

NEW YORK CITY
DOMESTIC VIOLENCE
FATALITY REVIEW COMMITTEE

ANNUAL REPORT • 2007

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Dear Colleagues:

Enclosed please find the second annual report of the New York City Domestic Violence Fatality Review Committee. This report is being provided to you pursuant to Local Law 61.

One of the most remarkable findings from this year's analysis is the 43% reduction since 2004 in intimate partner homicides, a sub-category of family-related homicides. In addition, the report illustrates that over the last five years, all family-related homicides have decreased by 7%. Although we continue to see declines, one loss of life is one too many.

Last year's report highlighted the need for city agencies and contract organizations to create an environment of disclosure, since often family-related homicide victims had contact with at least one agency but did not disclose their abuse. Agencies have taken steps as a result of these findings. For example, over the past year, the Human Resources Administration (HRA) developed a public education campaign with palm cards, brochures, and posters for HRA's domestic violence programs and Job Centers. In continuation of this work, the Committee has also started to gather information from victims regarding barriers to disclosure. In addition, the Department of Health and Mental Hygiene has integrated domestic violence screening and referral into its Newborn Home Visiting Program. This outreach and health education program conducts home visits to new mothers in the South Bronx, North and Central Brooklyn, and East and Central Harlem.

Through the analysis and work of the Committee this year, we have been able to identify specific communities which experience higher incidents of family-related violence. Strengthening our efforts in these communities over the coming years will create a climate of disclosure and encourage those affected by family violence to seek help.

Sincerely,

A handwritten signature in cursive script, appearing to read "Yolanda B. Jimenez".

Yolanda B. Jimenez

The Fatality Review Committee Members

Yolanda B. Jimenez, Chairperson, Commissioner, Mayor's Office to Combat Domestic Violence

Gordon Campbell, Chief Executive Officer, Safe Horizon, Mayoral Appointee representing a social service agency

Ramonita Cordero, Mayoral Appointee representing a legal service agency

Daniel M. Donovan, Jr., Office of the District Attorney, Richmond County
Designee: Yolanda L. Rudich, Bureau Chief, Sex Crimes/Special Victims Bureau

Robert Doar, Administrator/Commissioner, Human Resources Administration
Designee: Jane Corbett, Executive Deputy Commissioner

Thomas R. Frieden, M.D., M.P.H., Commissioner, Department of Health and Mental Hygiene
Designee: Catherine Stayton, Ph.D., Director, Injury Epidemiology Unit, Bureau of Epidemiology Services

Robert V. Hess, Commissioner, Department of Homeless Services
Designee: Dova Marder, Agency Medical Director

Tino Hernandez, Chairman, New York City Housing Authority
Designee: Nora Reissig-Lazzaro, Director, Social Services Department

Robert T. Johnson, District Attorney, Bronx County
Designee: Penny Santana, Chief, Domestic Violence Bureau

Raymond W. Kelly, Commissioner, New York City Police Department
Designees: Kathy Ryan, Deputy Chief, Domestic Violence Unit and Daniel Murphy, Deputy Inspector, Central Investigation and Resource Division

John B. Mattingly, Commissioner, Administration for Children's Services
Designee: Elizabeth Roberts, Deputy Commissioner

Annabelle Randolph, Mayoral Appointee representing the voice of victims

Edwin Mendez-Santiago, Commissioner, Department for the Aging
Designee: Jane Fiffer, Deputy Assistant Commissioner

Mary Williams, Mayoral Appointee representing the voice of victims

Edward Hill, Fatality Review Coordinator, Mayor's Office to Combat Domestic Violence

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Key Findings

During 2007, the New York City Fatality Review Committee (“FRC”) reviewed aggregate data related to family-related homicides¹ that occurred from 2002 through 2006 and victim and perpetrator contact with City agencies and contract organizations for family-related homicides that occurred in 2004 and 2005. The analysis revealed that progress is being made in reducing family-related violence. Specifically, the data suggests the following:

1. **Family-related homicides, representing an average of 12.3% of all citywide homicides, declined 6.6% since 2002 - from 76 in 2002 to 71 in 2006.**
2. **A specific type of family-related homicides, intimate partner homicides² declined 43% since 2004 – from 42 in 2004 to 24 in 2006.**
3. **Since 2002, family-related homicides involving Black victims declined 32% – from 41 in 2002 to 28 in 2006.**
4. **The use of firearms in family-related homicides declined sharply over the last year. The number of family-related homicides in which a firearm was utilized declined from 31% (21 out of 68) in 2005 to 17% (12 out of 71) in 2006.**

Despite progress in the aforementioned areas, the FRC review found certain areas of vulnerability. While it remains unclear whether these findings are a trend or a one-year anomaly, they do suggest a possible opportunity to target geographic areas most frequently affected by family-related homicides. Specifically, the data suggests the following:

5. **Family-related homicides occur more frequently in neighborhoods with high rates of poverty and unemployment. Almost half (45%, 57 out of 126) of the family-related homicides from 2004 and 2005 occurred in communities with 20% of the population living below the poverty level and an unemployment rate exceeding 16%.**
6. **In 2004 and 2005, more than 8 out of the 10 family-related homicides involving a child victim below the age of 18 occurred in geographic areas experiencing poverty.**
7. **Family-related homicides involving a parent perpetrator increased by almost 59% in the last year – from 17 in 2005 to 27 in 2006.**

Executive Summary

This report describes family-related homicides that occurred in New York City between 2002 and 2006, and describes known contact – sometimes many years before – with City agencies and the representative contract organizations by victims of family-related homicides that occurred in 2004 and 2005. During the five-year period, family-related homicides declined 6.6%, from 76 to 71. Family-related homicides involving perpetrators who were intimate partners of their victims have declined by almost 43% (from 42 to 24) during the same period. While progress continues in reducing family-related violence, this crime remains pervasive. The number of family-related homicides involving a child victim increased last year – from 17 in 2005 to 26 in 2006. It is too soon to determine whether this increase reflects a trend or a one-year anomaly.

Certain geographic locations across the City, specifically areas of poverty, high unemployment, and low educational attainment, suffer from more frequent family-related homicides. This finding is consistent with research on domestic violence homicide, which found that socioeconomic circumstances, such as income, employment, and educational attainment appear to influence the occurrence of violence.³ The relationship between community socioeconomic factors and the occurrence of family-related homicides involving child victims was even more prevalent. While this may suggest that family-related violence education and mitigation strategies should be incorporated into the City's programs and activities designed to reduce poverty, it also challenges the FRC to investigate possible community level factors which may be related to the cessation of family-related violence. Previous research found that the following factors are associated with the cessation of domestic violence in a community: (1) people who call police; (2) police presence; (3) people who are aware of resources; (4) community networks; (5) intimate partner shelters; (6) hotlines; (7) outreach centers; (8) emergency assistance programs; and (9) access to public health facilities.⁴ Determining community level cessation factors specific to family-related homicides can help inform policy decisions by assisting service providers to understand how neighborhood characteristics actually affect the prevalence of domestic violence and how this can identify avenues of intervention.

While family-related homicides can be committed in any neighborhood in the City, a large number of these homicides occurred in areas of the City where poverty and unemployment are most concentrated. The FRC observed that a majority of family-related homicides occurred in neighborhoods with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%. Corresponding to this community level economic analysis, the FRC found that for the 2004 and 2005 family-related homicides, these crimes occurred more frequently in eight of the 59 City Community Districts. Five of those Community Districts are located in the Bronx (Community District 4, 5, 6, 7 and 9), and three are located in Brooklyn (Community District 3, 16 and 17).

Based on this analysis, the FRC recommends that City agencies and contract organizations consider targeting resources in the eight Community Districts identified as neighborhoods wherein family-related homicides occur more frequently. In addition, agencies and contract organizations should take steps to ensure that their services, community outreach, and training activities are maximized through cross-agency

coordination to limit redundancy and duplication. Lastly, to further enhance the understanding of family-related homicides in these communities, the FRC will begin to build on previous research which has identified potential community level factors that are associated with the cessation of domestic violence.

Based upon these findings, the FRC, through its City agency and contract organization representatives, will concentrate its efforts over the next few of years in the following areas: (1) Interventions in targeted communities, including: (a) identifying potential service needs; (b) building a community based public education program; (c) developing performance indicators for targeted community activities; and (2) citywide activities to foster more coordination across agencies and contract organizations of domestic violence related activities, including: (a) developing coordination of community outreach efforts; (b) developing coordination of domestic violence training; and (c) maximizing utilization of public education material.

Methods

As required by Local Law 61 of 2005, the FRC produces an annual report describing, in the aggregate, family-related homicides for the prior year.⁵ The law requires examination of these homicides by age, gender, race, and the relationship between the victim and the perpetrator. This report reviews 2006 family-related homicides. Since counts are small, this report also presents data pooled for the period 2002 through 2006.

Defining “Family-Related Homicides”

As stipulated by Local Law 61 of 2005 and defined by the NYPD, a domestic violence fatality is defined as a death of a family or household member resulting from an act or acts of violence by another family or household member. “Family or household member” refers to the following individuals:

- persons related by marriage;
- persons related by blood;
- persons legally married to one another;
- persons formerly married to one another regardless of whether they still reside in the same household;
- persons who have a child in common regardless of whether such persons have been married or have lived together at anytime;
- persons not legally married, but currently living together in a family type relationship; and
- persons not legally married, but who have formerly lived together in a family type relationship.

This definition includes same sex partners and is the same as the expanded definition of domestic violence utilized by the New York City Police Department (“NYPD”).

The FRC uses multiple data sources in this report.

Family-Related Homicides: The NYPD maintains information on family-related homicides and provided the FRC with basic demographic information including: (1) name of victim and perpetrator; (2) age of victim and perpetrator; (3) sex of victim and perpetrator; (4) race of victim; (5) weapon utilized to commit the homicide; (6) familial relationship of the perpetrator to the victim; and (7) location of the crime. The FRC obtained information on family-related homicides that occurred in the City during 2002 through 2006 for inclusion in this year’s report. Each additional year will be included in subsequent FRC annual reports.⁶

Contact with City Agencies and the Representative Contract Agency: The FRC provided each agency with identifiers (name, date of birth and address) for the victims and perpetrators of family-related homicides that occurred in 2005, the most recent year for which contact information on these homicides was available from FRC members. The agencies independently cross-referenced that list with agency files and the agencies

reported contact at any point in time, even years prior to the homicide occurrence, they had with the victims and/or perpetrators. This information was matched by the FRC to determine if the victim had contact with one or more agencies and the result of that data match is reported in aggregate form herein.⁷ The agencies were also able to provide aggregate data regarding the timeframe in which the contact occurred relative to the homicide.⁸

Department of Health and Mental Hygiene (“DOHMH”) Classified Intimate Partner Homicides: Intimate partner homicides as defined by the DOHMH are: “cases in which the victim is a female over the age of 12 and the perpetrator is a current or former husband or a romantic partner. A romantic partner can be the same or opposite sex, and includes boyfriends, girlfriends, and common law marriages (“DOHMH IPH hereafter”). The DOHMH provided the FRC with a summary of 2003-2005 data related to the DOHMH definition of intimate partner homicides involving female victims. DOHMH surveillance findings offered information not routinely available from NYPD homicide data, such as whether the victim was foreign born; whether the victim resided with the perpetrator; and/or whether or not substances were detected in the victim’s body at the time of autopsy.⁹

United States Census Population Estimates: The population data utilized in this report was obtained from the United States Census Bureau and the New York City Department of City Planning. In particular, age groupings were obtained from the 2000 Census, American Factfinder; race and ethnicity figures were obtained from the 2000 and 2005 American Community Survey, New York City and the population figures for the data reported as per population rate and total population estimates for the Bronx, Kings, New York, Queens and Richmond counties were obtained from People Quick Facts, 2006.¹⁰

Poverty, Employment and Educational Attainment: The poverty, employment and educational attainment data was accessed through the New York City Department of City Planning Population Division website which formats data from the 2000 U.S. Census. Data was obtained from the 2000 Census and obtained from the following tables: (1) Educational Attainment for the Population 25 Years and Over (data by census tracts) and (2) Persons for Whom Poverty Status is Determined by Poverty Rate in 1999 by Age, 2000.¹¹

FAMILY-RELATED HOMICIDES IN NEW YORK CITY

Family-related homicides, representing a consistent average of 12.3% of all citywide homicides, have declined 6.6% since 2002, from 76 in 2002 to 71 in 2006. During the same time period, all homicides increased 1.4%, from 586 to 594. The fluctuations in the number of all homicides and in family-related homicides in the intervening years are presented in the chart below.

