FAMILY AND INTIMATE PARTNER HOMICIDE

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

2016—2017

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EXECUTIVE SUMMARY

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 & Intimate Partner Homicide Program, 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 homicides that occurred in the period of January 1, 2016 – December 31, 2017 from the Virginia Violent Death Reporting System (VVDRS). 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;
- Identify 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

From 2016–2017, analysis of homicide statistics revealed that there were 326 homicides attributable to one of six of the relationship categories used by the Family & Intimate Partner (FIP) Surveillance Project. Among these homicides, 40% involved intimate partners, while 60% 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, 53% were male, similar to 2015. The highest death rate continues to be among black males and females, with black males dying at a rate just over three-times higher than any other group. Victims ranged in age from infancy to 90 years, with a median age of 36. The Central Health Planning Region had the highest number of FIP fatalities, bypassing the Eastern Health Planning Region from previous years; however, the rate in the Northern Health Planning Region increased by over 50% since 2015. Intimate Partner Homicide continued to account for the greatest proportion, 40%, of all FIP Project typologies. The proportion of FIP homicides involving a firearm increased from 57% in 2015 to 61%, 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, who experienced fatal family and intimate partner violence that was significantly higher than all other races. These findings continue to reflect an evidence-based trend in other areas of public health research, and highlights the significant impact that

social disparities, including age, race/ethnicity, gender, and socioeconomic status, have on a persons' health and well-being. As this report shows, such disparities continue to play a role in the differential impact of homicidal violence. Domestic violence services should continue to acknowledge the impact of these disparities, and work to ensure they are being culturally responsive to the population they serve by accounting for and responding to the variety of factors present within the context of fatal family and intimate partner violence.

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, trends from previous years show that the number of fatal family violence events has been increasing, and warrants continued attention amongst domestic violence stakeholders. It is recognized that compared to Intimate Partner and Intimate Partner Associated Homicides, the precipitating characteristics are often different, and currently, often unknown or poorly understood. As such, the development of prevention approaches and strategies for at-risk populations is challenging, and underscores the need to identify precipitating characteristics that are not currently captured in the FIP Surveillance 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 previous years, someone within a victim's social network knew about either past violence or the threat of future violence in one-third of all Intimate Partner and Intimate Partner Associated Homicides. These third party individuals play a significant role in addressing the violence and abuse, and their actions, whether big or small, may be able to 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. 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 can be prevented, 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 Surveillance Project provide stakeholders the opportunity to develop primary prevention strategies to reduce family and intimate partner violence before it starts. This report identifies individuals at acute risk, localities in need of strengthened prevention efforts, and circumstances 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, therefore, striving to become the healthiest state in the nation.

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 by the Division of Death Prevention in the Office of the Chief Medical Examiner (OCME), Virginia Department of Health. For this report, identification of cases were done by utilizing the Virginia Violent Death Reporting System, which tracks fatal family violence occurrences that fall under the jurisdiction of the OCME. Records obtained and compiled by the OCME during death investigation, as well as court records and law enforcement records, are the sources for information about each homicide. Since 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 the fatal injury occurred (see Appendices).

Population data are from the Vital Statistics. 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. 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 gender 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 are sourced from additional unpublished analyses.

Table 1: Number and Percent of Virginia Resident Population by Gender, Race, and Ethnicity: 2016-2017

	2016 N=8,411,808		2017 N=8,470,020	
Type	**No.**	**%**	**No.**	**%**
Gender				
Male	4,136,814	49.2	4,166,727	49.2
Female	4,274,994	50.8	4,303,293	50.8
Race				
White	6,010,786	71.5	6,027,893	71.2
Black	1,741,448	20.7	1,760,262	20.8
Other	659,574	7.8	681,865	8.1
Ethnicity				
Hispanic	766,004	9.1	795,323	9.4

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, typically using the relationship between the victim and suspect.

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 a current or former intimate partner relationship. That is, the homicide would not have occurred in the absence of the IP 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, family members, 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 940 total homicides that occurred in Virginia between 2016 and 2017:

- The homicide rate in Virginia in 2016-17 was 5.6, a 21% increase from 2015.
- The majority of victims were male (76.6%) and identified as black (73.2%).
- Males aged 18-24 years had the highest homicide rate with 23.7 deaths per 100,000 persons.
- Seventy-two percent of all homicides were committed using a firearm.

From 2016-2017, there were 298 Family and Intimate Partner Homicide events in Virginia, resulting in 326 deaths. These deaths occurred at a rate of 1.9, representing a 29% increase in this rate from 2015 (1.5).

Long Term Trends

The total number of homicides in Virginia in both 2016 and 2017 increased by about 20% compared with 2015, though the total number decreased slightly in 2017 compared with 2016; however, the number of homicides related to family and intimate partner violence increased by about 30% (Figure 2). While the proportion of deaths attributed to family and intimate partner violence was just around one in three, compared to 2015, this figure increased from 32% to 34% (Figure 1). Intimate Partner Homicide (IPH) continue to comprise the largest number of fatalities of all FIP typologies.

Appendix A 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, similar to 2015, there was a higher rate of males that died in FIP homicide overall than females.

Figure 1: Number of All Homicide, FIP Homicide, and IPH Victims and Percent FIP Homicide (FIPH) in Virginia: 2013-2017

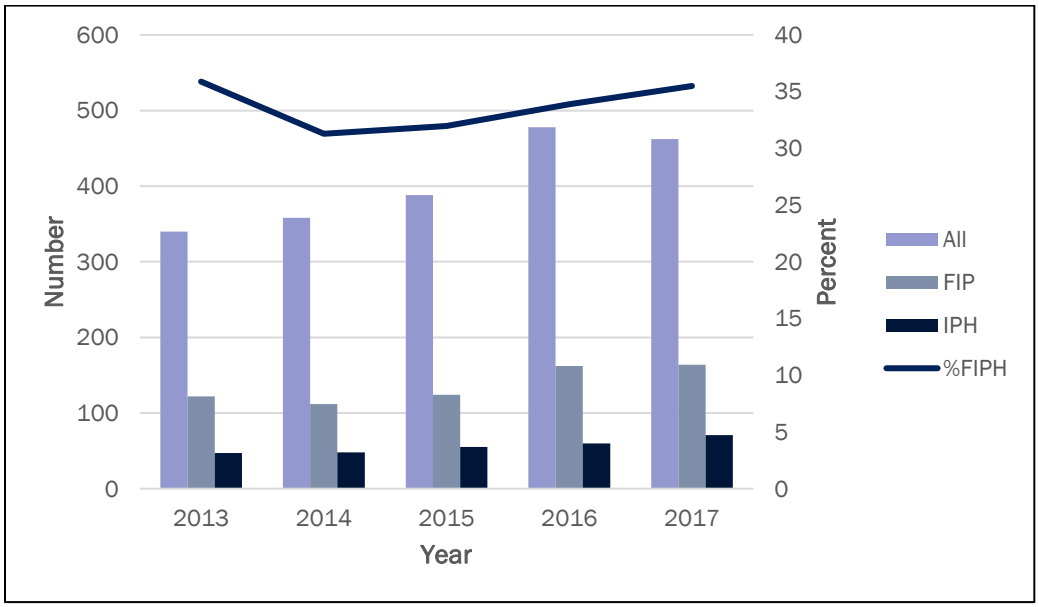
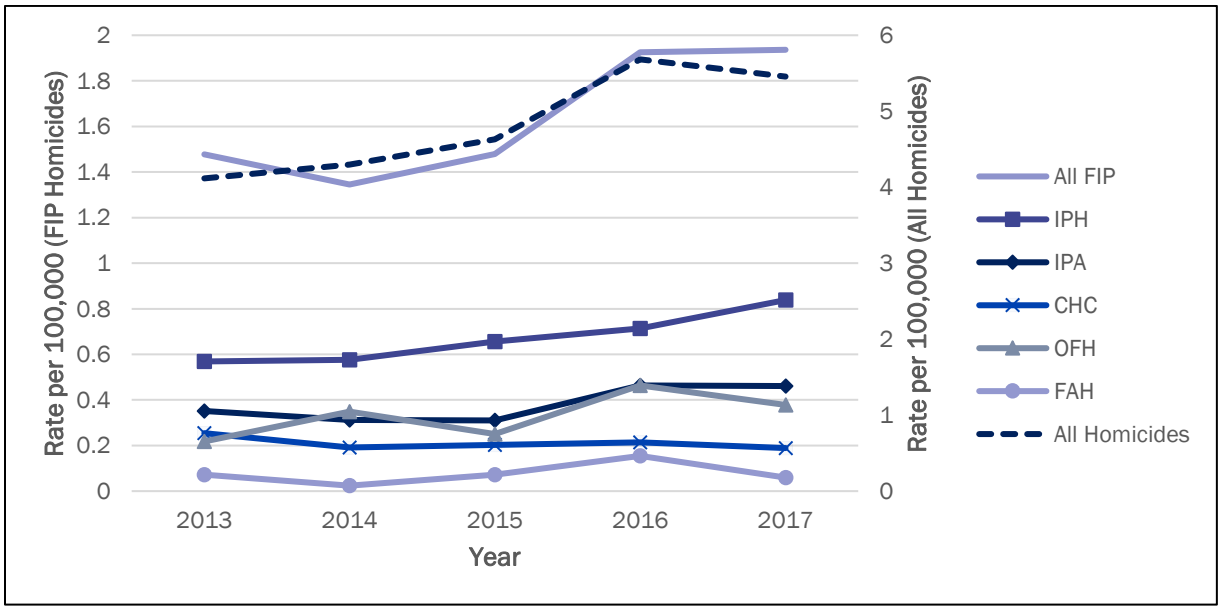


Figure 2: Rate of Death by Homicide Type in Virginia: 2013-2017



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. As such, using this data helps to identify and describe the magnitude of fatal domestic violence in Virginia. The following sections provide a summary of these characteristics for FIP Homicides (FIPH), 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 (4.0), with black males dying at a higher rate than any other group (4.6; Table 2).
- The rate at which infants died increased by 45% from 2015, while the rate of death for children aged 1-4 decreased (from 3.2 in 2015 to 1.8 in 2016-2017; Figure 17).
- Deaths from use of sharp instrument remained the second most common fatal agency, followed by blunt instrument, a change from 2015 where personal weapon (i.e. hand, foot used to strike, kick or shake) was the third most common fatal agency.
- The proportion of FIP Homicides involving a firearm increased by 10%, increasing to 62% (Table 4).
- Similar to 2015, more males than females were killed because of FIP. From 2016-17, 52.8% of FIP homicide victims were male, while 47.2% were female (Table 2).

2016-17 FIPH Victims were:

- **44% non-Hispanic white**
- **53% male**
- **Aged 0-90, with a median age of 36**
- **57% fatally injured in Central HPR**
- **61% killed with a firearm**
- **40% of fatalities were a result of Intimate Partner Homicide**
- **31% of victims were killed either by a current spouse or boyfriend/girlfriend**

Table 2: Family and Intimate Partner Homicides by Victim Race, Ethnicity, and Gender[1] in Virginia (N=326): 2016-2017

	Male			Female			Total		
Type	**No.**	**%**	**Rate**	**No.**	**%**	**Rate**	**No.**	**%**	**Rate**
Race									
White	87	50.6	1.5	81	52.6	1.3	168	51.5	1.4
Black	77	44.8	4.6	64	41.6	3.5	141	43.3	4.0
Other	7	4.1	1.1	9	5.8	1.3	16	4.9	1.2
Unknown	1	0.6	-	0	-		1	0.3	-
Total	172	52.8	2.1	154	47.2	1.8	326	100.0	1.9
Ethnicity									
Hispanic	13	7.6	1.6	6	3.9	0.8	19	5.8	1.2

Table 3: Number, Percent, and Rate of FIP Homicide Victims by Case Type and Gender in Virginia (N=326): 2016-2017

	Male			Female			Total		
Type	**No.**	**%**	**Rate**	**No.**	**%**	**Rate**	**No.**	**%**	**Rate**
Intimate Partner Homicide	30	17.4	0.4	101	65.6	1.2	131	40.2	0.8
Intimate Partner Associated Homicide	62	36.0	0.7	16	10.4	0.2	78	23.9	0.5
Other Family Homicide	22	12.8	0.3	12	7.8	0.1	34	10.4	0.2
Child by Caretaker Homicide	41	23.8	0.5	21	13.6	0.2	62	19.0	0.4
Family Associated Homicide	16	9.3	0.2	2	1.3	0.0	18	5.5	0.1
Adult Homicide by Caregiver	1	0.6	0.0	2	1.3	0.0	3	0.9	0.0
Total	**172**	**52.8**	**2.1**	**154**	**47.2**	**1.8**	**326**	**100.0**	**1.9**

Table 4: Number and Percent of FIP Homicide Victims by Gender and Fatal Agency in Virginia (N=326): 2016-2017

Fatal Agency	Male		Female		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
Firearm	114	66.3	86	55.8	200	61.3
Sharp Instrument	23	13.4	22	14.3	45	13.8
Blunt Instrument	9	5.2	12	7.8	21	6.4
Personal Weapon	7	4.1	4	2.6	11	3.4
Strangle/Choke/Hang/ Smother/Suffocate	5	2.9	12	7.8	17	5.2
Motor Vehicle	0	0.0	4	2.6	4	1.2
Other	9	5.2	3	1.9	12	3.7
More than one	5	2.9	11	7.1	16	4.9

[1] Includes transgendered persons

Geographic Characteristics of FIP Homicide Victims:

- Across all Health Planning Regions, the Central region had the largest number of fatalities with 90 victims, constituting just over half of all 2016-2017 FIP homicides. Compared to 2015, this corresponded to a 55% increase in the rate of death from 2.0 to 3.1.
- All regions saw an increase in the rate of death due to FIP homicide in 2016-2017. The largest increase was in the Northern region, increasing by 60%.
- While there was noteworthy variation in the localities of injury, the rate of death due to FIP homicide in Galax City and Highland County increased significantly from 2015. A complete list of localities and their rates is found in Appendix C.

