

## Femicide in New York City: 1995-2002

In 1999, homicide was the second leading cause of death among women aged 15-19 and 20-24 in the United States, with rates of 3.6 and 5.2 per 100,000, respectively.<sup>1</sup> While men comprised the majority of homicide victims, 75% between 1976 and 1996, homicide of women, or femicide, represents a significant source of premature mortality among young women in New York City today. However, because male victims constitute the bulk of overall homicide counts, trends unique to homicides of women, femicides, are often overlooked. When women are killed, they are most often killed by people they know: friends, family members and intimate partners. For example, in the 20 years between 1976 and 1996, approximately a third of all women who were homicide victims in the US were killed by current or former intimate partners. The proportion was similar in New York City. In contrast, just 6% of male homicide victims were killed by intimate partners.<sup>2</sup> Further, women make up the great majority of all intimate partner homicide victims; in 1998, they constituted 72% of all victims.<sup>3</sup>

The New York City Department of Health's Bureau of Injury Epidemiology has collected data on all femicides in New York City from 1990 forward. The goal of this research is to identify risk factors for femicide in New York City in order to inform prevention efforts. A 1997 report presented data on femicides that occurred between 1990 and 1994. This report updates the data through 2002. On the website you will find three subsections: *Femicide in New York City 1995-2002: Sortable Statistics*; *Trends of Femicide in NYC 1995-2002*; and *A Profile of Intimate Partner Femicide in New York City 1995-2002*. The first section contains the overall counts and percentages of select variables for all femicides in NYC during this time period. The second section presents graphs showing rates or counts of femicide overtime, by year, from 1995-2002. The third section is a descriptive profile of intimate partner femicides compared to other types of femicide.

## Methods

### *Data Source and Collection*

Data are collected on all femicides aged 12 and older from the records of the Office of the Chief Medical Examiner of New York City (OCME). Records include autopsy, crime scene, and police reports, as well as demographic characteristics of the victim and perpetrator. Data are collected annually, at least six months after the end of the previous calendar year, to ensure that the OCME records are complete. Data collectors, who are public health epidemiologists and student interns, are trained on data

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<sup>1</sup> Anderson, RN. *Deaths: Leading Causes for 1999*. National Vital Statistics Reports. Vol. 49; No. 11. Hyattsville, MD. National Center for Health Statistics, 2001.

<sup>2</sup> Bureau of Justice Statistics. *Homicide Trends in the United States*. US Department of Justice, Bureau of Justice Statistics. 1998

<sup>3</sup> BJS, 1998

collection methods, standardized coding techniques, and confidentiality issues. All data collection forms are reviewed by the project manager who checks each for accuracy and consistency; questions are resolved during supervisory meetings and inconsistencies are addressed by a second record review.

### *Motive Classification Scheme*

Using both the motive recorded on the police report and information on the victim-perpetrator relationship from the OCME records, cases were categorized as intimate partner femicides and non-intimate partner femicides.<sup>4</sup> Intimate partner femicides (n = 339; 33%) included all homicides characterized as 1) intimate partner femicides, 2) probable intimate partner femicides, 3) secondary intimate partner femicides and 4) intimate partner accidents. Intimate partner femicides (n = 286) were ones where the alleged perpetrator was either a current or former husband, or an opposite- or same-sex partner (includes boyfriends, girlfriends, common-law marriages, lovers, etc.). Probable intimate partner femicides (n = 38) were those where the research team concluded that the perpetrator was an intimate partner, based on relative or informant reporting, regardless of whether the police identified the perpetrator as the intimate partner.<sup>5</sup> Secondary intimate partner femicides (n = 8) were homicides where the victim was killed during a dispute between two intimate partners; for example, a woman was killed by her step-father while attempting to interrupt a fight between him and her mother. Intimate partner “accidents” (n = 7) were homicides where an intimate partner/perpetrator alleged that the homicide was an accident; for example, it was reported that the boyfriend was “playing” with a gun, holding it to the victim’s head, when it went off. Non-intimate partner femicides (n = 369; 36%) include family (non-intimate partner) homicides, family violence “accidents,” homicides committed in association with other crimes (i.e., robbery, drugs, sex crimes), random homicides (ex. stray bullets), justifiable homicides (police perpetrated homicides during an attempted arrest), and other types of homicides. Perpetrators were considered family if they were biological, adopted, step or foster parents, children, siblings, grandparents, cousins, nieces, nephews or other relatives.