Table 1: Homicides in New York City (2002-2006)¹²

Year	NYC Homicides	NYC Family-Related Homicides	Percentage Family-Related Homicides
2002	586	76	13%
2003	598	74	12%
2004	572	67	12%
2005	540	68	13%
2006	594	71	12%
Total	2890	356	12%

The largest age category of victims is between the ages of 25 and 45; the second largest is victims under the age of 11.¹³ Over one-third (37%, 26 out of 71) of family-related homicide victims in 2006 were between the ages of 25 and 45. Just under one-third (30%, 21 out of 71 (combining the <1 and 1-10 age categories)) of the victims were children under the age of 11. This pattern held when pooling data from 2002 through 2006.

Children under the age of 1 year and 25 to 45 year olds were disproportionately victims of family-related homicides. They accounted for 1% and 24% of New York City's population, respectively, but they constituted 10% (35 out of 356) and 41% (147 out of 356) of the family-related homicides that occurred from 2002 through 2006.

Table 2: New York City Family-Related Homicides 2002-2006: Number by Age Category (N=356)

Year	Total Family-Related Homicides	AGE OF VICTIMS						
		<1	1-10	11-17	18-24	25-45	46-59	60+
2002	76	8	8	1	8	37	5	9
2003	74	9	8	0	11	28	10	8
2004	67	7	5	1	8	31	8	7
2005	68	6	9	2	11	25	12	3
2006	71	5	16	5	3	26	8	8

Over 60% of family-related homicide victims are female. During 2006, females accounted for almost 66% (47 out of 71) of the family-related homicide victims. This proportion held constant when pooling data from 2002 through 2006. Females were disproportionately represented among victims of family-related homicides, as 53% of New York City’s population is female.¹⁴

For the years 2002 through 2006, among child victims,¹⁵ boys and girls were proportionately represented: 52% were female and 48% were male.

Table 3: 2002 - 2006 Family-Related Homicide Victims by Gender (N=356)

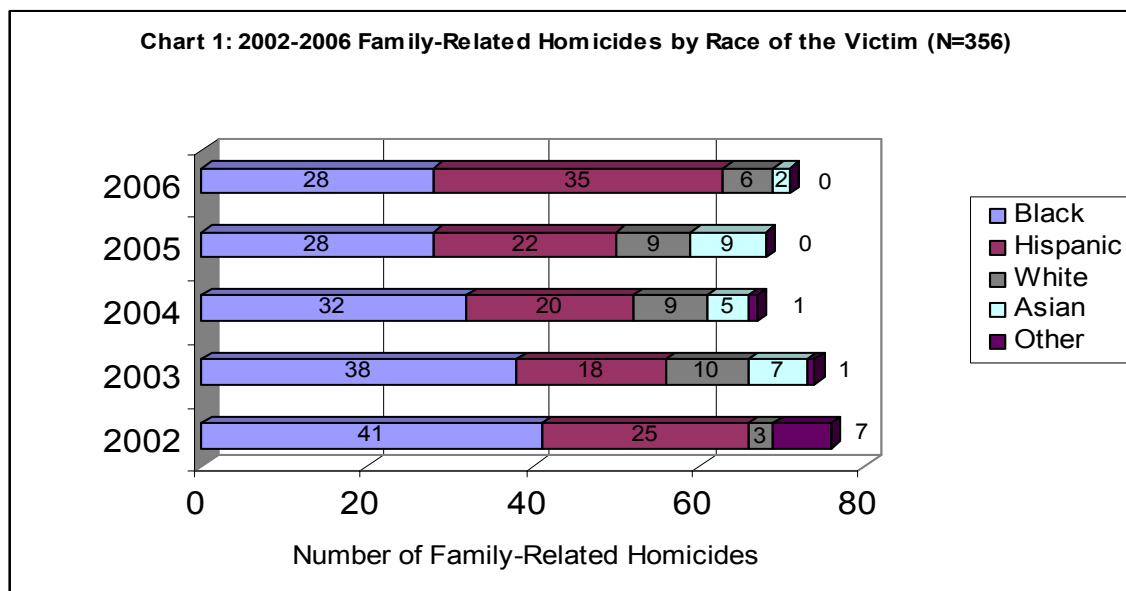
Year	Female			Male		
	Child	Adult	Subtotal	Child	Adult	Subtotal
2002	7	44	51	9	16	25
2003	11	40	51	6	17	23
2004	5	37	42	7	18	25
2005	4	38	42	11	15	26
2006	15	32	47	6	18	24
Total	42	191	233	39	84	123

Hispanics and Blacks account for 88% of all family-related homicide victims. Hispanics accounted for 49% (35 out of 71) and Blacks 39% (28 out of 71) of the victims during 2006. Blacks and Hispanics are disproportionately victims of family-related homicides, since combined they account for 52% of the population.¹⁶

Whites and Asians are underrepresented in the family-related homicide data. They account for 35% and 10% respectively of New York City’s population, but represented 8% (6 out of 71 Whites) and 3% (2 out of 71 Asians) of the family-related homicide victims in 2006.¹⁷ It is typical to observe year-to-year fluctuations in each sub-group of fatalities.

A Closer Look: The Increase in the Number of Hispanic Victims in Family-Related Homicides

- Family-related homicides involving Hispanic victims increased in the City by almost 59% between 2005 and 2006 – from 22 to 35.
- Family-related homicides committed by the parent of Hispanic victims increased from 3 in 2005 to 16 in 2006.



PERPETRATORS¹⁸

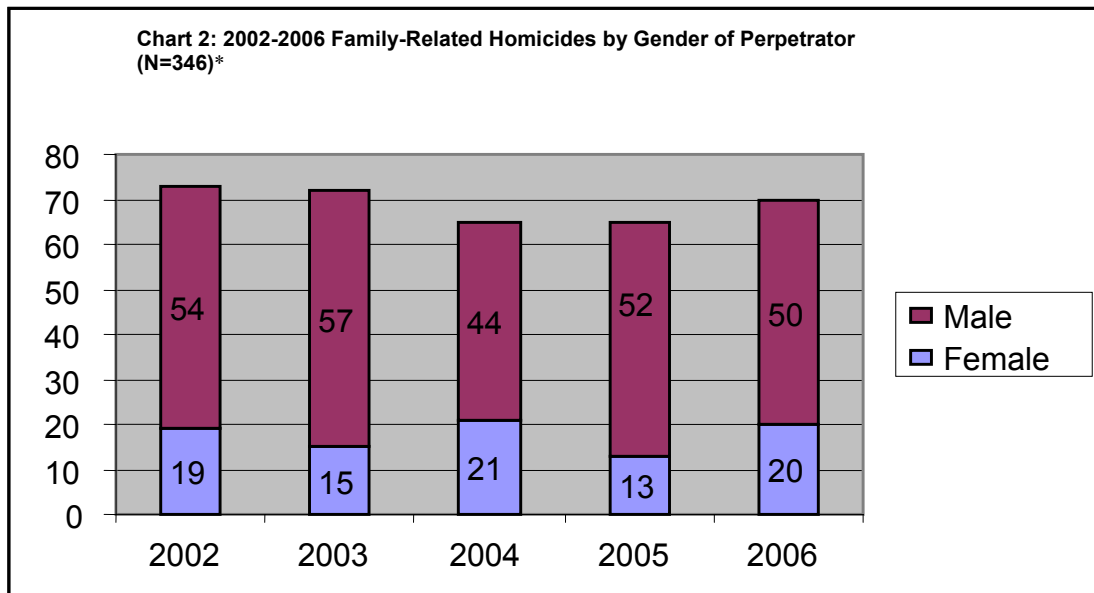
In 2006, almost 60% of perpetrators were between the age of 25 and 45. Fifty-nine percent (41 out of 70) of the perpetrators of family-related homicides in 2006 were between the age of 25 and 45 years, while 10% (7 out of 70) of the perpetrators were below the age of 18.

These patterns held when pooling the data from 2002 through 2006. Perpetrators in the age groups of 18 to 24 and 25 to 45 disproportionately commit family-related homicides. They accounted for 10% and 34% of New York City's population, respectively, but they constituted 19% and 61% of the perpetrators of family-related homicides that occurred from 2002 through 2006.¹⁹

Table 4: 2006 Family-Related Homicides by Age Category of Perpetrator and Population (2006 N=70, 2002-2006 N=346, 2002-2005 N=276)

YEAR	AGE GROUPS							
	<1	1-10	11-17	18-24	25-45	46-59	60+	Unknown
2002	0	0	2	14	49	5	3	0
2003	0	0	2	17	37	11	5	1
2004	0	0	1	12	42	4	4	2
2005	0	0	1	10	41	10	3	0
2006	0	0	7	12	41	10	0	0

Males were the perpetrators in 7 out of every 10 family-related homicides. During 2006, 71% (50 out of 70 perpetrators) of family-related homicide perpetrators were male. This finding remains consistent even when the years of observation are expanded to include family-related homicides that occurred from 2002 through 2006.



*The gender of one perpetrator of a 2003 family-related homicide remains unknown.

Other Characteristics of Family-Related Homicides

Family-related homicides involving perpetrators who were the “intimate partner”²⁰ of their victims have declined 43% (from 42 to 24) since 2004, while homicides involving perpetrators who are parents increased by 69% (from 16 to 27) during the same period. Almost the entire increase in parent perpetrator cases occurred between 2005 and 2006.²¹ It is typical to observe year-to-year fluctuations in each sub-group of fatalities.

Table 5: 2006 Family-Related Homicides by Relationship Between Perpetrator and Victim (2002-2006 N=369)

Year	Total Number of Perpetrators	RELATIONSHIP				
		Intimate Partner ²²	Parent	Child	Other Family Relationship	Unknown
2002	76	41	16	6	12	1
2003	78	36	21	4	14	3
2004	68	42	16	5	5	0
2005	70	36	17	3	14	0
2006	77	24	27	11	15	0
Total	369	179	97	29	60	4

Table 6: 2006 Family-Related Homicides by “Intimate Partner”²³ Relationship Between Perpetrator and Victim (2002-2006 N=179)

INTIMATE PARTNER RELATIONSHIP SUB-CATAGORY						
Year	Total Victim/Perpetrator Relationships	Spouse	Common Law	Child in Common	Former Live In	Same Sex Couples
2002	41	14	17	7	3	0
2003	36	11	14	7	3	1
2004	42	13	15	7	6	1
2005	36	9	14	6	7	0
2006	24	6	11	3	3	1
Total	179	53	71	30	22	3

The use of firearms in family-related homicides declined over the last year. While firearms were the most commonly used weapon in family-related homicides during 2005 (31%, 21 out of 68), in 2006 they were used in only 17% (12 out of 71) of the family-related homicides.

In 2006, a knife or other cutting instrument was the most commonly used weapon in family-related homicides. A knife or other cutting instrument was used in 44% (31 out of 71) of the family-related homicides.

