

Intimate Partner Homicide-Suicide in New York City (2010-2018)

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This report builds upon *Intimate Partner Homicide-Suicide in New York City (2010-2017)*, and includes new data about circumstances preceding the intimate partner homicide-suicide and information about victim and perpetrator contact with New York City agencies in the twelve months leading up to the incident.

This report focuses on the 47 intimate partner homicide-suicide cases that occurred in New York City between 2010-2018. These intimate partner homicide-suicide incidents involved the deaths of 106 people including 48 intimate partners, 11 relatives and 47 perpetrators (Figure 1). Eight cases involved multiple victims.

Domestic violence comprises two subcategories of violence: intimate partner violence and family violence (Figure 2). Intimate partner violence occurs between individuals who are married, divorced, dating, living together, or have a child in common. Family violence is violence that occurs between members of a household or family who are not involved in a romantic relationship.

Suicide is a leading cause of premature death for people under 65 in New York City.¹ The suicide rate in New York City increased from 5.8 per 100,000 in 2008 to 6.6 per 100,000 in 2017. The suicide rate among males is more than twice the rate among females.² In New York City, the proportion of intimate partner homicide-suicide incidents to intimate partner homicide incidents has increased from an annual average of 11.5% in 2010-2017 to 24.1% in 2018.³

For intimate partner violence there is a significant intersection between suicide and intimate partner homicide. These incidents, in which an abusive partner murders their intimate partner and then dies by suicide, form a subset of intimate partner homicides cases. The following is a description of these case (hereafter referred to as "intimate partner homicide-suicide"). For the purpose of this report, victim-specific analyses focus on the 48 intimate partner homicide victims.

Figure 1: People Killed in Intimate Partner Homicide-Suicide Cases (2010-2018) (N=106)

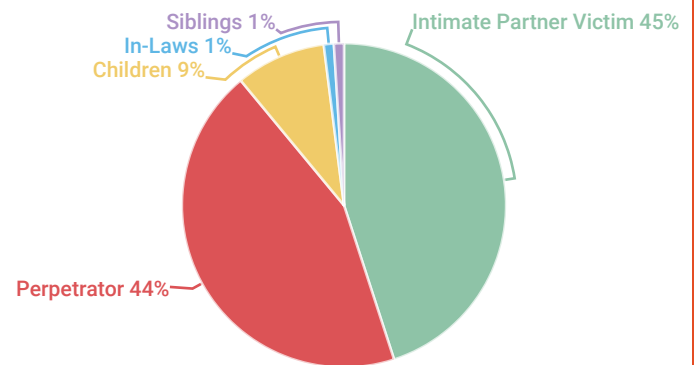


Figure 2: Domestic Violence Subcategories

Domestic Violence	
<p>Intimate Partner Violence: violence between individuals who are married, divorced, dating or have a child in common</p>	<p>Family Violence: violence between members of a family or household who are/were not in a romantic relationship</p>

[1] Source: NYC EPI Data Brief, Suicides among Males in New York City, 2007-2016, January 2019, Vol. 108.

[2] Source: Li W, Onyebeke C, Huynh M, Castro A, Falci L, Gurung S, Kennedy J, Maduro G, Sun Y, and Van Wye G. Summary of Vital Statistics, 2017. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2019.

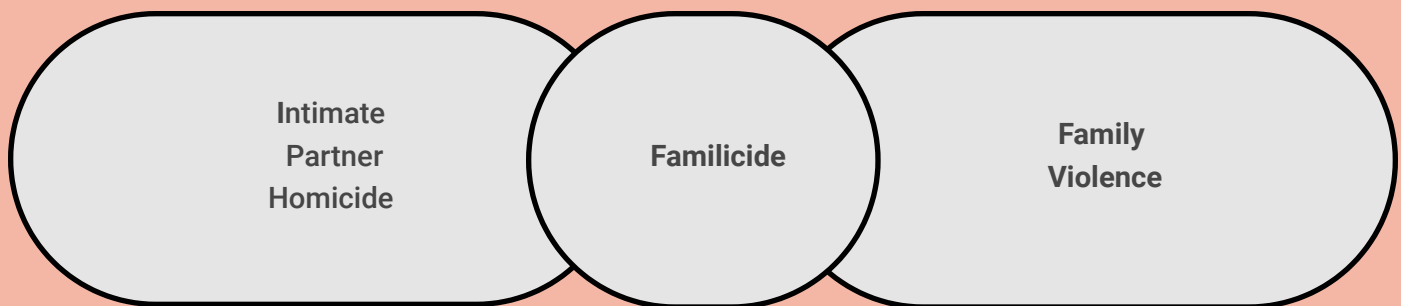
[3] Source: New York City Police Department, Domestic Violence Homicides 2010-2018.