In the remaining femicides (n = 322; 31%), the motive for femicide was unknown and thus the cases were classified as “unknown.” It is possible that some of these cases were, in fact, intimate partner femicides. In all cases, we used only the OCME’s records to categorize the femicides<sup>6</sup> and were not able to link the cases to the criminal justice

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<sup>4</sup> The victim-perpetrator relationship was used to categorize intimate partner femicides and family violence femicides, whereas all other motive types (sex crime, narcotics, etc.) were categorized based on the circumstantial information of the crime.

<sup>5</sup> This number reflects the possibility that the police misclassify a number of intimate partner femicides each year (see Langford, Isaac and Kabat, 1998, for a detailed discussion of the limits of police data in the classification of homicides perpetrated by intimate partners). It is also possible that the police classify some proportion of these probable intimate partner femicides as such, but after the end of the official data collection period; thus, the Medical Examiner’s records did not reflect this classification at the time of data collection.

<sup>6</sup> Birthplace information is the only exception, which is provided the New York City Office of Vital Statistics.

system outcomes, such as whether the case was prosecuted and who was officially charged in the crime.

### *Calculations and Statistical Analyses*

Rates of femicide overall and specified for age and crime borough were calculated using denominators from The New York City Department of Health and Mental Hygiene website.<sup>7</sup> Denominators for birthplace and race were calculated by linear interpolation of 1990-2000 population data from the Census Bureau. The rates are presented as homicides per 100,000 females 12 years of age and older. The socioeconomic status of victims was calculated based on the median income of their census tract and so is a representation of community economic status rather than individual income. Because calculations were based on census tract data, missing income data represents missing address data.

In the *Profile of Intimate Partner Femicide in New York City: 1995-2002*, Chi Squares were run to show significance of percentages, one-way ANOVAs were used to compare mean ages between intimate partner femicides and non-intimate partner femicides, and multinomial regression analyses were used to predict likelihood of outcomes. Analyses were conducted using two groups. First, runs were done for femicides with a known motive only (n = 708) and categorized into two groups, intimate partner femicides and non-intimate partner femicides. Second, runs were done for all femicides (n = 1,030) and categorized into three groups; intimate partner femicide, non-intimate partner femicide, and unknown motive/perpetrator. Findings were always reported for groups with a known motive unless explicitly stated.

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<sup>7</sup> <https://a816-health3ssl.nyc.gov/census/index.html> New York City Epidemiology Query System, “Design Census Query”

# A Profile of Intimate Partner Femicide in New York City: 1995-2002

## Results

One thousand thirty deaths of women were classified as homicides by the Chief Medical Examiner of New York City (OCME) between 1995 and 2002. Of these, 339 were intimate partner homicides, 369 were non-intimate partner homicides and 322 were classified as having an unknown motive.

### *Demographics*

#### AGE

On average, intimate partner femicide victims were younger than non-intimate partner femicide victims (34.2 vs. 41.5;  $F = 32.719$ ;  $p < .001$ ). A little over a third of all intimate partner femicide victims were between the ages of 20 and 29 (34%), whereas the largest percentage (29%) of non-intimate partner femicide victims were 50 years of age and older. Both findings were statistically significant ( $p < .001$ ) [Table 1]. Most of the non-intimate partner femicide victims over 50 years of age ( $n = 106$ ) were victims of robbery (40%) or family violence (31%). Women ages 30 to 39 made up the largest age group of all femicide victims, including those with an unknown motive ( $n = 274$ ). Twenty-nine percent of all intimate partner femicides were 30-39 as were a quarter of all non-intimate partner femicides (25%) [Table 1].

