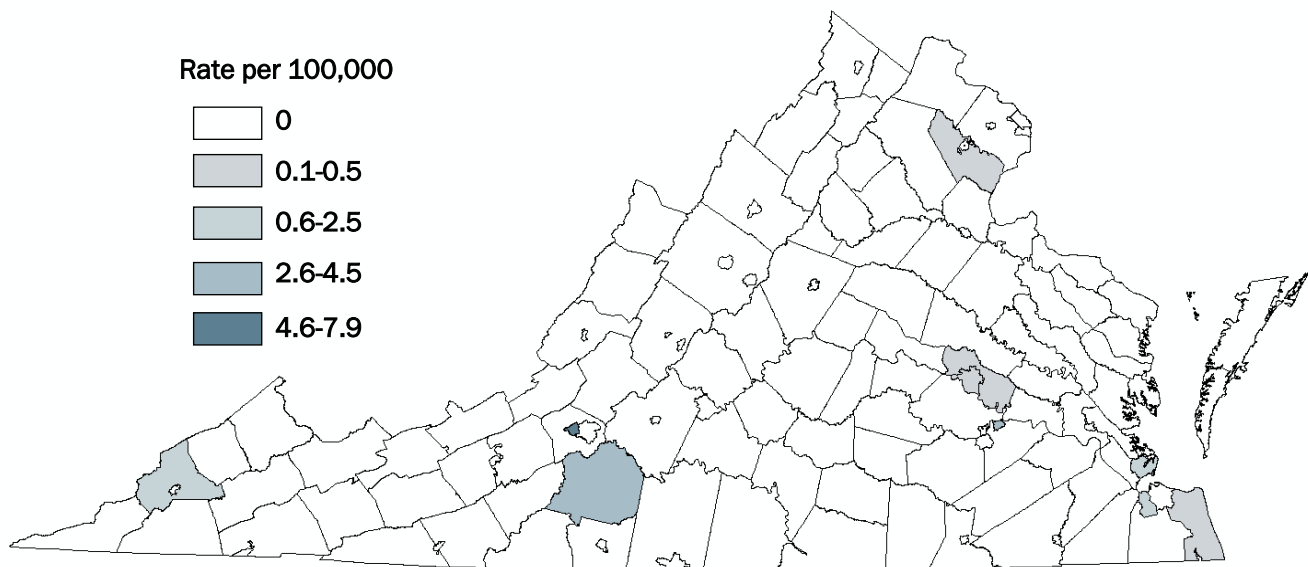
### Geographic Characteristics of Child Homicide by Caretaker Homicides:

- In 2015, the Southwest and Central Health Planning Regions both saw increases in the rate of CHC, with rate in the Southwest increasing by approximately seventy-two percent. Conversely, the rate in the Eastern Health Planning Region decreased by approximately thirty-two percent (1.5 compared to 2.2), while the rates in the Northern and Northwest regions remained constant.
- For the second year, there were no CHC fatalities in the Northwest Health Planning Region; however, the absence of fatalities does not indicate the absence of non-fatal child abuse or neglect by caretakers in this Health Planning Region.
- Although the majority of fatal injuries occurred within one of Virginia's Health Planning Regions, one fatal injury occurred outside of Virginia, and one fatal injury occurred at an unknown location.

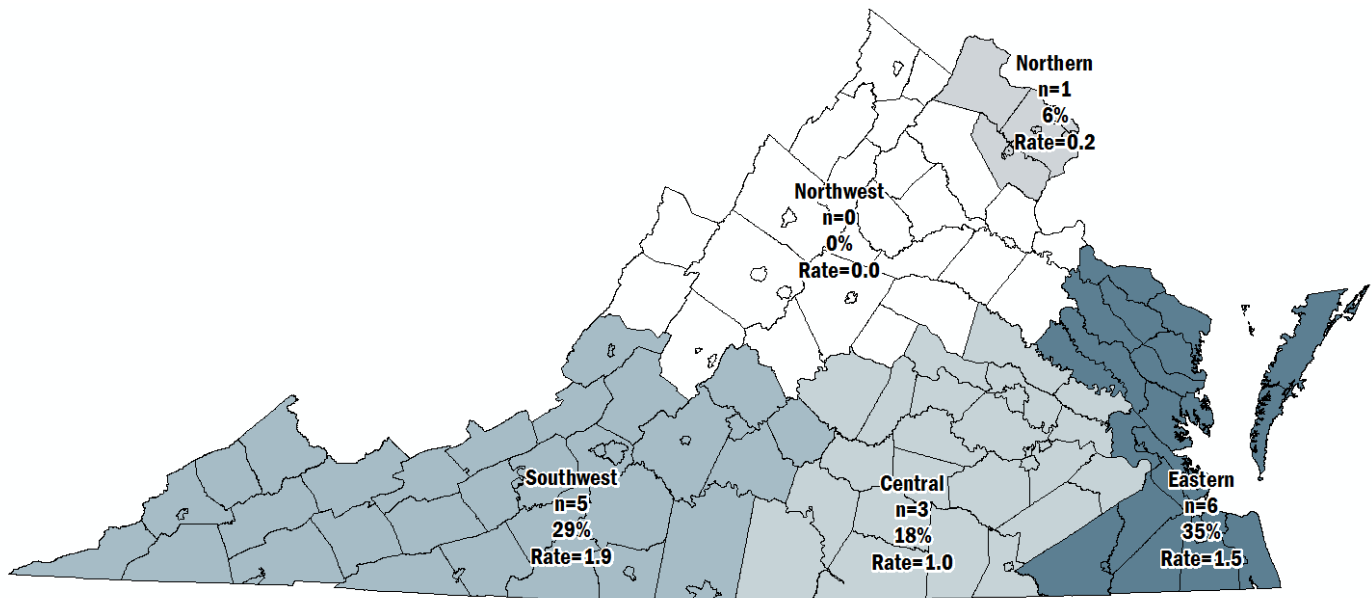
**Figure 18: Number of Child by Caretaker Homicide Deaths by Locality of Injury in Virginia (N=17): 2015**



**Figure 19: Rates of Child by Caretaker Homicide Deaths by Locality of Injury in Virginia (N=17): 2015**



**Figure 20: Number, Percent and Rate of CHC Deaths by Health Planning Region of Injury in Virginia (N=17): 2015**



#### Fatal Agency of Child Homicide by Caretaker Homicides:

- In 2015, CHC was the only typology where a firearm was not a commonly used fatal agent. Overall, 52.9% of all CHC victims were killed with a personal weapon, which is a persistent trend for this typology.
- By gender, 45.5% of male children were killed with a blunt instrument, while 83.3% of females were killed with a personal weapon.
- In 2015, there was one male child who was killed with more than one fatal agent.

**Table 17: Number and Percent of CHC Victims by Fatal Agent and Sex in Virginia (N=17): 2015<sup>2</sup>**

Fatal Agency	Male (n=11)		Female (n=6)		Total (n=17)	
	No.	%	No.	%	No.	%
Personal Weapon	4	36.4	5	83.3	9	52.9
Blunt Instrument	5	45.5	0	0.0	5	29.4
Firearm	1	9.1	0	0.0	1	5.9
Other	1	9.1	1	16.7	2	11.8

#### Relationship Characteristics of Child Homicide by Caretaker Homicide:

- The majority (52.9%) of CHC victims were killed by their biological parent, with 55% of victims being a male biological child.
- Aside from homicides alleged perpetrated by biological parents of the victim, an equal number (4 each) of victims were either killed by a babysitter or the boy/girlfriend of their biological parent. Of victims who in the care of a babysitter at the time of fatal injury, all were male, while those victims who were killed by an intimate partner of their biological parent, three were male and one was female.

<sup>2</sup> One male was victim to multiple fatal agents



- In 2015, there were no step, adopted, or foster children killed by a legal parent or guardian.