A Closer Look: The Intersection of Intimate Partner Homicide-Suicide and Familicide (2010-2018) (N=27)

Familicide is the killing of multiple family members, most commonly an intimate partner and at least one child.⁴ Familicide has a tremendous impact on communities due to the vulnerability of victims, nature of the relationship, and number of victims. These incidents often receive a lot of media attention and the resultant trauma caused to families and community members can persist long after the event.

From 2010-2018, there were eight intimate partner homicide-suicide incidents in New York City that involved familicide. In all of these incidents, the perpetrator killed their intimate partner and child(ren), and then died by suicide.

These eight incidents involve the death of 27 people including nine intimate partners, nine children, an additional relative, and eight perpetrators. Of the nine child victims, five (55%) were seven years old and younger. Of the eight perpetrators, seven (88%) were male - five (71%) were the child's father and two (29%) were the intimate partners boyfriend and not the child's father. Of the nineteen familicide victims, sixteen (84%) were killed with a firearm, two (11%) were stabbed and one (5%) died of smoke inhalation. In all of these incidents, there was no documented history of reported violence to the New York City Police Department.



[4] Source: Nature and Prevalence of Familicide in the United States, 2000-2009, Liem et al, Journal of Family Violence Vol 28, Iss. 4, (May 2013)

Homicide-Suicide Characteristics

Sex: 96% (46 of 48) of intimate partner homicide-suicide victims were female (Figure 3) and 98% (46 of 47) of perpetrators were male.

Borough: Intimate partner homicide-suicide cases occurred in all five boroughs: 18 (38%) in Brooklyn, 11 (24%) in Manhattan, 9 (19%) in Bronx, 6 (13%) in Queens and 3 (6%) in Staten Island (Figure 4).

Relationship: 42% (20 of 48) of relationships involved a victim and perpetrator who were married at the time of the incident (Figure 5).

Location: 90% (20 of 48) of intimate partner homicide-suicides took place in the victim's or the perpetrator's home.

- In 85% (17 of 20) of cases, the homicide and suicide occurred in the same location; in seven cases, the perpetrator fled the scene and died by suicide elsewhere.

Method: A firearm was used in the majority (63%, 30 of 48) of homicides followed by stabbing/slashing (20%, 10 of 48) and blunt trauma (6%, 3 of 48). In all cases where the perpetrator used a firearm to commit the homicide, it was also used subsequently in the death by suicide (Figure 6).

Figure 3: Intimate Partner Homicide-Suicide Victim Sex (2010-2018) (N=48)



Figure 4: Intimate Partner Homicide-Suicide by Borough (2010-2018) (N=47)

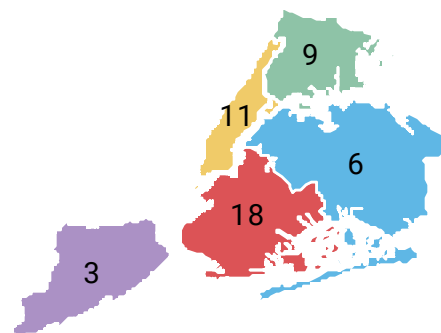
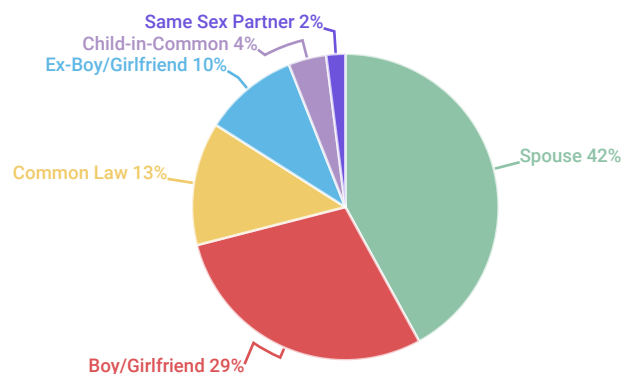
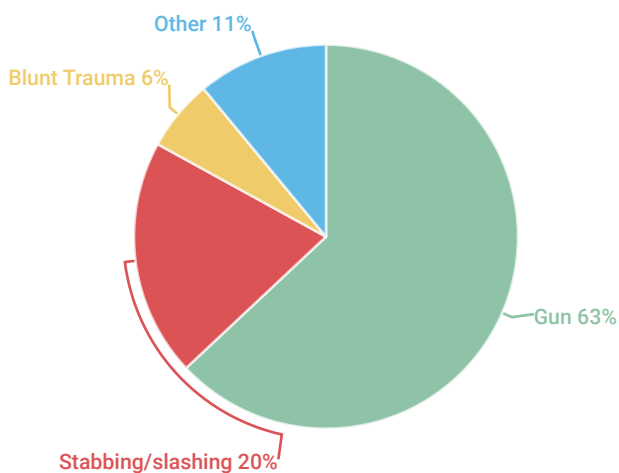


