

# FEMALE HOMICIDE in New York City over 15 Years: Surveillance and Findings, 1995-2009

Department of Health and Mental Hygiene  
Bureau of Environmental Disease Prevention  
Injury Surveillance and Prevention Program

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# Outline

- Surveillance Rationale
- Methods and Definitions
- Trends in Overall Femicides, 1995-2009
- Trends in Intimate Partner Femicides, 1995-2009
- Characteristics of Recent Femicides, 2007-2009

# Surveillance Rationale

- According to the Federal Bureau of Investigation, in 2009, there were 13,636 victims of homicide nationwide.
  - 10,496 were male victims
  - 3,122 were female victims
- Female victimization differs from male victimization.
  - According to the Bureau of Justice Statistics, from 1976 to 2005, 30.1% of female homicides were perpetrated by an intimate partner compared to only 5.0% of male homicides.

Source: FBI: [http://www2.fbi.gov/ucr/cius2009/offenses/expanded\\_information/homicide.html](http://www2.fbi.gov/ucr/cius2009/offenses/expanded_information/homicide.html)

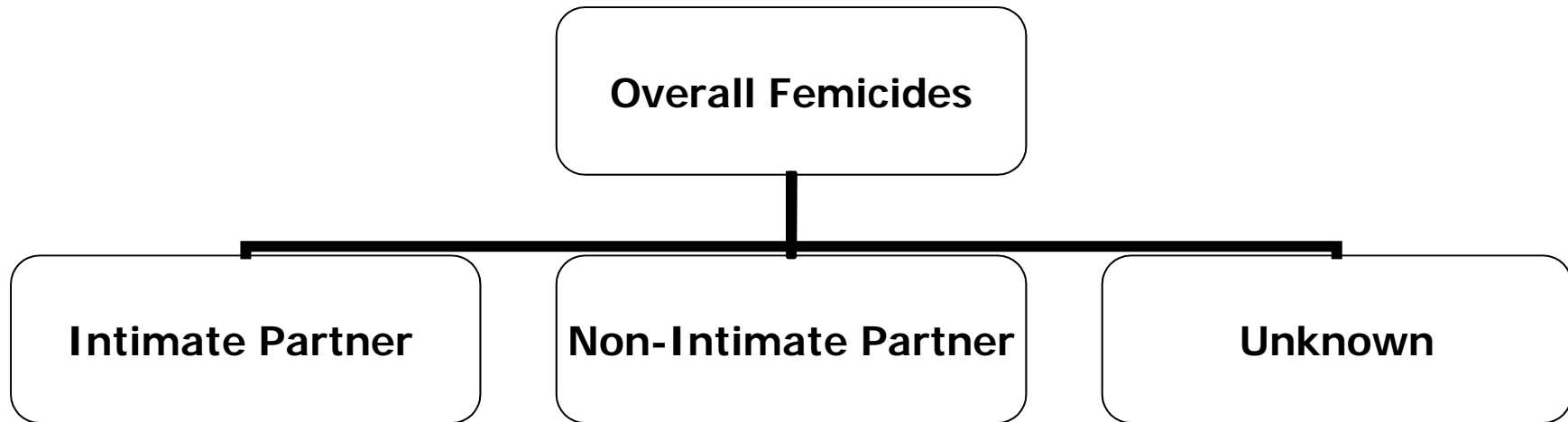
Source: BJS: <http://bjs.ojp.usdoj.gov/content/homicide/gender.cfm>

# Annual Review: Methods

- List of all New York City female homicide\* victims ages 12 years and older is obtained from the Department of Health and Mental Hygiene Bureau of Vital Statistics for the previous year.
- Files from the Office of Chief Medical Examiner (OCME) are matched to this list.
- Files include autopsy, toxicology, and supplemental case information.
- Standardized coding techniques are used to abstract information on assault circumstances and the relationship between the victim and alleged offender.

\* NYC DOHMH reports all fatal intentional injuries (homicides) using the International Classification of Diseases Version 10 (ICD-10) coding system. Specific ICD-10 codes for homicides are X85-Y09, Y87.1, and U01-U02.

# Definitions



- **Intimate Partner:** includes current or former partners in intimate relationships, such as spouses, common-law husbands, boyfriends, girlfriends, lovers, dating partners, etc.
- **Non-Intimate Partner:** includes family members who are not intimates, such as biological, adopted, step, or foster parents, children, siblings, grandparents, cousins, nieces, nephews, or other relatives; perpetrators involved in robberies, sex crimes, or drug-related incidents; and persons unknown to the victim.
- **Unknown:** No information on victim-perpetrator relationship or motive was available in Medical Examiner records.

# Data Analysis

- **Restrictions**

- To preserve confidentiality and guard against potential victim identification, subgroups with counts less than six (6) have not been included on graphs and tables.
  - As a result, certain borough, age group, and race/ethnicity group findings are not displayed.

# Data Analysis

- **Rate Computation**

- Rate computation is based on small numbers of events.
- Age-adjusted rates would be unstable, so only crude death rates are presented here.
- All rates are presented per 100,000 women ages 12 years and older.
- For all rate calculations, population denominators reflect the NYC DOHMH Intercensal Population Estimates, except for those rates comparing US-born and foreign-born women, which use US Census 2000 figures.