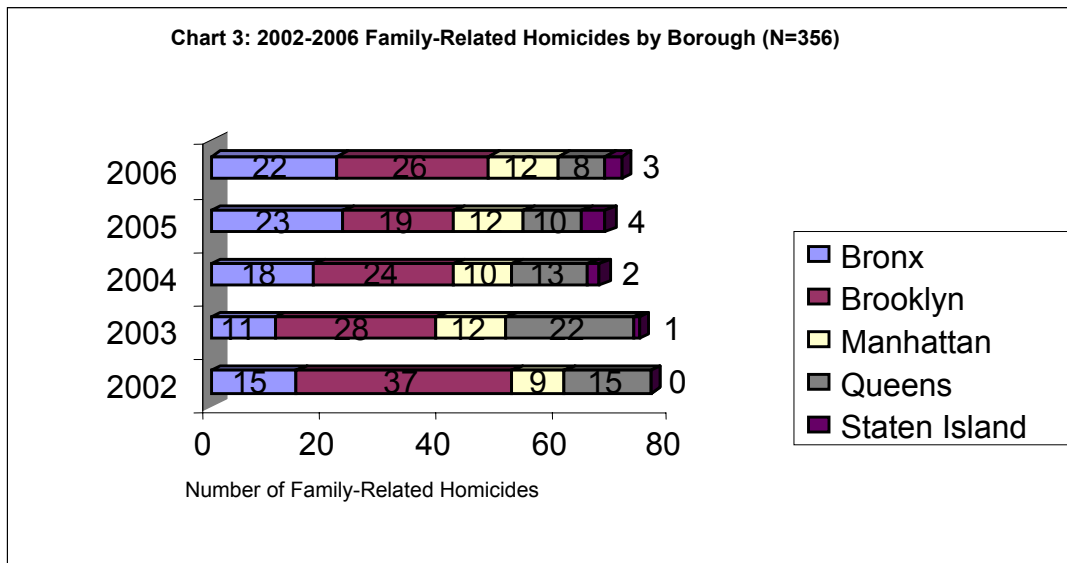
Table 7: 2002-2006 Family-Related Homicides by Weapon/Method of Homicide (2002-2006 N=356)

WEAPON/ METHOD						
Year	Method Totals	Cutting/Knife	Firearm	Blunt Trauma	Asphyxiation/ Strangulation	Other/Unknown
2002	76	26	22	11	9	8
2003	74	20	15	9	13	17
2004	67	23	20	9	9	6
2005	68	19	21	10	10	8
2006	71	31	12	11	5	12
Total	356	119	90	50	46	51

Communities Impacted Most by Family-Related Homicides

Brooklyn experienced the largest percentage decline in family-related homicides from 2002 to 2006. In Brooklyn, family-related homicides dropped by 30% (from 37 to 26). In the Bronx, during the same time period, family-related homicides increased 47% (from 15 to 22). In the Bronx, during the same time period, family-related homicides increased 47% (from 15 to 22), although, from 2005 to 2006, the number of family-related homicides that occurred in the Bronx remained constant (from 23 to 22). Between 2002 and 2006, the number of family-related homicides in Queens declined 47% (from 15 to 8), while family-related homicides increased in Staten Island from zero to three.

Pooled data for the years 2002 through 2006 shows a disproportionate number of family-related homicides in the Bronx and Brooklyn during that time period. While 17% of the City's population resides in the Bronx, 25% (89 out of 356) of the family-related homicides occurred in that borough. At the same time, 30% of the City's population resides in Brooklyn and 38% (134 out of 356) of the family-related homicides occurred there.²⁴ Manhattan, Queens and Staten Island appear to be underrepresented in the family-related homicide data when reviewing the data at a per population rate.



Neighborhood Characteristics and Family-Related Violence

Analysis by the FRC of the 2004 and 2005 data reveals that geographic location and the economic circumstances of a community appear to be correlated to the frequency of family-related homicides. The maps which immediately follow this section display 2004 and 2005 family-related homicides within Community District boundaries.

Family-related homicides were concentrated – that is, 4 to 6 homicides occurred within 1 mile of each other – in eight of the City's fifty-nine (59) Community Districts. Five of those Community Districts are located in the Bronx (Community District 4, 5, 6, 7 and 9); and three are located in Brooklyn (Community District 3, 16 and 17).²⁵

Socioeconomic circumstances, such as low income, employment and education are significant risk factors for domestic violence homicides.²⁶ To better understand the relationship between these socioeconomic circumstances and family-related homicides, the FRC plotted the geographic location of the 2004 and 2005 home residence of the family-related homicide victims against three key community level socioeconomic indicators: (1) unemployment rate; (2) the percentage of the population living below the poverty level; and (3) educational attainment.

The FRC observed that almost half (45%, 57 out of 126) of the family-related homicides occurred in communities with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%.²⁷ When only poverty is considered, 70% (88 out of 126) of the victims resided in communities where more than 20% of the population had incomes below the poverty level. When the analysis is limited to child victims age 10 and younger of family-related homicides, 83% (20 out of 24) of family-related homicide victims were children who resided in communities with more than 20% of the population living below the poverty level. Of these communities, 22% are classified as being areas of “extreme poverty”). That is where more than 40% of the population lives below the poverty line.²⁸

Table 8: Number of 2004 and 2005 Family-Related Homicides in Each Poverty Range (by Census Tract) N=126

Ranges of Population Living Below Poverty Level	Number	Percentage
Less than 20%	38	30%
20% to 40%	60	48%
Greater 40%	28	22%

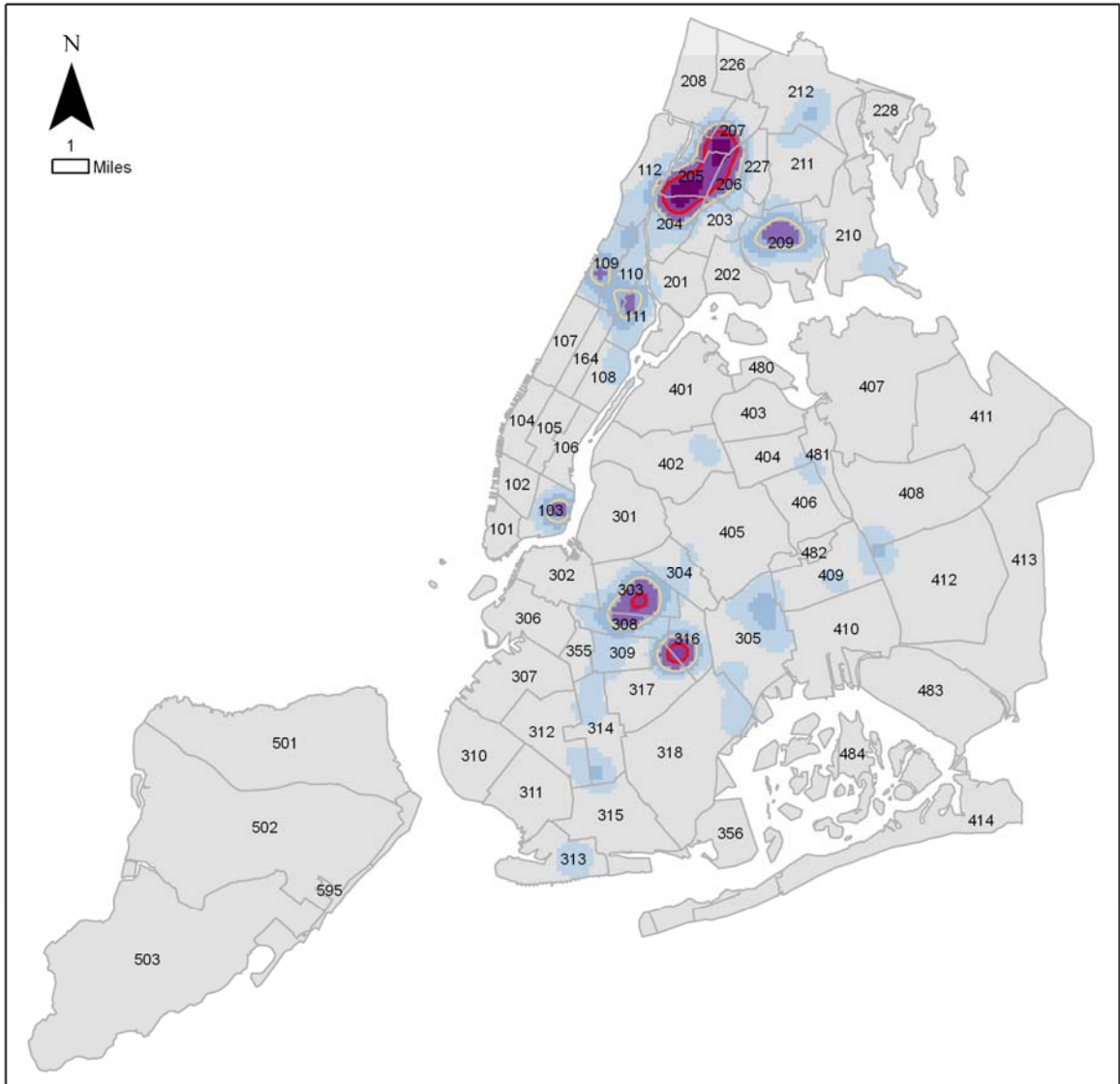
Compared to the socioeconomic factor of poverty, a smaller percentage of victims resided in communities with an unemployment rate exceeding 16%. In 2004 and 2005, 45% (57 out of 126) of family-related homicide victims resided in communities with an unemployment rate exceeding 16%. However, as noted in the report released in 2006 by the New York City Commission for Economic Opportunity, many of the poor in the City are employed. According to the 2005 data in that report, in over 46% of the households living below the poverty level, the head of household was working.²⁹ These communities are, therefore, composed of the unemployed and the working poor.

Table 9: Number of 2004 and 2005 Family-Related Homicides in Each Unemployment Range (by Census Tract) N=126

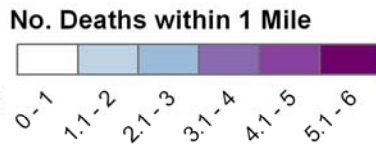
Percentage of Population in Census Tract Unemployed	Number of Homicides	Percentage	Percentage of City Census Tracts within Unemployment Range
Less than 8%	30	24%	49%
8% to 15.9%	39	31%	33%
16% to 23.9%	42	33%	12%
24% to 31.9%	12	10%	4%
32% or More	3	2%	2%

The FRC also examined educational attainment levels in these clustered areas of family-related homicides. Census tracts with family-related homicides have a higher percentage of residents who have never received a high school diploma. For example, almost 35% of residents in census tracts in which family-related homicides occurred had not obtained a high school diploma, compared to 27% of residents in City census tracts where family-related homicides did not occur. In the family-related homicide census tracts, less than 20% percent of the residents had obtained a bachelor's or professional school degree compared to almost 28% of residents in all City census tracts where no family-related homicide occurred.

Domestic Violence Deaths by Residence 2004 - 05



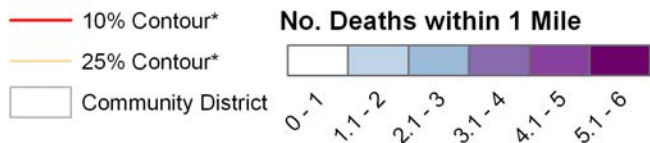
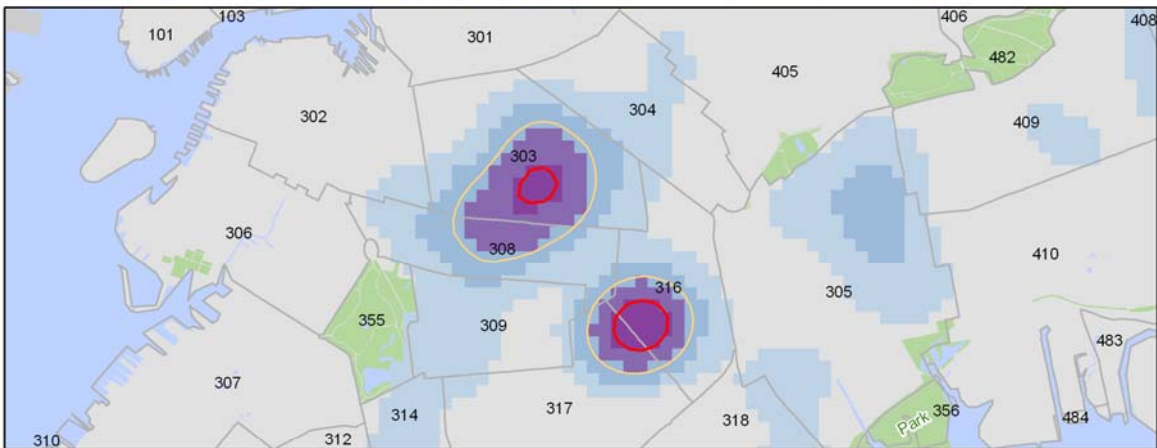
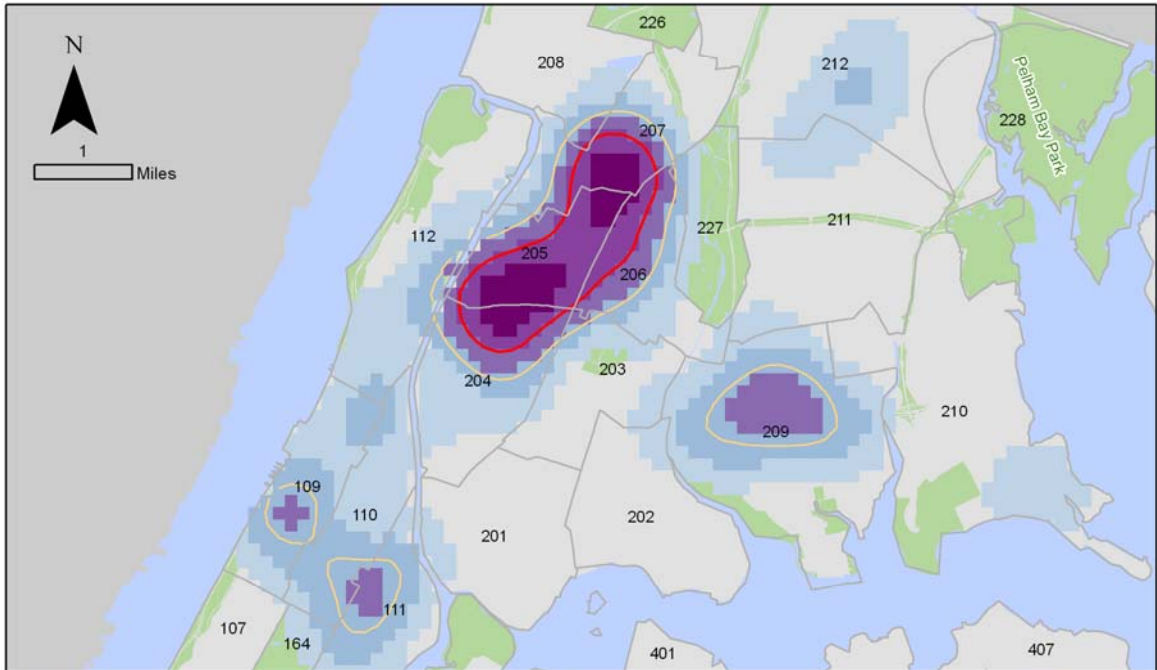
— 10% Contour*
— 25% Contour*
 Community District