Figure 5: Intimate Partner Homicide-Suicide Victim and Perpetrator Relationship (2010-2018) (N=48)



Note: NYPD designates all former and current same sex partnerships as one category. All other categories are between opposite sex partners. NYPD considers common law to be partners living together in a marriage-type relationship who are not legally married.

Figure 6: Intimate Partner Homicide-Suicide Method (2010-2018) (N=48)



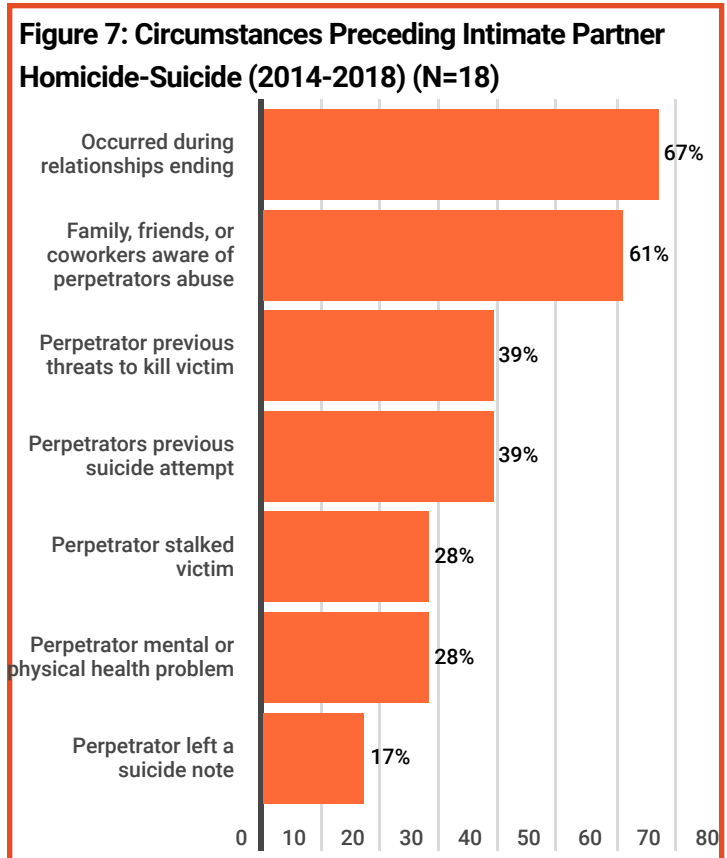
New York City Agency Contact: Between 2010-2018, the majority of intimate partner homicide-suicide victims and perpetrators did not have contact with a New York City agency in the 12 months prior to the incident:

