

# INJURY UPDATE

A Report to Oklahoma Injury Surveillance Participants\*

August 31, 2012

## Intimate Partner Violence-related Deaths in Oklahoma

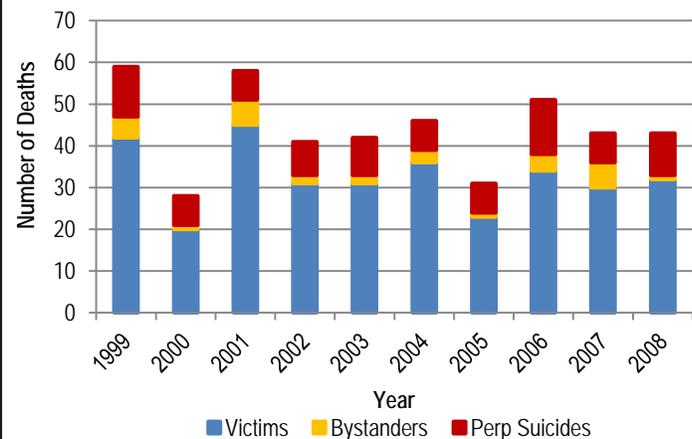
Intimate partner violence (IPV) is a health concern for both men and women across the U.S. In 2010, an estimated 7.0 million women and 5.7 million men in the U.S. were victims of IPV. In 2007, an estimated 1,640 females and 700 males died in IPV-related incidents. In 2009, Oklahoma ranked 11<sup>th</sup> among states in the U.S. in the number of females killed by males in single-victim/single-offender homicides. For this report, data from two surveillance systems, the Oklahoma Violent Death Reporting System and the Oklahoma IPV Surveillance System were combined to examine IPV-related homicide incidents in Oklahoma from 1999-2008. Data were collected from death certificates, medical examiner reports, police reports, medical records, and Domestic Violence Fatality Review Board records. Cases included all persons who died in homicide incidents where one intimate partner killed another.

From 1999-2008, 442 persons died in IPV-related homicide incidents. Decedents included 326 intimate partner victims, 31 bystanders, and 85 perpetrators who committed suicide. On average there were 44 deaths annually. The highest number of deaths occurred in 1999 at 59 and the lowest number occurred in 2000 at 28 (Figure 1).

Fifty-one percent (224) of persons were killed in single homicides, 42% (186) were killed in homicide-suicides, and 7% (32) were killed in multiple homicides (Figure 2).

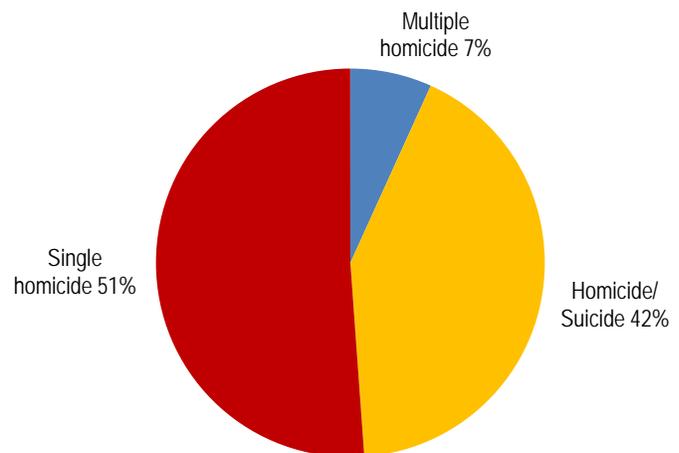
Forty-two percent (186) of persons who died were males and 58% (256) were females. Forty-three percent (80) of males and 2% (5) of

Figure 1. IPV-related Deaths\* by Year, Oklahoma, 1999-2008



\*Includes 326 intimate partner victims, 31 bystanders, and 85 perpetrators who committed suicide.

