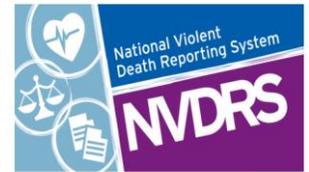


Intimate Partner Violence and Homicide in Ohio

A fact sheet from the Ohio Violent Death Reporting System



OHIO

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Ohio Department of Health
Violence and Injury Prevention Program

Intimate partner violence (IPV) is a serious and preventable public health problem, affecting thousands of people.ⁱ It involves physical, sexual and/or psychological violence that occurs in the context of a current or former relationship, and where a perpetrator may abuse power in order to control his/her partner. The most serious injuries and adverse consequences of IPV disproportionately affect women, although men and children also experience considerable harm.

At its most severe, IPV can lead to homicide – most often for the intimate partner, but also for her/his children, relatives, or others. This fact sheet uses data from the Ohio Violent Death Reporting System (OH-VDRS) to describe the scope of IPV-related homicides in Ohio and identify key characteristics. Using data from multiple sources, like reports from law enforcement and medical examiner reports, OH-VDRS has a defined procedure for classifying whether IPV was related to a particular homicide.ⁱⁱ

How common are IPV-related homicides?

From 2012 to 2014 in Ohio, an average of **81 people were killed each year** in IPV-related homicides. This annual average includes about 53 women and 25 men (age 15+) as well as 3 children less than 15 years old. Overall, IPV-related homicides account for 14% of all homicides in Ohio.

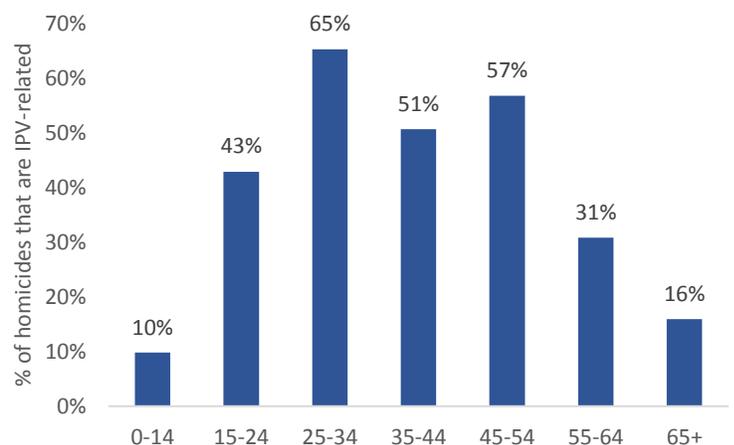
Most victims in IPV-related homicides (73%) were current or former intimate partners of the suspect. For the remainder, investigators concluded that IPV was involved but they could not determine the exact relationship between the suspect and the victim; or investigators noted that the victim was a relative or companion of the intimate partner – as when a husband kills his wife’s child or when a suspect kills his ex-girlfriend’s new boyfriendⁱⁱⁱ.

Among female victims overall, 42% of homicides were IPV-related. However, the percent varied markedly by age: among female victims 25-34 years old, 65% of homicides were IPV-related, compared to only 16% for victims age 65 and older (Figure 1).

For homicides with male victims, 6% were IPV-related.

The number of IPV-related homicides was similar in 2012 (N=92) and 2013 (N=87), but dropped considerably in 2014 (N=64). Analyses of data from 2015 and beyond will help determine if this marks a new trend or is a one-year anomaly.

Figure 1. Female Homicide Victims with IPV-Related Circumstances by Age Group, Ohio, 2012-2014



About the data

The Ohio Violent Death Reporting System (OH-VDRS) collects detailed information on deaths that occur in Ohio resulting from homicide, suicide, unintentional firearm deaths, legal intervention, and deaths for which intent could not be determined. The system gathers information from multiple sources including death certificates, medical examiner reports, and law enforcement reports in order to create a definitive accounting of violent deaths in our state. Researchers, legislators, community leaders and others use these data to guide prevention efforts. OH-VDRS is funded by the US Centers for Disease Control and Prevention. This brief uses the most recent available data from 2012 to 2014. Age-adjusted rates employ the US population standard million for 2000. For more information, visit: <http://www.healthy.ohio.gov/vipp/ohvdrs.aspx>

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Who is most likely to be a victim of an IPV-related homicide?