- Administration for Children’s Services (ACS): Contact with three victims (6%, 3 of 48) and no perpetrators in the 12 months prior to the intimate partner homicide-suicide.
- Department for the Aging (DFTA): Did not have any contact with victims or perpetrators who were age 60 and older in the 12 months prior to the intimate partner homicide-suicide.
- Department of Homeless Services (DHS): Contact with two victims (4%, 2 of 48) and no perpetrators in the 12 months prior to the intimate partner homicide-suicide.
- Human Resources Administration (HRA)
 - Domestic Violence Services: No contact with any victims or perpetrators for domestic violence services in the 12 months prior to the intimate partner homicide-suicide.
 - Cash Assistance, Supplemental Nutrition Assistance, and Medicaid Benefits: Contact with 11 of 48 victims (23%) and 9 of 47 perpetrators (19%) in the 12 months prior to the intimate partner homicide-suicide.
 - Child Support Services: Contact with 4 (8%, 4 of 48) victims and 5 (11%, 5 of 47) perpetrators for child support services in the 12 months prior to the intimate partner homicide-suicide.
- New York City Housing Authority (NYCHA): Two (4%, 2 of 48) of the homicide/suicides involved authorized residents of NYCHA and one of the intimate partner homicide/suicides occurred on NYCHA property. Two (4%, 2 of 48) of the homicide/suicide victims and 1 (4%, 2 of 47) of the perpetrators were residing at NYCHA at the time of the incident. NYCHA had no previous contact with any of the victims or perpetrators relating to any service or tenant related issues prior to the homicide/suicide.
- New York City Mayor’s Office to End Domestic and Gender-Based Violence (ENDGBV): The New York City Family Justice Centers, which are operated by ENDGBV, had contact with 3 victims (6%, 3 of 48) and no perpetrators in the 12 months prior to the intimate partner related homicide/suicide. One (33%, 1 of 3) of the victims had contact with the District Attorney’s Office and other non-criminal justice services, which include counseling, case management, and civil legal services. The other 2 victims (67%, 2 of 3), engaged with other community based organizations providing non criminal justice services, such as counselling, case management, and civil legal services at that borough’s Family justice Center.
- Probation Department (DOP): Did not have contact with any victims or perpetrators in the 12 months prior to the intimate partner homicide-suicide.
- New York City Police Department (NYPD): The NYPD had a reported history with 33.3% (16 of 48) of the victim and perpetrators in these incidents. In 31% (5 of 16) of the reported histories, NYPD determined that an arrestable offense did not occur and thus filed only a domestic incident report (DIR), and not a DIR and a complaint (also referred to as a “61 report”). Of the remaining 9 victim/perpetrator pairs , 57% (9 of 16), both a DIR and a complaint was filed. According to NYPD records, in 25.0% (4 of 16) of the intimate partner homicide-suicide cases, there was an active order of protection at the time of the intimate partner homicide-suicide.

Circumstances Preceding Homicide-Suicide Sub-Analysis (2014-2018) (N=18)

A review of investigative case notes from 18 intimate partner homicide-suicide cases from 2014-2018 were analyzed to get a better understanding of the circumstances preceding the homicide-suicide incident (Figure 7). In 50% (9 of 18) of these incidents, there was a documented history of intimate partner violence with NYPD. In 17% (3 of 18) of cases, the perpetrators left a suicide note. Family, friends and coworkers who were interviewed reported:

- 67% (12 of 18) of the intimate partner-homicide suicide cases occurred during the relationship ending. In these cases, the victim and perpetrator had recently broke up or were in the midst of a breakup or divorce.
- 61% (11 of 18) of cases, either the perpetrators or victim’s family, friends, or coworkers interviewed were aware of the perpetrator’s abusive behavior.
- 39% (7 of 18) of perpetrators previously threatened to kill the victim.
- 39% (7 of 18) of perpetrators had a previous suicide attempt or threatened to kill themselves.
- 28% (5 of 18) of perpetrators stalked the victims prior to their death.
- 28% (5 of 18) of perpetrators had a mental or physical health problem.
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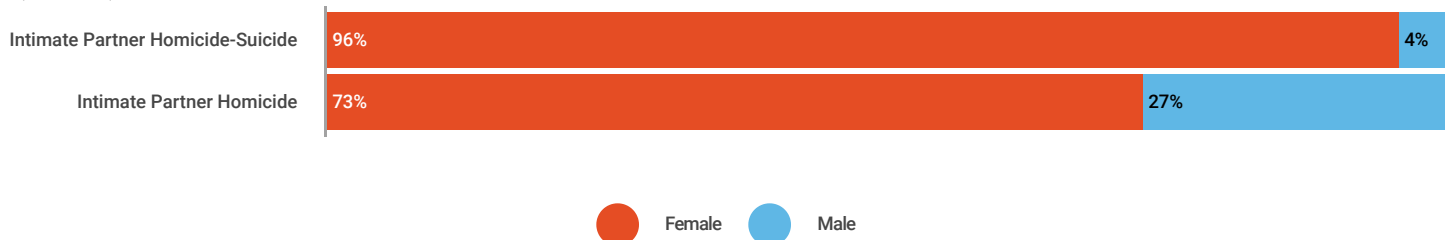