* Approximate

The Community District numbers reflected on the map include the borough designation (Manhattan (1); Bronx (2); Brooklyn (3); Queens (4); and Staten Island (5)) followed by the two digit Community District number. For example, 501 represents Community District 1 in Staten Island.

Domestic Violence Deaths by Residence 2004 - 05



* Approximate

The Community District numbers reflected on the map include the borough designation (Manhattan (1); Bronx (2); Brooklyn (3); Queens (4); and Staten Island (5)) followed by the two digit Community District number. For example, 501 represents Community District 1 in Staten Island.



Special Focus: Family-Related Homicides Involving Elders and Children

The Elder Family-Related Homicide Victim

The 2006 Domestic Violence Fatality Review Committee Report documented that only 13% (1 out of 8) of elder family-related homicide victims had contact with a City agency or contract organization. While there has been no sustained increase in elder family-related homicides, this finding called for a closer look at these homicides involving elder victims.

Since 2002, there have been 35 family-related homicides involving victims 60 and over. The annual number of elder family-related homicide victims has remained relatively constant from 2002 through 2006. The average age of the victim of these homicides was 71. The average age of the perpetrator was 34 and in 40% (14 out of 35) of the cases he was the victim's adult son or adult grandson.

The majority of elder family-related homicide victims were female. Similar to other victims of family-related violence, the majority of elder family-related homicide victims were female. From 2002 through 2006, 57% of the elder family-related homicide victims were female.

From 2002 through 2006, only 6% (2 out of 35) of elder family-related homicide victims were killed by their daughter. In comparison, 26% (9 out of 35) were killed by their son. Another 29% (10 out of 35) were killed by their spouse or former spouse.

Table 10: 2002-2006 Elder (60+) Family-Related Homicide Victims N=35

Number	2002	2003	2004	2005	2006	Total
Elder Victims	9	8	7	3	8	35

Brooklyn experienced the largest number of family-related homicides of elder victims. From 2002 through 2006, 46% (16 out of 35) of the family-related homicides involving an elder victim occurred in Brooklyn, 31% (11 out of 35) occurred in Queens, 14% (5 out of 35) in Manhattan, 6% (2 out of 35) in the Bronx and 3% (1 out of 35) in Staten Island.

Family-related homicides involving an elder victim disproportionately occur in Brooklyn. This distribution of family-related homicides among the elder population does not reflect the distribution of the people over age 60 years old in New York City. While 30% of the City's elder population resides in Brooklyn, 46% of the City's family-related homicides involving an elder victim occurred in the borough. The Bronx, Manhattan and Staten Island appear to be underrepresented in the elder family-related homicide data.

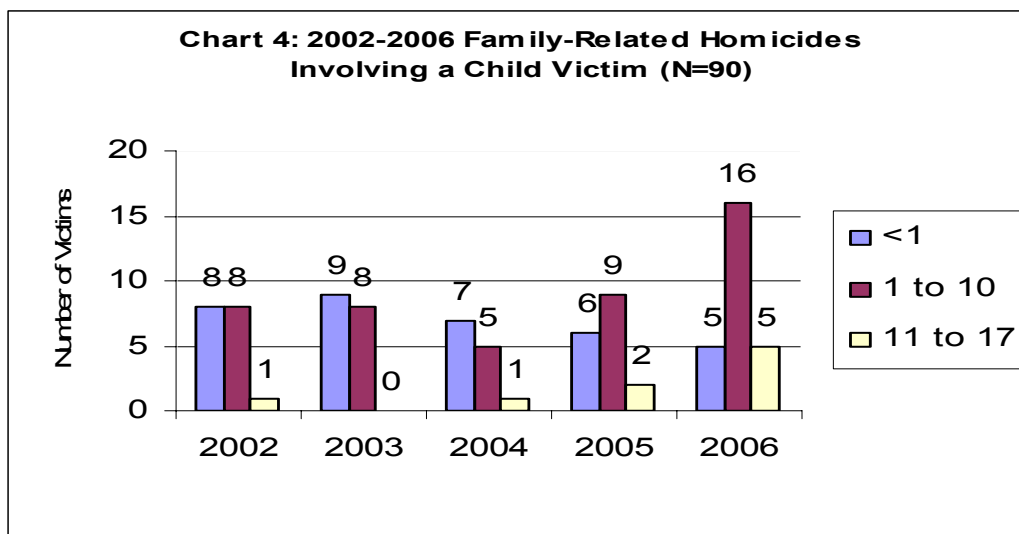
Table 11: 2002-2006 Comparison of Percent of City Elder Population by Borough and Percent of Family-Related Homicides involving Elder Victims by Borough (N=35)

Borough	Number of Elder Family-Related Homicides	Percentage of Citywide Elder Family-Related Homicides	Percentage of Citywide Elder Population
Brooklyn	16	46%	30%
Queens	11	31%	30%
Manhattan	5	14%	21%
Bronx	2	6%	14%
Staten Island	1	3%	6%

The Child Family-Related Homicide Victim (Age 17 and under unless noted)

Ninety percent of the child victims (81 out of 90) were 10 years of age or younger. Thirty-nine percent of those (35 out of 90) were under age 1; 51% (46 out of 90) were between the ages of 1 and 10; and 10% (9 out of 90) of the victims were between the age of 11 and 17.

The majority of child homicide victims in the City age 10 and younger die at the hands of a family member. From 2003 through 2006, almost 70% (37 out of 53) of all citywide homicide victims age 10 and under were involved in a family-related homicide.



Since 2002, 52% (42 out of 81) of the child family-homicide victims age 10 and younger were female. That is in contrast to the percentage of female victims of homicides involving adults. From 2002 through 2006, the majority of family-related homicide adult victims were female (69%, 191 out of 275).

Of note is the increase in female child victims from 2005 through 2006. The number increased from 4 to 15. But, it is difficult to determine if this one-year increase is the beginning of an upward trend or a one-year anomaly.

Table 12: 2002-2006 Comparison of the Gender of Family-Related Homicides Involving Child Victims Age 10 and Younger and All Family-Related Homicide Victims (Child Victims N=81, All Victims N=356)

Gender	Percentage of Child Victims	Percentage of Adult Victims
Male	48%	31%
Female	52%	69%

Hispanics and Blacks account for 92% of all family-related homicides involving a child victim, with Blacks accounting for 53% (48 out of 90) and Hispanics 39% (35 out of 90) of the victims from 2002 through 2006. The annual number of child family-related homicide victims who were Black or Hispanic has remained relatively constant from 2002 through 2006. However, the number of Hispanic family-related homicide child victims increased from 3 to 16 from 2005 through 2006.

In 2004 and 2005, more than 8 out of 10 family-related homicides involving a child victim occurred in geographic areas experiencing poverty. The FRC observed that a majority (83%, 20 out of 24) of the family-related homicides involving a child victim occurred in communities with more than 20% of the population living below the poverty level.³⁰ According to United States Census Bureau data, 19% of the City's children (age 17 and under) live in poverty.³¹

Of the 95 perpetrators involved in the 90 family-related homicides involving child victims that occurred from 2002 through 2006, (83% (79 out of 95)) were the victim's mother (44%, 42) or father (39%, 37). The perpetrator was the child's step-father in another 17% of the cases.

Sixty-six percent of the family-related homicides involving child victims occurred in Brooklyn or the Bronx. From 2002 through 2006, 41% of the family-related homicides involving child victims occurred in Brooklyn, 25% occurred in the Bronx, 18% in Manhattan, 12% in Queens and 4% in Staten Island.

Overview of Department of Health and Mental Hygiene’s Classification of Intimate Partner Homicides Involving Female Victims

The DOHMH provided the FRC with a summary of 2003-2005 data related to DOHMH IPH involving female victims.³² This information was collected by DOHMH for all female homicide victims (12 years and older) from 2003 to 2005 (N=101) that fit the definition. Trained data collectors used standardized coding techniques to abstract information from the Office of the Chief Medical Examiner records on assault circumstances and the relationship between the victim and alleged offender.

Just over one third of the DOHMH IPH victims were not born in the United States.³³ According to DOHMH data, 37% (37 out of 101) of the DOHMH IPH victims immigrated to the United States from foreign countries.

Slightly more than 1 in 5 of the perpetrators of DOHMH IPH committed suicide after committing the homicide. According to DOHMH data, 22% (22 out of 101) of the perpetrators of DOHMH IPH that occurred in New York City from 2003 through 2005 committed suicide immediately after committing the homicide. The FRC reviewed all family-related homicides to determine the rate of homicide/suicide fact patterns within the same time period, and found that it was present in 15% (31 out of 209) of the homicides.

The following is a summary of 2003-2005 of DOHMH IPH data.

Table 13: DOHMH Surveillance: Intimate Partner Homicide Victims 2003-2005 (Women, 12 yrs+, N=101)

<i>Demographic Information</i>			
Age - years		Borough of Residence	
12-19	1%	Brooklyn	36%
20-29	35%	Bronx	26%
30-39	33%	Manhattan	12%
40-49	20%	Queens	19%
50+	12%	Staten Island	3%
Race/Ethnicity		Outside Borough 3%	
Hispanic	41%	Circumstances Surrounding Homicide	
Black (non-Hispanic)	35%	Lived with the Perpetrator	35%
White (non-Hispanic)	15%	Alcohol in System (victim)	26%
Asian/Other	8%	Perpetrator Committed Suicide	22%
Foreign Born		Cocaine in System (victim) ³⁴	14%
	37%		

Identifying Risk Factors for Family-Related Homicides During 2004 and 2005

A national study, *Risk Factors in Abusive Relationships: Results from a Multisite Case Control Study*³ (hereinafter referred to as *Risk Factors Study*), in which the New York City Department of Health and Mental Hygiene participated, compared women killed by their intimate partners with women who survived abuse by their partners. Several factors included in the study were associated with statistically significant results. The risk factors were: (1) the abuser was unemployed; (2) the abuser used illegal drugs; (3) the abuser had access to a gun; (4) the victim had a previous child not fathered by the perpetrator; (5) the abuser exerted control over the victim; (6) the abuser previously threatened the victim with a weapon; and (7) the abuser previously threatened to kill the victim. Another factor, the abuser had a previous arrest for domestic violence, was found to be a protective factor associated with a decrease in risk.