Figure 3: Number of FIP Homicide Deaths by Locality of Injury in Virginia (N=326): 2016-2017

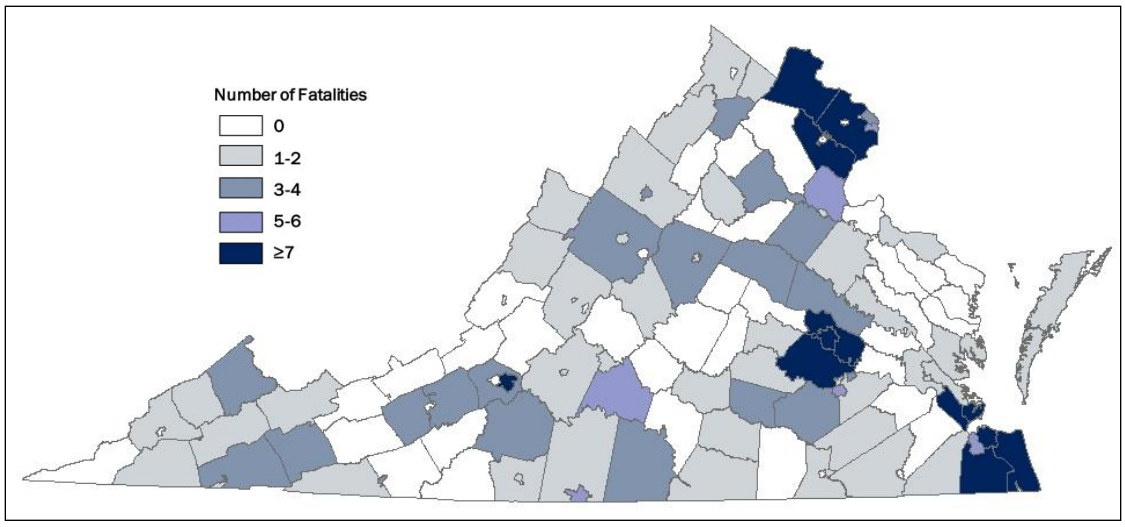


Figure 4: Rates of FIP Homicide Deaths by Locality of Injury in Virginia (N=326): 2016-2017

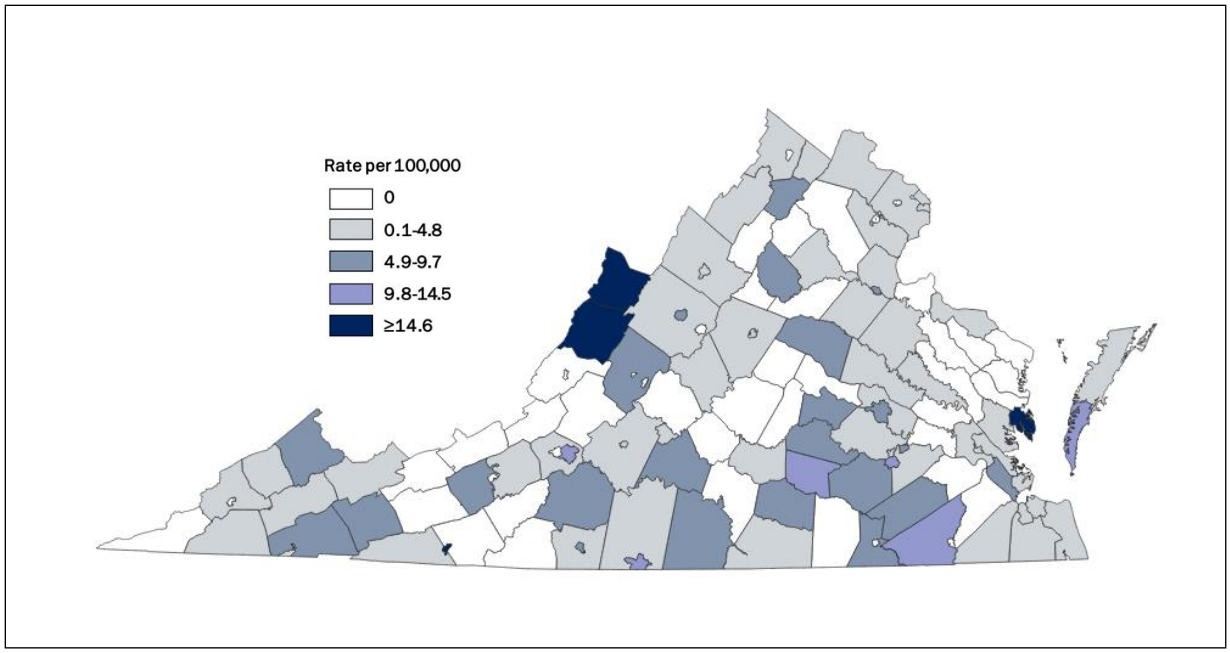


Figure 5: Number, Percent, and Rate of FIP Homicide Deaths by Health Planning Region of Injury in Virginia (N=326): 2016-2017

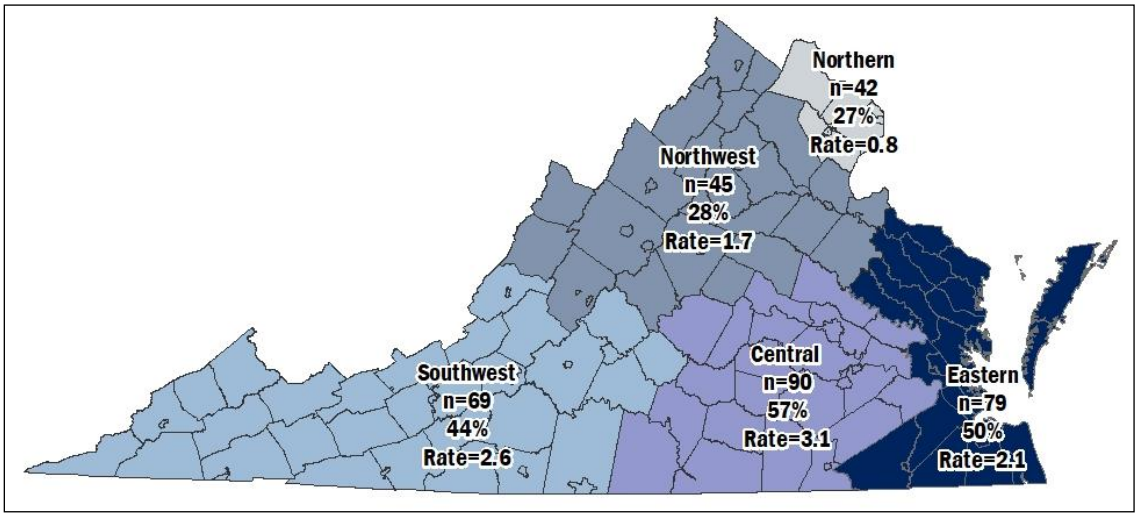


Table 5: Number, Percent, and Rate of FIP Homicide Deaths by Most Common Localities of Injury in Virginia (N=326): 2016-2017

Locality	No.	%	Rate
Richmond City	31	9.5	6.9
Henrico County	19	5.8	2.9
Fairfax County	16	4.9	0.7
Roanoke City	15	4.6	7.5
Chesapeake City	14	4.3	2.9

CHARACTERISTICS BY CASE TYPE:

Characteristics of FIP Homicide vary depending on the type of relationship involved. Tables 6 and 7 on the next page highlight a variety of if common characteristics, by case type, with the following notable comparisons in 2016-2017:

- The majority of victims of IPH were women (77.1%) and were killed using a firearm (56.5%), a trend that has remained consistent since the inception of the FIPV project in 1999.
- The majority of victims of IPA were male (79.5%), with males dying at nearly twice the rate in IPA homicide when compared with males killed directly by an intimate partner or family member (0.7 compared to 0.4).
- The average age of FIPH victims was 37. Aside from Child Homicide by Caretaker, victims of IPA were on average younger than victims from other FIP typologies.
- Although half (50.6%) of all FIP homicide victims were white, black Virginians died at a rate nearly three times that of white Virginians for all forms of fatal domestic violence (4.0 compared to 1.4).
- Firearms continue to stand out as the most common method of fatal agency (61.3% overall), except in the case of Child Homicide by Caretaker where the most common fatal agents was both blunt instrument (35.3%).
- For victims of Family-Related Homicide, victims were predominantly male (71.3%) and white (56.3%).

Table 6: Common Characteristics of FIP Homicide Victims by Case Type in Virginia (N=326): 2016-2017

Characteristic	IPH (%) (n=131)	IPA (%) (n=78)	CHC (%) (n=34)	FRH (%) (n=80)	All FIPH (%)
Average Age	40	37	1	45	37
Age Range	13-88	1-74	0-6	5-80	0-90
Gender	Female (77.1)	Male (79.5)	Male (64.7)	Male (71.3)	Male (52.8)
Race	White (48.8)	White (56.4)	Black (55.9)	White (56.2)	White (51.5)
Fatal Agent	Firearm (56.5)	Firearm (78.2)	Blunt (35.3)	Firearm (78.7)	Firearm (61.3)
Percent of Total	40.2	23.9	10.4	24.5	100.0

Table 7: Rate of FIP Homicide Victims by Case Type and Common Characteristics in Virginia (N=326): 2016-2017

Characteristic		IPH (%) (n=131)	IPA (%) (n=78)	CHC (%) (n=34)	FRH (%) (n=80)	All FIP
Age Group	Male	25-34 (0.8)	35-44 (1.4)	Infant (10.6)	55-64 (1.2)	Infant (10.6)
	Female	25-34 (2.7)	1-4 (0.5)	Infant (6.1)	55-64 (0.9)	Infant (6.1)
Gender		Female (1.2)	Male (0.7)	Male (1.2)	Male (0.7)	Male (2.1)
Race		Black (1.7)	Black (0.9)	Black (2.2)	Black (0.9)	Black (4.0)
Overall Rate		0.8	0.5	0.2	0.5	1.9

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 intimate 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, such as in some stalking offenses).

In 2016-2017, there were 128 Intimate Partner Homicide (IPH) events, resulting in 131 deaths. The rate of death from IPH was 0.8, a slight increase from the rate in 2015, which was 0.66.

2016-2017 Highlights:

- A current intimate partner killed approximately 44% of IPH victims, while a current spouse (Table 10) killed a third of IPH victims.
- Just over one fifth of all IPH victims were killed with a sharp instrument, representing a 16% increase in the number of homicides attributed to sharp instruments as compared to 2015 (18.2% in 2015 to 21.4% in 2016-2017, Table 9).
- Almost one third of all IPH events were Homicide-Suicide events, with 39 events being Homicide-Suicide events out of 128 total IPH events.

Demographic Characteristics of Intimate Partner Homicide Victims:

- Just over three quarters of all victims of IPH were women (77.1%), with a rate three times that of male victims (1.2 compared to 0.4).
- While white females accounted for the largest number of fatalities amongst all demographic groups, black females died at three times the rate of their white female counterparts (2.4 compared to 0.8), and had the highest fatality rate of all groups. The latter represents a concerning increase from prior years.
- Victims of IPH ranged in age from 13-88, with a mean age of 40. Females ages 25-34 were at highest risk of IPH at a rate of 2.7, resulting in almost a two-fold increase in the risk among this demographic group from 2015. Additionally, as in previous years, there continues to be adolescent (age 17 and under) IPH cases.
- The rate for victims of Hispanic origin was 0.4, though Hispanic females had a rate that was over three-times that of Hispanic males.