Comparison of Intimate Partner Homicide-Suicide to Intimate Partner Homicide

Between 2010 and 2018, there were 309 total intimate partner homicides, 47 of which included death by suicide and 262 of which did not. The following is a comparison of the 47 intimate partner homicide-suicides to the 262 intimate partner homicides that did not include a death by suicide.

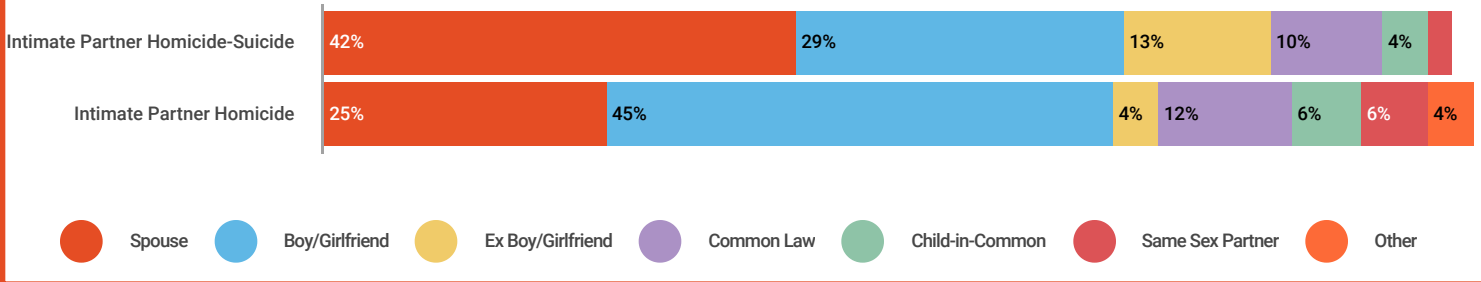
Sex: Greater sex variation existed in cases of intimate partner homicide compared to homicide-suicide. Almost all intimate partner homicide-suicide perpetrators were male, and victims, female (98%, 46 of 47 and 96%, 46 of 48 respectively). This is in comparison to intimate partner homicide where 77% (205 of 267) of perpetrators were male and 73% (191 of 262) of victims were female (Figure 8).

Figure 8: Comparison of Victim Sex, Intimate Partner-Homicide Suicide and Intimate Partner Homicide (2010-2018) (N=309)



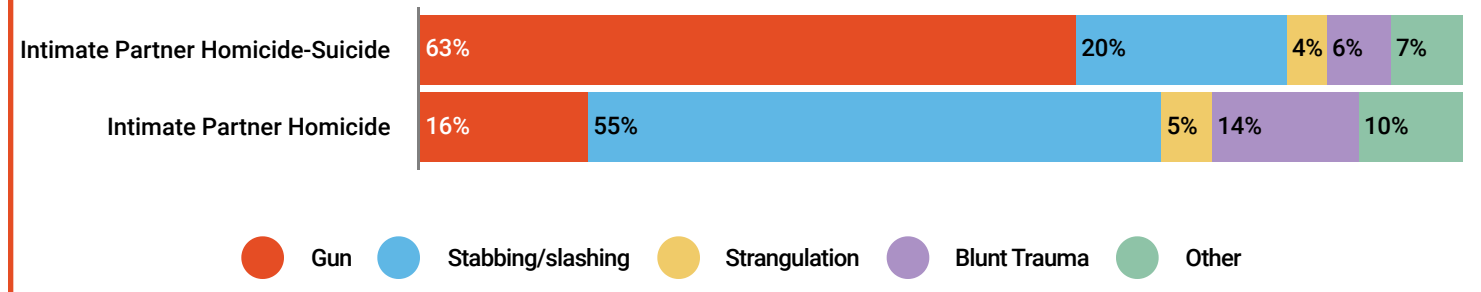
Relationship: The preponderance of homicide-suicides occurred between partners who were in a spousal relationship, whereas the preponderance of intimate partner homicides occurred between partners in opposite sex boyfriend/girlfriend relationships (42% and 45%, respectively) (Figure 9).