Females are twice as likely as males to be a victim of an IPV-related homicide, with age-adjusted rates^{iv} of 1.01 per 100,000 for females versus 0.49 per 100,000 for males.

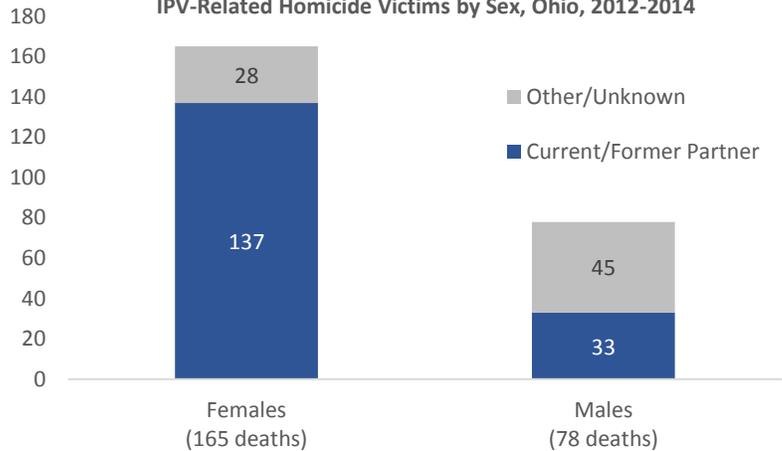
The gender difference is even more striking when focusing on victims who were known to be a current or former partner of the suspect. Comparing rates for such victims, females were more than 4 times as likely as males to die in an IPV-related homicide.

Figure 2 illustrates such differences, as 137 of the 165 female IPV victims (83%) were known to be current or former partners of the suspect, compared with only 42% (33 of 78) of male IPV victims.

Blacks were much more likely than whites to be victims of an IPV-related homicide. (Data were insufficient to calculate reliable rates for other racial/ethnic groups).

The age-adjusted rate of IPV-related homicides was 2.19 per 100,000 for Blacks compared to 0.52 per 100,000 for whites. This racial disparity is greater in Ohio compared to other states that participate in the National Violent Death Reporting System (NVDRS): across the 17 NVDRS states for which there is data available, the age-adjusted rates were 1.16 per 100,000 for Blacks and 0.45 per 100,000 for whites.^v This suggests that IPV-related homicide may be more common among Blacks in Ohio compared to Blacks in other states.

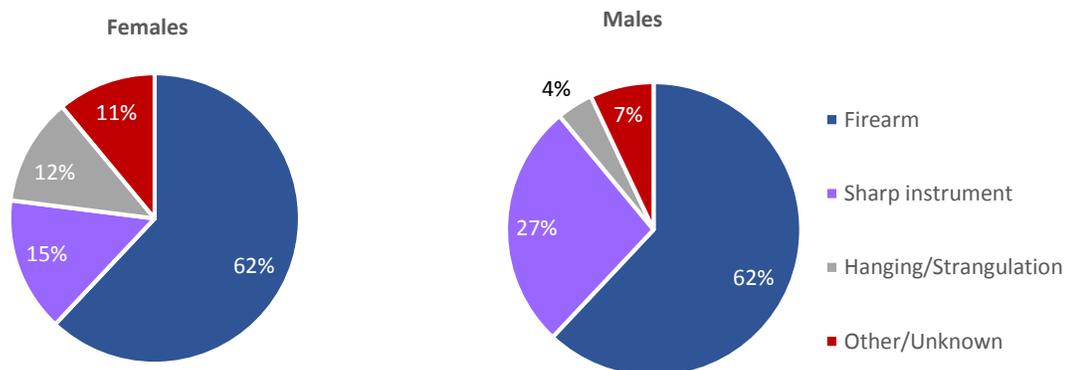
Figure 2. Victim-Suspect Relationship for IPV-Related Homicide Victims by Sex, Ohio, 2012-2014



How and where do IPV-related homicides occur?

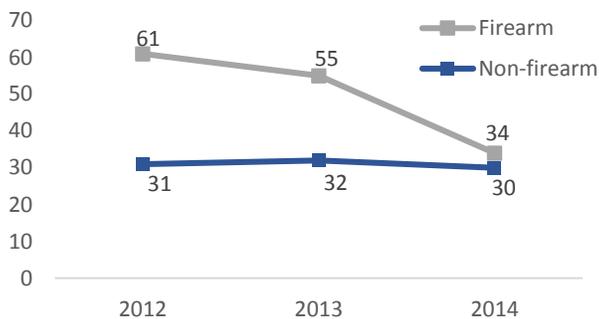
Firearms are used in most homicides, including those related to IPV. Overall, **62% of IPV-related homicides involve a firearm**. The frequency of other methods varied by gender (Figure 3). Male victims were more likely to be stabbed by a sharp instrument, whereas females were more likely to be killed by hanging or strangulation.