Table 8: Number, Percentage, and Rate of IPH Victims by Race, Ethnicity, and Gender in Virginia (N=131): 2016-2017

	Male (n=14)			Female (n=41)			Total (n=55)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	14	46.7	0.2	50	49.5	0.8	64	48.9	0.5
Black	15	50.0	0.9	43	42.6	2.4	58	44.3	1.7
Other	1	3.3	0.2	8	7.9	1.1	9	6.9	0.7
Total	30	22.9	0.4	101	77.1	1.2	131	100.0	0.8
Ethnicity									
Hispanic	2	6.7	0.2	5	5.0	0.7	7	5.3	0.4

Figure 6: Number of IPH Victims by Age and Gender in Virginia (N=131): 2016-2017

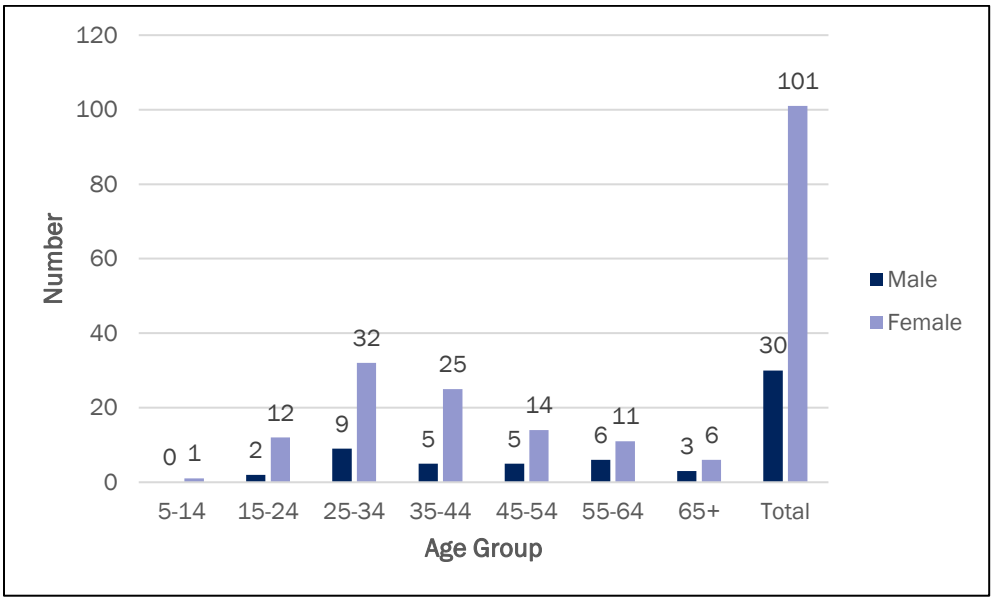
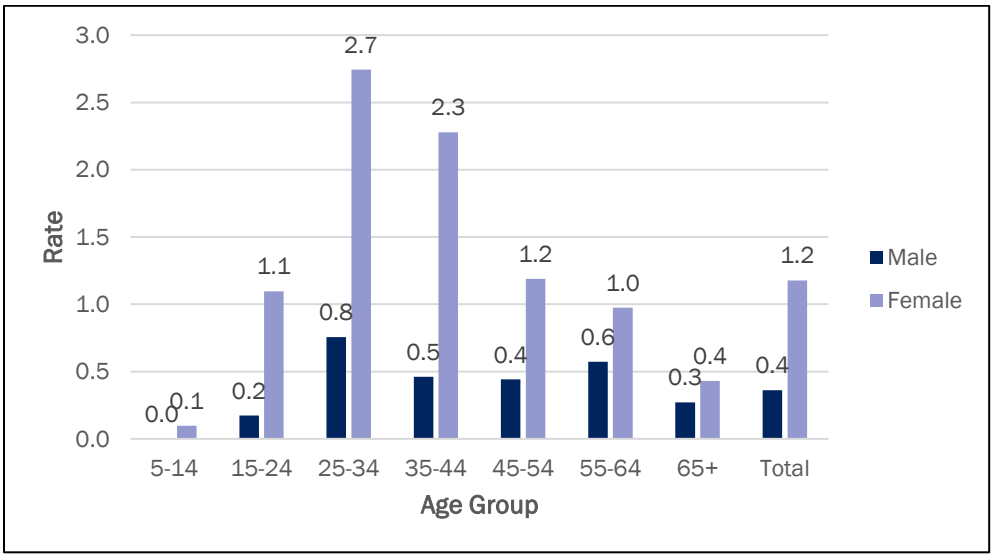


Figure 7: Rate of IPH Deaths by Age and Gender of Victim in Virginia (N=131): 2016-2017



Geographic Characteristics of Intimate Health Partner Homicides:

- Between 2016-2017, the risk of IPH was greatest among the Central and Southwest Planning Regions, with a rate of 1.3 and 1.0, respectively, with the Central Health Planning Region having the highest number of fatalities due to IPH (37 deaths), accounting for over a third of all IPH.
- Although the majority of fatal injuries occurred within one of Virginia's Health Planning Regions, one fatal injury was unknown at the time of publication.

Figure 8: Number of Intimate Partner Homicide Deaths by Locality of Injury in Virginia (N=131): 2016-2017

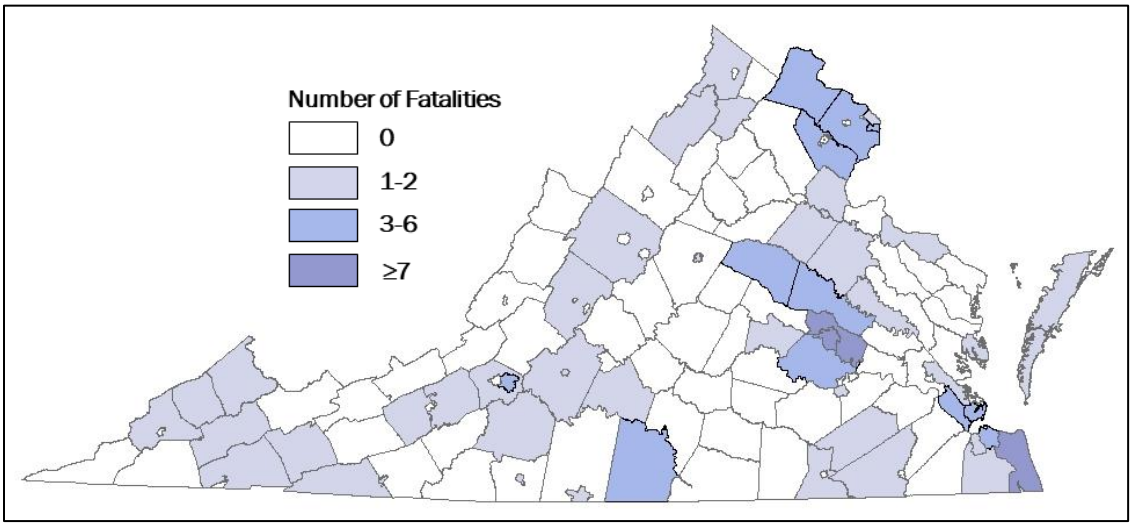


Figure 9: Rates of Intimate Partner Homicide Deaths by Locality of Injury in Virginia (N=131): 2016-2017

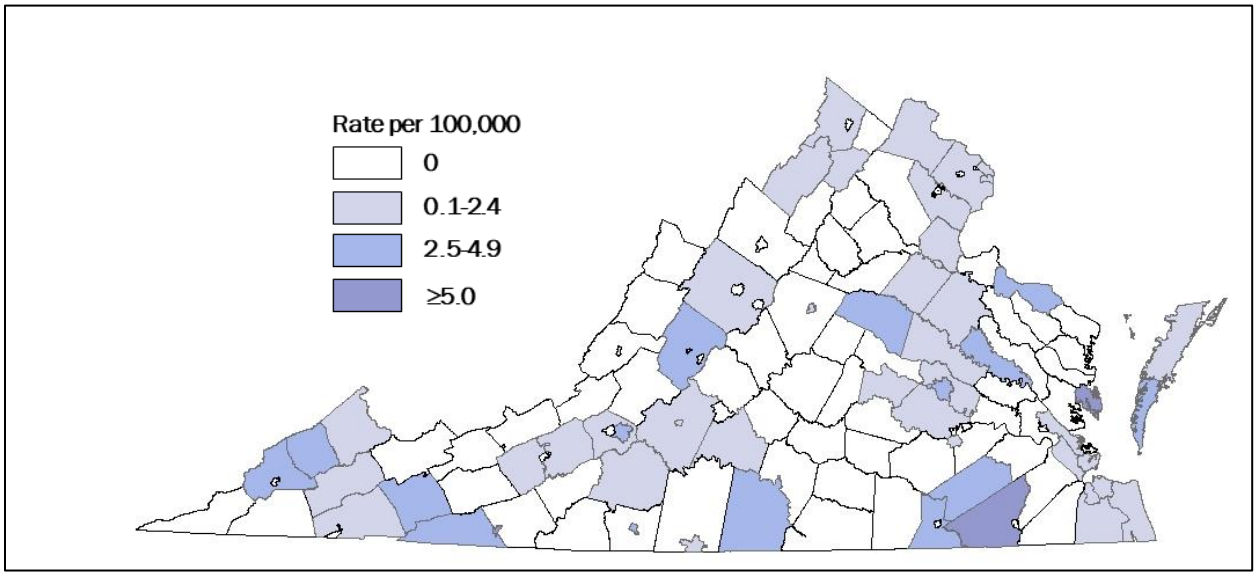
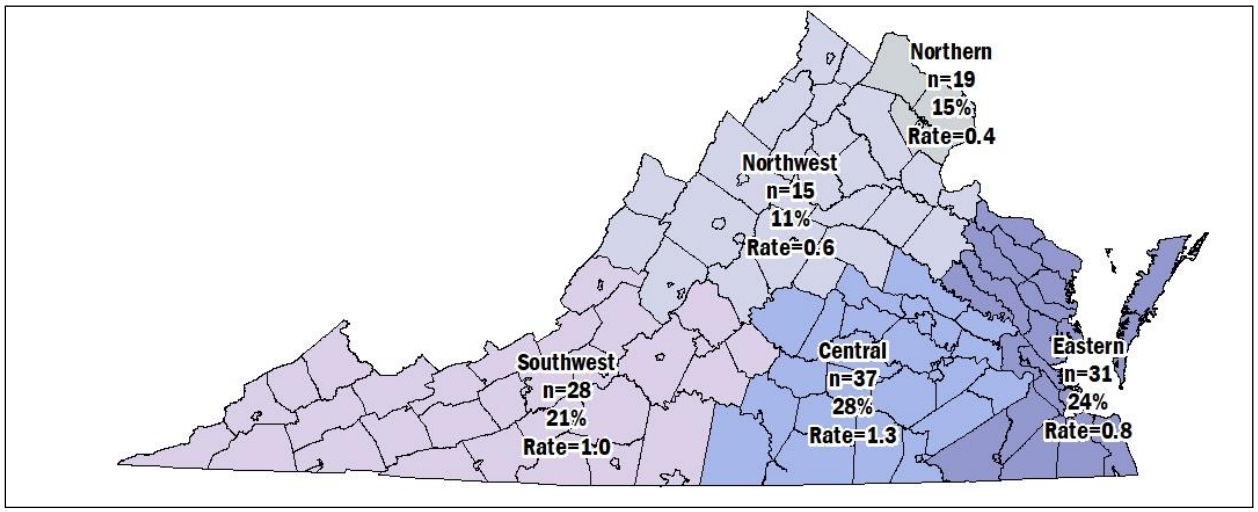


Figure 10: Number, Percent and Rate of IPH Deaths by Health Planning Region of Injury in Virginia (N=131): 2016-2017



Fatal Agency of Intimate Partner Homicides:

- For both males and females, the most common method of fatal injury was a firearm, accounting for 56.5% of all types of fatal agents.
- While firearms and sharp instruments remained the top fatal agents, compared to 2015, there were more fatalities where a blunt instrument was the fatal agent (3.1% compared to none) and motor vehicle was the fatal agent (3.1% compared to 1.8%).

Relationship Characteristics of Intimate Partner Homicide:

- The majority of IPH victims were killed by a current intimate partner (77.9%), including a spouse or boyfriend/girlfriend. There was a 76% increase in IPH victims killed by an ex-boyfriend/girlfriend between 2016-2017 compared to 2015 (16.0% compared to 9.1%).
- Three of the homicides involved ex-spouses, and the remaining were not defined or known to fit any aforementioned relationship classifications.

Table 9: Number and Percent of IPH Victims by Fatal Agent and Gender in Virginia (N=131): 2016-2017

	Male (n=30)		Female (n=101)		Total (n=131)	
Fatal Agency	No.	%	No.	%	No.	%
Firearm	15	50.0	59	58.4	74	56.5
Sharp instrument	11	36.7	17	16.8	28	21.4
Strangle/choke/hang	3	10.0	7	6.9	10	7.6
Blunt instrument	0	0.0	4	4.0	4	3.1
Motor vehicle	0	0.0	4	4.0	4	3.1
Personal weapon (e.g., hand foot used to strike, kick or shake)	0	0.0	1	1.0	1	0.8
Smother/suffocate	0	0.0	0	0.0	0	0.0
Drown	0	0.0	0	0.0	0	0.0
Fire/smoke inhalation	0	0.0	0	0.0	0	0.0
Other	0	0.0	1	1.0	1	0.8
More than one	1	3.3	8	7.9	9	6.9

Table 10: Number and Percent of IPH Victims by Relationship to Alleged Offender in Virginia (N=131): 2016-2017

	Male (n=30)		Female (n=101)		Total (n=131)	
Relationship	**No.**	**%**	**No.**	**%**	**No.**	**%**
Current Spouse	9	30.0	35	34.7	44	33.6
Boyfriend/Girlfriend	16	53.3	42	41.6	58	44.3
Ex-Boyfriend/Girlfriend	2	6.7	19	18.8	21	16.0
Other	3	10.0	5	5.0	8	6.1

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. Between 2016-2017, 6.8% (n=9) of IPH cases had surviving victims of the fatal event. In previous years, children were 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. Currently, the VVDRS does not have enough information to describe exposure of children to the event.

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.

Between 2016-2017, there were 73 Intimate Partner Associated (IPA) Homicide events in Virginia, resulting in 78 deaths.

2016-2017 Highlights:

- The number of IPA fatalities between 2016-2017 remained consistent (n=39, respectively), but represents a 56% increase in the number of IPA fatalities as compared to 2015.
- The majority of victims of IPA continue to be male (79.5%), but this is a decrease from 2015 (92%), and correspondingly, female victims increased.
- Approximately 78% of IPA victims were killed by a firearm.
- A person known to the victim, such as a current intimate partner of suspect's former intimate partner, killed nearly 45% of victims.