- **Caution**

- The age composition of New York City may differ from that of other regions, thereby affecting cross-regional comparisons of crude death rates.

# Data Analysis

- **Presentation of Significant Data**
  - Only statistically significant differences ( $p < 0.05$ ) are presented in the text without preface.
  - The language “data suggest” is used to present differences which are not statistically significant, but whose current numbers may indicate true patterns.

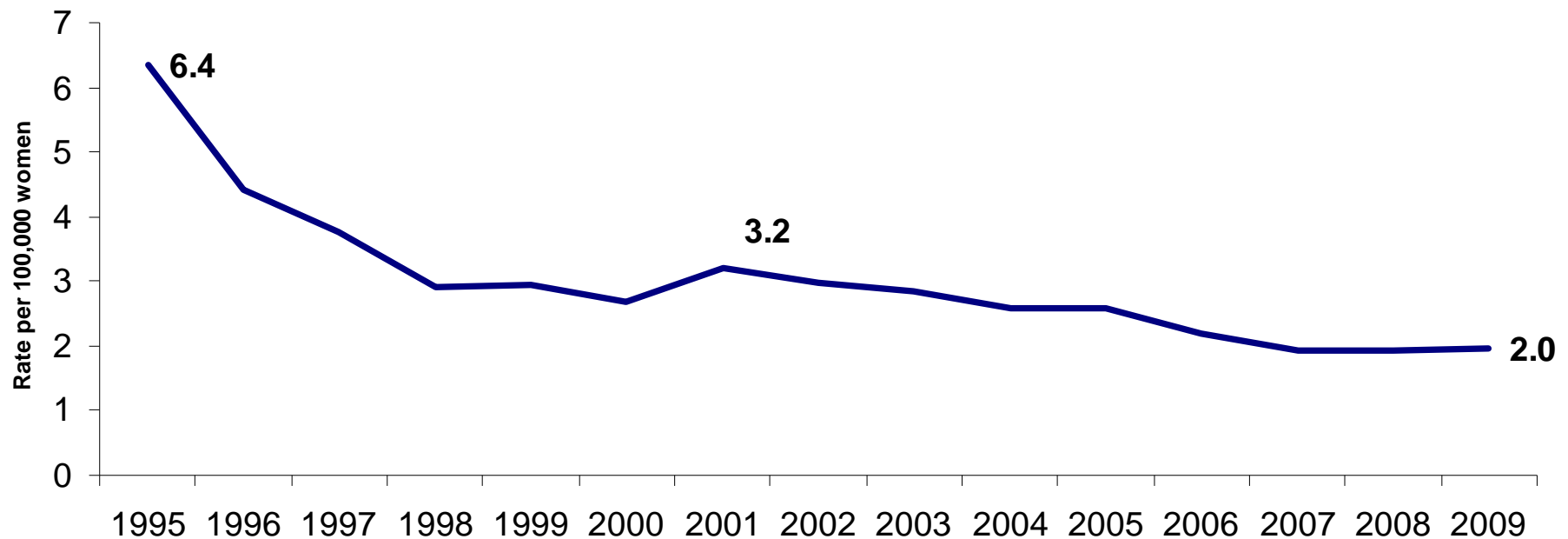
# Overall Femicide Findings, 1995-2009

# Overall Femicides, 1995-2009

Year	Femicide Count
1995	219
1996	154
1997	131
1998	102
1999	106
2000	96
2001	115
2002	107
2003	102
2004	93
2005	94
2006	80
2007	71
2008	72
2009	74
2007-2009 Average	72.3