**Table 18: Number and Percent of IPA Victims by Relationship to Alleged Offender in Virginia (N=17):2015**

Relationship	Male (n=11)		Female (n=6)		Total (n=17)	
	No.	%	No.	%	No.	%
Babysitter	4	36.4	0	0.0	4	23.5
Biological Child	4	36.4	5	83.3	9	52.9
Child of Alleged Offender's Boy/Girlfriend	3	27.3	1	16.7	4	23.5

#### Other Victims of Child Homicide by Caretaker Homicide:

- In 47.1% (8) of CHC events, a child other than the decedent was exposed to the fatal event, with 14 total children exposed. Of children exposed where the age was known, 28.6% (4) were between 5-9 years old.

#### Precipitating Characteristics and Risk Factors of Child Homicide by Caretaker Homicide:

- In approximately 47.1% of CHC events, there was known to be ongoing child abuse of the decedent prior to death and was identified to be a precipitating factor for the fatal event.
- In approximately 35.3% of CHC events, there was a prior history of physical violence between the child and the alleged offender.
- In approximately 23.5% of CHC events, Child Protective Services (CPS) was previously alerted to the household of the victim; however, highly transient families pose challenges with record transfer, and thus it is possible that this figure does not capture all cases for the decedent and/or household.

**Table 19: Number and Percent of Selected Risk Factors in Virginia (N=17): 2015**

Risk Factor	No.	%
History of violence or threats or violence	7	41.2
Living in a home with family or intimate partner violence	4	23.5
Alleged offender had been arrested or convicted of a criminal offense	4	23.5
CPS had previously been alerted to the household	4	23.5

## FAMILY RELATED HOMICIDE (FRH)

Other Family Homicide (OFH; hereafter referred to Family Homicide) is classified as a homicide in which a victim was killed by an individual related to them biologically or by marriage, and which does not meet the criteria for the previous domestic violence categories. Family Associated Homicide (FAH) is a homicide in which a victim was killed as a result of violence stemming from a familial relationship.

### 2015 Highlights:

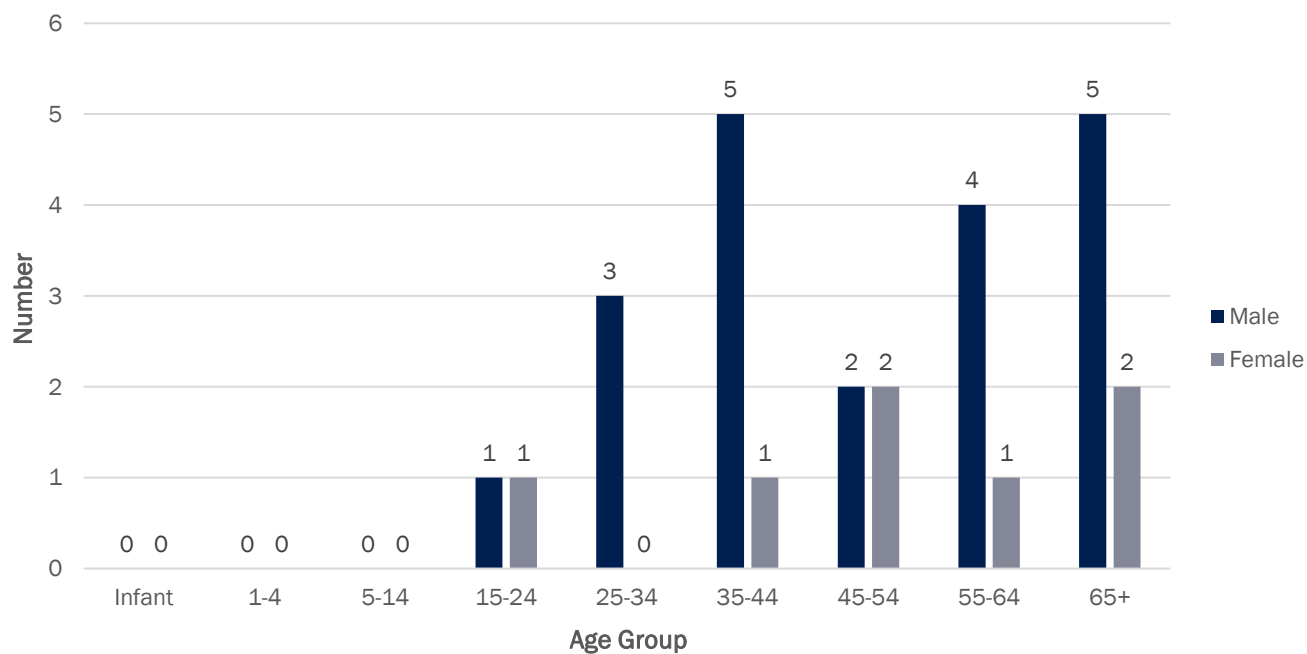
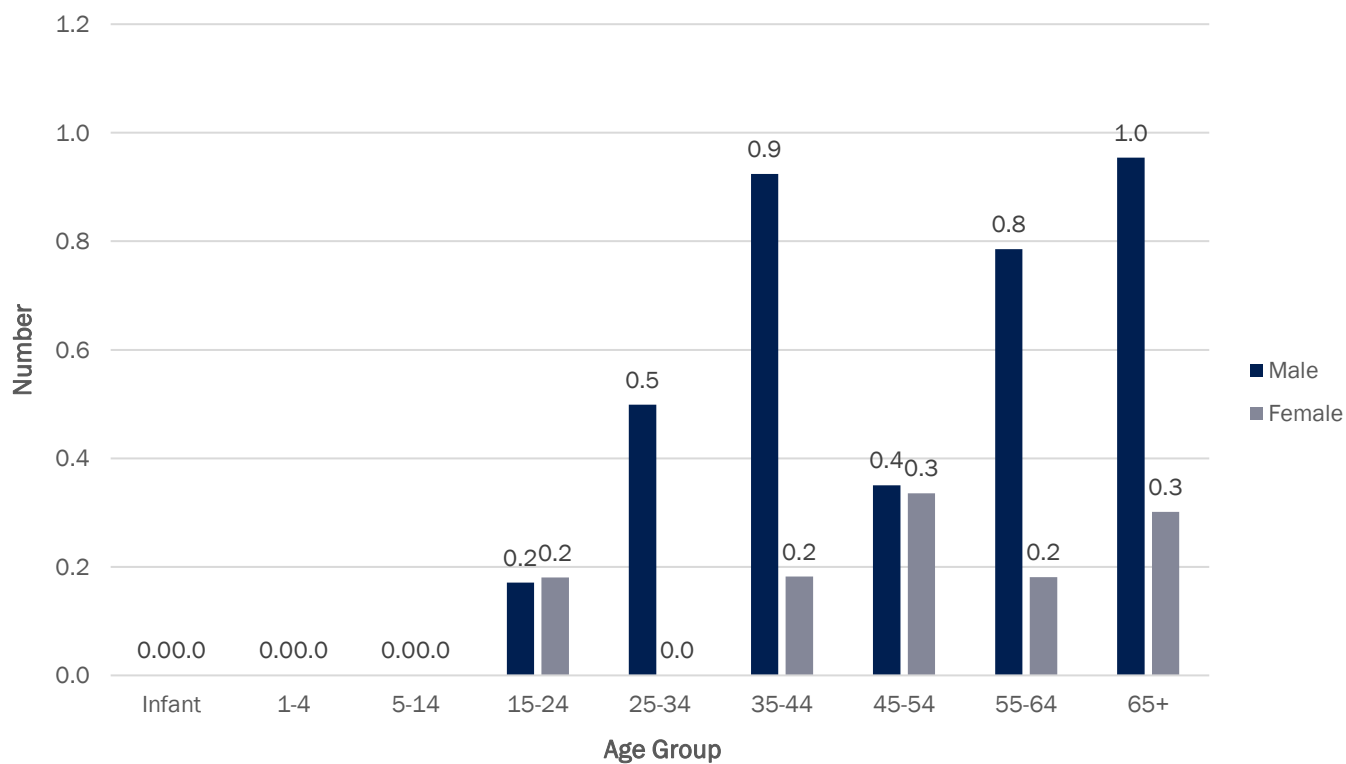
- In 2015, there were 19 Family Homicide events resulting in 21 fatalities, and 6 Family Associated Homicide events resulting in 6 fatalities.
- Family and Family Associated Homicides increased by approximately 22.7% from 2014 to 2015.
- There were no homicide-suicide Family or Family Associated Homicide events; however, there were three attempted homicide-suicide Family Homicide events.
- A male offender committed approximately 81.5% of Family and Family Associated Homicides.