Demographic Characteristics of Intimate Partner Associated Homicide Victims:

- The majority of IPA victims were male (79.5%); with a rate of over three times that of female victims (0.7 compared to 0.2).
- Approximately 56% of all victims were white; however, black victims died at over twice the rate of white victims (0.9 compared to 0.4). In addition, black males died at more than five times the rate of their female counterparts (1.6 compared to 0.3), and had the highest rate of IPA mortality amongst all groups.
- Victims of IPA ranged in age from 1-74, with a mean age of 37, which is an increase compared to 2015, where the average age was 29. Males aged 35-44 were at highest risk of IPA at a rate of 1.4, accounting for a 27% percent increase in the risk among this demographic group from 2015.
- Although victims of IPA were mostly male, females were most at risk of being victims of IPA between ages one and four, a similar trend to previous years.
- Between 2016-2017, there were ten homicides in individuals 55 and over, whereas there was none in this age group in 2015.
- There were five IPA homicides amongst individuals of Hispanic origin, representing a rate that is three-times that of 2015 (0.3 compared to 0.1).

Table 11: Number, Percentage, and Rate of IPA Victims by Race, Ethnicity, and Gender in Virginia (N=78): 2016-2017

	Male (n=23)			Female (n=2)			Total (n=25)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	33	53.2	0.6	11	68.8	0.2	44	56.4	0.4
Black	27	43.5	1.6	5	41.3	0.3	32	41.0	0.9
Other	2	3.2	0.3	0	0.0	0.0	2	2.6	0.1
Total	62	79.5	0.7	16	20.5	0.2	78	100.0	0.5
Ethnicity									
Hispanic	4	6.5	0.5	1	6.3	0.1	5	6.4	0.3

Figure 11: Number of IPA Victims by Age and Gender in Virginia (N=78): 2016-2017

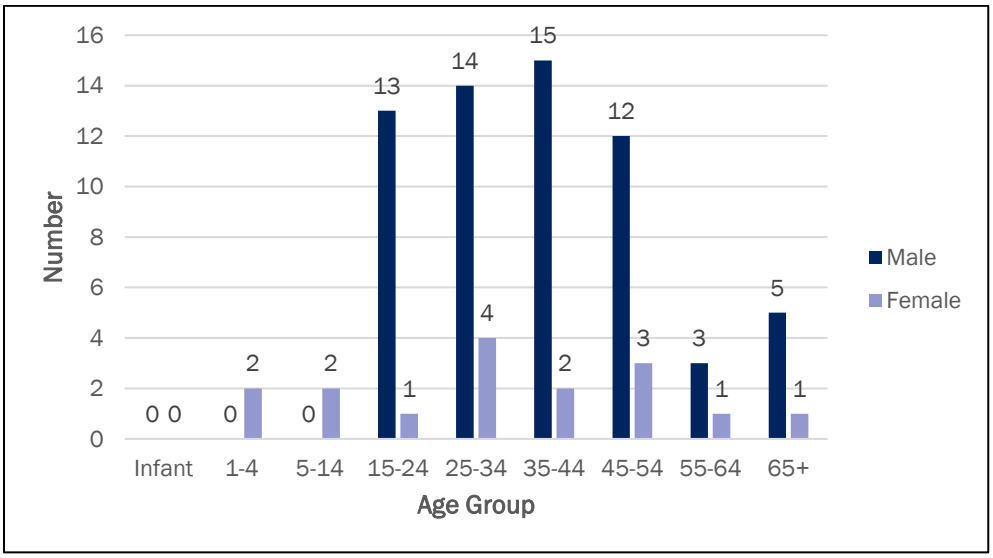
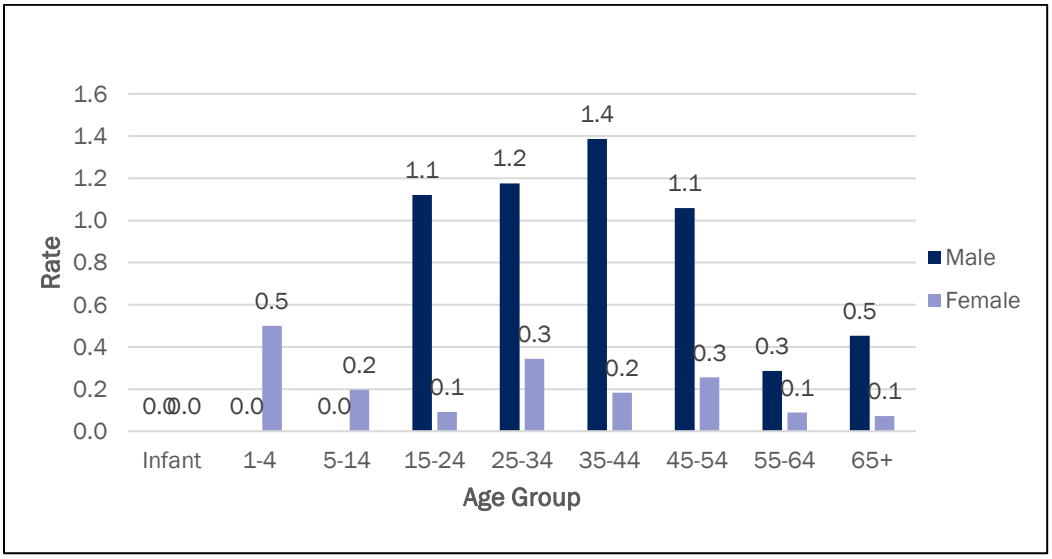


Figure 12: Rate of IPA Deaths by Age and Gender of Victim in Virginia (N=78): 2016-2017



Geographic Characteristics of Intimate Partner Associated Homicides:

- Between 2016-2017, the Central Health Planning Region had 24 IPA fatalities, accounting for 31% of all IPA fatalities and a rate of 0.8. This was followed by the Southwest Health Planning Region, with a rate of 0.7, representing a 75% increase compared to 2015. Conversely, Northern Health Planning Region had the lowest risk of IPA with a rate of 0.2, consistent with 2015, and accounting for only twelve percent of all IPA fatalities.

- Compared to 2015, between 2016-2017, the Central, Northwest, and Southwest Health Planning Regions all saw increases in the rates of fatalities in their respective regions. The rates in the Eastern and Northern Health Planning Regions remained consistent.

Figure 13: Number of Intimate Partner Associated Homicide Deaths by Locality of Injury in Virginia (N=78): 2016-2017

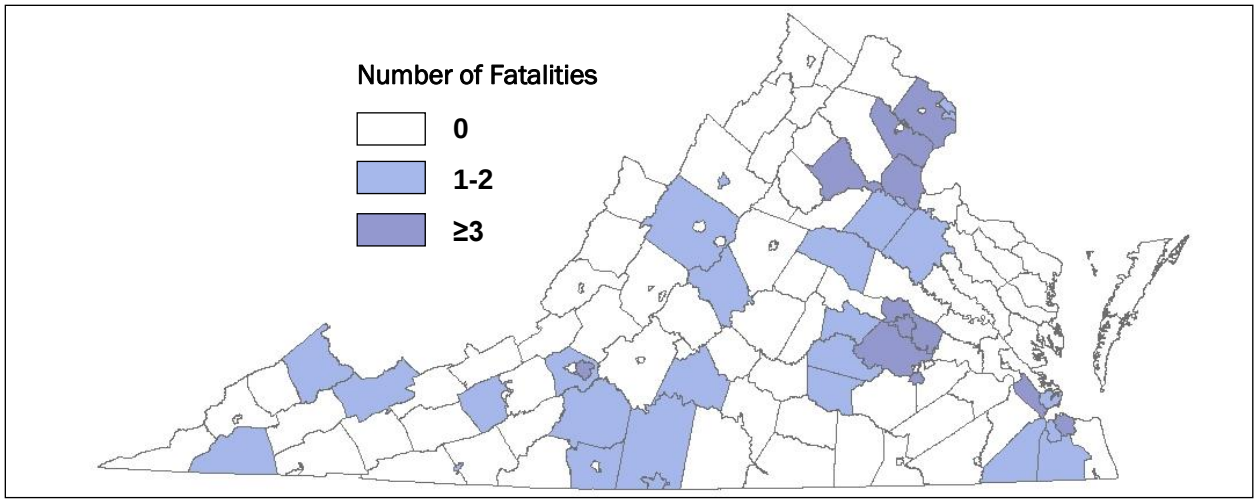


Figure 14: Rates of Intimate Partner Associated Homicide Deaths by Locality of Injury in Virginia (N=78): 2016-2017

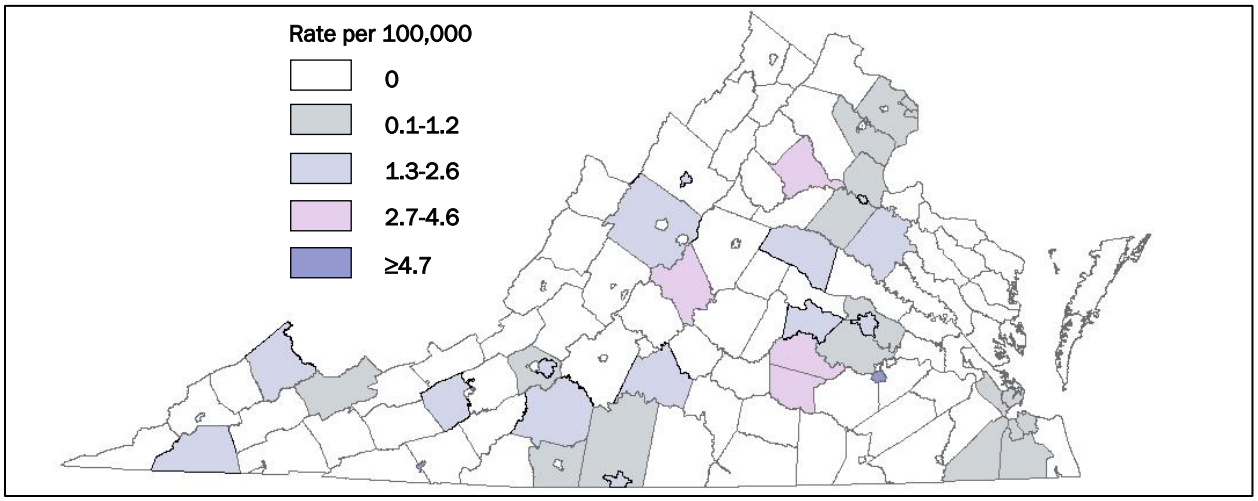
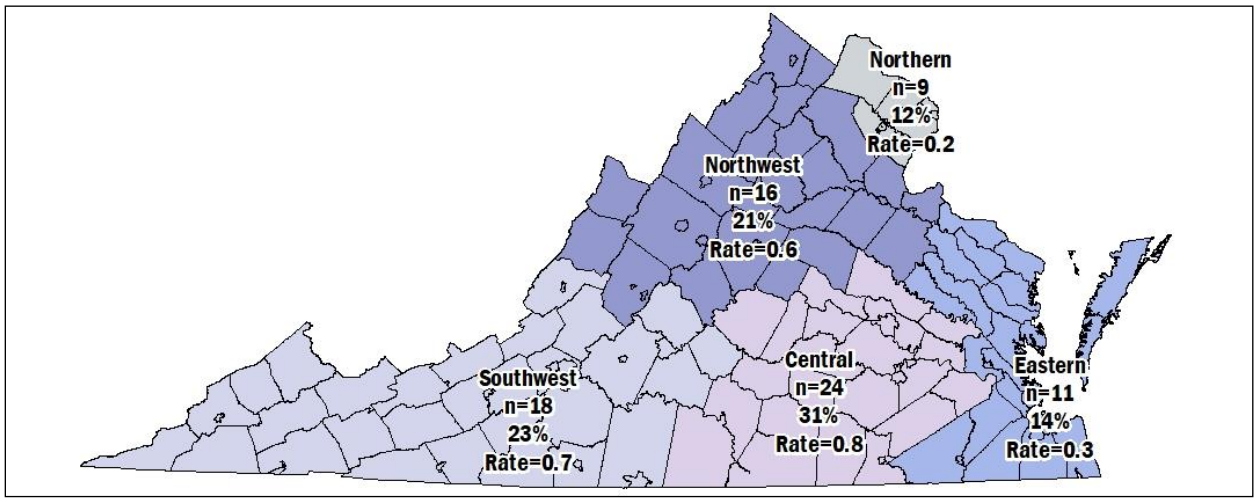


Figure 15: Number, Percent and Rate of IPA Deaths by Health Planning Region of Injury in Virginia (N=78): 2016-2017



Fatal Agency of Intimate Partner Associated Homicides:

- For both males and females, the most common method of fatal injury was a firearm, accounting for 78% of all types of fatal agents.
- While firearms and sharp instruments remained the top fatal agents, compared to 2015, there was an increase in cases where Strangle/choke/hang was the fatal agent (5.1% compared to 0%).

Table 12: Number and Percent of IPA Victims by Fatal Agent and Gender in Virginia (N=78): 2016-2017

	Male (n=62)		Female (n=16)		Total (n=78)	
Fatal Agency	No.	%	No.	%	No.	%
Firearm	50	80.6	11	68.8	61	78.2
Sharp Instrument	7	11.3	2	12.5	9	11.5
Strangle/choke/hang	2	3.2	2	12.5	4	5.1
Blunt Instrument	1	1.6	0	0.0	1	1.3
More than one	1	1.6	1	6.3	2	2.6

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 someone known to the victim (17%), followed by the former intimate partner (ex-spouse/ex-partner) of their current intimate partner (13%).
- Fourteen of the homicides involved individuals that either had a relationship that did not fit the definitions currently in use, or where the alleged offender was 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.