As in 2006, the FRC member from the Office of the Bronx County District Attorney, provided the FRC with information related to the risk factors itemized in Table 14 below for 2005 family-related homicides to supplement data previously reviewed by the FRC for 2004. These risk factors were chosen because that office would be able to provide data similar to the *Risk Factor Study* on the cases prosecuted by that office. Since the *Risk Factors Study* compared fatal and non-fatal occurrences of intimate partner violence, the FRC cannot replicate the *Risk Factors Study*. However, the Bronx District Attorney examined the family-related homicides that occurred in the Bronx in 2004 and 2005 for which there was a prosecution (18 out of 25 family-related homicides) for four risk factors. Information was gathered by the Bronx District Attorney through a review of the case folders and interviews with the respective Assistant District Attorneys who prosecuted the cases. The limited number of cases collected from the Bronx provides only a small sample and any conclusions drawn from the data should be interpreted with caution.

Table 14: Prevalence of Risk Factors for Bronx Prosecutions (2004 (N=11) and 2005 (N=7))

Factor	Bronx Cases with Factor
Prior Criminal Conviction for Illegal Drugs	Sixty-three percent (5 out of 8) of perpetrators with a prior conviction had a conviction for a felony drug offense at some point in their criminal history.
Prior Non-Drug Criminal History	Only 1 perpetrator had a prior conviction related to domestic violence.
Employment at Time of Homicide	The majority of perpetrators (56%, 10 out of 18) were unemployed prior to committing the homicide.
Known Prior Threats to Victim by Perpetrator	Although specific threats could not be known from the review of prosecution files, half (50%, 9 out of 18) of the families of the victim knew of prior incidents of domestic violence involving the victim and that perpetrator.

Overview of Agency Contact for Family-Related Homicides

For 2004 and 2005 family-related homicides, the FRC obtained information on victim and perpetrator contact with City agencies and the representative contract organization, Safe Horizon. The agencies and contract organization independently cross-referenced the victims and perpetrators with agency files and the agencies reported if they had contact at any point in time, even years prior to the homicide occurrence, with the victims and/or perpetrators.

Most family-related homicide victims had contact with at least one City agency or the representative contract organization. Seventy percent (88 out of 126) of the victims had contact with at least one agency prior to the family-related homicide.

Table 15: 2004-2005 Number/Percentage of Family-Related Homicide Cases with Contact with Specific Agencies (“cases with contact” includes contact with either the victim or perpetrator)

Agency	Number of Cases with Agency Contact at Any Point in Time(N=126)	Percentage of Cases with Agency Contact at Any Point in Time (N=126)
Human Resources Administration (“HRA”)	58	46%
New York City Police Department (“NYPD”)	45	36%
Administration for Children’s Services (“ACS”)	42	33%
Department of Homeless Services (“DHS”)	31	25%
New York City Housing Authority (“NYCHA”)	19	15%
Safe Horizon (representative contract agency)	11	9%
Department for the Aging (for victims 60+, N=9)	1	<1% 11%

A large number of the known contacts with agencies or the representative contract organization occurred more than a year prior to the homicide: HRA and NYCHA had active cases at the time of the homicide, and therefore, they are excluded from the timeframe of contact analysis. Other than HRA and NYCHA, in more than 42% (28 out of 67) of the cases, the timeframe of the contact between the victim and the City agencies or representative contract organization was more than a year.³⁵ This finding, along with the fact that fully 30% of the victims never had any contact with a City agency or the representative contract organization, suggests that more must be done to reach out to victims of domestic violence.

The following summarizes the data provided by the FRC members. The number of cases that had contact with an agency may be smaller than the combined total of victims/perpetrators who had contact since an agency may have had contact with both the victim and perpetrator of a single homicide.

1. **Administration for Children's Services:** For the majority of 2004 cases (22 out of 27) known to ACS, the contact was more than five years prior to the homicide. In just 19% (5 out of 27) of the cases, the victim had contact with ACS within 5 years of the homicide. ACS had no contact with 33 of the victims. For the 2005 family-related homicides, ACS had prior contact with the victim or the perpetrator in 23% (15 out of 66) of the cases. Ten of the perpetrators and four of the victims were involved with ACS within five years of the homicide. In several other instances, the prior contact occurred more than five years before the homicide. This means that the contact occurred prior to the establishment of the ACS Office of Domestic Violence Policy and Planning, and prior to the ACS initiation of universal screening for domestic violence. Two of the perpetrators and four of the adult victims had been known to ACS as children who were alleged victims of abuse or neglect.

It is notable that with regards to the 2005 family-related homicides, ACS had contact with 8 of the 16, or 50% of the families in which there was a child homicide. That year's family-related homicides included one case where a child was killed while in foster care, and another case where a child was killed shortly after discharge from foster care. These cases have been extensively analyzed and reported on through the ACS Accountability Review Panel and other avenues.

2. **Department for the Aging:** DFTA had contact with one of the victims of the family-related homicides that occurred in 2005. In that case, the victim last had contact with staff at a DFTA Senior Center 21 months prior to the homicide.
3. **Department of Homeless Services:** For 7 out of 19 of the 2004 and 2005 family-related homicide victims with whom DHS had contact, the contact occurred within six months of the homicide. In two of those cases the homicide occurred while the victims were in shelter. In another case the victim had contact with DHS between 6 months and one year of the homicide. In another two cases the victims had contact between 1-2 years of the homicide. Lastly, in nine cases, the contact occurred more than 2 years prior to the homicide.

DHS had contact with five perpetrators within six months of the homicide. In another case, DHS had contact with the perpetrator between six months and 2 years of the homicide. In another 9 cases, DHS had contact with the perpetrator more than 2 years prior to the homicide. In another case, the contact occurred with the perpetrator more than 2 years after the homicide occurred.

4. **New York City Housing Authority:** 15% (19 out of 126) of the 2004 and 2005 family-related homicide victims were residing in NYCHA housing at the time of the homicide.

Interestingly, an initial data review conducted by the FRC suggests that residing in New York City Housing Authority property appears to offer some protective aspects which warrants further research and analysis. While 15% (19 out of the 126) of the family-related homicides that occurred in New York City during 2004 and 2005 involved victims who were residing in NYCHA housing at the time of the homicide and occurred in a NYCHA residence, 27% (34 out of 126) of the family-related homicides occurred in the surrounding community and within one thousand feet of NYCHA property.

5. **Human Resources Administration:** HRA had contact with 46% (58 out of 126) of the family-related homicide victims from 2004 through 2005. Sixty-nine percent (20 out of 29) of the 2004 family-related homicide victims who were recipients of HRA benefits were receiving benefits at the time of the homicide. All 29 of the 2005 family-related homicide victims who had contact with HRA were in receipt of benefits at some point between January 2004 and their deaths in 2005.
6. **New York City Police Department:** The NYPD had contact with the victim and/or perpetrator in 36% (45 out of 126) of the 2004 and 2005 family-related homicide cases prior to the homicide. In 35 of the 45 cases involving NYPD contact, a domestic violence incident report was filed in relation to an incident involving the victim and the perpetrator. In 26 of the cases in which there was contact, the NYPD reports that the contact had occurred within one year of the homicide.
7. **Safe Horizon:** For 18% (2 out of 11) of the 2004 and 2005 family-related homicide victims with whom Safe Horizon had contact, the contact occurred within two months of the homicide. Due to the high volume of cases and client request for anonymity, Safe Horizon does not retain detailed records of all victims receiving services. Thirty-six percent (4 out of 11) of the 2004 family-related homicide victims with whom Safe Horizon had contact, had contact with Safe Horizon more than a year prior to the homicide. Safe Horizon had no known contact with 115 of the victims.

A Closer Look: Victims Frequently Don't Report Domestic Violence Victimization

- While 70% (88 out of 126) of the 2004 and 2005 victims had contact with a City agency or the representative contract organization prior to the homicide, if they did not disclose that they were a domestic violence victims, these contacts could not result in a safety intervention for the individual.
- Even when specifically asked about domestic violence victimization while applying for public assistance or health programs, only 1% (1 out of 89) of family-related homicide victims in 2003 through 2005 identified themselves as a domestic violence victim.
- According to NYCHA, only 26% (5 of the 19) of the 2004 and 2005 family-related homicide victims who resided in NYCHA housing were known to NYCHA's Social Service Department, Emergency Transfer Program or the Domestic Violence Intervention and Education Program.
- ACS reports that while it had contact with the victim or the perpetrator in nearly a third (33%, 42 out of 126 of the 2004 and 2005 family-related homicide cases), the concerns that brought the family to the attention of ACS staff rarely included domestic violence. Domestic violence was mentioned in only 10% (4 out of 42) of ACS family-related homicide cases involving suspected child abuse. Others were reported for a range of allegations, including educational neglect, parental drug use, and inadequate guardianship.

Discussion

This report describes family-related homicides that occurred in New York City between 2002 and 2006 and describes known contact with City agencies and organizations, that are contracted to provide domestic violence services, by victims of family-related homicides that occurred in 2004 and 2005. During the five year period, family-related homicides have declined by 6.6%, from 76 to 71. Since 2004, family-related homicides involving perpetrators who were intimate partners of their victims have declined by almost 43% (from 42 to 24). While progress continues in reducing family-related violence, this crime remains pervasive. The number of family-related homicides involving a child victim increased last year – from 17 in 2005 to 26 in 2006.

The FRC observed that a majority of family-related homicides occurred in neighborhoods with more than 20% of the population living below the poverty level and an unemployment rate exceeding 16%. The concurrence of poverty and family-related homicides involving child victims was even more pronounced. New York City's findings reflect research that has found income, employment and educational attainment influence the occurrence of family-related homicide.³⁶

While the findings of the FRC suggest that family-related violence education and mitigation strategies should be incorporated into New York City's efforts to reduce poverty, they also challenge the FRC to investigate other community level factors that may be related to the cessation of family-related violence. Previous research found that the following factors are associated with the cessation of domestic violence in a community: (1) people who call police; (2) police presence; (3) people who are aware of resources; (4) community networks, (5) intimate partner shelters; (6) hotlines; (7) outreach centers; (8) emergency assistance programs and (9) access to public health facilities.³⁷ Determining community level cessation factors specific to family-related homicides can help inform policy decisions by assisting service providers to understand how neighborhood characteristics actually affect the prevalence of domestic violence and can identify avenues of intervention.

Recommendations/Action Steps

The 2006 Fatality Review Report recommendations aimed to improve access to City domestic violence services. Most of these recommendations have now been implemented (see pages 32-36 of this report). Recommendations for this year focus on the collaboration of FRC member agencies to target the specific communities highlighted in this report as experiencing higher incidences of family-related violence. FRC member agencies aim to collaborate on selected initiatives, thereby maximizing efficiency and effectiveness. In addition, there will be citywide efforts carried out by specific agencies. The following are this year's recommendations:

- I. The FRC will focus its efforts for agency coordination and collaboration in communities identified by the FRC as most affected by family-related homicide, specifically Community Districts 4, 5, 6, 7 and 9 in the Bronx and in Brooklyn, Community Districts 3, 16 and 17. Over the next two years, the FRC through its participating agencies and representative contract agencies, will undertake activities to encourage those affected by family-related violence in these communities to seek services. Initially, over the next year, the FRC will focus its work in at least two of these communities. The following outlines planned activities of the FRC:

A. **Phase 1**

1. *Identify Service Needs in Targeted Communities:* FRC member agencies and the representative contract agencies will identify potential service gaps/needs in these communities to reach the following goals:
 - Determine if current services need to be expanded or if additional services are required. The FRC will convene at least one community forum in each targeted community to solicit the perspective of community members on resource needs, coordinate challenges and get input on community level family-related violence cessation factors.
 - Track delivery and receipt of domestic violence services in the targeted communities. The FRC Coordinator, with the assistance of FRC member agencies, will monitor the indicators determined by the FRC. Collecting service indicators serves two purposes: (1) it will help document the existing level of services in the community and (2) it will enable monitoring of service utilization.
2. *Build Community-Based Education Program:* The FRC Coordinator, in consultation and collaboration with member agencies, will work with existing community partners and contract organization partners within the targeted communities to review existing materials and messages regarding where and how to access domestic violence services.
 - The FRC Coordinator, in consultation and collaboration with member agencies, will catalogue the existing material used to educate community members in the targeted communities about current domestic violence services. Review of this material may inform revision of messages.