### Demographic Characteristics of Family and Family Associated Homicides:

- The majority of Family and Family Associated Homicide victims were male (74.1%) and white (51.9%); however, black males had the highest rate at 1.0.
- Family and Family Associated Homicide victims' ages ranged from 21-84 with a mean age of 52, 59.2% of victims were age 45 or older.
- The highest rate was among males aged over 65 (1.0), followed by males aged 35-44 (0.9). Amongst females, the highest rates were among females age 45-54 and 65+ at 0.3.
- The highest number (10) and rate (0.6) of these homicides occurred in the Central Health Planning Region.

**Table 20: Number, Percentage, and Rate of FRH Victims by Race, Ethnicity, and Sex in Virginia (N=27): 2015**

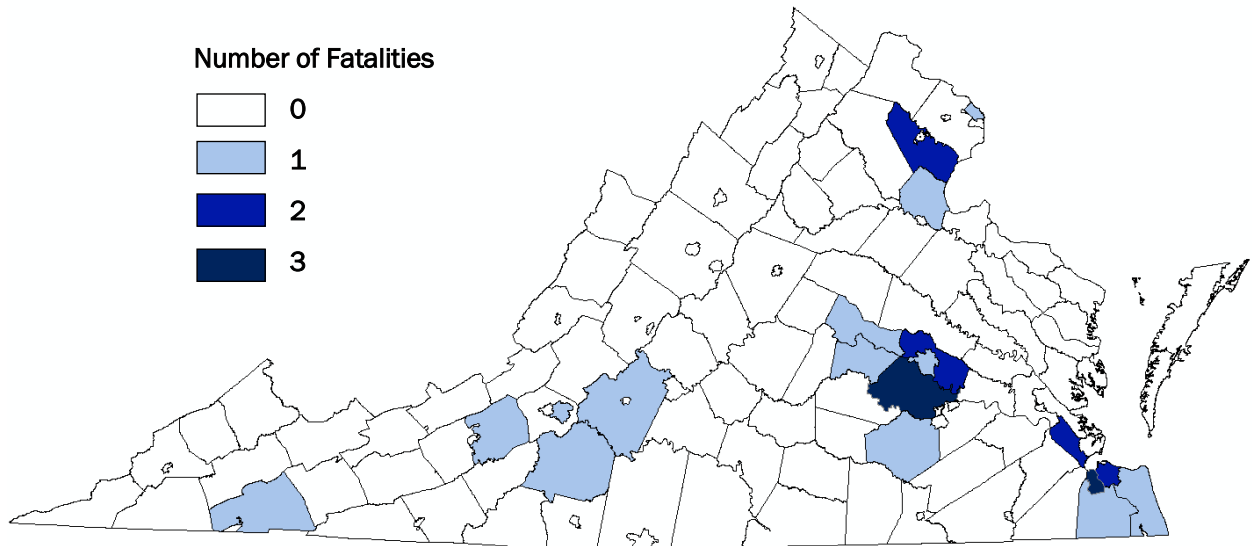
	Male (n=20)			Female (n=6)			Total (n=27)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	12	60.0	0.4	2	28.6	0.1	14	51.9	0.2
Black	8	40.0	1.0	4	57.1	0.4	12	44.4	0.7
Other	0	0.0	0.0	1	14.3	0.3	1	3.7	0.2
<b>Total</b>	20	74.1	0.5	7	25.9	0.2	27	100.0	0.3
Ethnicity									
Hispanic	3	15.0	0.8	0	0.0	0.0	3	11.1	0.4

**Figure 21: Number of FRH Victims by Age and Sex in Virginia (N=27): 2015****Figure 22: Rate of FRH Deaths by Age and Sex of Victim in Virginia (N=27): 2015**

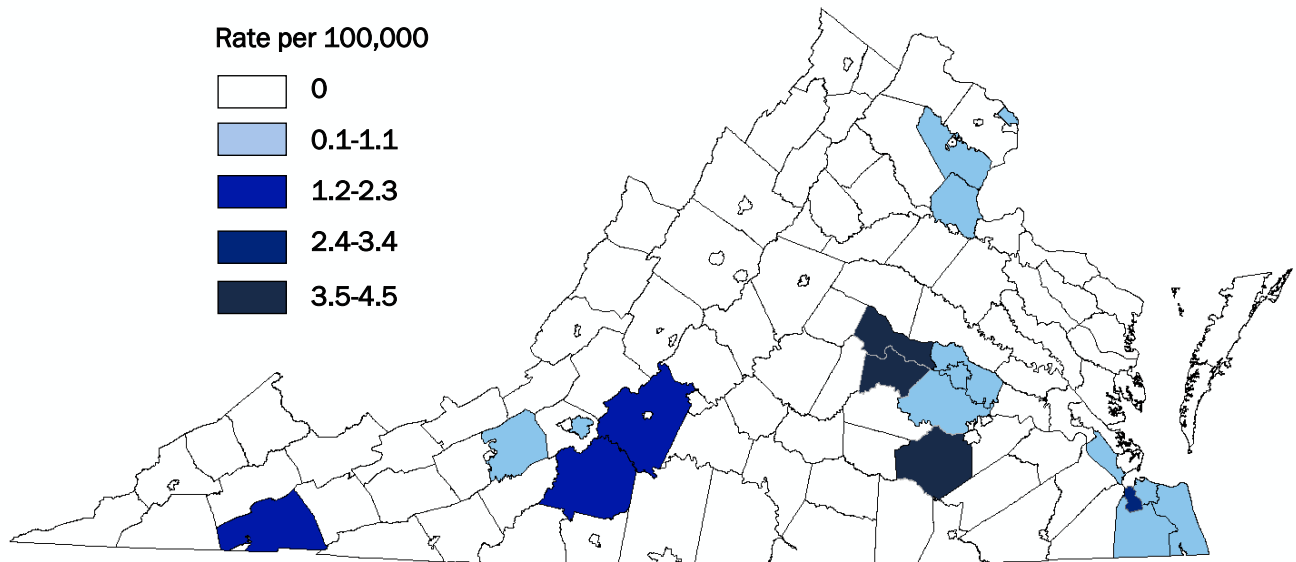
**Geographic Characteristics of Family and Family Associated Homicides:**

- In 2015, the Central Health Planning Region was the only region to see an increase in the rate of FRH, more than doubling from the 2014 rate for this region. Conversely, the rate in the Southwest and Northern Health Planning Regions decreased.
- The rates in the Northwest and Eastern Health Planning Regions remained constant.
- All FRH fatal injuries were known to of occurred in Virginia, inside one of Virginia's Health Planning Regions.