Table 13: Number and Percent of IPA Victims by Relationship to Alleged Offender in Virginia (N=78): 2016-2017

	Male (n=62)		Female (n=16)		Total (n=78)	
Relationship	No.	%	No.	%	No.	%
Intimate Partner of Alleged Offender's Current Intimate Partner	1	1.6	0	0.0	1	1.3
Current Intimate Partner of Alleged Offender's Former Intimate Partner	9	14.5	1	6.3	10	12.8
Former Intimate Partner of Alleged Offender's Current Intimate Partner	7	11.3	0	0.0	7	9.0
Family Member of Alleged Offender's Current Intimate Partner	2	3.2	2	12.5	4	5.1
Family Member of Alleged Offender's Former Intimate Partner	2	3.2	1	6.3	3	3.8
Biological child or Step-child	4	6.5	4	25.0	8	10.3
Friend	1	1.6	0	0.0	1	1.3
Acquaintance	3	4.8	1	6.3	4	5.1
Subject of Law Enforcement	6	9.7	1	6.3	7	9.0
Other person known to victim	13	21.0	0	0.0	13	16.7
Other (Law enforcement officer, co-worker, stranger)	2	3.2	4	25.0	6	7.7
Unknown	12	19.4	2	12.5	14	17.9

Other Victims of Intimate Partner Associated Homicide:

Like IPH cases, there are other victims that may be impacted by IPA homicides. In 13% (n=10) of IPA cases, there were surviving victims of the fatal events. Similarly, prior year trends have shown that 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.

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 from previous years. 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 209 Intimate Partner and Intimate Partner Associated Homicides (Intimate Partner Related [IPR] Homicide) between 2016-2017, the most common risk factors for fatal IPV were: the perpetrator was previously arrested or had contact with police (26.8%), use of either alcohol and/or substances by the perpetrator of the IPV, which continues to be a common risk factor (18.2%), and a history of abuse of the victim by the perpetrator (16.7%).

Table 14: Number and Percent of IPR Homicide Deaths by Selected Risk Factors in Virginia (N=209): 2016-2017

Risk Factor	No.	%
Perpetrator was previously arrested or had contact with police	56	26.8
Perpetrator misused substances and/or alcohol	38	18.2
History of abuse by perpetrator	35	16.7
Victim was exposed to violence in the previous month	20	9.6
Perpetrator had mental health issues	17	8.2

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 June 2021, please see Appendix 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. For 2016-2017, indicators from the tool are not routinely collected in VVDRS and are not reported on at this time. However, it should be underscored that this tool remains an important marker of risk for fatal violence.

Precipitating Characteristics

The most common triggers for fatal violence remained similar to precipitants from prior years, including the termination of a relationship (32.5%), and jealousy (23.0%). In addition, arguments between intimate partners were identified as a precipitating factor in nearly half (47.4%) of fatal events (Table 15).

Table 15: Number and Percent of IPR Homicide Deaths by Selected Precipitating Factors in Virginia (N=209): 2016-2017

Precipitating Factors	No.	%
Relationship had ended or was ending (including new partner or perception of a new partner)	68	32.5
Jealousy	48	23.0

Unspecified argument	99	47.4
Substance/Alcohol Use/Abuse	23	11.0
Self-Defense	11	5.3

Civil Court Proceedings and Protective Orders

In 21 (10.0%) 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.

From 2016-2017, there were 34 Child Homicide by Caretaker (CHC) events, resulting in 34 deaths.

2016-2017 Highlights:

- The number of Child Homicides by Caretaker increased by one in 2016 compared to 2015, but decreased in 2017. Similar to 2015, there were nearly double the number of male victims than female victims (22 male victims compared to 12 female victims).
- The highest number of CHC Homicides was in the Central and Eastern Health Planning Regions, with the rate highest in the Central Health Planning Region, an 80% increase from 2015 (1.8 compared to 1.0 in 2015).
- Over a third of decedents were killed with a blunt instrument, which was a 20% increase from 2015. The same number of decedents were also killed by a personal weapon (defined as using a hand, foot, or other parts to strike, kick or shake the decedent).

Demographic Characteristics of Child Homicide by Caretaker Victims:

- Between 2016-2017, there were 22 male victims and 12 female CHC victims. Over half of the victims were black (55.9%), with the highest risk among black children with a rate of 2.2.
- Victims of CHC ranged in age from infancy to age 6, with a mean age of one. Male infants were at highest risk of CHC at a rate of 10.6, accounting for a forty percent increase in the risk among this demographic group from 2015. The rate among female infants also increased by fifty-two person from 2015 (6.1 compared to 4.0).

Table 16: Number, Percentage, and Rate of CHC Victims by Race, Ethnicity, and Gender in Virginia (N=34): 2016-2017

	Male (n=22)			Female (n=12)			Total (n=34)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	8	36.4	0.6	5	41.7	0.4	13	38.2	0.5
Black	12	54.5	2.7	7	58.3	1.6	19	55.9	2.3
Other	2	9.1	1.2	0	0.0	0.0	2	5.9	0.0
Total	22	64.7	1.2	12	35.3	0.7	34	100.0	0.9
Ethnicity									
Hispanic	2	9.1	0.8	0	0.0	0.0	2	9.5	0.4

Figure 16: Number of CHC Victims by Age and Gender in Virginia (N=34): 2016-2017

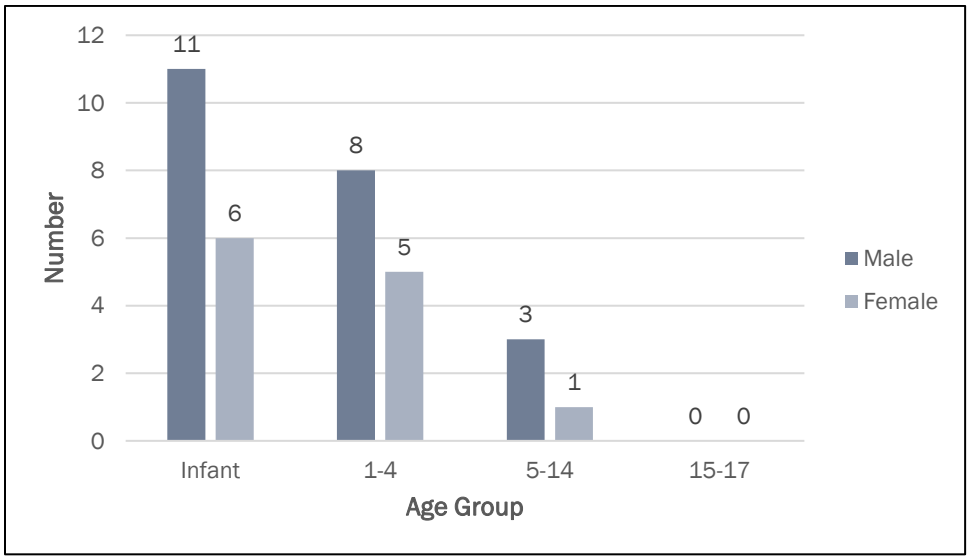
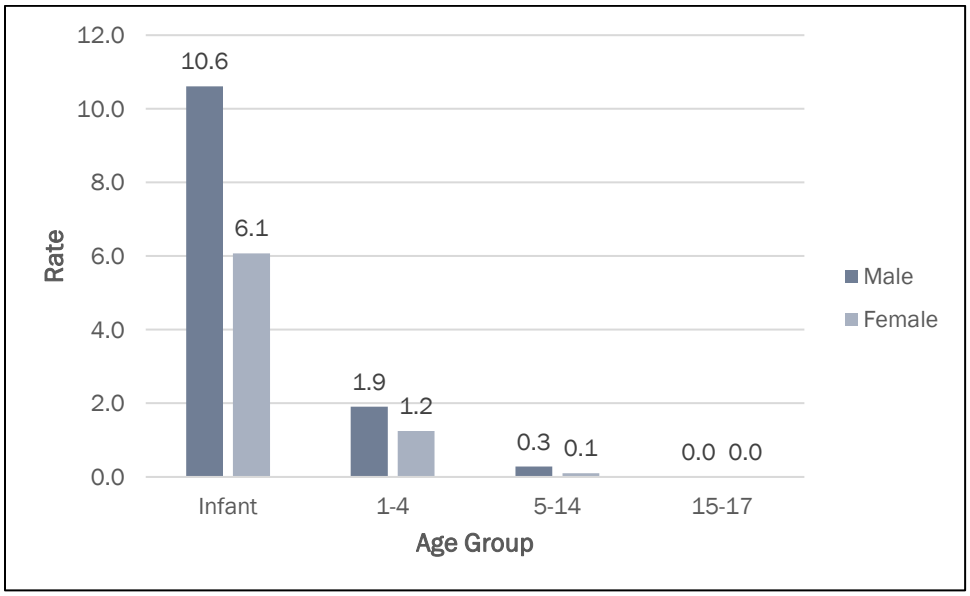


Figure 17: Rate of CHC Deaths by Age and Gender of Victim in Virginia (N=34): 2016-2017



Geographic Characteristics of Child Homicide by Caretaker Homicides:

- In 2016-2017, the Central Health Planning Regions saw an eighty percent increase in the rate of CHC. Conversely, the rate in the Southwest Health Planning Region decreased by approximately forty-two percent (1.1 compared to 1.9). The rate in the Eastern region also saw a 13% decrease, while the rate in the Northern region remained constant.
- Four CHC fatalities were seen in the Northwest Health Planning Region after having been 0 in 2014 and 2015.

Figure 18: Number of Child by Caretaker Homicide Deaths by Locality of Injury in Virginia (N=34): 2016-2017

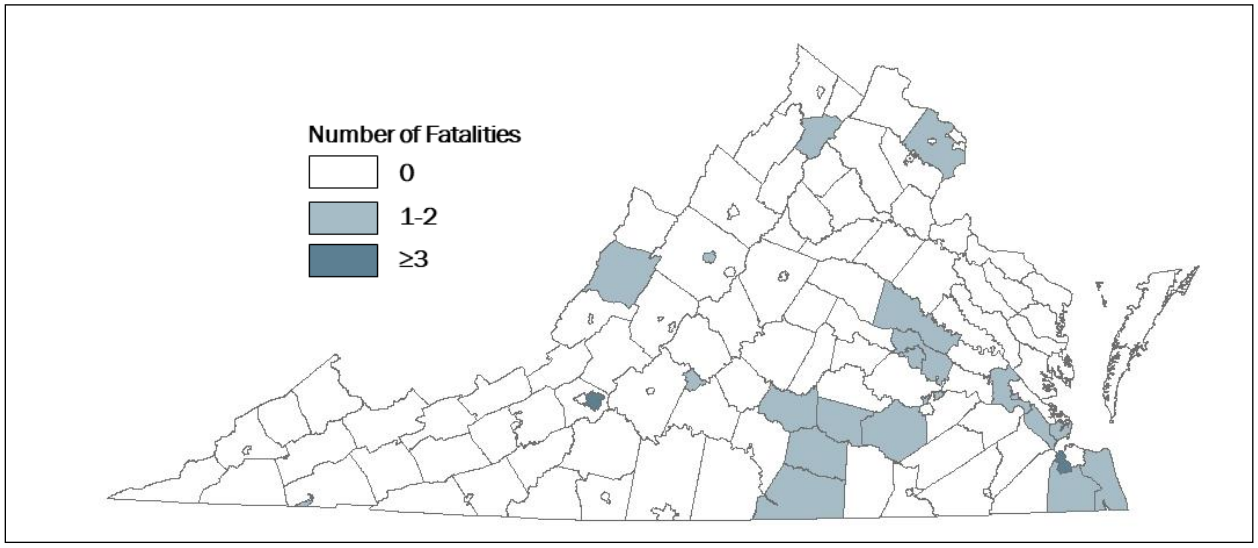


Figure 19: Rates of Child by Caretaker Homicide Deaths by Locality of Injury in Virginia (N=34): 2016-2017