- The FRC Coordinator, in consultation and collaboration with FRC member city agencies and contract agency representatives, will review existing distribution channels for messages about domestic violence services to identify local community newspapers, stores, banks, check cashing locations, civic groups, merchant associations, community centers or media outlets and governmental offices that would offer additional exposure for an education campaign. In conjunction with this work, the FRC will attempt to identify electronic distribution sources.
3. *Form Working Group to Coordinate Domestic Violence Training across Agencies:* Many agencies and contract organizations provide domestic violence related training to other city agencies and/or community groups. Training efforts can be coordinated to maximize the number of city agencies and/or community partners who have access to domestic violence related training in communities of high need.
- Training content will include revised education messages about domestic violence services available in the targeted communities.
 - The FRC Coordinator, with the FRC member city agency representatives and contract agency representatives, will catalogue all types of training, including information on the materials utilized, scope and topics included in the trainings session, and location and frequency of the training sessions which the respective agencies and contract organizations provide.
 - After reviewing the catalogue of training, the FRC Coordinator, with the member agency representatives, will identify opportunities for coordination and co-sponsoring of training sessions.

B. Phase 2

1. *Implement community based education program:* Based on findings from the community needs assessment and domestic violence outreach review, the FRC members will develop a public education outreach plan for targeted communities. The plan will utilize existing public education materials identified through the aforementioned cataloging activity, and will distribute materials using channels identified as maximizing reach. Integral to the outreach plan will be agency and organization coordination.
2. *Evaluation of community-based education and training initiatives:* The service utilization indicators will be used to track the effectiveness of the education campaign and the coordinated training initiatives. Increased service delivery will be an indicator of successful message dissemination.

II. The Committee has identified several initiatives that can be undertaken immediately to enhance coordination and reduce duplication. The following recommendations will be implemented in the near term by FRC member agencies:

1. *Sharing of Public Education Materials:* Safe Horizon will provide domestic violence prevention “tip cards” to several member agencies to assist in increasing public awareness among the agencies’ clients.
 - Safe Horizon will provide this material to the Department of Health and Mental Hygiene for distribution through their public health detailing campaign which will be disseminated to physicians and other medical providers including mental health professionals.
 - Safe Horizon will provide this material to the Department for the Aging (DFTA) who will distribute this material to elder clients and staff.
 - Safe Horizon will provide this material to the Department of Homeless Services who will distribute the material to clients and staff.
2. *Expanding Domestic Violence Training:* The Human Resources Administration will enhance training for the Department of Homeless Services shelter staff, focusing on identifying domestic violence among shelter residents.
3. *Enhancing Access to Information and Resources for City Employees:* The FRC, through the FRC Coordinator, will approach, and potentially work with, the Department of Citywide Administrative Services (DCAS) and the Office of Labor Relations (OLR) to implement an internet page on the nyc.gov and/or OLR websites aimed at providing City employees with domestic violence-related information and the ability to access additional resources. *The DOHMH Guidelines: Domestic Violence and the Workplace* is available as a prototype and may be enhanced through the inclusion of information regarding elder abuse. These guidelines, currently available to DOHMH employees on that agency’s intranet, aim to increase awareness of domestic violence resources available to employees, supervisors and co-workers and to explain the role of various parts of the agency in addressing domestic violence and assisting victims. The FRC will work toward the goal of having these materials adapted as necessary and adopted by all City agencies.

Update on Recommendations/Work Plan from 2006 FRC Report

Agency/Recommendation	Progress	Comment
Administration for Children's Services		
<p>Will provide expanded training for foster care agencies that will focus on specific strategies for identifying and engaging youth in foster care who have been exposed to domestic violence, or have experienced abuse in dating relationships.</p>	Done	<p>In 2007, ACS developed a collaborative training partnership with the Adolescent Resource Network Services (ASRN) in New York City and Long Island. ACS conducted bi-annual training sessions on the <i>Guidelines for Addressing Teen Relationship Abuse in Foster Care Settings</i> to foster care case management staff and Long Island ASRN trainers.</p> <p>At the 2007 New York State Child Abuse Conference in Albany, ACS presented the <i>Guidelines for Addressing Teen Relationship Abuse in Foster Care Settings</i> to 50 foster care staff across New York State.</p> <p>Also in 2007, Graham Windham, Concord Family Services, and New Alternatives for Children, all non-profit City contractors, received extensive agency-wide training to strengthen overall capacity in screening and identifying domestic violence as well as training on working with teens. Comprehensive training was also conducted with Good Shepherd foster care agency, another City contractor.</p> <p>Connect Training Institute, a non-profit City contractor and ACS continue to outreach to foster care agencies, creating many opportunities for tailor-made, entry-level and advanced training, technical assistance and capacity building with the foster and preventive agencies. Plans are in place to expand these training sessions to include additional foster care representation.</p>
<p>In coordination with the NYPD and the Department of Education (DOE), will continually work to ensure timely and effective sharing of information during child protective investigations.</p>	Done	<p>ACS currently has direct access to the NYPD Domestic Incident Report (DIR) database. Access has been granted to the 20 Investigative Consultants, and the 21 Instant Response Team Coordinators. Four individuals in Central Office have also been granted access. ACS has had direct access to the DOE's database – Automate The Schools. ACS is currently working with the DOE to give direct access to ATS. This initiative is being guided by the New York City Mayor's Office and its Interagency Task Force.</p>

Agency/Recommendation	Progress	Comment
Bronx District Attorney's Office		
Will continue to conduct training sessions for local clergy leaders that focus on specific family-related violence issues.	Done	Participated in approximately 7 different meetings/training sessions with various clergy leaders to discuss topics involving domestic violence. Among the topics discussed were how to recognize the signs of domestic violence; how to counsel victims on the help available in the Criminal Court versus Family Court; and the social services available to domestic violence victims.
Expand monthly training conducted with NYPD Patrol Borough Bronx to include sessions on recognizing and recording appropriate facts and evidence gathering in cases involving domestic violence.	Done	Conducted 7 "Joint Training" sessions with members of the NYPD and Bronx District Attorney's Office. The faculty was comprised of experienced attorneys and NYPD training personnel designated to teach specific topics. During each session approximately 30 uniformed members of the NYPD were trained together with approximately 10 Assistant District Attorneys and Detective Investigators. The purpose of this ongoing program is to educate and promote an open discussion on criminal law and procedural issues and to keep communication open between the two law enforcement agencies. This will help both agencies serve the public and the criminal justice system. During these sessions, participants are instructed on, among other things, ways to enhance domestic violence prosecutions. Included is the most effective way to work with domestic violence victims, evidence gathering and trial perpetration.
Conduct Domestic Violence Awareness Day	Done	Conducted and participated in various different community programs focused on Domestic Violence Awareness including "Healing Expo", "Elder Abuse-Workplace Education Day", and "DiVA Talk."
Department of Health and Mental Hygiene		
Expand bystander program that aims to make family, friends, co-workers and neighbors of domestic violence victims aware of services available for victims.	In Progress	DOHMH needs to secure funding to expand the bystander program. Proposal for funding is drafted.
Will implement a domestic violence screening component within the Newborn Home Visit Program.	Done	Domestic violence screening occurs during one-time visits to new mothers in the three district public health office neighborhoods (Central Brooklyn, East and Central Harlem and the South Bronx).

Agency/Recommendation	Progress	Comment
Department of Health and Mental Hygiene		
<p>In conjunction with the Mayor's Office to Combat Domestic Violence and the Department of Information Technology and Telecommunications will update and print the City of New York Resource Directory of Domestic Violence Services and increase online utility and access to the Resource Directory.</p>	In Progress	<p>OCDV interns are in the process of updating the directory. Funding has been secured from the Avon Foundation to print the directory. The directory will soon be searchable online.</p>
Department of Homeless Services		
<p>Increase trainings to enhance DHS staff screening for domestic violence, and make appropriate referrals for service.</p>	In Progress	<p>DHS is working with HRA to enhance training for family intake staff to screen, identify, and address issues of domestic violence, including how to make referrals to the NYPD. Training sessions will take place on a quarterly basis with training curriculum input and review by both family intake center staff and the DHS Agency Medical Director.</p>
<p>Shelter staff will be trained regarding the screening for, and identification of, domestic violence among shelter residents.</p>	In Progress	<p>DHS participates in the Domestic Violence Fatality Review Committee Working Group for Domestic Violence Training and Initiatives and will coordinate the use of appropriate existing training opportunities for the use in training family shelter staff to identify and address domestic violence issues among current shelter clients, including appropriate social service referrals and collaboration with NYPD and other City agencies.</p>
Human Resources Administration		
<p>Develop palm card listing all non-residential domestic violence hotline number and services. The palm card will be available on the HRA website and will be distributed at all community outreach activities and HRA Job Centers.</p>	Done	<p>The palm card was developed and 7,500 were distributed to all HRA domestic violence programs and Job Centers. The palm cards will also be made available at all HRA domestic violence outreach activities on an on-going basis.</p>
<p>Develop brochure listing all domestic violence support services available through HRA. The brochure will be available on the HRA website and will be distributed at all community outreach activities and HRA Job Centers.</p>	Done	<p>The brochure was developed and provided to all HRA domestic violence programs and will also be made available at all HRA domestic violence outreach activities on an on-going basis.</p>
<p>Will develop posters to be displayed in HRA Job Centers educating HRA applicants regarding domestic violence services and resources available through HRA.</p>	Done	<p>The poster was developed and several hundred were printed and distributed to all HRA domestic violence programs and Job Centers. The posters will also be made available at all HRA domestic violence outreach activities on an on-going basis.</p>

Agency/Recommendation	Progress	Comment
New York City Housing Authority		
Will collaborate with the Department of the Aging to develop an appropriate education program targeted at elder public housing residents.	In Progress	NYCHA met with DFTA and the NYPD to discuss coordination of workshops. Projected start date of workshops is mid-January 2008.
In conjunction with the Mayor's Office to Combat Domestic Violence (OCDV) will expand educational programs targeted at teens residing in public housing.	In Progress	NYCHA has scheduled 27 workshops with OCDV for teen dating violence and healthy relationships workshops. These workshops started in October 2007 and are scheduled through May 2008.
New York City Police Department		
Will visit Senior Centers and conduct information sessions for Center clients on elder abuse.	Done	Domestic Violence Officers in all NYPD Precincts and Housing Police Service Areas visited Senior Citizen Centers and made presentations with regard to domestic violence and elder abuse. These visits and presentations, which are on-going, are in addition to other venues where presentations are made, including community centers, church groups and community council meetings.
Safe Horizon		
Will create a public education campaign targeted at women aged 16-29 who are victims of domestic violence in neighborhoods where FRC data shows that family-related homicides have occurred frequently.	Done	Safe Horizon created a public awareness campaign, in partnership with the New York City Council, to raise awareness of the impact of violence and abuse on the lives of young adults and teens, and shared information about lifesaving resources and services for those affected by violence and abuse in the City. The campaign launched on March 26, 2007 and continued for six weeks. Beyond the support of the New York City Council (\$400,000), Safe Horizon was able to leverage this funding to secure an additional \$1.6 million in pro-bono and discounted media, production and creative services. As a result, the public awareness campaign ads were seen and heard across the City on buses, subways, phone kiosks and billboards; in weekly and daily newspapers; and through public service announcements on the radio. Placements were focused in underserved communities with the highest risk for family-related homicides based on the FRC data. Tip cards were customized for young women and teens in four languages: English, Spanish, Chinese and Haitian-Creole. Posters, flyers and other campaign materials were distributed in four different languages throughout the City via Safe Horizon program sites, Domestic Violence Empowerment Initiative partner sites, schools, hospitals, police precincts and City Council member offices.