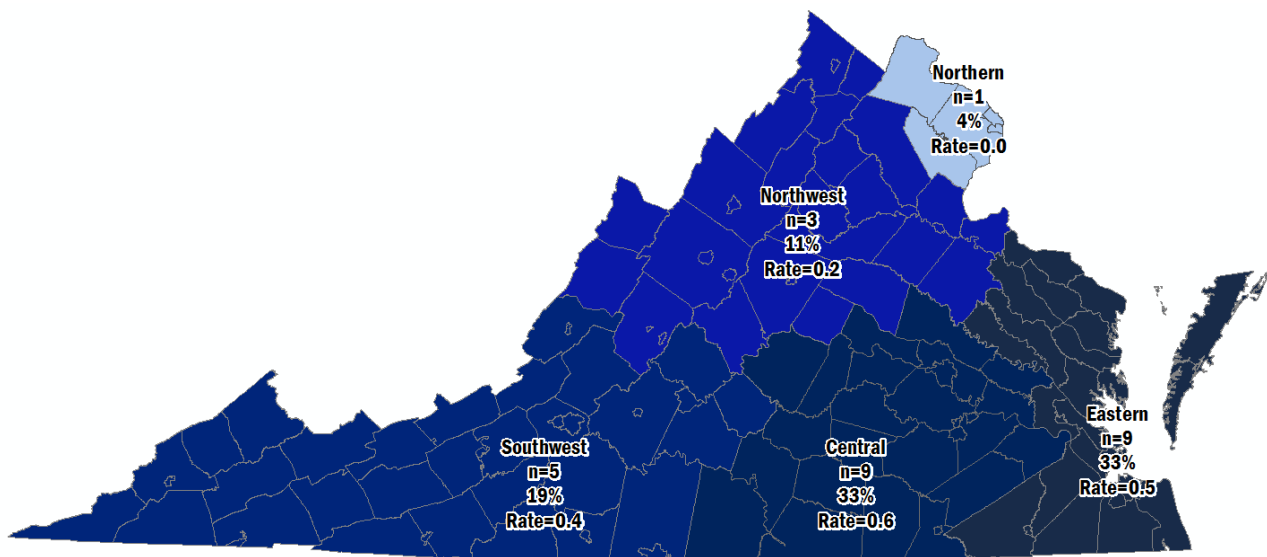
**Figure 23: Number of Family and Family Associated Homicide Deaths by Locality of Injury in Virginia (N=27): 2015**



**Figure 24: Rates of Family and Family Associated Homicide Deaths by Locality of Injury in Virginia (N=27): 2015**



**Figure 25: Number, Percent and Rate of FRH Deaths by Health Planning Region of Injury in Virginia (N=27): 2015**



#### **Fatal Agency of Family and Family Associated Homicides:**

- In 2015, firearms were the most common fatal agent; however, no female victims were killed using a firearm. For females, the most common fatal agent was either a blunt or a sharp instrument.
- There was one victim killed with more than fatal agent.
- While firearms and sharp instruments remained the most common fatal agents, compared to 2014, there was a slight increase in fatalities due to a personal weapon, while there were no fatalities where the victim was either strangled or smothered.

#### **Relationship Characteristics of Family and Family Associated Homicide:**

- In 2015, the greatest proportion of Family Homicide victims were a biological parent to the alleged offender (47.6%; 10); followed by a grandparent (14.2%; 3).
- Of those parents who killed a biological child, the majority of alleged offenders in these cases were biological children aged 25-34 (50%), followed by biological children aged 15-24 (30%). Further, in 90% of FRH fatalities where a parent was the victim, the alleged offender was male.
- Compared to 2014, while the proportion of FRH victims killed by a child decreased (50.0% to 37.0%), both the proportion of FRH victims killed by another type of family member and a non-family member increased in 2015, with the number of non-family homicides more than doubling (3 in 2014 compared to 8 in 2015).
- Amongst victims of Family Associated Homicide, 33.3% (2) of victims were subjects of law enforcement.

#### **Precipitating Characteristics and Risk Factors of Family and Family Associated Homicides:**

- Unlike other FIP typologies, in FRH cases, all precipitating categories were roughly equivalent, with the most common known precipitating characteristics being an argument over property, an argument due to existing mental health issue, or substance or alcohol use or abuse. Additionally, in approximately 14.8% of all FRH cases, there were no precipitating characteristics identified.

- Among Family Homicides, the greatest proportion of precipitating characteristics was unknown (19.1%; 4), and among Family Associated Homicides, the greatest proportion of precipitating characteristic was self-defense (33.3%; 2).

**Table 21: Number and Percent of IPR Homicide Deaths by Selected Precipitating Factors in Virginia (N=27): 2015**

Precipitating Factors	No.	%
Argument over property	3	11.1
Argument due to existing mental health issue	3	11.1
Substance/alcohol use/abuse	3	11.1
Financial issues	2	7.4
Robbery or attempted robbery	2	7.4
Self-Defense	2	7.4
Death due to 3 <sup>rd</sup> party	2	7.4
Argument but not specified by sources	2	7.4
Other	2	7.4
Refusal to follow law enforcement officer's requests	1	3.7
Unknown	4	14.8

- While the relationship dynamics amongst family members are different from relationships amongst intimate partners, the risk factors for family and family associated homicides are often the same. The most common risk factors present in FRHs included an alleged offender with a history of arrest or conviction, and a history of violence or threats of violence.
- Compared to 2014, the number of cases where the decedent lived in a home with family or intimate partner violence occurring decreased by 71.4%; however, an arrest or conviction of the alleged offender and history of violence or threats of violence remained among the top risk factors among family and family associated fatalities.

**Table 22: Number and Percent of Selected Risk Factors in Virginia (N=17): 2015**

Risk Factor	No.	%
Alleged Offender with History of Arrest/Conviction	9	33.3
History of Violence or Threats of Violence	9	33.3
History of Physical Violence	5	18.5
History of Threats	4	14.8
Lived in a home with family or intimate partner violence	2	7.4
History of Protective Order	1	3.7

# APPENDICES

## APPENDIX A: FIVE-YEAR SUMMARY

	2011			2012		
	No.	%	Rate	No.	%	Rate
<b>Sex</b>						
Female	66	49.3	1.6	60	51.3	1.5
Male	68	50.7	1.7	57	48.7	1.4
<b>Race</b>						
White	77	57.5	1.3	62	53.0	1.0
Black	52	38.8	3.1	53	45.3	3.2
Other	5	3.7	0.9	2	1.7	0.3
<b>Ethnicity</b>						
Hispanic	12	9.0	1.8	9	7.7	1.3
<b>Age</b>						
<1	11	8.2	10.8	8	6.8	7.9
1-4	7	5.2	1.7	12	10.3	2.9
5-14	6	4.5	0.6	3	2.6	0.3
15-24	20	14.9	1.8	16	13.7	1.4
25-34	21	15.7	1.9	16	13.7	1.4
35-44	26	19.4	2.4	18	15.4	1.6
45-54	19	14.2	1.6	24	20.5	2.0
55-64	12	9.0	1.2	9	7.7	0.9
65+	12	9.0	1.2	11	9.4	1.0
<b>Fatal Agency</b>						
Firearm	77	57.5	–	57	48.7	–
Sharp Instrument	24	17.9	–	27	23.1	–
Blunt Instrument	4	3.0	–	4	3.4	–
Personal Weapon	18	13.4	–	24	20.5	–
Strangle/Choke	9	6.7	–	6	5.1	–
Motor Vehicle	0	0.0	–	1	0.9	–
Drown	0	0.0	–	2	1.7	–
Fire/Smoke Inhalation	2	1.5	–	1	0.9	–
Smother/Suffocate	2	1.5	–	2	1.7	–
Poison	1	0.7	–	1	0.9	–
Push/slam/throw	0	0.0	–	0	0.0	–
Other	1	0.7	–	0	0.0	–
Unknown	2	1.5	–	1	0.9	–
<b>OCME District</b>						
Central	35	26.1	1.6	37	31.6	1.7
Northern	21	15.7	0.8	20	17.1	0.7
Tidewater	43	32.1	2.7	32	27.4	2.0
Western	35	26.1	2.1	28	23.9	1.7
Out of State	0	0.0	0.0	0	0.0	0.0
<b>Type of Homicide</b>						
Intimate Partner	48	35.8	0.6	41	35.0	0.5
Intimate Partner Associated	49	36.6	0.6	29	24.8	0.4
Child by Caregiver	18	13.4	1.0	20	17.1	1.1
Elder by Caregiver	1	0.7	0.0	0	0.0	0.0
Family	16	11.9	0.2	24	20.5	0.3
Family Associated	2	1.5	<0.1	3	2.6	<0.1
<b>Total</b>	<b>134</b>	<b>100.0</b>	<b>1.7</b>	<b>117</b>	<b>100.0</b>	<b>1.4</b>