Figure 2. IPV-related Deaths by Incident Type, Oklahoma, 1999-2008



\*The INJURY UPDATE is a publication of the Injury Prevention Service, Oklahoma State Department of Health. This and other IPS information may be obtained from the Injury Prevention Service, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117, 405-271-3430 or 1-800-522-0204 (in Oklahoma). IPS publications are also available at <http://ips.health.ok.gov>

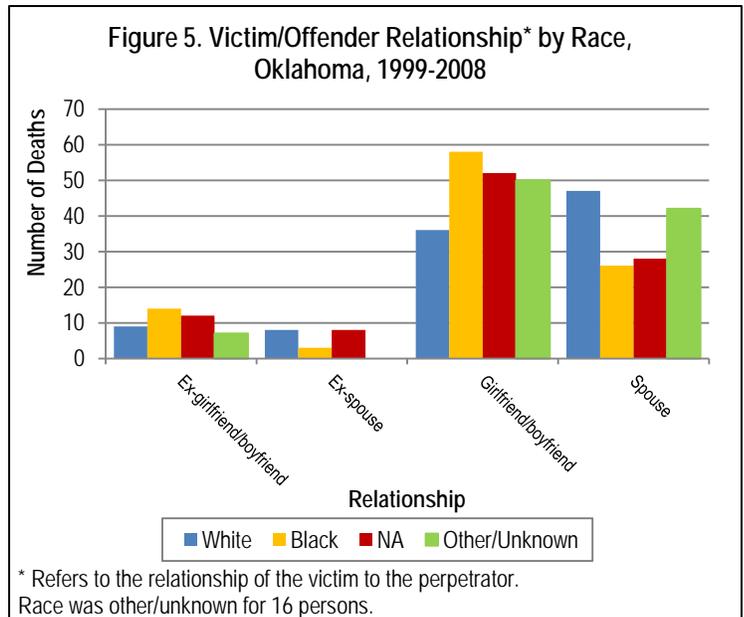
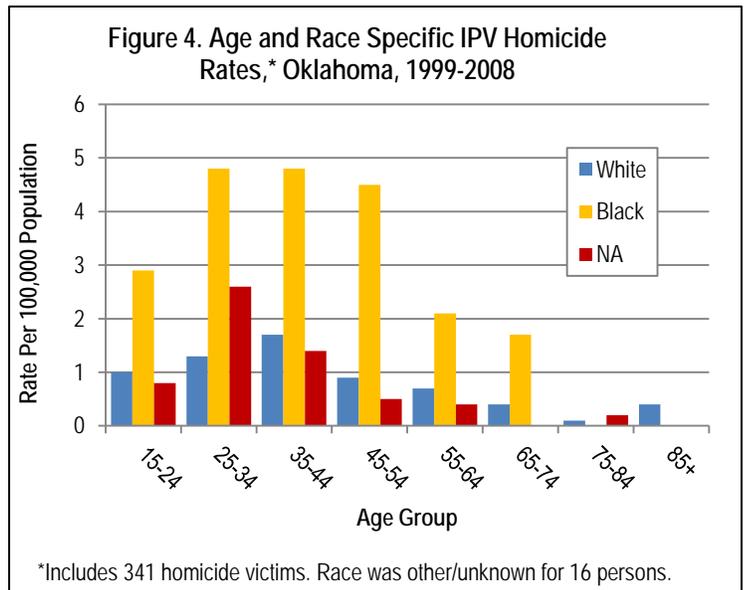
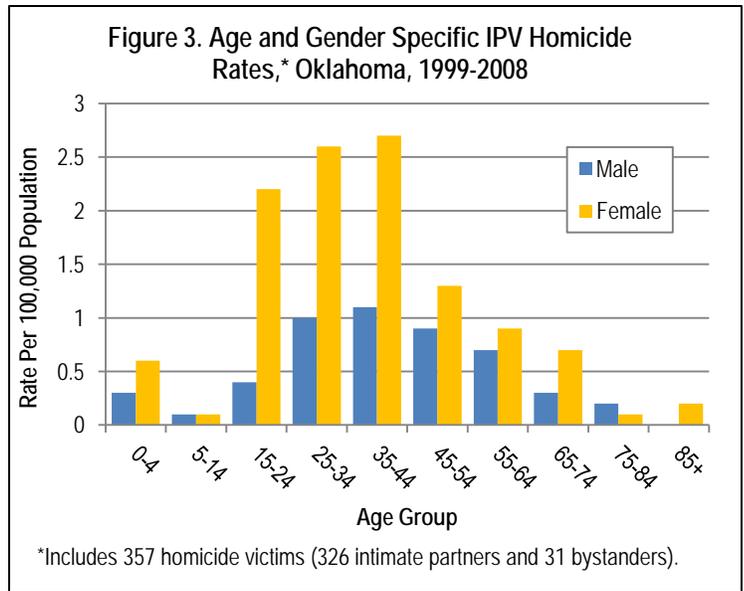
females who died were the perpetrators of homicide who committed suicide. The mean age of homicide victims was 36 years of age. Homicide victims ranged in age from less than 1 year to 91 years of age. Perpetrators who committed suicide ranged in age from 18 to 86 years of age with a mean age of 43 years. The majority of persons who died (66%) were white, 22% were black, 7% were Native American, and 6% were other/unknown race.