Agency/Recommendation	Progress	Comment
Safe Horizon		
<p>Will provide direction, support and training to 55 community-based organizations that received City Council grants through the Domestic Violence Empowerment Initiative (DoVE).</p>	<p>Done</p>	<p>Safe Horizon is contracted to provide direction, support and training to 55 community-based organizations that received City Council grants through the Domestic Violence Empowerment Initiative (DoVE). Many of these organizations are focused on outreach and education in hard-to-reach communities where there is a high incidence of family-related fatalities. In fiscal year 2006, 54 organizations representing 34 Council districts received Domestic Violence Empowerment Initiative (DoVE) funding. For fiscal year 2007, 11 additional groups received funding. Safe Horizon, in collaboration with Connect Training Institute, organized 8 training sessions for DoVE participants including: Introduction to Domestic Violence; Introduction to Domestic Violence Resources in New York City; Working With Domestic Violence Survivors; Effects of Domestic Violence on Children; Working with Men; Working from a Faith-Based Approach; Legal Rights and Remedies for Victims of Domestic Violence; Cultural Competency, Working in Immigrant Communities and Working with Men. Outreach is a major component of DoVE-funded projects. Outreach strategies have included: flyer distribution (in a variety of languages) and in-person visits to churches, synagogues and other faith-based institutions; visits to manicure shops, women's health clinics, public and religious schools, beauty salons, community meetings and neighborhood fairs and gatherings, senior centers; and theater and dance performances.</p>

Update: Agency Training and Employee Outreach Activities

As part of the work of the FRC based on the first year recommendations, the FRC Coordinator initiated a review of domestic violence-related training for frontline employees and a review of outreach to employees who may need assistance themselves. Review of training and outreach activities at three FRC member agencies was completed. The following highlights specific activities currently practiced by these agencies which can serve as a model for other government and non-governmental agencies.

ACS: ACS provides extensive domestic violence-related training to the Division of Child Protection new and experienced ACS child protective specialists, and managers, as well as to incoming and experienced Family Court Legal Services attorneys. In addition, specialized training sessions are developed continually to meet the emerging needs of ACS staff as they pertain to best case practice for families impacted by domestic violence. To build upon and reinforce training, ACS has issued Child Safety Alerts (CSA), which are alerts on specific topics that are distributed throughout ACS. In 2006, ACS issued a CSA “Working with Parents Experiencing Violence: Child Safety Depends on Careful Assessment and Intervention.” It reinforces key points in regards to child safety and assessing risk of serious harm to the child and survivor when domestic violence is present in the home. This CSA covered four key areas regarding domestic violence and child abuse cases: (1) assessing for safety and risk in domestic violence cases (conducting domestic violence screening in private; utilization of domestic violence protocol; use of professional interpreters; and exposure to domestic violence does not, in and of itself, constitute abuse or neglect, etc.); (2) the impact of domestic violence on the child must be addressed; (3) engaging the non-offending partner and the abusive partner (create safety plans for survivors; hold separate family team conferences when domestic violence suspected or identified; etc.); and (4) focusing on batterer accountability (engage abusive partner in services; refer abusive partner to batterer intervention program, etc.). Periodic reminders, such as the CSAS sent to agency staff can assist in reinforcing training and ensuring that all employees follow agency guidelines and procedures.

DFTA: In addition to other training DFTA undertakes, DFTA conducts training with contract agency staff who are not providers of elder abuse services (such as Senior Center Staff) to assist staff in recognizing the signs of elder abuse; knowing what resources are available for elder abuse victims; and how to approach a suspected victim to direct that individual to appropriate services. This type of training, geared towards identifying potential victims and ensuring staff is knowledgeable about existing services, might be an appropriate training model for agencies with large frontline staff who frequently interact with clients.

DOHMH: The DOHMH’s Domestic Violence Steering Committee developed the *DOHMH Guidelines: Domestic Violence and the Workplace*. The guidelines aim to increase awareness of domestic violence resources available to employees, supervisors and co-workers and to explain the role of various parts of the agency in addressing domestic violence and assisting victims. The guidelines and other domestic violence-related resources are available on the DOHMH’s Employee Resources Intranet page. The DOHMH Domestic Violence Steering Committee was awarded a Certificate of Distinction for its outreach to employees by DCAS’ Division of Citywide Equal Employment Opportunity. Consolidation of existing information on how employees can get help with domestic violence might be an outreach activity adopted by other governmental and non-governmental agencies.

Technical Notes

The FRC offers three caveats about the FRC findings. Statistically, the annual family-related homicide numbers provide a sample too small from which to establish definitive trends. It is typical to observe year-to-year fluctuations in each sub-group of fatalities. An increase or decrease of family-related homicides overall, or in a particular population, could signal random variation rather than a trend. Additionally, a change of one or two homicides during a particular time period or in a particular borough can translate into significant percentage changes, leading to a risk that random variations from year to year will be interpreted as trends. As the FRC accumulates additional data over the years, the sample size will increase. This report contains descriptive summaries and the data has not been subject to statistical testing.

The FRC did not have access to income, education level, or employment status of the individual family-related homicide victims. While family-related homicide victims may have shared similar demographic and socioeconomic circumstances of the larger communities in which they lived, the community level socioeconomic observations in this report do not allow for any correlations or causal determinations for the individual homicide victims discussed in the FRC report.

Comparisons drawn in this report are based on small samples. Differences reported are not necessarily statistically significant and therefore, should be interpreted with caution. Additionally, all percentages of the data presented in this report have been rounded to the nearest whole number. Therefore, charts and graphs may not add up to 100 percent.

Acknowledgements

The Committee members would like to express its appreciation to Christopher D. Goranson, Director, Geographic Information Systems Center, Bureau of Epidemiology Services, Department of Health and Mental Hygiene, for assisting the Committee in analyzing and mapping the data presented in this report.

Appendix A: Family-Related Homicides Data by Year (2002-2006)

2002-2006 Family-Related Homicides Yearly Numbers and Percent Change from 2002 through 2006

Years/ Characteristics	2002	2003	2004	2005	2006	Total	Compare 02 to 06
Total Family Related Homicides	76	74	67	68	71	356	-6.6%
Victims By Gender							
Child Female	7	11	5	4	15	42	+114%
Adult Female	44	40	37	38	32	191	-27.3%
Child Male	9	6	7	11	6	39	-33.3%
Adult Male	16	17	18	15	18	84	+1.5%
Victims By Age							
<1	8	9	7	6	5	35	-37.5%
1-10	8	8	5	9	16	46	+100%
11-17	1	0	1	2	5	9	-
18-24	8	11	8	11	3	41	-62.5%
25-45	37	28	31	25	26	147	-29.7%
46-59	5	10	8	12	8	43	+60.0%
60+	9	8	7	3	8	35	-11.1%
Victims By Race							
Black	41	38	32	28	28	167	-31.7%
Hispanic	25	18	20	22	35	120	+40%
White	3	10	9	9	6	37	+100%
Asian/Indian	0	7	5	9	2	23	-
Other/Unknown	7	1	1	0	0	9	-
Perpetrator to Victim Relationship							
Spouse/Live In	17	14	19	16	9	75	-47.0%
Common Law	17	14	15	14	11	71	-35.3%
Child in Common	7	7	7	6	3	30	-57.1%
Same Sex	0	1	1	0	1	3	-
Parent	16	21	16	17	27	97	+68.8%
Child	6	4	5	3	11	29	+83.3%
Other Family	12	14	5	14	15	60	+25%
Unknown	1	3	0	0	0	4	-
Total Family Related Homicides by Borough							
Brooklyn	37	28	24	19	26	134	-29.7%
Bronx	15	11	18	23	22	89	+46.6%
Manhattan	9	12	10	12	12	55	+33.3%
Queens	15	22	13	10	8	68	-50.0%
Staten Island	0	1	2	4	3	10	-

Appendix B: 2005 Family-Related Homicides – Agency Specific Statistics

2005 Administration for Children’s Services

Measure	Overview
Number of Victims with Contact	15
Number of Perpetrators with Contact	14
Time Frame of Contact	<p>Ten of the perpetrators and 4 of the adult victims were involved with ACS between 2000 and the homicide occurrence in 2005. In several instances, the prior contact occurred more than five years before the homicide. Two of the perpetrators and 4 of the adult victims had been known to ACS as children who were victims of alleged abuse or neglect.</p> <p>It is notable that ACS had contact with 50% (8 of the 16) of the families in which there was a child homicide. This year’s homicides included one case where a child was killed while in foster care, and another case where a child was killed shortly after discharge from foster care. These cases have been extensively analyzed and reported on through the ACS Accountability Review Panel and other avenues.</p>
Overview of Contact	In only one case was the family reported to ACS for domestic violence related allegations. Others were reported for a range of allegations, including educational neglect, parental drug abuse, physical abuse, and inadequate guardianship.

2005 Department for the Aging

Measure	Overview
Number of Victims with Contact	1
Number of Perpetrators with Contact	0
Time Frame of Contact	DFTA had contact with one (1) victim who last had contact with a DFTA Senior Center staff 21 months prior to the homicide.
Overview of Contact	No additional information.

2005 Human Resources Administration

Measure	Overview
Number of Victims with Contact	29
Number of Perpetrators with Contact	28
Time Frame of Contact	<p>All 29 victims were in receipt of HRA benefits at some point between January 2004 and their deaths in 2005.</p> <p>All 28 perpetrators were in receipt of HRA benefits at some point between January 2004 and the commission of the homicide in 2005.</p>
Overview of Contact	<p>Of the 29 victims who were recipients of HRA benefits, 14 (48%) had full public assistance cases (cash assistance, food stamps and Medicaid), 3 (10%) were receiving Medicaid only, 4 (14%) were receiving food stamps and Medicaid, and 3 (10%) were receiving only food stamp benefits.</p> <p>None of the victims was known to HRA’s domestic violence shelter system, to the Alternative to Shelter Program, or to the Domestic Violence Liaisons in the Job Centers.</p> <p>One victim had sought legal services from an HRA non-residential domestic violence service program and one victim had been in contact with the New York City Domestic Violence Hotline operated by Safe Horizon.</p>

Appendix B: 2005 Family-Related Homicides – Agency Specific Statistics (Cont'd)

2005 Department of Homeless Services

Measure	Overview
Number of Victims with Contact	8
Number of Perpetrators with Contact	9
Time Frame of Contact	<p><u>Family System Only:</u> Seven victims had contact with DHS only through the family shelter system. Four of them exited shelter in 2004 and 2005 and another victim, a ten month old child, died while in shelter. The other 2 victims exited shelter more than 4 years prior to the homicide.</p> <p>Two perpetrators had contact with DHS only through the family shelter system. One perpetrator exited shelter in 1989, 16 years prior to the homicide. The other perpetrator exited shelter in 1993, 12 years prior to the homicide.</p> <p><u>Single-Adult System Only:</u> Four perpetrators and no victims had contact with DHS only through the single-adult system. Two perpetrators exited shelter two years before the homicide. Another perpetrator exited shelter in 1989, almost 16 years prior to the homicide.</p> <p>The other perpetrator entered the DHS single-adult system in 2007, almost two years after the homicide.</p> <p><u>Family and Single Adult System:</u> Three perpetrators and one victim had contact with both the single-adult and the family systems. All four individuals exited shelter between 1-1/2 and 2-1/2 years before the homicide.</p>
Overview of Contact	<p>Of the 17 victims and perpetrators with whom DHS had contact, DHS was able to determine the reason 13 of them exited shelter. Eight families or single adults exited shelter into permanent housing. One exited to an unknown destination. Four families were not placed into shelter because they either left before DHS could make an eligibility determination on their application; never entered their assigned shelter placement; or were found ineligible for shelter.</p> <p>One victim, a ten month old child, died while in shelter.</p>

2005 New York City Housing Authority

Measure	Overview
Number of Victims with Contact³⁸	7
Number of Perpetrators with Contact	8
Time Frame of Contact	Seven of the victims were NYCHA residents at the time of homicide; 8 of the perpetrators were NYCHA residents at the time of the homicide. In 5 of the cases, the victim and the perpetrator resided at the same NYCHA address at the time of the homicide.
Location of Homicide	Of the homicides that occurred in NYCHA residences, 6 occurred in Brooklyn, 3 occurred in Manhattan and 1 occurred in the Bronx.
Overview of Contact	Of the 7 victims who were NYCHA residents, 5 were not known to NYCHA's Social Services Department, Emergency Transfer Program or the Domestic Violence Intervention Education and Prevention Program.