	2013			2014		
	No.	%	Rate	No.	%	Rate
<b>Sex</b>						
Female	62	50.8	1.5	69	61.6	1.6
Male	60	49.2	1.4	43	38.4	1.0
<b>Race</b>						
White	62	50.8	1.0	57	50.9	1.0
Black	50	41.0	2.9	50	44.6	2.9
Other	10	8.2	1.4	5	4.5	0.8
<b>Ethnicity</b>						
Hispanic	10	8.2	1.3	3	2.7	4.0
<b>Age</b>						
<1	13	10.7	12.6	6	5.4	5.8
1-4	7	5.7	1.7	12	10.7	2.9
5-14	2	1.6	0.2	9	8.0	0.9
15-24	22	18.0	1.9	14	12.5	1.2
25-34	21	17.2	1.8	20	17.9	1.7
35-44	17	13.9	1.6	22	19.6	2.0
45-54	20	16.4	1.7	16	14.3	1.4
55-64	13	10.7	1.3	6	5.4	0.6
65+	7	5.7	0.6	7	6.3	0.6
<b>Fatal Agency</b>						
Firearm	69	56.6	–	66	58.9	–
Sharp Instrument	21	17.2	–	15	13.4	–
Blunt Instrument	5	4.1	–	12	10.7	–
Personal Weapon	16	13.1	–	10	8.9	–
Strangle/Choke	6	4.9	–	8	7.1	–
Motor Vehicle	1	0.8	–	3	2.7	–
Drown	1	0.8	–	0	0.0	–
Fire/Smoke Inhalation	1	0.8	–	2	1.8	–
Smother/Suffocate	2	1.6	–	5	4.5	–
Poison	2	1.6	–	0	0.0	–
Push/slam/throw	0	0.0	–	1	0.9	–
Other	13	10.7	–	0	0.0	–
Unknown	0	0.0	–	0	0.0	–
<b>OCME District</b>						
Central	42	31.4	1.9	32	28.6	1.4
Northern	17	13.9	0.6	19	17.0	0.7
Tidewater	35	28.7	2.2	31	27.7	1.9
Western	28	23.0	1.7	29	25.9	1.8
Out of State	0	0.0	0.0	0	0.9	–
<b>Type of Homicide</b>						
Intimate Partner	47	38.5	0.6	48	42.9	0.6
Intimate Partner Associated	29	23.8	0.4	26	23.2	0.3
Child by Caregiver	21	17.2	1.1	16	14.3	0.2
Elder by Caregiver	1	0.8	<0.1	0	0.0	0.0
Family	18	14.8	0.2	20	17.9	0.2
Family Associated	6	4.9	0.1	2	1.8	0.0
<b>Total</b>	<b>122</b>	<b>100.0</b>	<b>1.5</b>	<b>112</b>	<b>100.0</b>	<b>1.3</b>

	No.	2015 %	Rate
<b>Sex</b>			
Female	56	45.2	1.3
Male	68	54.8	1.6
<b>Race</b>			
White	62	50.0	1.0
Black	59	47.6	3.4
Other	3	2.4	0.5
<b>Ethnicity</b>			
Hispanic	6	4.8	0.8
<b>Age</b>			
<1	6	4.8	5.8
1-4	13	10.5	3.2
5-14	1	0.8	0.1
15-24	19	15.3	1.7
25-34	22	17.7	1.9
35-44	22	17.7	2.0
45-54	14	11.3	1.2
55-64	14	11.3	1.3
65+	13	10.5	1.1
<b>Fatal Agency</b>			
Firearm	70	56.6	–
Sharp Instrument	21	16.9	–
Blunt Instrument	11	8.9	–
Personal Weapon	12	9.7	–
Strangle/Choke	3	2.4	–
Motor Vehicle	1	0.8	–
Drown	1	0.8	–
Fire/Smoke Inhalation	1	0.8	–
Smother/Suffocate	1	0.8	–
Poison	0	0.0	–
Push/slam/throw	0	0.0	–
Other	3	2.4	–
Unknown	0	0.0	–
<b>OCME District</b>			
Central	40	32.3	1.8
Northern	19	15.3	0.7
Tidewater	35	28.2	2.2
Western	30	24.2	1.8
Out of State	0.0	0.0	–
<b>Type of Homicide</b>			
Intimate Partner	55	44.4	0.7
Intimate Partner Associated	25	20.2	0.3
Child by Caregiver	17	13.7	0.2
Elder by Caregiver	0	0.0	0.0
Family	21	16.9	0.3
Family Associated	6	4.8	0.1
<b>Total</b>	<b>124</b>	<b>100.0</b>	<b>1.5</b>

## APPENDIX B: GLOSSARY

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**Adult Homicide by Caretaker:** A homicide in which a victim was a dependent adult 18 years or older who was killed by a caretaker. A dependent adult could include someone who is elderly or disabled, and requires part- or full-time care from another person.

**Alleged offender:** A person who law enforcement suspects or charges with the commission of a homicide.

**Assault/battery:** Assault is a violent or forceful attempt to physically injure someone. Physical contact is not necessary to meet the legal requirements of assault. Battery is the physical and violent contact with a person to cause harm or injury.

**Asylum seeker:** A person who has left their country of origin and formally applied for asylum in the U.S. but whose application has not yet been concluded.

**Burglary/theft/robbery:** Burglary is entering a place with intentions of committing a felony or larceny (theft of personal property). Robbery is the taking of personal property of another from one's person or in one's presence and against one's will, by violence, threat, or fear. Robbery involves the intent to steal.

**Caretaker:** A person responsible for the care and/or supervision of another person. This is not limited to a biological parent, but can include a babysitter or person of no biological relation who is in charge of or responsible for the care of another person. In Virginia a parent of a minor is always considered a caretaker, unless their parental rights have previously been terminated.

**Child Homicide by Caretaker:** A homicide in which a victim was a child under the age of 18 killed by a caretaker.

**Child/children:** A person under the age of 18.

**Decedent:** A person who has died. In this data tool, decedent refers to someone who died as a result of injuries inflicted by the Alleged Offender during the fatal event.

**Disabled:** "A person with a physical or mental impairment that substantially limits one or more of the major life activities..."<sup>3</sup> This may include illnesses or conditions such as HIV, impaired hearing, paralysis, broken bones, severe arthritis, seizure disorder, Alzheimer's disease, and degenerative back conditions. Pregnancy should not be coded as a disability.

**Domestic violence:** Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another.

**Domestic Violence Homicide, Other:** A homicide in which a victim was killed by an individual who was not related biologically or by marriage. The victim was also not in an intimate relationship with the alleged offender.

**Domestic violence perpetrator:** Person who was the primary aggressor of abuse towards an intimate partner or family member. The perpetrator is often times the alleged offender, but this is not always the case, such as in a case where a domestic violence victim's new boyfriend murders the victim's abuser or perpetrator. In this case, the new boyfriend is the alleged offender but not the domestic violence perpetrator.

**Domestic Violence Suicide, Other:** A suicide committed to escape from or as an act of abuse against a person other than a family member or intimate partner.