Figure 9: Comparison of Victim and Perpetrator Relationship, Intimate Partner Homicide-Suicide and Intimate Partner Homicide (2010-2018) (N=309)



Method: A firearm was used in the majority (63%) of intimate partner homicide-suicides in comparison to intimate partner homicides, where a knife was used in the majority (54%) of cases (Figure 10).

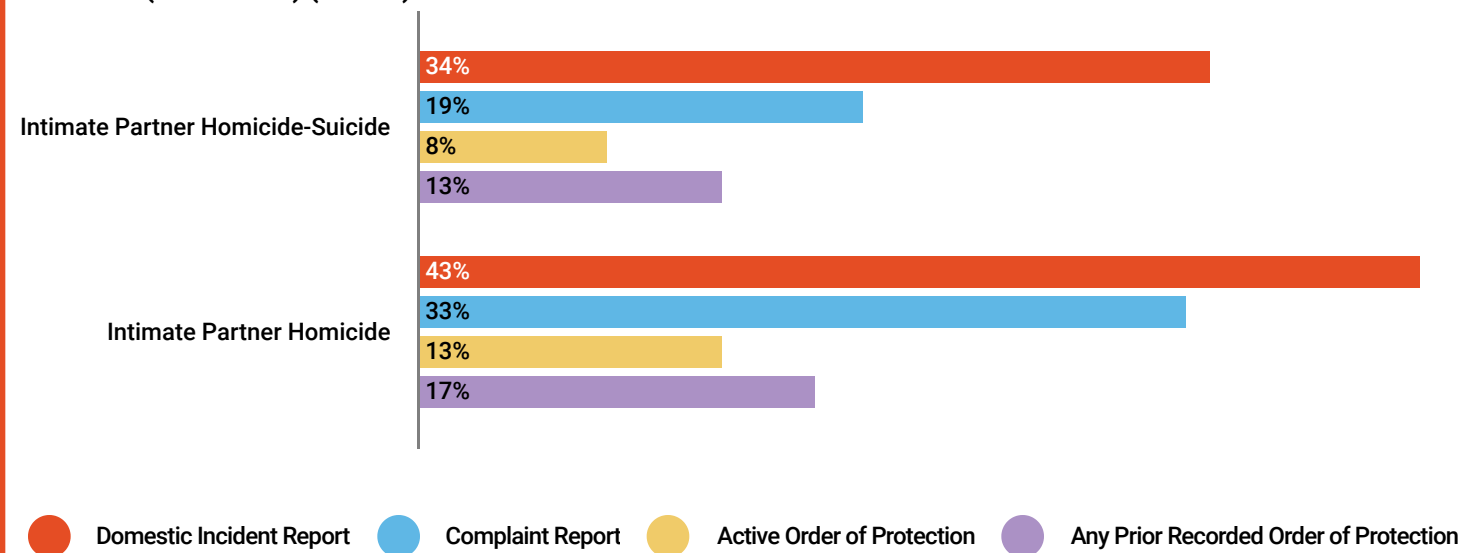
Figure 10: Comparison of Method, Intimate Partner Homicide-Suicide and Intimate Partner Homicide (2010-2018) (N=309)



Location: The majority of both intimate partner homicide-suicides (90%, 43 of 48) and intimate partner homicides (70%, 183 of 262) took place in a home, either the victim's, the perpetrator's, or a friend's home.

History of Domestic Violence: In the majority of both intimate partner homicide-suicide (66%, 32 of 48) and intimate partner homicide (57%, 112 of 262) cases, there was no reported history of domestic violence to the NYPD between the couple. Most cases did not have an active order of protection (92%, 4 of 48 and 87% , 33 of 262 respectively) (Figure 11).