Source: Office of Chief Medical Examiner

**Femicide rates dropped significantly from 1995 - 2000,  
and again from 2001 - 2009.**

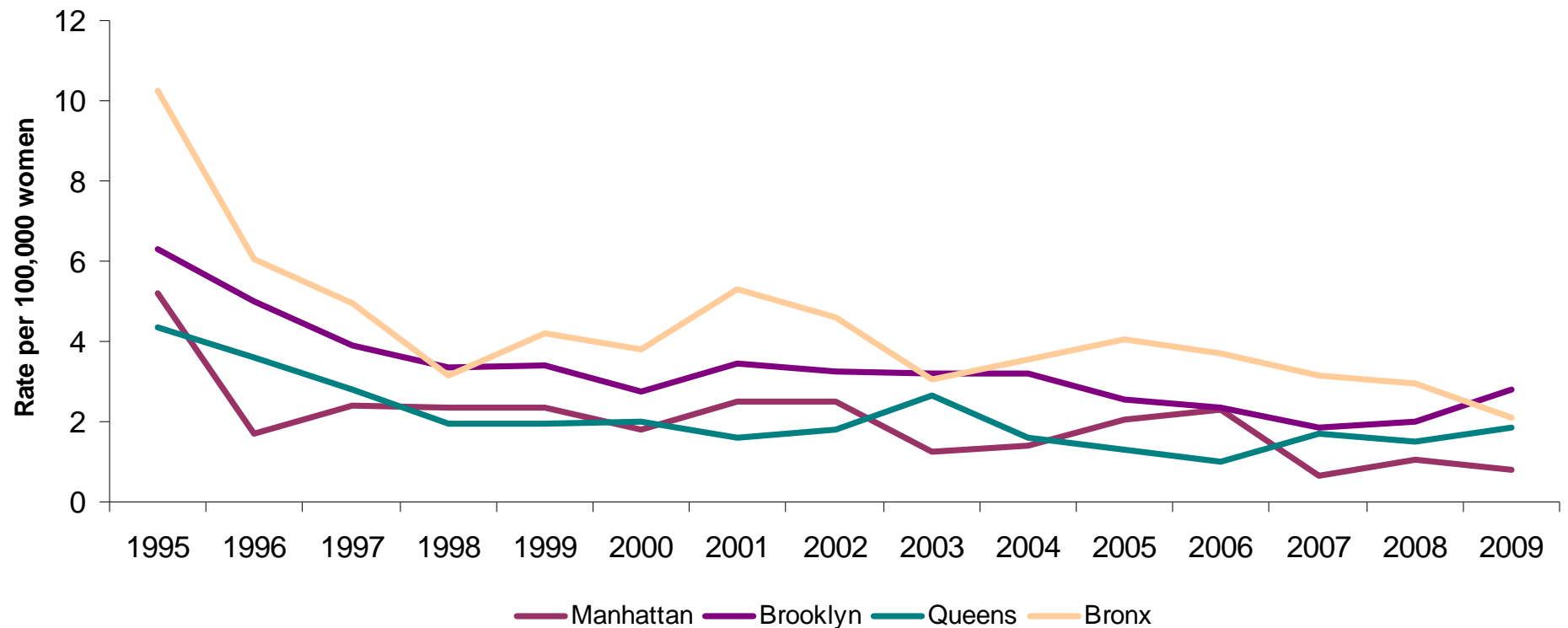


Source: Office of Chief Medical Examiner  
Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

# Overall Femicide Trends, New York City, 1995-2009

- The demographic factors considered in the examination of trends are:
  - Borough of residence
  - Race/Ethnicity
  - Age
  - Nativity (US-born versus foreign-born)

**Femicide rates are highest in Brooklyn and the Bronx, but they have declined by more than half since 1995.\***

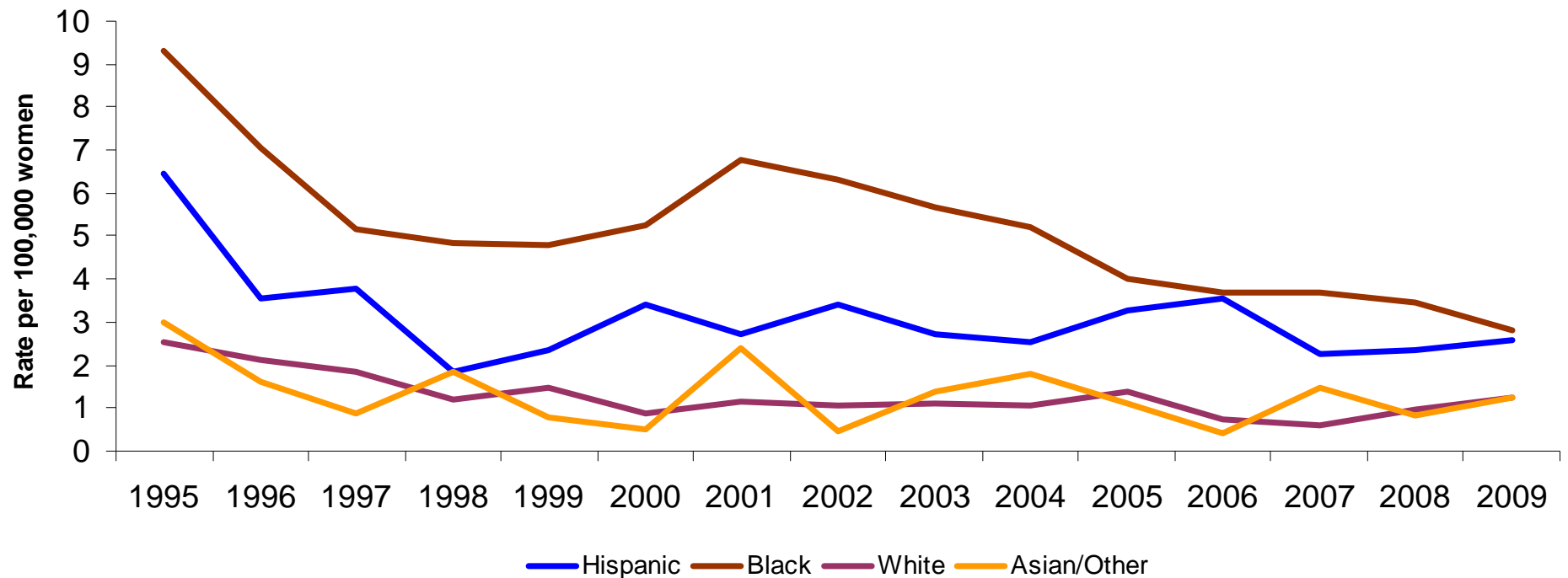


**\* Numbers for Staten Island are too small to be displayed in the graph.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