Table 1:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>12-19</b>	7.1% <sup>8</sup> (n=24)	13.3% (n=49)
<b>20-29</b>	33.9% (n=115)	19.8% (n=73)
<b>30-39</b>	29.2% (n=99)	24.9% (n=92)
<b>40-49</b>	19.8% (n=67)	12.5% (n=46)
<b>50+</b>	10.0% (n=34)	28.7% (n=106)
<b>Missing Data</b>	0.0% (n=0)	0.8% (n=3)

<sup>8</sup> Percentages represent the percent within intimate partner femicide or non-intimate partner femicide status.

## RACE

Almost half of all femicide victims were black women (49%). Blacks made up the largest percentage of intimate partner femicides (46%) and this was true for non-intimate partner femicide victims as well (50%) [Table 2]. Among black women, there is no statistically significant difference between those killed by an intimate partner and those killed by a non-intimate partner. Among Hispanic and white victims, that difference was statistically significant. A third of all intimate partner femicides were Hispanic women (33%) and less than a quarter of non-intimate partner femicide victims were Hispanic (23%;  $p < .01$ ) [Table 2]. Among White femicide victims with a known motive, 37% were victims of intimate partner femicide and 63% were victims of non-intimate partner femicide ( $p < .01$ ).

Table 2:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Hispanic</b>	33.3% (n=113)	23.3% (n=86)
<b>Black</b>	45.7% (n=155)	50.1% (n=185)
<b>White</b>	13.9% (n=47)	21.4% (n=79)
<b>Asian/Other</b>	7.1% (n=24)	4.6% (n=17)
<b>Missing Data</b>	0.0% (n=0)	0.5% (n=2)

## BIRTHPLACE

Foreign-born women were significantly more likely to be killed by their intimate partners than US born women. Fifty-seven percent of foreign-born women were victims of intimate partner femicide ( $p < .001$ ). Foreign-born women made up 35% of non-intimate partner femicide victims and 51% of intimate partner victims [Table 3]. Victims of intimate partner femicide were 87% more likely than victims of non-intimate partner femicide to be foreign born (CI: 1.37, 2.54;  $p < .001$ ).

Table 3:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Foreign Born</b>	51.0% (n=173)	35.0% (n=129)
<b>US Born</b>	45.7% (n=155)	58.5% (n=216)
<b>Missing Data</b>	3.2% (n=11)	6.5% (n=24)

## MEDIAN INCOME

Lower, middle and upper median income groups were evenly distributed across intimate vs. non-intimate partner femicides [Table 4]. Each median income group made up approximately a third of all femicides (including unknowns). Although all three groups were evenly distributed by motive, the lower and middle groups consist of relatively poor women (<\$34,933.00) [Table 4], indicating that a disproportionate number of poor women were victims of femicide.

Table 4:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>&lt;=\$23,138.00</b>	31.3% (n=106)	29.3% (n=108)
<b>\$23,139.00-\$34,932.00</b>	29.5% (n=100)	29.5% (n=109)
<b>\$34,933.00+</b>	31.3% (n=106)	29.5% (n=109)
<b>Missing Data<sup>9</sup></b>	8.0% (n=27)	11.7% (n=43)

## TOXICOLOGY REPORT

Women who tested positive for drugs were less likely to be killed by their intimate partners (40%) than victims of other crimes (60%;  $p < .001$ ). Victims of intimate partner femicide were 45% less likely to test positive for drugs (including alcohol)<sup>10</sup> than non-intimate partner femicides (CI: 0.41, 0.75;  $p < .001$ ).

Table 5:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Positive Toxicology</b>	33.9% (n=115)	47.7% (n=176)
<b>Negative Toxicology</b>	63.7% (n=216)	49.3% (n=182)
<b>Missing Data</b>	2.4% (n=8)	3.0% (n=11)

<sup>9</sup> See *Calculations and Statistical Analysis* for an explanation of missing income data.

<sup>10</sup> Percentages remain almost exactly the same when those testing positive for alcohol only are excluded. (Difference = 2%)

## *Crime Characteristics*

### CRIME LOCATION

Most femicide victims for whom a motive was known were killed in their own home (59%). However, victims of intimate partner femicide were 2.9 times more likely than victims of non-intimate partner femicide to be found in their own residence (CI: 2.13, 4.01;  $p < .001$ ). Of those femicide victims found outside, 76% were victims of crimes other than intimate partner violence ( $p < .001$ ).