Figure 11: Comparison of Domestic Violence History, Intimate Partner Homicide-Suicide and Intimate Partner Homicide (2010-2018) (N=309)



Conclusion and Recommendations

This report focuses on 47 intimate partner homicide-suicide cases that occurred in New York City between 2010-2018, of which eight of these intimate partner homicide-suicide incidents involved familicide. The following conclusions and recommendations are based on the analysis of data in this report:

Increase public education to highlight the risk of intimate partner homicide-suicide in relationships experiencing intimate partner violence: A review of 18 intimate partner homicide-suicide cases between 2014-2018 revealed the majority of either the perpetrators or victim's family, friends, or coworkers interviewed were aware of the perpetrator's abusive behavior. In more than one-third of incidents, it was reported that the perpetrator previously threatened to kill the victim and/or had a previous suicide attempt or threatened to kill themselves. In the majority of both intimate partner homicide-suicide and intimate partner homicide between 2010-2018 neither the victim or the perpetrator had recorded contact with NYPD. Family, friends and other social networks can help bridge the gap and help victims connect with gender-based violence support services.

Interventions aimed at suicide prevention should be investigated as tools in the prevention of intimate partner homicide-suicide, and all intimate partner homicide more generally. Intimate partner violence is a risk factor for homicide-suicide and homicide. Dr. Jacquelyn Campbell's research on the risk of lethality among victims of intimate partner violence highlights the importance of examining suicidality.⁵ Specifically, there is an increased risk of homicide when a male partner has threatened suicide, has access to a gun, or has used or made threats with a gun. Perpetrator threats of suicide is a required field in a NYPD DIR. As seen in Figure 11, guns are used more frequently in homicide-suicide than in homicide cases. Law enforcement, healthcare professionals, and domestic violence advocates use of intimate partner violence risk assessment tools, such as the Danger Assessment, can help identify those who are at a high risk of lethality.

Continue educational efforts with law enforcement and prosecutors to identify stalking: In more than a quarter of the 18 case notes examined to understand the circumstances preceding the intimate partner homicide-suicide, family, friends and co-workers were aware that the perpetrator had stalked the victim. The Coordinated Approach to Preventing Stalking (CAPS) program is an initiative of ENDGBV, in collaboration with the NYPD and local District Attorney's offices, to increase the identification and reporting of intimate partner stalking cases, enhance both stalking arrests and prosecutions and link victims to critical services. As part of the CAPS program, specialized training is conducted for NYPD police officers, members of the District Attorney's office, and community partners to identify stalking behavior, better understand the New York State stalking statutes, recognize the use of technology in a stalking context, engage in risk assessment and safety planning, and work with victims to document and preserve evidence of stalking incidents. The CAPS model is a homicide prevention program aimed at identifying intimate partner stalking cases and providing appropriate criminal justice and social services interventions before stalking behavior escalates to physical injury, serious physical injury, or fatality.

Continue to monitor the occurrence of intimate partner homicides: ENDGBV should continue to monitor the occurrence of intimate-partner homicide suicide incidents to identify any additional fact patterns that can inform additional interventions that can reduce homicide-suicides.

[5] Source: <https://www.fcadv.org/sites/default/files/Campbell%2020032.pdf>

Suicide and Domestic Violence Hotlines, Information, and Resources

- If you or someone you know is suicidal, call the 24-hour National Suicide Prevention Lifeline at (1-800) 273-TALK (1-800-273-8255).
- NYC Well, the citywide portal to mental health and substance use support, provides connections to counselors and peer support specialists in crisis and non-crisis situations. Text "WELL" to 65173, call (1-888) NYC-WELL, or go online to nyc.gov/nycwell.
- NYC Domestic Violence Hotline provides safety planning, referrals, and access to emergency housing for survivors of domestic violence. Call (1-800) 621-HOPE (4673), or 311 24 hours a day, 7 days a week, TTY: (1-866)-604-5350.
- Located in all five boroughs, NYC Family Justice Centers are walk-in one-stop locations for victims and families of domestic and gender-based violence to receive free, confidential, and comprehensive civil legal assistance, counseling, and supportive services.
- More information can be found at nyc.gov/engbv. NYCHope Resource Directory is available at nyc.gov/nychope for survivors and community members to access information, education, and resources.

Data Sources: Data provided by the New York City Police Department and New York City Office of the Chief Medical Examiner for all intimate partner homicides and homicide-suicides, and analyzed by ENDGBV. Due to the limitations of the data, we were not able to establish the effects of alcohol and drugs or the physical/mental health of the victim or perpetrator.