# Femicide rates declined from 1995 to 2009 across all groups except Asian/other women.\*

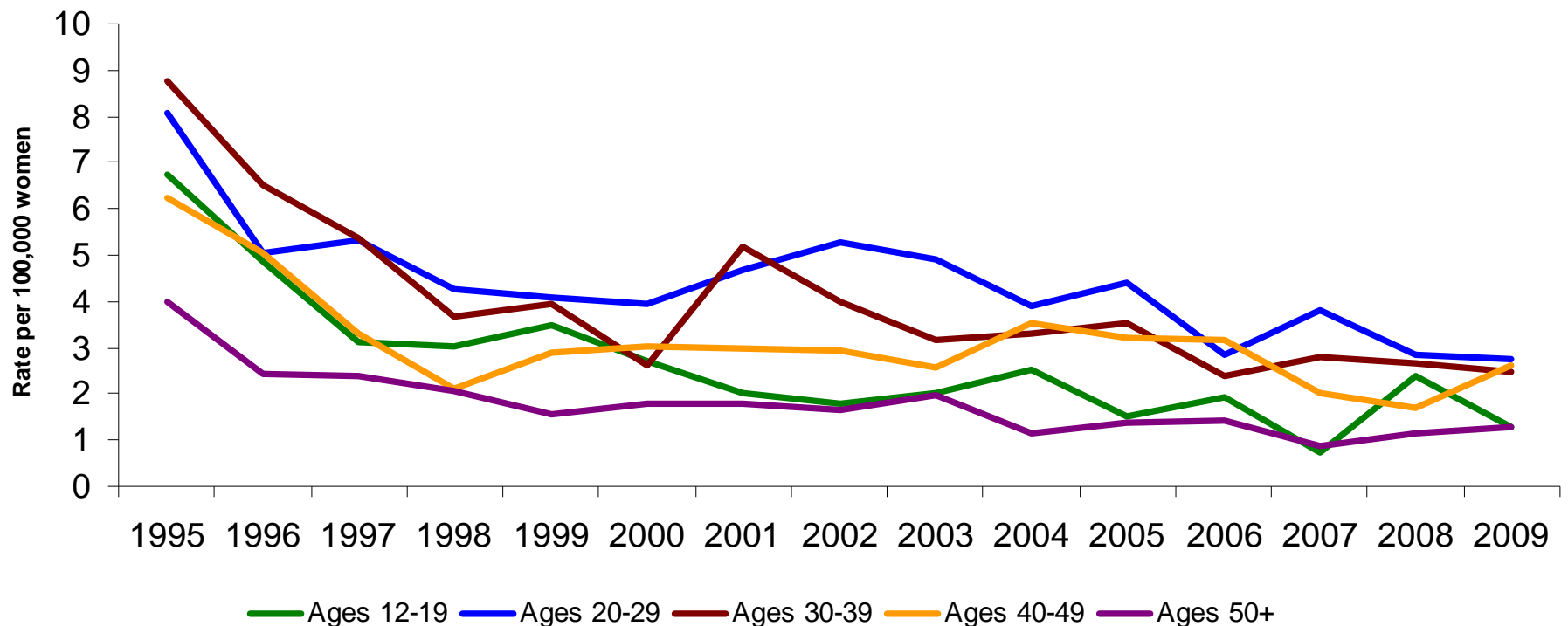


**\* Over time, femicide rates have been consistently higher among black and Hispanic women compared to white women.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

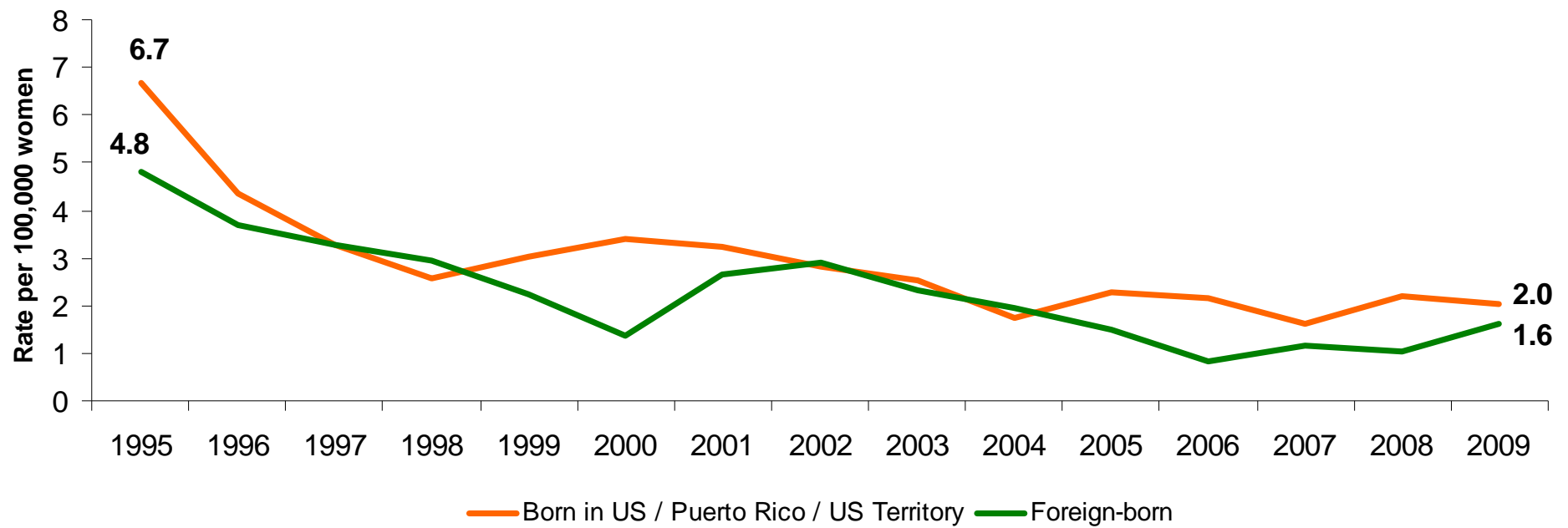
**Femicide rates have generally been highest among women ages 20-29 and 30-39 years.**