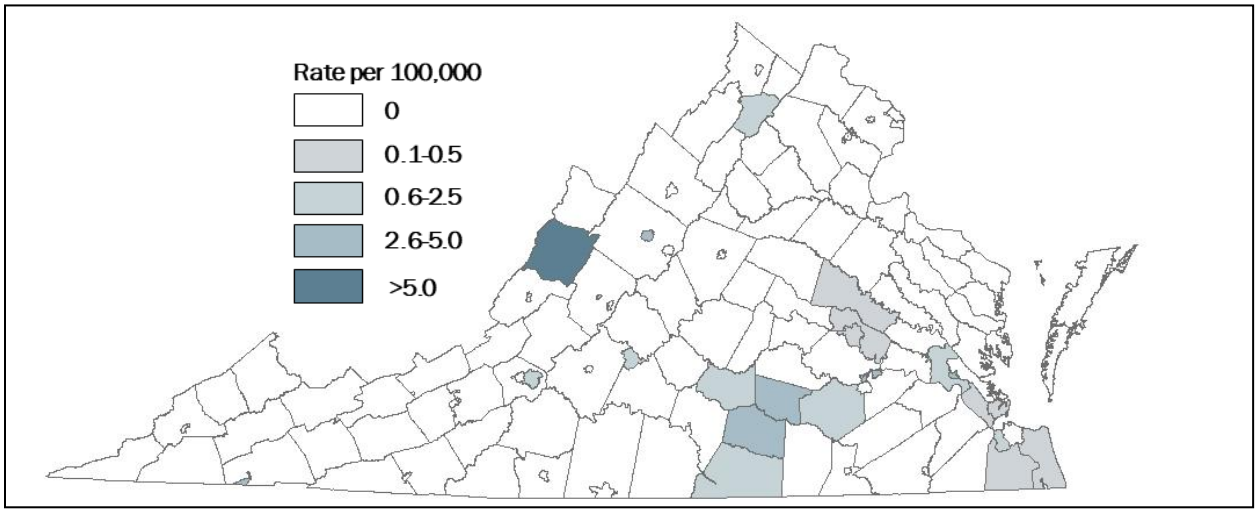
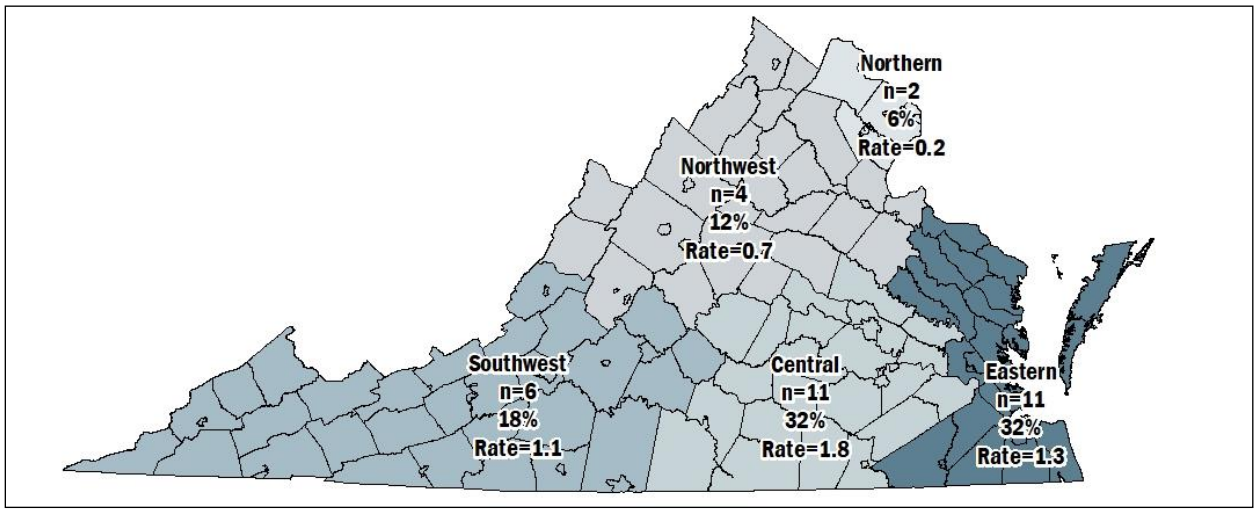


Figure 20: Number, Percent and Rate of CHC Deaths by Health Planning Region of Injury in Virginia (N=34): 2016-2017



Fatal Agency of Child Homicide by Caretaker Homicides:

- Similar to previous years, CHC was the only typology where a firearm was <u>not</u> a commonly used fatal agent. Overall, Personal weapon and blunt instrument were the most commonly used fatal agent (35.3%). The latter represents an increase from previous years.
- By gender, 40.9% of male children were killed with a personal instrument, while 41.7% of females were killed with a blunt instrument.
- In 2015, there were three male children who were killed with more than one fatal agent.

Table 17: Number and Percent of CHC Victims by Fatal Agent and Gender in Virginia (N=34): 2016-2017

	Male (n=22)		Female (n=12)		Total (n=34)	
Fatal Agency	No.	%	No.	%	No.	%
Personal Weapon	9	40.9	3	25.0	12	35.3
Blunt Instrument	7	31.8	5	41.7	12	35.3
Firearm	0	0.0	2	16.7	2	5.9
Other	3	13.6	2	16.7	5	14.7
More than one	3	13.6	0	0.0	3	8.8

Relationship Characteristics of Child Homicide by Caretaker Homicide:

- The majority (61.8%) of CHC victims were killed by their biological parent, with 64% of victims being a male biological child.
- Aside from homicides where the suspect was a biological parent of the victim, five victims were either killed by an intimate partner of their biological parent, and the remaining by other caregivers.

Table 18: Number and Percent of IPA Victims by Relationship to Alleged Offender in Virginia (N=34): 2016-2017

	Male (n=22)		Female (n=12)		Total (n=34)	
Relationship	No.	%	No.	%	No.	%
Biological Child	14	63.6	7	58.3	21	61.8
Child of Alleged Offender's Intimate Partner	4	18.2	1	8.3	5	14.7
Other	4	18/2	4	33.3	8	23.5

Other Victims of Child Homicide by Caretaker Homicide:

- In text analysis of the case narratives, 23.5% (4) of CHC events, a child other than the decedent was exposed to the fatal event.

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

- Text analysis of the case narratives revealed that in approximately 35.3% 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 26.5% of CHC events, there was a prior history of physical violence between the child and the alleged offender.
- In approximately 14.7% 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=34): 2016-2017

Risk Factor	No.	%
History of or ongoing child abuse	12	35.3
Victim of physical violence in past month	9	26.5
Alleged offender had contact with police	6	19.3
CPS had previously been alerted to the household	5	14.7
Living in a home with family or intimate partner violence	1	2.9

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.

2016-2017 Highlights:

- Between 2016-2017, there were 69 family-related homicide events resulting in 62 family homicide fatalities, and 18 family-associated homicide fatalities.
- Family and Family Associated Homicides increased by 59.3% from 2015 to 2016, and decreased by 13.9% from 2016 to 2017; however, this still remains higher than previous years.
- There were 9 homicide-suicide Family or Family Associated Homicide events, which is an increase from 2015. In addition, there were 11 attempted homicide-suicide Family Homicide events.
- A male offender committed approximately 88.5% 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 (71.3%) and white persons (56.3%); however, black males had the highest rate at 1.4.
- Family and Family Associated Homicide victims' ages ranged from 5-80 with a mean age of 47, 60.3% of victims were age 45 or older.
- The highest rate was among males aged 55-64 (1.2), followed by males aged 45-54 (1.1). Amongst females, the highest rates were among females age 55-64.
- The highest number (25) and rate (0.7) of these homicides occurred in the Eastern Health Planning Region, whereas Central Health Planning Region had the highest in 2015.

Table 20: Number, Percentage, and Rate of FRH Victims by Race, Ethnicity, and Gender in Virginia (N=80): 2016-2017

	Male (n=57)			Female (n=23)			Total (n=80)		
Race	No.	%	Rate	No.	%	Rate	No.	%	Rate
White	31	54.4	0.5	14	60.9	0.2	45	56.3	0.4
Black	23	40.4	1.4	8	34.8	0.4	31	38.8	0.9
Other	3	5.3	0.5	1	4.3	0.1	4	5.0	0.3
Total	57	71.3	0.7	23	28.8	0.3	80	100.0	0.5
Ethnicity									
Hispanic	5	8.8	0.6	0	0.0	0.0	5	6.3	0.3

Figure 21: Number of FRH Victims by Age and Gender in Virginia (N=80): 2016-2017

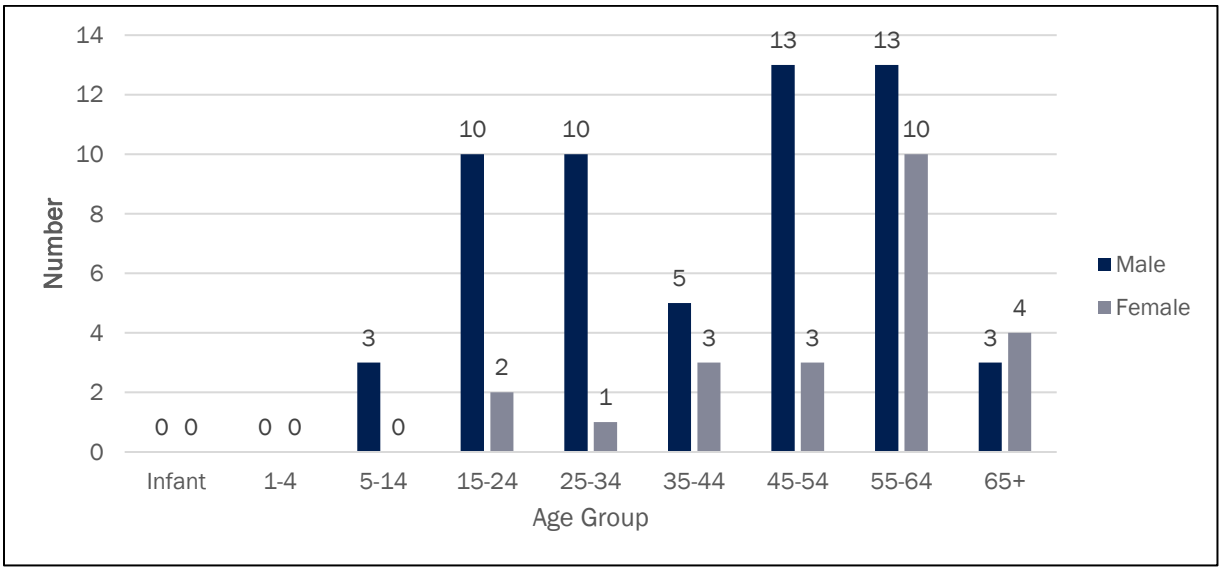
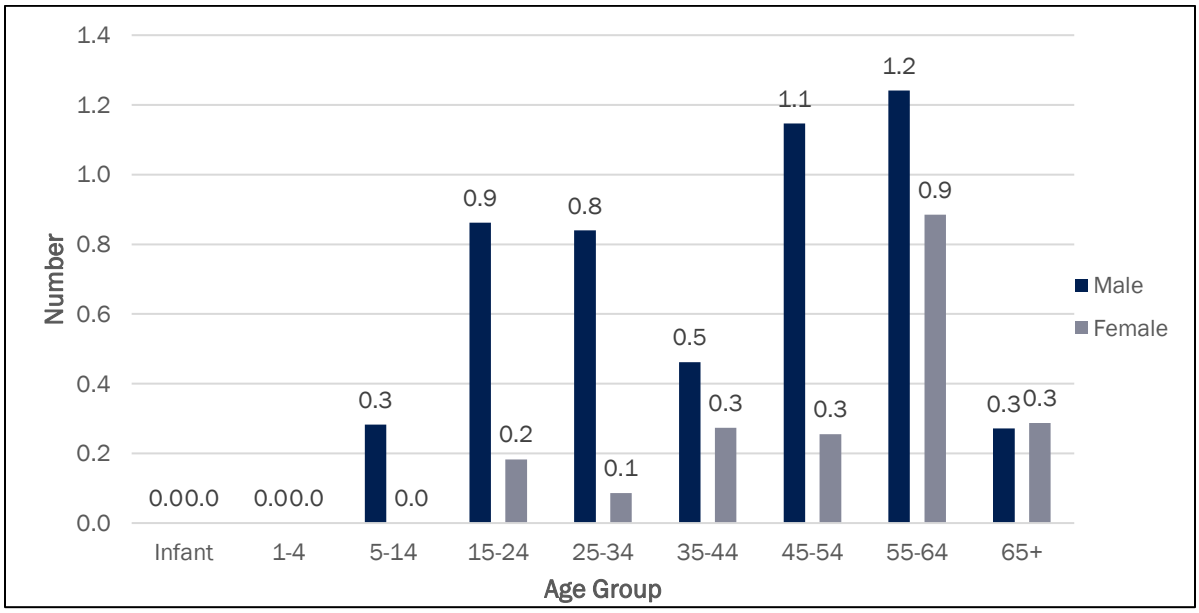


Figure 22: Rate of FRH Deaths by Age and Gender of Victim in Virginia (N=80): 2016-2017



Geographic Characteristics of Family and Family Associated Homicides:

- With the exception of the Central Health Planning Region, all other Health Planning Regions saw increases in the rate of FRH between 2016-2017.
- The rates in the Central Health Planning Region remained constant.
- All FRH fatal injuries were known to have 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=80): 2016-2017