**Domestic violence victim:** Person who was the primary target of abuse from the domestic violence perpetrator. The victim is often times the primary decedent, but this is not always the case, such as in a

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<sup>3</sup> Americans with Disabilities Act of 1990, Pub. L. No. 101-336, §2, 104 Stat. 328 (1991).

case where the domestic violence victim's new boyfriend murders the victim's abuser or perpetrator. In this case, the decedent is the domestic violence perpetrator, not the domestic violence victim.

**DUI (Driving Under the Influence):** Circumstance where a person operates a motor vehicle under the influence of alcohol with a blood alcohol concentration of 0.08 or higher and/or when a person is under the influence of a narcotic drug to a degree which impairs his or her ability to operate a vehicle safely.

**Educational attainment:** The degree or completed number of years of education.

**Family Homicide, Other:** A homicide in which a victim was killed by an individual related to them biologically or by marriage with the exception of spouses (e.g. grandparent, [step] parent, [step] sibling, cousin, in-law).

**Family dissolution/violence:** Family or household characterized by separation/break-up/divorce, intimate partner or family abuse.

**Family member:** Includes parents, children, siblings, grandparents and grandchildren (in-laws, adopted, biological, foster, half-siblings, etc.), or another person related by blood or marriage excluding spouses

**Family Violence Suicide:** A suicide committed to escape from or as an act of abuse against a family member.

**Fatal agent:** The instrument or method causing the death of a victim (e.g., firearm, poison, strangling).

**Fatal assault/event:** A homicide(s) with shared circumstances. Information describing the characteristics and circumstances of homicides is provided in two ways, by individual case and event. For instance, if two persons are killed in a car accident, there are two victim cases and one event.

**Financial issues:** Difficulty making income and/or paying debts or expenses (e.g., living at or below the poverty level, unemployment, excessive debt, and inability or difficulty paying rent/utilities).

**Financial strife:** Conflict or disagreement regarding finances (e.g., income, paying debts, division of assets, and ownership of property).

**History of resentments or conflicts:** A past or long term history of arguments, anger, struggle, or opposition (e.g., two siblings who never get along or see eye to eye).

**Homicide:** "Occurs when death results from an injury or poisoning or from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide."<sup>4</sup>

**Homicide-Suicide:** A homicide which is followed within one week by the suicide of the alleged offender.

**Immigrant:** A person who comes to live permanently in the U.S. from another country.

**Intimate partner:** May include a current or former spouse; any individual who has a child in common with the person; or, any individual who cohabits or who, within the previous 12 months, cohabited with the person.

**Intimate Partner Associated Homicide:** A homicide in which a victim was killed as a result of abuse and/or violence stemming from an intimate partner relationship (e.g., persons caught in the crossfire of intimate partner violence: such as friends, co-workers, neighbors, new intimate partners, or bystanders).

**Intimate Partner Homicide:** A homicide in which a victim was killed by one of the following: current or former spouse; current or former boyfriend; girlfriend; same-sex partner; or dating partner.

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<sup>4</sup> Centers for Disease Control and Prevention. (2003). Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Report.

**Intimate Partner Violence Associated Suicide:** A suicide committed to escape from the abuse between two intimate partners.

**Intimate Partner Violence Suicide:** A suicide committed to escape from or as an act of abuse against an intimate partner.

**Lethality Factors:** Events or characteristics that when present in an intimate partner relationship indicate an elevated risk for lethal domestic violence.

**Mandated treatment or intervention:** Treatment or interventions required by Virginia courts (e.g., participation and compliance with counseling, probation, parole, batterer intervention, and/or drug/alcohol rehabilitation programs).

**Manslaughter:** The unjustifiable, inexcusable, and intentional killing of another person without deliberation, premeditation, and malice.

**Mental health issues:** Mental health issues include all disorders and syndromes identified in the DSM-IV (e.g., depression, anxiety, schizophrenia, eating disorders, personality disorders, and dementia).

**Murder:** The willful, deliberate, and premeditated killing of another person.

**Neglect:** Behaviors causing injury or harm, characterized by inadequate supervision or failure to provide essential care (e.g., food, medicine, health care).

**Precipitating factor:** A circumstance that occurred immediately before or during the fatal event and might be considered a trigger or motive for the violence.

**Primary decedent:** The decedent who was the main target during a fatal event.

**Protective order:** A legal order issued by a court to protect one person from abuse or threatening behavior by another.

**Secondary decedent:** Someone who died as a result of the fatal event, but who was not the main target of the violence.

**Refugee:** A person who has been forced to leave their country in order to escape war, persecution, or natural disaster.

**Risk factor:** Characteristics present prior to the occurrence of a homicide which might have placed the victim at an increased probability for abuse.

**Sexual assault:** Sexual contact without consent and with or without the use or threat of force.

**Stalking:** When a person becomes fearful of their safety because someone is repeatedly pursuing, harassing, and/or following them, which is unwanted and serving no legitimate purpose.

**Substance abuse:** The recurrent pattern of the use of drugs, alcohol, or other substances for purposes other than intended and/or impairs the user's life.

**Suicide:** A death that "results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self."<sup>5</sup>

**Suicide Alone:** A fatality involving a single decedent whose manner of death was suicide.

**Trespassing:** An unlawful entry in a place where a person has been prohibited from entering.

**Truancy:** The act of a child who habitually is absent from school without justification.

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<sup>5</sup> Centers for Disease Control and Prevention. (2003). Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Report.

## APPENDIX C: VIRGINIA LOCALITIES BY REGION

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### Health Planning Region (HPR)

**Central:** Counties of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greenville, Halifax, Hanover, Henrico, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex. Cities of Colonial Heights, Emporia, Hopewell, Petersburg, and Richmond.

**Northern:** Counties of Arlington, Fairfax, Loudoun, and Prince William. Cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

**Eastern:** Counties of Accomack, Essex, Gloucester, Isle of Wight, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Richmond, Southampton, Westmoreland, and York. Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, and Williamsburg.

**Northwest:** Counties of Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, and Warren. Cities of Buena Vista, Charlottesville, Fredericksburg, Harrisonburg, Staunton, Waynesboro, and Winchester.

**Southwest:** Counties of Alleghany, Amherst, Appomattox, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe. Cities of Bristol, Covington, Danville, Galax, Lynchburg, Martinsville, Norton, Radford, Roanoke, and Salem.

### Office of the Chief Medical Examiner (OCME) District

**Central:** Counties of Albemarle, Amelia, Brunswick, Buckingham, Caroline, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Essex, Fluvanna, Gloucester, Goochland, Greene, Greenville, Halifax, Hanover, Henrico, James City, King and Queen, King George, King William, Lancaster, Louisa, Lunenburg, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Spotsylvania, Stafford, Surry, Sussex, Richmond, and Westmoreland. Cities of Charlottesville, Colonial Heights, Emporia, Fredericksburg, Hopewell, Petersburg, Richmond, and Williamsburg.