Source: Office of the Chief Medical Examiner

Analysis: NYC DoHMH, Bureau of Environmental Disease Prevention

**From 1995 - 2009, femicide rates fell significantly for both US-born and foreign-born women. Since 2005, rates have been higher among US-born women.**



Source: Office of the Chief Medical Examiner  
Analysis: NYC DoHMH, Bureau of Environmental Disease Prevention

# Summary of Trends

## Overall Femicides, 1995-2009

- In 2009, rates for women in Brooklyn and the Bronx were significantly higher than in Manhattan. Since 1995, rates in all boroughs have declined significantly.
- Rates are declining in all race/ethnicity groups except in Asian/other women. Black and Hispanic women remain at greater risk than women in other groups.
- Rates are generally highest among women ages 20–29 and 30–39 years. They are significantly higher among 20–29 year-olds when compared to women ages 50 years and older.
- Since 1995, rates among both US- and foreign-born women have decreased significantly. In recent years, US-born women have been at greater risk.

# Intimate Partner Femicide Findings, 1995-2009

# Femicides 1995-2009

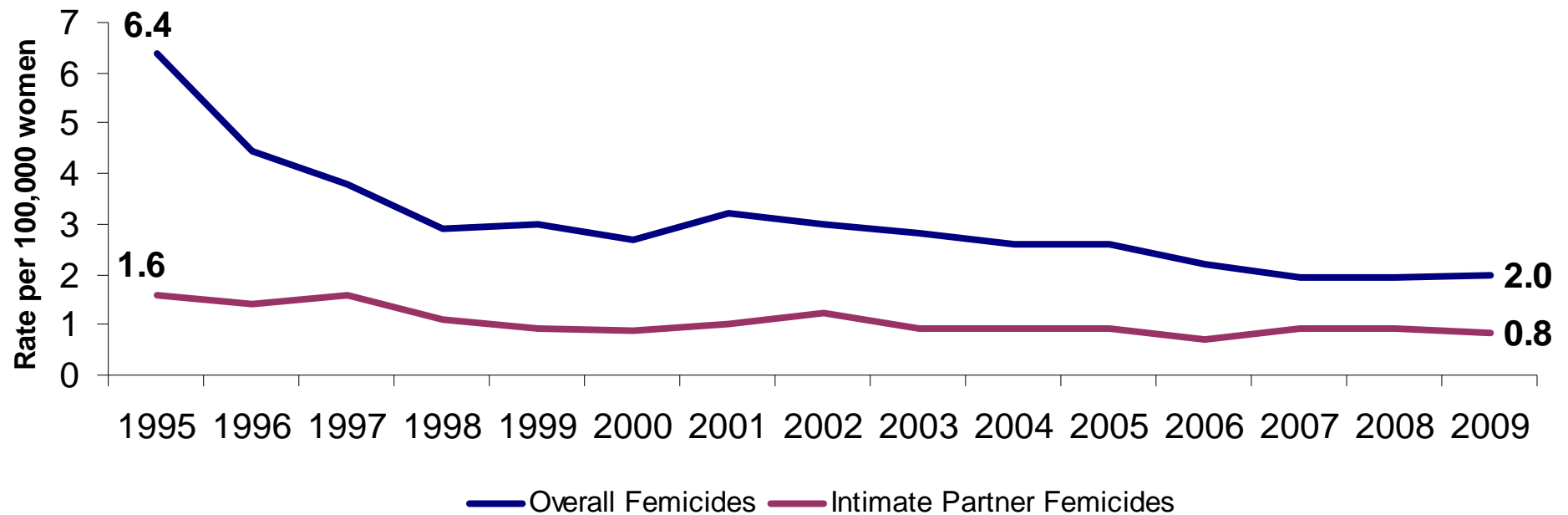
Year	Overall	Intimate Partner	Non-Intimate Partner	Unknown
1995	219	54	88	77
1996	154	49	56	49
1997	131	54	42	35
1998	102	38	38	26
1999	106	32	53	21
2000	96	32	34	30
2001	115	37	39	39
2002	107	44	41	22
2003	102	34	37	31
2004	93	34	29	30
2005	94	33	31	30
2006	80	25	23	32
2007	71	34	18	19
2008	72	34	27	11
2009	74	31	28	15
<b>2007 – 2009 average</b>	<b>72</b>	<b>33</b>	<b>24</b>	<b>15</b>