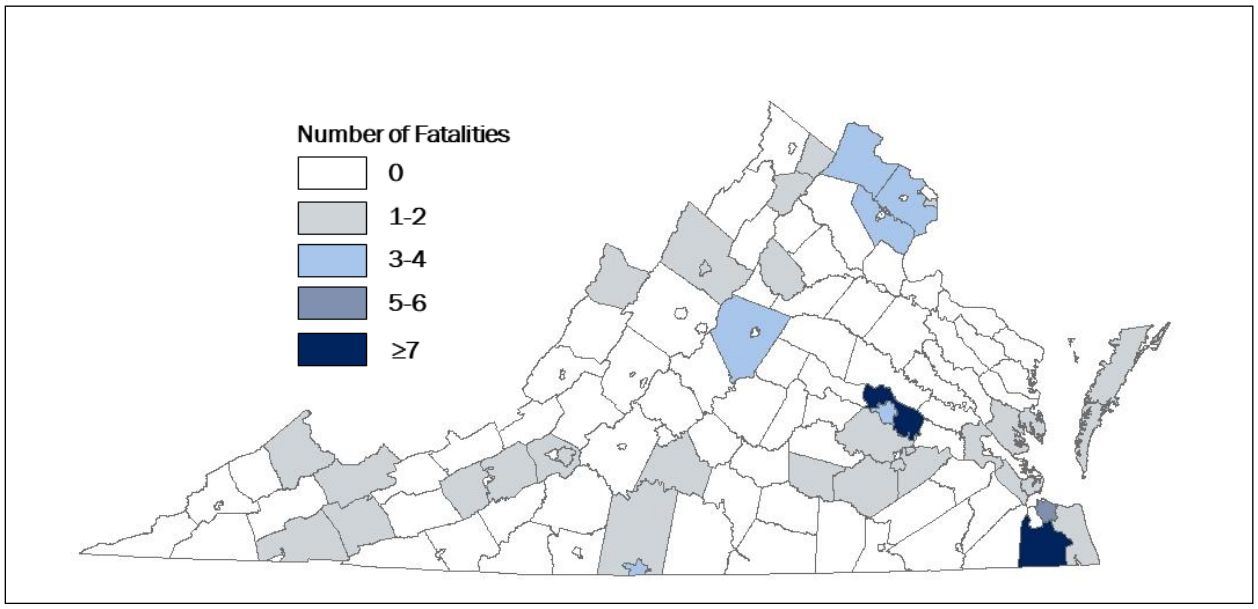


Figure 24: Rates of Family and Family Associated Homicide Deaths by Locality of Injury in Virginia (N=80): 2016-2017

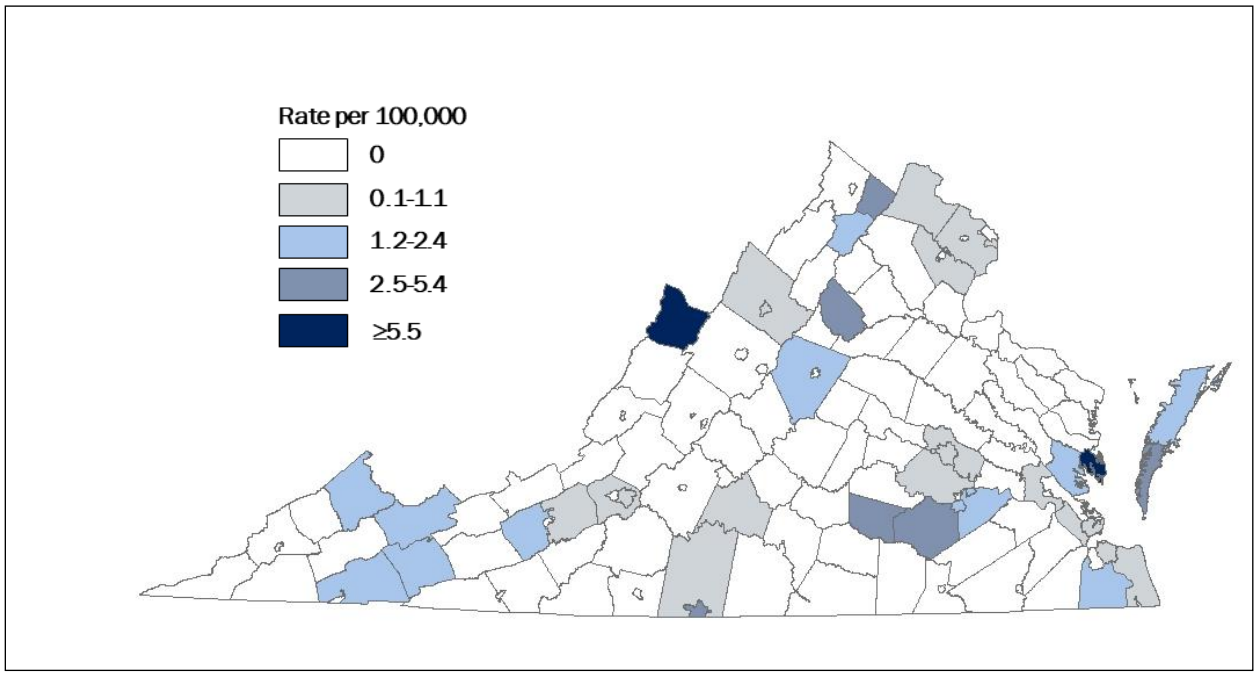
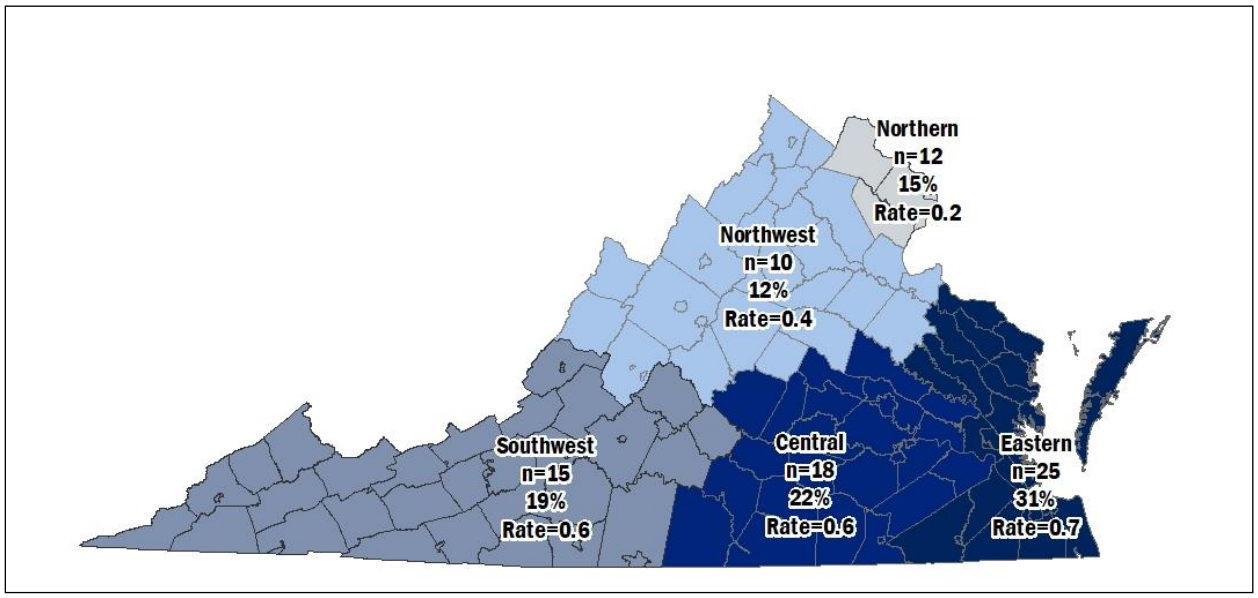


Figure 25: Number, Percent and Rate of FRH Deaths by Health Planning Region of Injury in Virginia (N=80): 2016-2017



Fatal Agency of Family and Family Associated Homicides:

- Firearms were the most common fatal agent for both males and females
- There were two victims killed with more than fatal agent, both of whom were female.
- While firearms and sharp instruments remained the most common fatal agents as in previous years, compared to 2015, firearm deaths increased by 77.4%. Decreases were seen in fatalities due to sharp instrument, blunt instrument, and personal weapon.

Relationship Characteristics of Family and Family Associated Homicide:

- The greatest proportion of Family Homicide victims were a biological and/or step-parent to the alleged offender (36.3%; 29); followed by a sibling (15.0%; 12).
- The alleged offender was male in the majority (92.9%) of FRH fatalities where a parent was the victim.
- Amongst victims of Family Associated Homicide, 33.3% (6) of victims were subjects of law enforcement, remaining the same as 2015.

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=80): 2016-2017

Precipitating Factors	No.	%
Argument not specified	35	43.7
Mental health problem	15	18.7
Substance/alcohol use/abuse	13	16.3
Self-Defense	9	11.2
Death due to 3rd party	1	1.2
Other	14	17.5
Unknown	18	22.5

- 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 having a history of arrest or contact with police.

Table 22: Number and Percent of Selected Risk Factors in Virginia (N=80): 2016-2017

Risk Factor	No.	%
Alleged Offender with history of arrest or contact with police	17	21.3
History of Violence	3	3.8

APPENDICES

APPENDIX A: FIVE-YEAR SUMMARY

	2013			2014		
	No.	%	Rate	No.	%	Rate
Gender						
Female	62	50.8	1.5	69	61.6	1.6
Male	60	49.2	1.4	43	38.4	1.0
Race						
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
Ethnicity						
Hispanic	10	8.2	1.3	3	2.7	4.0
Age						
<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
Fatal Agency						
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	--
OCME District						
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	--
Type of Homicide						
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
Total	122	100.0	1.5	112	100.0	1.3

	2015			2016		
	No.	%	Rate	No.	%	Rate
Gender						
Female	56	45.2	1.3	73	45.1	1.7
Male	68	54.8	1.6	89	54.9	2.2
Race						
White	62	50.0	1.0	82	50.6	1.4
Black	59	47.6	3.4	75	46.3	4.3
Other	3	2.4	0.5	5	3.1	0.8
Ethnicity						
Hispanic	6	4.8	0.8	7	4.3	0.9
Age						
<1	6	4.8	5.8	10	6.2	9.9
1-4	13	10.5	3.2	9	5.5	2.2
5-14	1	0.8	0.1	6	3.7	0.6
15-24	19	15.3	1.7	22	13.6	1.9
25-34	22	17.7	1.9	35	21.6	3.0
35-44	22	17.7	2.0	26	16.0	2.4
45-54	14	11.3	1.2	20	12.3	1.7
55-64	14	11.3	1.3	19	11.7	1.8
65+	13	10.5	1.1	15	9.2	1.2
Fatal Agency						
Firearm	70	56.6	--	98	60.5	--
Sharp Instrument	21	16.9	--	24	14.8	--
Blunt Instrument	11	8.9	--	9	5.6	--
Personal Weapon	12	9.7	--	8	4.9	--
Strangle/Choke	3	2.4	--	7	4.3	--
Motor Vehicle	1	0.8	--	1	0.6	--
Drown	1	0.8	--	0	0.0	--
Fire/Smoke Inhalation	1	0.8	--	1	0.6	--
Smother/Suffocate	1	0.8	--	0	0.0	--
Poison	0	0.0	--	0	0.0	--
Push/slam/throw	0	0.0		1	0.6	
Other	3	2.4	--	3	1.8	--
More than one	--	--	--	9	5.6	--
Unknown	0	0.0	--	2	1.2	--
OCME District						
Central	40	32.3	1.8	53	33.5	2.3
Northern	19	15.3	0.7	24	15.2	0.8
Tidewater	35	28.2	2.2	40	25.3	2.5
Western	30	24.2	1.8	44	27.8	2.7
Out of State	0.0	0.0	--	1	0.6	--
Type of Homicide						
Intimate Partner	55	44.4	0.7	60	37.0	0.7
Intimate Partner Associated	25	20.2	0.3	39	24.1	0.5
Child by Caregiver	17	13.7	0.2	18	11.1	0.2
Elder by Caregiver	0	0.0	0.0	2	1.2	0.0
Family	21	16.9	0.3	30	18.5	0.4
Family Associated	6	4.8	0.1	13	8.0	0.2
Total	124	100.0	1.5	162	100.0	1.9

	2017		
	No.	%	Rate
Gender			
Female	81	49.4	1.9
Male	83	50.6	2.0
Race			
White	86	52.4	1.4
Black	66	40.2	3.7
Other	11	6.7	1.6
Ethnicity			
Hispanic	12	7.3	1.5
Age			
<1	7	4.3	6.9
1-4	6	3.6	1.5
5-14	4	2.4	0.4
15-24	19	11.6	1.7
25-34	35	21.3	3.0
35-44	29	17.7	2.7
45-54	30	18.3	2.6
55-64	25	15.2	2.3
65+	9	5.5	1.9
Fatal Agency			
Firearm	102	62.2	--
Sharp Instrument	21	12.8	--
Blunt Instrument	12	7.3	--
Personal Weapon	3	1.8	--
Strangle/Choke	10	6.1	--
Motor Vehicle	3	1.8	--
Drown	0	0.0	--
Fire/Smoke Inhalation	0	0.0	--
Smother/Suffocate	0	0.0	--
Poison	2	1.2	--
Push/slam/throw	0	0.0	--
Other	2	1.2	--
More than one	7	4.3	--
Unknown	2	0.0	--
OCME District			
Central	68	43.0	3.0
Northern	27	17.1	0.9
Tidewater	31	19.6	1.9
Western	38	24.1	2.3
Out of State	0.0	0.0	--
Type of Homicide			
Intimate Partner	71	43.3	0.8
Intimate Partner Associated	39	23.8	0.5
Child by Caregiver	16	9.8	0.2
Elder by Caregiver	1	0.6	0.0
Family	32	19.5	0.4
Family Associated	5	3.0	0.1
Total	164	100.0	1.9

APPENDIX B: GLOSSARY

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…"[2] 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

[2] 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."[3]

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.

[3] 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."[4]

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.