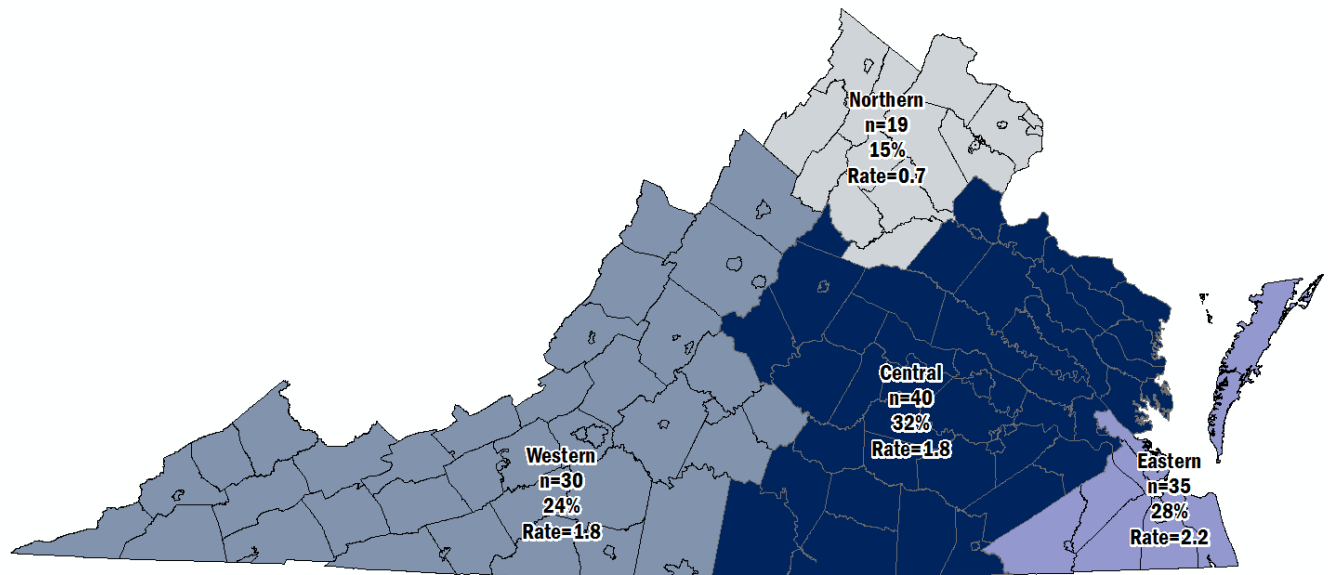
**Northern:** Counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, Frederick, Loudoun, Madison, Manassas, Orange, Page, Prince William, Rappahannock, Shenandoah, and Warren. Cities of Alexandria, Arlington, Fairfax, Falls Church, Manassas Park City and Winchester.

**Tidewater:** Counties of Accomack, Isle of Wight, Northampton, Southampton, and York. Cities of Chesapeake, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, and Virginia Beach.

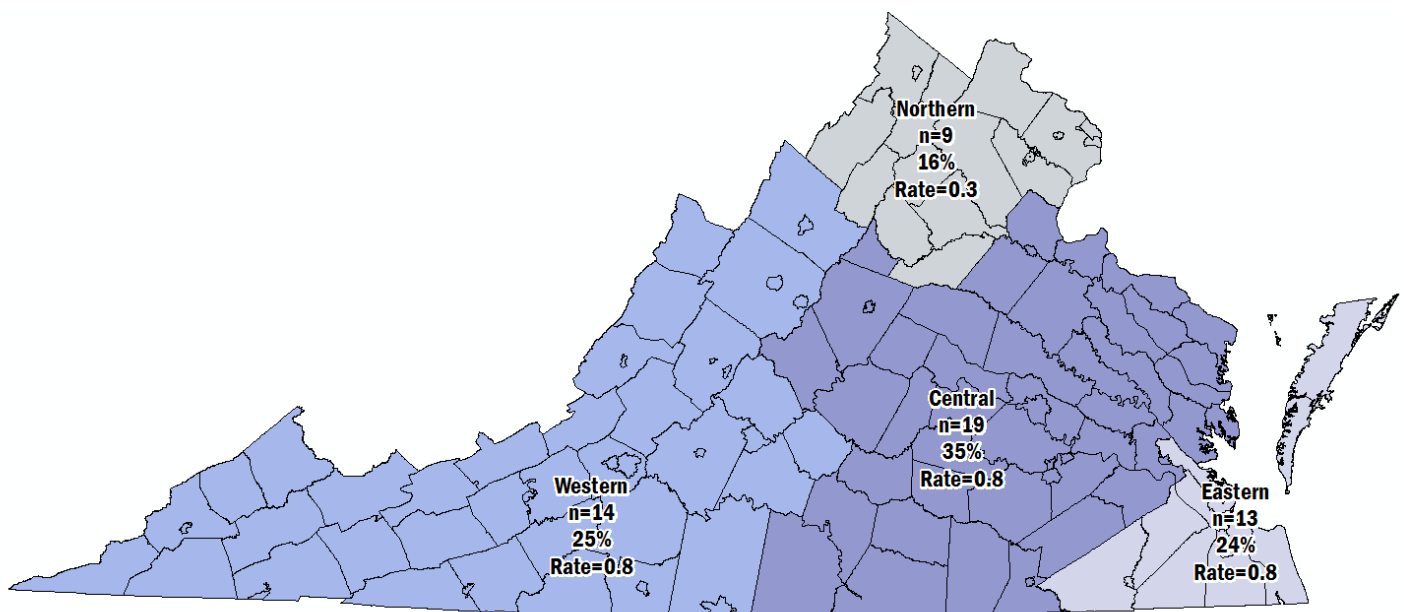
**Western:** Counties of Alleghany, Amherst, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Buchanan, Campbell, Carroll, Craig, Dickenson, Floyd, Franklin, Giles, Grayson, Henry, Highland, Lee, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke, Rockbridge, Rockingham, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe. Cities of Bristol, Buena Vista, Covington, Danville, Galax, Harrisonburg, Lexington, Lynchburg, Martinsville, Norton, Radford, Roanoke, Salem, Staunton, and Waynesboro.