Source: Office of Chief Medical Examiner

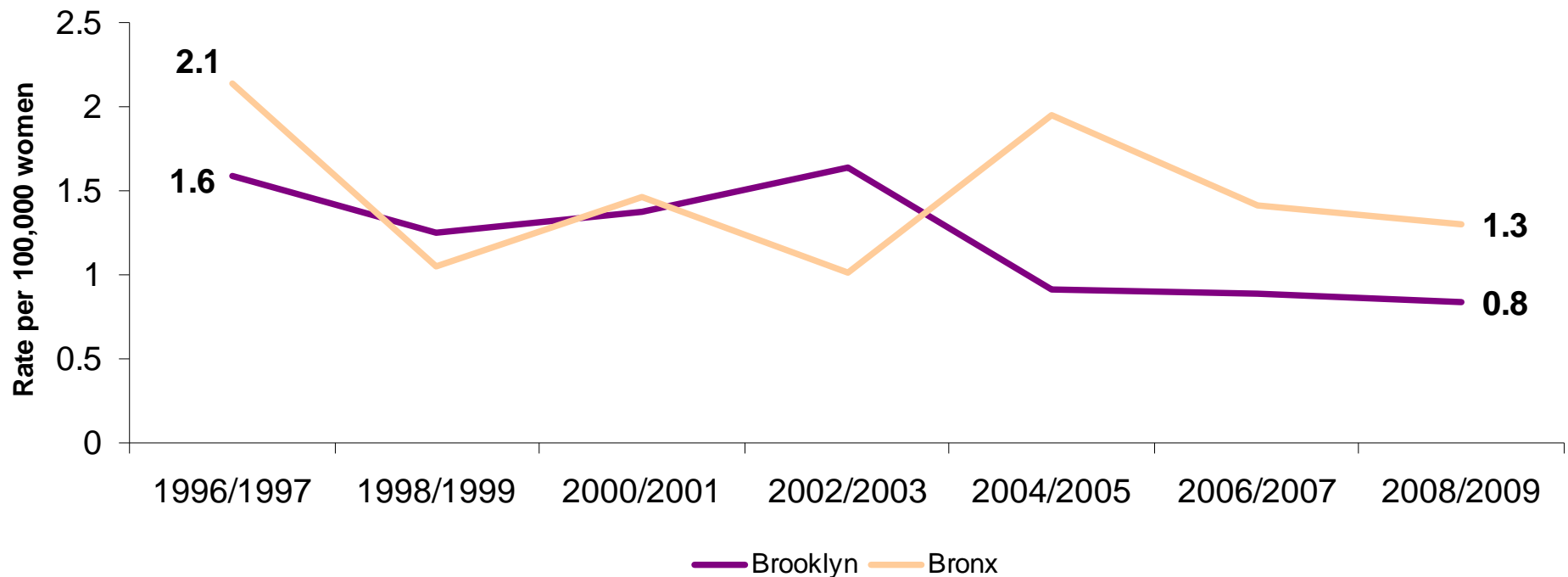
# Intimate Partner Femicide New York City, 1995-2009

- The demographic factors considered in the examination of trends are:
  - Borough of residence
  - Race/Ethnicity
  - Nativity (US-born versus foreign-born)
- Pooled years for sub-group comparisons
  - Because the counts are relatively small for certain analyses, some data on upcoming slides have been grouped in two-year increments.

**While overall femicide rates declined significantly from 1995 to 2009, intimate partner femicide rates have not dropped as dramatically.**