Table 6:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Victim's Residence</b>	71.7% (n=243)	45.8% (n=169)
<b>Other Residence</b>	10.0% (n=34)	10.0% (n=37)
<b>Outside</b>	8.0% (n=27)	23.0% (n=85)
<b>Other</b>	9.7% (n=33)	18.7% (n=69)
<b>Missing Data</b>	0.6% (n=2)	2.4% (n=4)

### METHOD

A firearm was used in a third of all femicides (n=352). Femicides committed with a firearm made up the largest percentage of method used for intimate partner femicides (40%) as well as non-intimate partner femicides (32.2%) [Table 7]. A third of all intimate partner femicides were stabbed by their assailant compared to 17.4% of all non-intimate partner femicides ( $p < .001$ ) [Table 7]. Women who were stabbed to death were 2.1 times more likely to have been killed by an intimate partner than a non-intimate partner (CI: 1.49, 3.03;  $p < .001$ ).

Table 7:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Shot</b>	39.8% (n=135)	32.2% (n=119)
<b>Stabbed</b>	31.0% (n=105)	17.3% (n=64)
<b>Bludgeoned</b>	7.4% (n=25)	10.8% (n=40)
<b>Strangled/Asphyxiated</b>	8.0% (n=27)	15.2% (n=56)
<b>Burned/Smoke Inhalation</b>	0.0% (n=0)	2.2% (n=8)
<b>Mixed</b>	11.8% (n=40)	14.4% (n=53)
<b>Other</b>	1.8% (n=6)	7.0% (n=26)
<b>Missing Data</b>	0.3% (n=1)	0.8% (n=3)

## SEXUAL ASSAULT

Victims of intimate partner femicide were less likely than non-intimate partner femicides to be victims of rape/sexual assault (CI: 0.07, 0.38;  $p < .001$ ). Of those women who were sexually assaulted, 86% were victims of non-intimate partner femicide ( $p < .001$ ).

Table 8:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Sexual Assault</b>	1.8% (n=6)	10.3% (n=38)
<b>No Sexual Assault</b>	89.4% (n=303)	81.3% (n=300)
<b>Missing Data</b>	8.8% (n=30)	8.4% (n=31)

## SEX

The majority of all perpetrators whose gender is known are male (94.3%). Only 4% of the femicides where the gender of the perpetrator was known were committed by women, and only three of the intimate partner homicides were committed by women.

## PERPETRATOR COMMITS SUICIDE

There was a correlation between intimate partner femicides and perpetrators who committed suicide. Of those perpetrators who committed suicide, 87% were intimate partners and only 13% had some other relationship to the victim ( $p < .001$ ). Perpetrators who committed suicide were 8.4 times more likely to have killed an intimate partner than a non-intimate partner (CI: 4.34, 16.12;  $p < .001$ ).

Table 9:

	<b>Intimate Partner Femicide</b>	<b>Non-Intimate Partner Femicide</b>
<b>Perp Committed Suicide</b>	21.5% (n=73)	3.0% (n=11)
<b>Perp Did Not Commit Suicide</b>	69.3% (n=235)	80.2% (n=296)
<b>Missing Data</b>	9.1% (n=31)	16.8% (n=62)