Figure 3. Mechanism of Death for IPV-Related Homicides by Sex, Ohio, 2012-2014



IPV-related homicides involving a firearm declined steadily from 2012 to 2014. In contrast, the number of IPV-related homicides for all non-firearm deaths remained stable during this period (Figure 4). Analyses of data from 2015 and beyond will help determine if this marks a new trend or is a one-year anomaly.

Figure 4. IPV-related homicides involving a firearm vs. non-firearm, 2012-2014



Compared to other homicides, **IPV-related homicides were nearly twice as likely to occur in the home**. In Ohio, 30% of non-IPV-related homicides occurred in the victim’s home, compared to 57% of IPV-related homicides. And IPV victims were more likely to die at home: 59% die at home compared to only 28% of non-IPV-related homicide victims (who most often died in a hospital or healthcare facility).

The importance of place, however, varied by gender. Nearly two thirds (65%) of IPV-related homicides with female victims occurred at home, compared to 40% of those with male victims. Similarly, female IPV victims were more likely than males to die at home (70% vs. 34%).

Homicides followed by suicides are a particularly disturbing pattern of violence and are strongly associated with IPV. Ohio recorded 183 such cases between 2012 and 2014, 126 (69%) of which were IPV-related. The IPV-related incidents included 57 suicide deaths, 68 homicides and 1 death by legal intervention. Overall, 94% of the deaths involved a firearm, and in 93% of the cases the suspect (and suicide death) was male.

Where can I learn more?

IPV is a serious public health problem. Fortunately, like many other types of violence and injury, **it can be prevented**. The resources below offer a wide range of information about this important topic.

Ohio Violent Death Reporting System	http://www.healthy.ohio.gov/vipp/ohvdrs.aspx
Sexual Assault and Domestic Violence Prevention Program	http://www.healthy.ohio.gov/sadv/sadv.aspx
Ohio Domestic Violence Network	http://www.odvn.org/
Ohio Alliance to End Sexual Violence	http://www.oaesv.org/
Centers for Disease Control and Prevention	https://goo.gl/rZ6dEo
National Domestic Violence Hotline	1-800-799-SAFE (7233) or TTY 1-800-787-3224

For other county-level data on IPV in Ohio, the Ohio Family Violence Prevention Project has a free online dashboard available at: <http://www.grc.osu.edu/familyviolenceprevention/>

ⁱ Health Policy Institute of Ohio. [White Paper on Improving Family Violence Prevention in Ohio](#). Columbus, OH: Health Policy Institute of Ohio; 2008.

ⁱⁱ Smith SG, Fowler KA, Niolon PH. Intimate partner homicide and corollary victims in 16 states: National Violent Death Reporting System, 2003–2009. *Am J Public Health* 2014;104(3):461–6.

ⁱⁱⁱ The NVDRS definition of “intimate partner violence-related” includes cases in which the homicide is related to immediate or ongoing conflict or violence between current or former intimate partners. Victims of IPV-related homicides can also include non-partners: the children or parents of a victim or other bystanders to violence between current/former intimate partners. Homicides in which the suspect had a romantic interest in the victim, but they never were intimate partners, are not included in this definition.

^{iv} Age-adjusted rates are prevalence measures adjusted for differences in age distributions in the population of interest. In order to do so, crude rates are first calculated for age-specific groups. Each of these age-specific crude rates is then multiplied by a population weight, obtained from a reference population. The reference population distribution used in this report was the U.S. standard million for 2000. Once each age-specific crude rate is multiplied by its corresponding weight, these products are then summed to yield an overall age-adjusted rate for the population of interest.

^v The figures from NVDRS are for 2011-2013 (the most recent years available) and so are not directly comparable to the 2012-2014 reported for Ohio in this fact sheet. Nonetheless, the age-adjusted rate for Ohio in 2011-2013 for African-Americans was 1.63 per 100,000 – still well above the 17-state average and higher than 6 of the 7 other NVDRS states that had sufficient data to calculate a rate for African-Americans.