**Historically, intimate partner femicide rates are highest in the Bronx and Brooklyn.\***

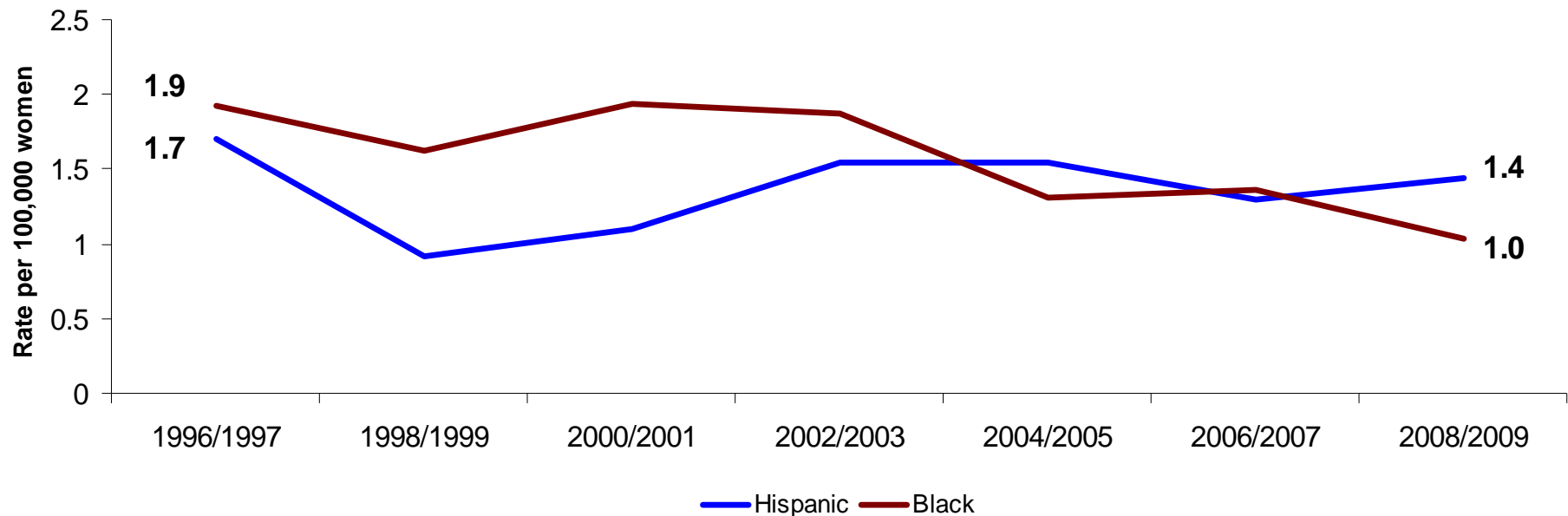


**\* Numbers of intimate partner femicides from Manhattan, Queens, and Staten Island are too small to be displayed in this graph.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

**Intimate partner femicide rates are highest among Hispanic and black women, but rates among black women have declined significantly since 2002-2003.\***

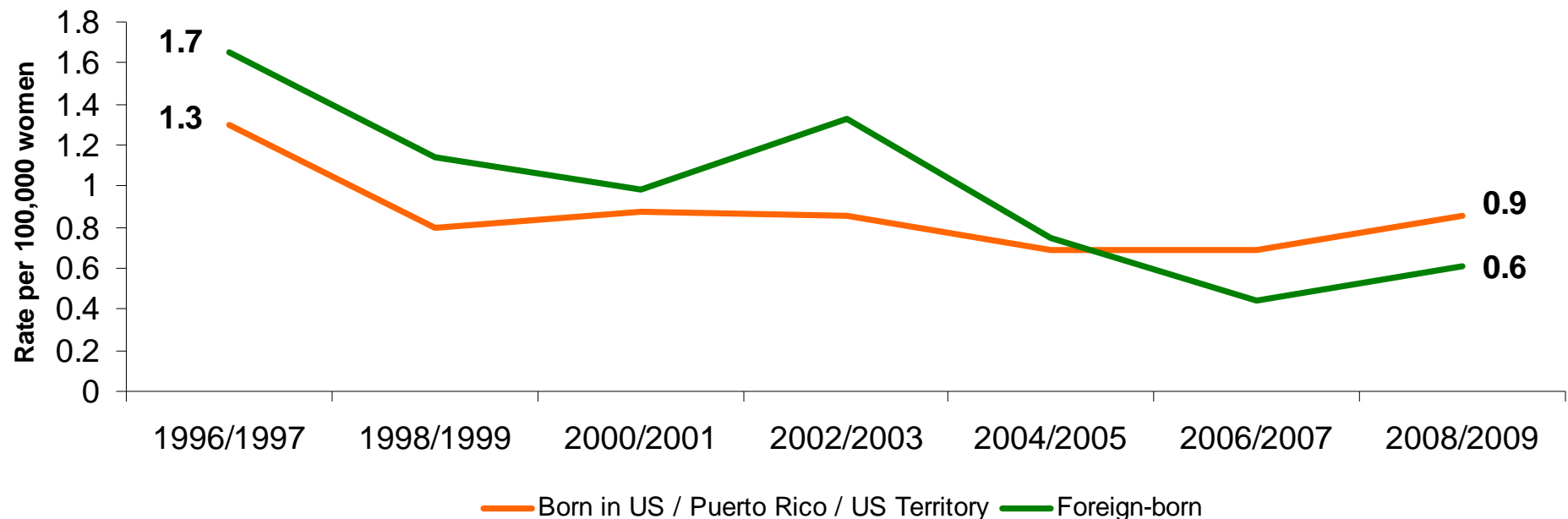


**\*Numbers of intimate partner femicides among women of white, Asian, and other race/ethnicity groups are too small to be displayed in this graph.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

**There is no risk difference by nativity; however intimate partner femicide rates have dropped significantly for foreign-born women since 1995.**



# Summary of Trends

## Intimate Partner Femicides, 1995-2009

- Similar to overall femicide rates:
  - Rates of intimate partner femicide are highest in the Bronx and Brooklyn.
  - Black and Hispanic women have higher rates of intimate partner femicide than other women, and neither has experienced a significant rate decrease in recent years.
  - Foreign- and US-born women have had similar risk of intimate partner femicide over time.

# Characteristics of Recent Femicides, 2007-2009

Findings presented on the following slides come from 3 years of pooled data, 2007-2009.

# Circumstances of Femicides, 2007-2009

- Scene:
  - Method: What weapons were used?
  - Location: Where did the crime occur?
  - Perpetrator status: Did the perpetrator commit suicide?
- Home
  - With whom did the victim live (e.g., perpetrator, children)?
  - Children: Were they present for the crime?
- Victim
  - Toxicology: Was alcohol or cocaine found in her system?
  - Sexual Assault: Was the homicide linked to a sexual assault?

# Scene

- Method: What weapons were used?
- Location: Where did the crime occur?
- Perpetrator status: Did the perpetrator commit suicide?