*Time Trends*

RATES

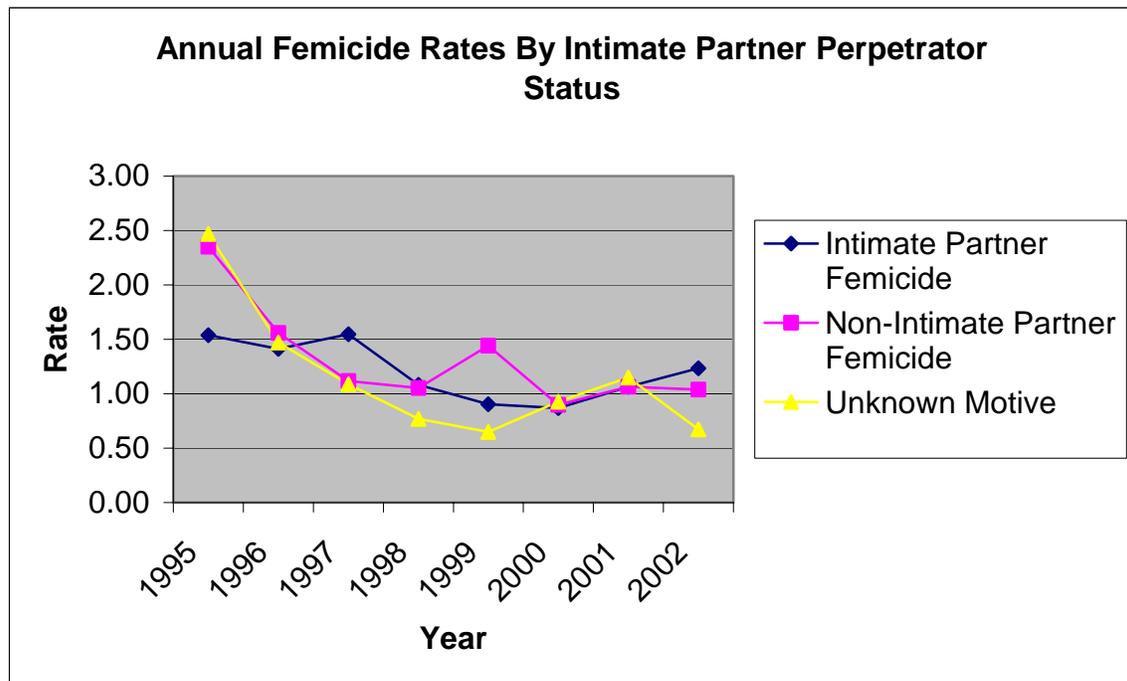
From 1995 to 1997 there was a dramatic decrease in the overall femicide rate in New York City. This drop is apparent among non-intimate partner femicides and femicides where the relationship between the victim and the perpetrator is unknown. In contrast, the rate of intimate partner femicides remained relatively stable overtime. [Table 10]

Table 10:

Femicide Rates per 100,000 for 1995-2002

	Intimate Partner Femicide	Non-Intimate Partner Femicide	Unknown Motive	Femicide Totals
1995	1.54	2.35	2.47	6.36
1996	1.41	1.56	1.47	4.44
1997	1.55	1.12	1.09	3.75
1998	1.08	1.05	0.77	2.90
1999	0.90	1.44	0.65	2.99
2000	0.87	0.90	0.93	2.69
2001	1.07	1.07	1.15	3.28
2002	1.23	1.04	0.67	2.94

Graph 1:



## **Summary**

Intimate partner femicide victims tended to be younger than non-intimate partner femicide victims. A third of all intimate partner femicides were between the ages of 20 and 29 and one in a quarter non-intimate partner femicides were 50 years of age and older. Intimate partner status was associated with other aspects of femicide victimization. Foreign-born women were over-represented among intimate partner femicide victims. Femicides committed with firearms constituted the largest class of femicide method, regardless of intimate partner perpetrator status; however slightly more intimate partner femicide victims were shot and many more stabbed as compared with other femicide victims with a known motive. Almost a quarter of intimate partner perpetrators committed suicide and the vast majority of intimate partner perpetrators were male. Finally, the rate of intimate partner femicide has remained fairly stable from 1995-2002 with a slight increase in 2002 indicating that intimate partner femicide remains a major public health issue in New York City. Interventions that have contributed to an overall decrease in femicides do not appear to have contributed to a decrease in femicides perpetrated by intimate partners.

## **Conclusions**

This study demonstrates that young, foreign-born, and minority women are over-represented among intimate partner femicide victims. In order to reduce deaths among these population subgroups, public health officials must fund research driven programs, founded on identifying risk factors for serious, and lethal intimate partner violence.