Appendix B: 2005 Family-Related Homicides – Agency Specific Statistics (Cont'd)

2005 New York City Police Department

Measure	Overview
Number of Cases with Contact with NYPD	23
Number of Perpetrators with Prior Criminal History	31 The average number of prior arrests per perpetrator was 4.48 (compared to 4.6 last year) as reported in the FRC report. The number of prior arrests per perpetrator ranged from one prior arrest for 10 of the cases and 16 for two of the cases.
Time Frame of Contact	In 21 of the homicides, there was a prior Domestic Incident Report (DIR). The last police contact occurred within 30 days of the homicide in 19% (4) of these cases. In another 38% (8) of the cases, the last police contact occurred within 6 months, but within more than 30 days, of the homicide. In 33% (7) of the cases, the last police contact occurred more than two years prior to the homicide.

2005 Safe Horizon (a representative contract agency)

Measure	Overview
Number of Victims with Contact³⁹	2
Number of Perpetrators with Contact	1
Time Frame of Contact	Safe Horizon had direct contact with 2 victims. Safe Horizon had contact with one victim 9 weeks prior to the homicide. Another victim contacted Safe Horizon's Domestic Violence Police program 15 weeks prior to the homicide. Safe Horizon's Domestic Violence Police Program attempted to repeatedly contact another victim but the victim never responded to telephone calls and letters. One perpetrator participated in Safe Horizon's Streetwork homeless youth program almost 4 years prior to the homicide.
Overview of Contact	One victim had contact with Safe Horizon through the City's Domestic Violence Hotline and Bronx Criminal Court, while another victim had contact through Safe Horizon's Domestic Violence Police Program. The one perpetrator had contact with Safe Horizon through the Streetwork homeless youth program.

Endnotes

¹ “Family-related homicides” are defined in Local Law 61 creating the New York City Fatality Review Committee and by the New York City Police Department as a homicide involving persons related by marriage, persons related by blood; persons legally married to one another; persons formerly married to one another regardless of whether they still reside in the same household; persons who have a child in common regardless of whether such persons have been married or have lived together at any time; persons not legally married, but living together in a family-type relationship; and persons not legally married, but who have formerly lived together in a family-style relationship. This definition includes same sex partners.

² “Intimate partner homicides” are defined by the New York City Fatality Review Committee as all relationships defined in endnote 1 supra except other family members, such as, parents, brothers, sisters, uncles, cousins, nieces, nephews and grandsons and daughters.

³ Campbell, Jacquelyn, PhD, et al., Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study, *American Journal of Public Health*, Vol. 93(7) (July 2003). The study included the review of intimate partner femicides in 11 cities between 1994 and 2000. The age of the victims was between 18 and 50 and information was gathered by interviewing individuals who knew the homicide victim well. The study also used a control group of women residing in the same communities as the homicide victims which enabled the researchers to formulate risk ratios. The study used a Danger Assessment tool to gather the appropriate information. This study found that the abusers lack of employment was a proximate risk factor that increased the risk of a homicide four fold. *See also*, Cunradi, C., Caetano, R., Clark, C. and Schafer, J., Neighborhood Poverty as a Predictor of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States, *Ann. Epidemiol*, Vol. 10: 297-308 (2000). Found that couples residing in impoverished neighborhoods are at an increased risk of intimate partner violence. Specifically, White couples residing in impoverished neighborhoods had a 70% higher risk of intimate partner violence compared to Whites not living in poverty areas; while Black couples residing in similar neighborhoods were at a threefold risk for intimate partner violence compared to Black couples not living in poverty areas. For Hispanic couples, the study found that household income, not neighborhood poverty, was a significant predictor of intimate partner violence. For every \$1,000 increase in reported household income, risk of intimate partner violence declined 3 percent. This study also found that higher levels of educational attainment were associated with a protective factor. Burke, J. O’Campo, P. and Peak, G., Neighborhood Influence and Intimate Partner Violence: Does Geographic Setting Matter, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 83(2): 182-194 (March 2006) and O’Campo, P. Burke, J., Peak, G., McDonnell, K. and Gielen, A., Uncovering Neighborhood Influence on Intimate Partner Violence Using Concept Mapping, *Journal of Epidemiol Community Health*, Vol. 59: 603-608 (2005). This study found that neighborhood characteristics related to the poverty and unemployment were perceived to be highly related to the prevalence of intimate partner violence. Gibson-Davis, C., Magnuson, K., Gennetian, L., and Duncan, G., Employment and the Risk of Domestic Abuse Among Low-Income Women, *Journal of Marriage and Family*, 67(5), 1149-1168 (December 2005). This study found that increased family income appears to contribute to reductions in reports of domestic abuse. Further, increased maternal employment decreases subsequent reports of domestic abuse.

⁴ O’Campo, P. Burke, J., Peak, G., McDonnell, K. and Gielen, A., Uncovering Neighborhood Influence on Intimate Partner Violence Using Concept Mapping, *Journal of Epidemiol Community Health*, Vol. 59: 603-608 (2005)

⁵ Local Law Number 61 for the year 2005, Section 5. For a definition of “family-related” homicides see endnote 1.

⁶ Both the number of total citywide homicides and homicides designated as family-related homicides were obtained from the New York City Police Department (“NYPD”). In compiling annual figures for family-related homicides, the NYPD counts the actual family-related homicides that occurred during that year and any other homicides that have been reclassified as “family-related” homicides from previous years. The NYPD reclassifies homicides as family-related because, on occasion, it is not immediately known to the NYPD that the perpetrator was a person who falls within the definition of “family-related.” Since the FRC is charged with reviewing access by victims to services, the FRC chose to review data on homicides that actually occurred during calendar years 2004 and 2005.

⁷ The Administration for Children’s Services (“ACS”) could only provide aggregate data regarding contact and therefore had to be excluded from the multiple agency contact analysis.

⁸ For all agencies except the New York City Housing Authority (“NYCHA”), “contact” was defined as the victim or perpetrator having an interaction with the agency, such as obtaining a service, which was documented in the agency’s records. With respect to NYCHA, the victim and/or perpetrator was considered to have had contact with NYCHA if the victim/perpetrator had ever been a resident in a NYCHA property as reflected in NYCHA records or if the residential address obtained from the NYPD was a NYCHA property.

⁹ The Department of Health and Mental Hygiene (“DOHMH”) defines intimate partner homicides as cases in which the perpetrator was either a current or former husband or romantic partner. A partner can be the same or opposite sex, and includes boyfriends, girlfriends and common law marriages. This data includes all intimate partner homicides involving victims 12 years and older. This report refers to the DOHMH definition of intimate partner homicides by the acronym “DOHMH IPH.” The analysis of the DOHMH IPH is confined to page 22 of this report.

¹⁰ The Census data utilized in this report was obtained either from the United States Census website or the New York City Department of Planning and are noted accordingly throughout this report. 2000 Census, American Factfinder data was obtained from the United States Census and can be accessed at

http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&geoContext=&street=&county=New+York+City&cityTown=New+York+City&state=04000US36&zip=&lang=en&sse=on&pctxt=fph&pgsl=010. People Quick Facts, 2006 data can be accessed through the United States Census website at: <http://quickfacts.census.gov/qfd/states/36/3651000.html>. 2000 and 2005 American Community Survey data was obtained from the New York City Department of City Planning and can be accessed at: <http://www.nyc.gov/html/dcp/html/census/census.shtml>.

¹¹ The following tables: (1) Educational Attainment for the Population 25 Years and Over (data by census tract) and (2) Persons for Whom Poverty Status is Determined by Poverty in 1999 by Age can be accessed through the New York City Department of City Planning website at: http://www.nyc.gov/html/dcp/html/census/socio_tables.shtml.

¹² The number of all citywide homicides and homicides designated as “family-related” were obtained from the NYPD. Overall citywide homicide numbers are preliminary NYPD Compstat numbers.

¹³ The New York City Police Department utilized the United States Justice Department’s (DoJ) 10 year age grouping when reporting age. If the data were presented in the NYPD/DoJ groupings, the findings would be similar to those presented in this report. The DoJ groupings indicate that the age group of 20-29 is the largest group of victims of family-related homicides.

¹⁴ 2000 Census SF1, Population Division, New York City Department of City Planning (October 2004). *See* <http://www.nyc.gov/html/dcp/html/census/census.shtml>.

¹⁵ “All Child Victims” is defined as victims age 17 and under.

¹⁶ 2000 Census SF1, Population Division, New York City Department of City Planning (October 2004). See <http://www.nyc.gov/html/dcp/html/census/census.shtml>.

¹⁷ 2000 Census SF1, Population Division, New York City Department of City Planning (October 2004).

¹⁸ In 2006, there were 90 perpetrators involved in the 71 family-related homicides.

¹⁹ The population figures were obtained from the United States Census Bureau, 2000 Census, American Factfinder, United States Census Bureau website accessed June 2, 2007. See, http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=New+York+City&_cityTown=New+York+City&_state=&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010.

²⁰ See endnote 2.

²¹ The following are annual counts of family-related homicides involving parent perpetrators: 2002 (16), 2003 (19), 2004 (16), 2005 (17) and 2006 (27).

²² See endnote 2.

²³ See endnote 2.

²⁴ The population data for the per population rate calculation was obtained from the United States Census Bureau, People Quick Facts, 2006 population estimate for Bronx, Kings, New York, Queens and Richmond Counties. United States Census Bureau website accessed June 16, 2007. See <http://quickfacts.census.gov/qfd/states/36/3651000.html>.

²⁵ According to the New York City Department of Planning website, these Community Districts are comprised of the following neighborhoods: Bronx 04: Highbridge and Concourse; Bronx 05: Morris Heights, University Heights, Fordham and Mt. Hope; Bronx 06: East Tremont, Bathgate, Belmont and West Farms; Bronx 07: Kingsbridge Heights, Bedford Park, Fordham and University Heights; Bronx 09: Soundview, Castle Hill, Union Port and Parkchester; Brooklyn 03: Bedford Stuyvesant, Tompkins Park North and Stuyvesant Heights; Brooklyn 16: Ocean Hill and Brownsville and Brooklyn 17: Flatbush, Rugby, Farragut and Northeast Flatbush. Additional information on these Community Districts can be obtained from the New York City Department of Planning website at <http://www.nyc.gov/html/dcp/html/lucds/cdstart.shtml>.

²⁶ See endnote 3.

²⁷ The United States Census Bureau defines “poverty areas” as census tracts where at least 20 percent of residents live below the poverty level. See, <http://www.census.gov/hhes/www/poverty/definitions.html>. For unemployment, census tracts with unemployment rates higher than 16% were utilized in the analysis because only 18% (403 of the 2,217) of all census tracts that comprise New York City have an unemployment rate higher than 16%. While high unemployment is localized in a small number of census tracts, 42% (928 out of 2217) of New York City census tracts are considered areas of poverty under the United States Census Bureau definition.

²⁸ *Increasing Opportunity and Reducing Poverty in New York City*, The New York City Commission for Economic Opportunity (September 2006).

²⁹ Ibid.

³⁰ United States Census Bureau, 2005 American Community Survey, New York City. This reflects the number of people under the age of 18 whose household income is below the poverty level.

³¹ See endnote 30.

³² See endnote 9.

³³ The Department of Health and Mental Hygiene considers individuals born in Puerto Rico as being born in the United States for the purpose of calculating the percentage of foreign born.

³⁴ Information related to the presence of cocaine in the victim’s system was obtained from the New York City Medical Examiner’s records. Comparable information was not available for the perpetrator of the homicide. However, as indicated through a review of a small sample of Bronx family-related homicides provided by the Office of the District Attorney, Bronx County, 63% of the perpetrators with a prior conviction had a conviction for a felony drug offense at some point in their criminal history. See page 23 of this report.

³⁵ NYCHA was excluded from the determination of the timeframe between City agency contact and/or the representative contract agency contact because all of NYCHA’s contact was with family-related homicide victims who resided in NYCHA housing at the time of the homicide. ACS could not be included because it did not provide information regarding contact that occurred within one year of the homicide.

³⁶ See endnote 3.

³⁷ See endnote 4.

³⁸ For NYCHA, “contact” means that the victim and/or perpetrator resided in NYCHA housing at the time of the homicide or had resided at NYCHA housing at some point prior to the homicide. It does not mean that the victim was known to NYCHA’s Social Service Department, Emergency Transfer Program or the Domestic Violence Intervention and Education Program.

³⁹ Safe Horizon had contact with three of the 2005 homicide victims. In another case, Safe Horizon reached out to the victim through letters and telephone calls, however, the victim never responded to Safe Horizon’s attempts.



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