<b>Method:</b> <b>Weapons Used to Perpetrate Femicide, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Shot</b>	<b>37.4%</b>	<b>30.1%</b>	<b>33.3%</b>
<b>Stabbed</b>	<b>36.4%</b>	<b>23.3%</b>	<b>8.9%</b>
<b>Bludgeoned</b>	<b>4.0%</b>	<b>20.5%</b>	<b>17.8%</b>
<b>Strangled</b>	<b>8.1%</b>	<b>11.0%</b>	<b>20.0%</b>

**Data suggest that intimate partner femicide victims are more likely to be stabbed than other victims, and other victims are more likely to be bludgeoned than intimate partner victims.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

## Location of Femicide, 2007-2009

	Intimate Partner Femicide (n=99)	Non-Intimate Partner Femicide (n=73)	Unknown (n=45)
Victim's Residence	65.7%	42.5%	62.2%
Other Residence	15.2%	19.2%	11.1%
Outside	14.1%	30.1%	20.0%
Other	5.1%	8.2%	6.6%

Two thirds of intimate partner femicides occur in the victim's home. Many other femicides also occur in the victim's home, but non-intimate partner and unknown femicides are more likely than intimate partner femicides to be committed in an outside location, such as a public park or street.

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

<b>Perpetrator Status at Time of Femicide, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Perpetrator committed suicide</b>	<b>26.3%</b>	<b>2.7%</b>	<b>0.0%</b>
<b>Unknown/Not Applicable</b>	<b>72.7%</b>	<b>97.3%</b>	<b>100.0%</b>

**Significantly more perpetrators of intimate partner femicides commit suicide immediately after the crime than do perpetrators of non-intimate partner or unknown femicides.**

# Home

- Household Composition: With whom did the victim live?
- Children: Were they present for the femicide?

<b>Household Composition, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Lived alone</b>	<b>5.1%</b>	<b>17.8%</b>	<b>26.7%</b>
<b>Lived with intimate partner</b> (may include others)	<b>53.5%</b>	<b>15.1%</b>	<b>15.6%</b>
<b>Lived with children</b> (may include others, but not intimate partner)	<b>16.2%</b>	<b>30.1%</b>	<b>17.8%</b>
<b>Lived with relatives, roommates, or in a combined household*</b>	<b>18.2%</b>	<b>30.1%</b>	<b>26.7%</b>

**Nearly 54% of intimate partner victims lived with a partner, compared with 15.1% of non-intimate partner victims and 15.6% of unknown type victims.**

\* May include parents, siblings, aunts, uncles, nieces, nephews, cousins and any combination of relatives, or unrelated roommates and/or friends, but does NOT include intimate partners or children, or "unknown."

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

<b>Children's Exposure to Femicides, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Children &lt;18 years old either found the body, witnessed the femicide, or were present for the femicide and/or were also physically attacked</b>	<b>17.2%</b>	<b>5.5%</b>	<b>6.7%</b>
<b>Unknown/uncertain/no /not applicable</b>	<b>82.8%</b>	<b>94.5%</b>	<b>93.3%</b>

**Children are significantly more likely to be exposed to the incident during intimate partner femicides than other types of femicide.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

# Victim

- Toxicology: Was alcohol or cocaine found in her system?
- Sexual Assault: Was the femicide linked to a sexual assault?

<b>Toxicology, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Victims with positive ethanol (alcohol) reports</b>	<b>27.3%</b>	<b>26.0%</b>	<b>33.3%</b>
<b>Victims with positive cocaine reports</b>	<b>7.1%</b>	<b>19.2%</b>	<b>17.8%</b>

**High numbers of femicide victims test positive for alcohol and/or cocaine usage near the time of death, regardless of perpetrator-victim relationship.**

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

<b>Sexual Assault, 2007-2009</b>			
	<b>Intimate Partner Femicide (n=99)</b>	<b>Non-Intimate Partner Femicide (n=73)</b>	<b>Unknown (n=45)</b>
<b>Sexual assault definitely or probably occurred with homicide</b>	<b>8.1%</b>	<b>16.4%</b>	<b>11.1%</b>

There are no statistically significant differences among femicide victims who are linked to a sexual assault in conjunction with the homicide in recent years. However, when all years of data (1995 through 2009) are pooled, victims of non-intimate partner femicide are significantly more likely to have experienced sexual assault than other victims.

Source: Office of Chief Medical Examiner

Analysis: NYC DOHMH, Bureau of Environmental Disease Prevention

# Summary of Circumstances, 2007-2009

- Intimate Partner Femicides
  - More than 80% occur in a residence, and approximately two thirds are in the victim's own home.
  - Perpetrators are significantly more likely to commit suicide immediately afterwards.
  - Children are more likely to be exposed to the femicide: they either find the body, are present for the femicide, or are present and physically attacked in over 17% of cases.
- Non-Intimate Partner Femicides
  - Victims are less likely to live with an intimate partner.
  - Data suggest that such femicides occur more frequently in an outside location, like a public park or street.

# Conclusions

- The number of femicides in New York City has remained stable since 2007.
- Most intimate partner femicide occurs in the home. Prevention initiatives need to make public the private nature of intimate partner violence.
- Intimate partner femicide rates have largely decreased since 1995, although rates remain highest among black and Hispanic women, and in Brooklyn and the Bronx.
- Interventions to discourage intimate partner violence should target those at greatest risk and provide support to survivors. Outreach should focus on women between 20 and 39 years of age, black and Hispanic women, and women living in Brooklyn and the Bronx.