Females had higher rates of IPV-related homicide across all ages (Figure 3). IPV-related homicide rates were highest among persons 15-44 years of age. Rates peaked among persons 35-44 years of age for both male and female victims, 1.1 and 2.7, respectively. Rates among children less than 15 years of age are generally indicative of innocent bystanders killed in IPV-related homicides.

The rate of IPV-related homicide among blacks (2.7) was more than 3 times higher than the rate among whites or Native Americans (0.8 each). The rate among blacks was higher among all age groups except for persons 75 years and older (Figure 4).

Overall, perpetrators of IPV-related homicides were more often current boyfriends/ girlfriends (42%) or spouses (41%). Ten percent of perpetrators were ex-boyfriends/ex-girlfriends and 6% were ex-spouses. In 58% of IPV-related homicides among blacks and 52% among Native Americans, the perpetrator was a boyfriend/girlfriend compared to 36% among whites. In contrast, 47% of perpetrators of IPV-related homicides among whites were spouses compared to 26% among blacks and 28% among Native Americans (Figure 5).

Of the 326 intimate partners who were murdered, 37% were married, 28% were single/never married, 26% were divorced or separated, 6% were widowed, and for 2% marital status was unknown. Among the intimate partner victims who were 25 years of age and older (264), 27% had not finished high school, 44% had a high school diploma or GED, 17% had some college or an associate degree, 7% had a bachelor degree



or higher, and for 4% the educational attainment level was unknown.

Nearly 60% of victims were killed with firearms; 25% were killed by sharp or blunt force; 6% by hanging, strangulation, or suffocation; 4% by motor vehicles; and 5% other/unknown weapons. The majority (81%) of the incidents occurred in a home; 5% occurred in a street, road, or highway; 5% were in a motor vehicle; 5% were in other locations, and the type of location was unknown in 4% of the incidents.

## Prevention

Efforts to prevent abuse at multiple levels of society may reduce the risk of fatal IPV. The longer the abuse goes on, the more likely the violence will escalate and result in serious consequences.

Societal/community level:

- Media can raise awareness and provide information on how to help friends and family members in abusive relationships.
- Community members can support non-profit domestic violence service programs and shelters by volunteering and participating in fundraising activities. These programs provide services to victims and their children and also batterer's treatment.
- Schools and youth services organizations can offer dating violence prevention programs. Victims of fatal IPV frequently have a history of domestic violence, which may begin as early as the teen years. Programs encouraging communication skills, building healthy relationship skills, positive self-esteem, and identifying potential warning signs, will increase awareness of IPV.

Agency/organizational level strategies:

- First responders including law enforcement, social services providers, and health/mental health care providers can establish partnerships with domestic violence services providers in their community to develop a coordinated community response to IPV.
- Law enforcement agencies can train officers on lethality assessment protocols and enforcement of federal firearm laws.
- Health care organizations can develop and implement policies and procedures for responding to patients who have been abused. Health care providers attending to physical injuries can assess patients for abuse and provide referrals to needed services.

Individual level:

- If you or someone you know is in an abusive relationship, help is available.
  - If threatened or assaulted and need emergency help call 911.
  - National Domestic Violence Hotline 1-800-799-SAFE (7233) (<http://www.thehotline.org/get-help/>).
  - Oklahoma Safe Line 1-800-522-SAFE (7233)
- Contact the domestic violence program in your community. They provide crisis intervention, safety planning, shelter, counseling, and legal services.

Prepared by: Lauren Stewart  
Practicum Student, Injury Prevention Service

Julien Kabore, MPH  
Epidemiologist, Injury Prevention Service

Sheryll Brown, MPH  
Director of Violence Prevention Programs, Injury Prevention Service