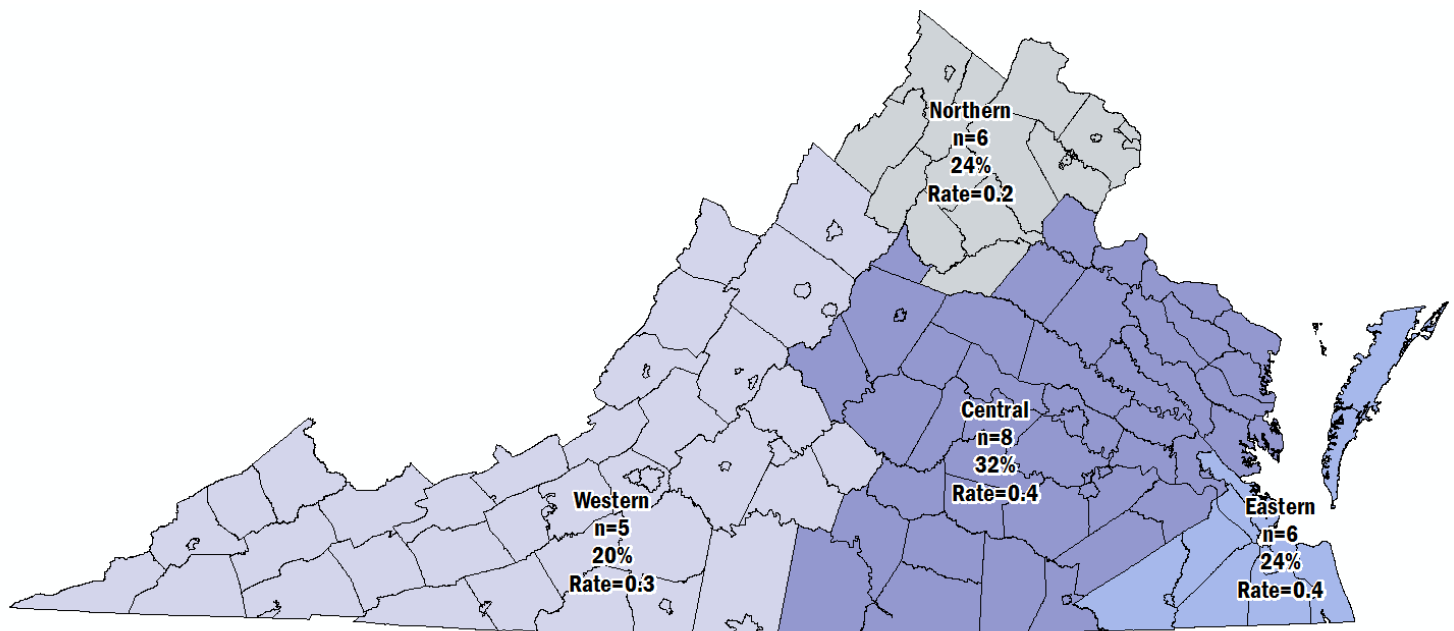
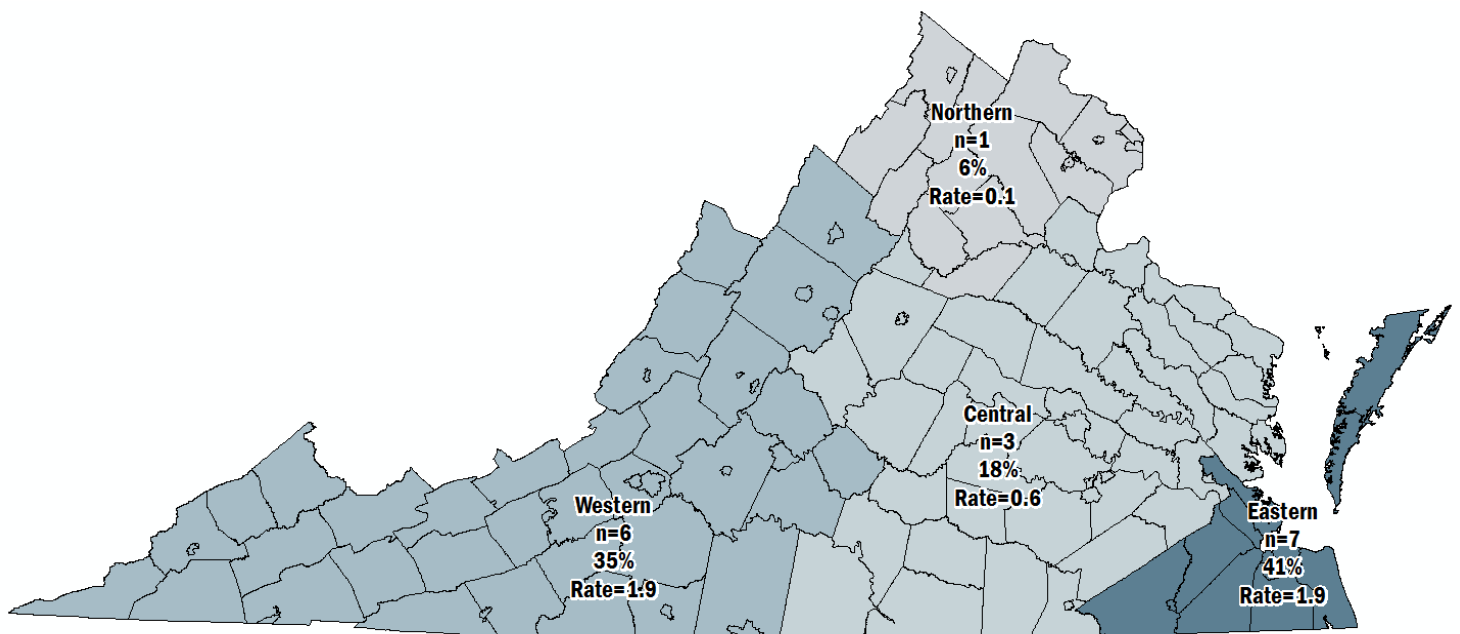
## APPENDIX D: ADDITIONAL FIGURES

**Figure 26: Number, Percent, and Rate of FIP Homicide Deaths by OCME District in Virginia (N=124): 2015**



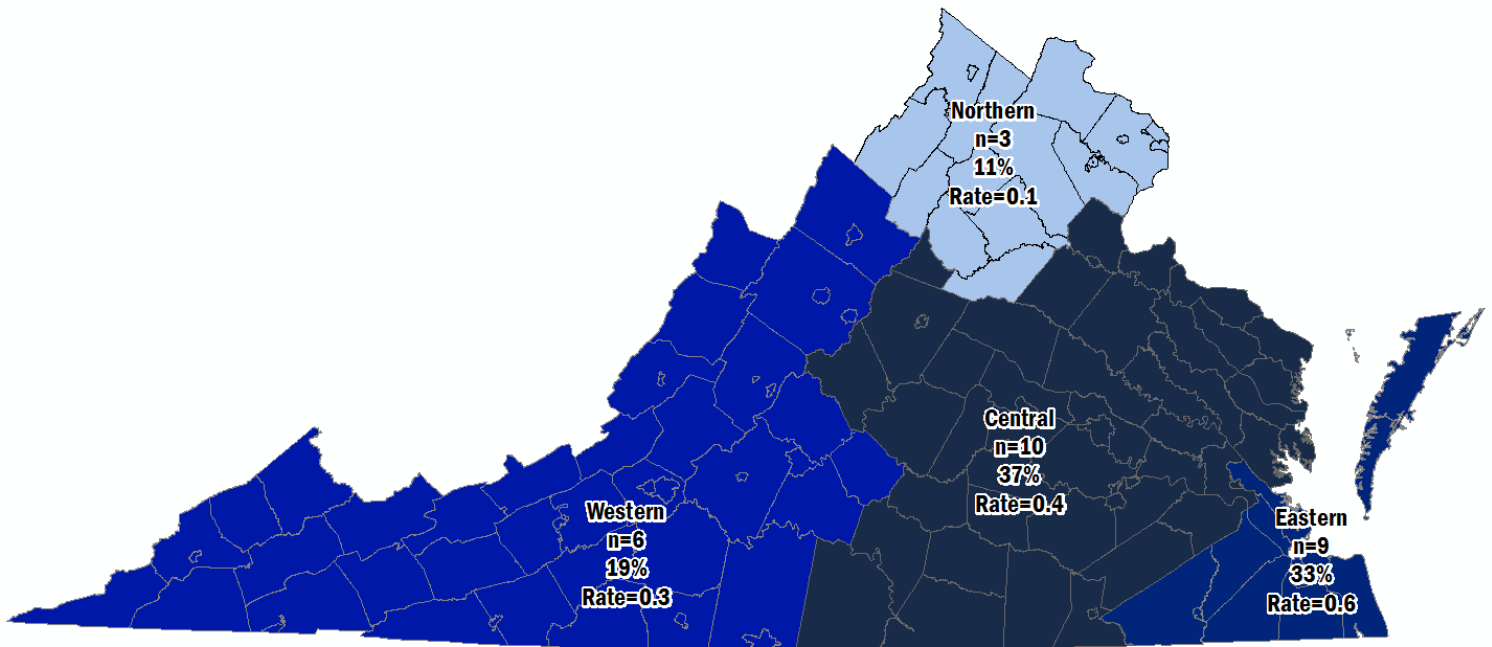
**Figure 27: Number, Percent, and Rate of IPH Deaths by OCME District in Virginia (N=55): 2015**



**Figure 28: Number, Percent, and Rate of IPA Deaths by OCME District in Virginia (N=25): 2015****Figure 29: Number, Percent, and Rate of CHC Deaths by OCME District in Virginia (N=17): 2015**



**Figure 30: Number, Percent, and Rate of FRH Deaths by OCME District in Virginia (N=27): 2015**



## **APPENDIX E: LETHALITY ASSESSMENT PROGRAM**

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The following communities have been trained by the Office of the Attorney General, and are currently implementing the Lethality Assessment Program:

- Albemarle
- Augusta
- Bristol
- Charlottesville (including University of Virginia)
- Chesapeake
- Colonial Heights
- Dinwiddie
- Fairfax
- Fluvanna
- Franklin
- Hampton
- Hopewell
- James City
- Loudoun
- Leesburg
- Lynchburg
- Martinsville
- New Kent
- Newport News
- Norfolk
- Petersburg
- Prince George
- Pulaski
- Radford
- Richmond (including Virginia Commonwealth University)
- Staunton
- Virginia Beach
- Washington County
- Waynesboro
- York Poquoson