[4] 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

Health Planning Region (HPR)

Central: *Counties* of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Greensville, 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, Lexington, 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, Greensville, 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, Richmond, Spotsylvania, Stafford, Surry, Sussex, 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, Fairfax, Falls Church, Manassas, Manassas Park, 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=326): 2016-2017

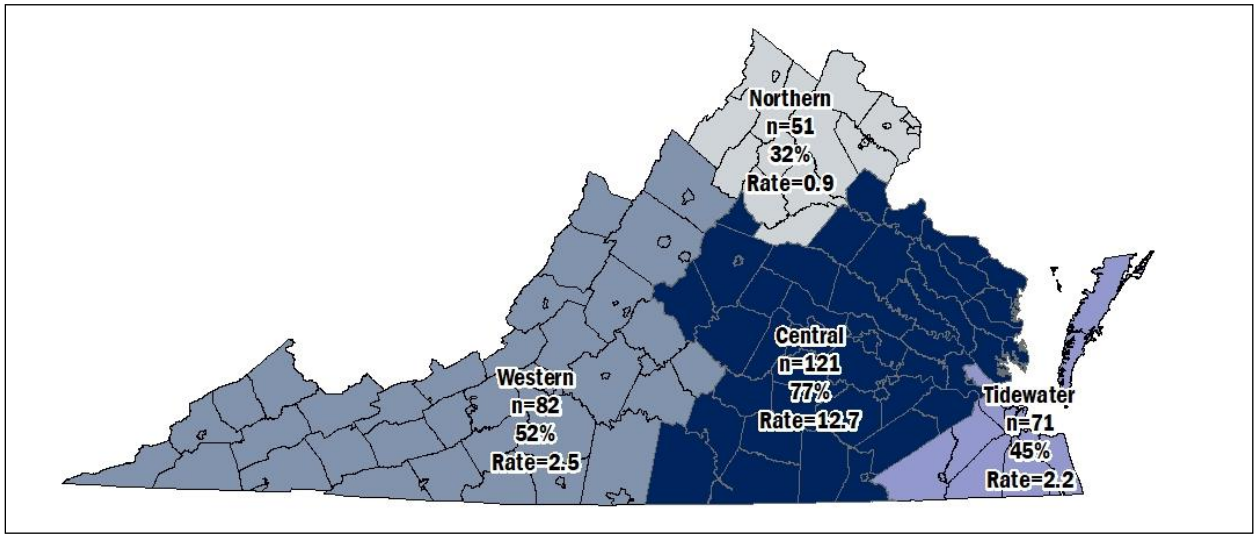


Figure 27: Number, Percent, and Rate of IPH Deaths by OCME District in Virginia (N=131): 2016-2017

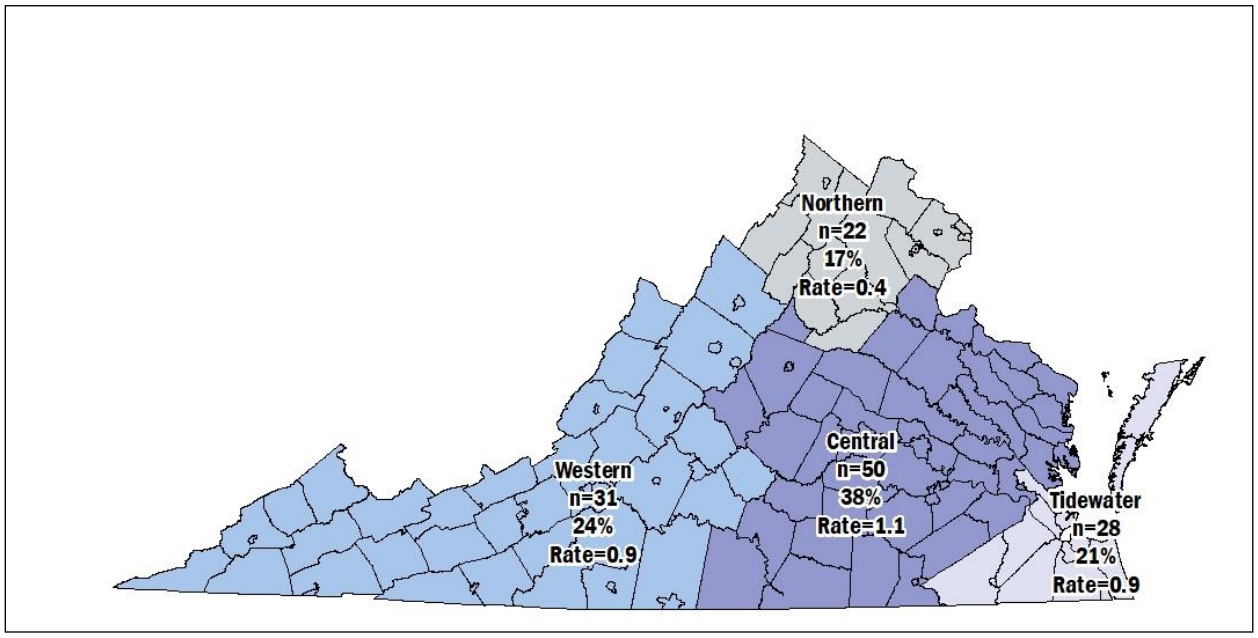


Figure 28: Number, Percent, and Rate of IPA Deaths by OCME District in Virginia (N=78): 2016-2017

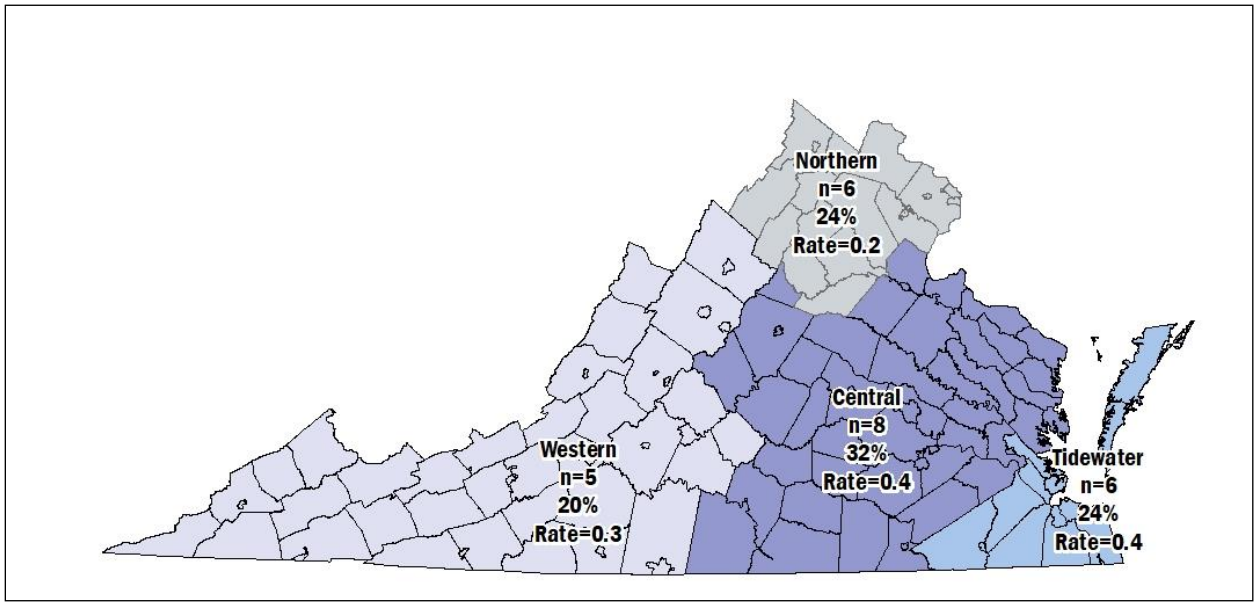


Figure 29: Number, Percent, and Rate of CHC Deaths by OCME District in Virginia (N=34): 2016-2017

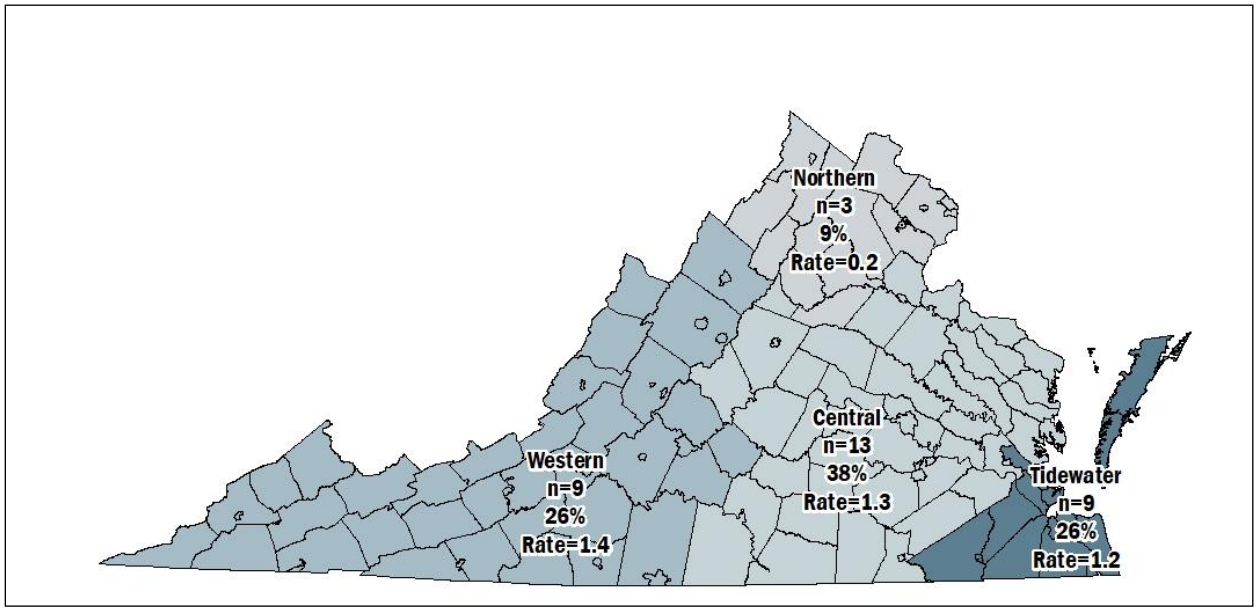
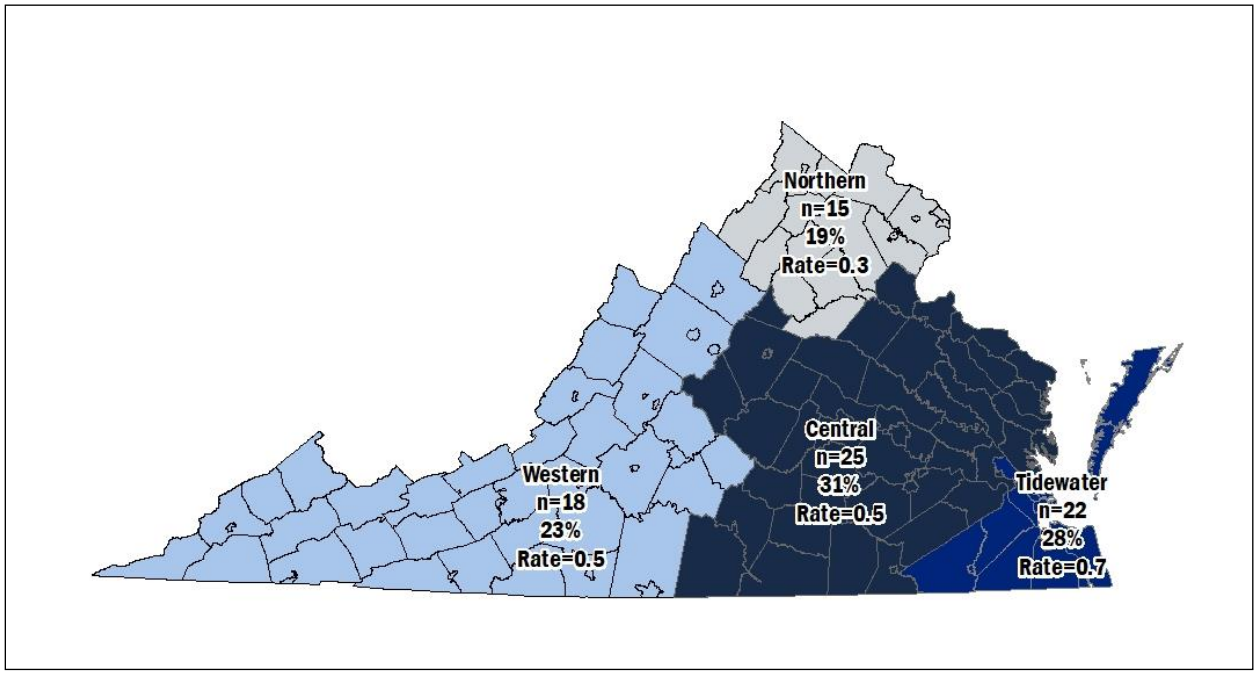


Figure 30: Number, Percent, and Rate of FRH Deaths by OCME District in Virginia (N=80): 2016-2017



APPENDIX E: LETHALITY ASSESSMENT PROGRAM

The following communities have been trained by the Office of the Attorney General, and are currently implementing the Lethality Assessment Program (as of June 2021):

Albemarle
Arlington
Augusta
Bedford
Bristol
Charlottesville (including University of Virginia)
Chesapeake
Colonial Heights
Danville
Dinwiddie
Essex
Fairfax
Fluvanna
Franklin
Front Royal
Hampton
Galax City
Grayson
Hopewell
James City
Loudoun
Leesburg
Louisa
Lynchburg
Martinsville
New Kent
Newport News
Norfolk
Norton
Petersburg
Prince George
Prince William
Pulaski
Radford
Richmond (including Virginia Commonwealth University)
Rocky Mount
Stafford
Staunton
Tappahannock
Tazewell
Virginia Beach
Washington County
Waynesboro
Williamsburg
Wise
York Poquoson