

New York City Domestic Violence Fatality Review Committee

ANNUAL REPORT • 2010



Michael R. Bloomberg
Mayor

**Mayor's Office to
Combat Domestic
Violence**

Yolanda B. Jimenez
Commissioner



YOLANDA B. JIMENEZ
COMMISSIONER

(212) 788-3156

December 2010

Dear Colleagues:

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

This report describes family-related homicides that occurred in New York City between 2002 and 2009. Since 2002, family-related homicides have declined by 18%, from 76 to 62, despite the newly-expanded definition of "family-related" which includes homicides by boyfriend/girlfriends for the 2009 data.

Over the last two years, the Committee conducted a community level assessment to understand factors that contribute to the concentration of family-related homicides in five high-risk community districts in the Bronx. One of the most pertinent findings from the community assessment is the community's lack of understanding about what constitutes domestic violence and the general lack of awareness about the availability of supportive services for victims. To address this, my office developed and launched the "Right to a Healthy Relationship" public education campaign to inform city residents that domestic violence includes physical, emotional, sexual and financial abuse. The campaign was displayed in over 1,500 locations citywide, including banks, supermarkets, pharmacies and in City agencies.

Another finding of the community assessment was the continuing challenge of linking victims with existing domestic violence services. Last April, the City's third Family Justice Center opened in the Bronx to provide a one-stop service facility for domestic violence victims and their families. Victims can meet with domestic violence prosecutors, City agency staff, and nonprofit social and civil legal services staff to receive coordinated services. The Bronx Center has assisted over 3,600 new clients and over 600 children have accessed the children's room since it opened seven months ago. All three New York City Family Justice Centers have had over 100,000 client visits since the first Center opened in 2005.

I look forward to our continued collaboration to implement initiatives and training in response to the findings of the community assessment. I am confident that our continued partnership will enhance our efforts to reduce domestic violence.

Sincerely,

A handwritten signature in black ink, appearing to read "Yolanda B. Jimenez". The signature is fluid and cursive.

Yolanda B. Jimenez

The Fatality Review Committee Members

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

Maria Cuomo Cole, Executive Director, HELP USA, Mayoral Appointee representing a social service agency

Lilliam Barrios-Paoli, Commissioner, Department for the Aging
Designee: Jane Fiffer, Deputy Assistant Commissioner

Seth Diamond, Commissioner, Department of Homeless Services
Designee: Dova Marder, MD, Agency Medical Director

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: Marie B. Philip, Executive Director of the Office of Domestic Violence

Cecilia M. Gaston, Executive Director, Violence Intervention Program, Mayoral Appointee representing a social service agency

Thomas Farley, MD, MPH, Commissioner, Department of Health and Mental Hygiene
Designee: Catherine Stayton, DrPH, MPH, Co-Director, Injury Surveillance and Prevention Program, Bureau of Environmental Disease Prevention

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, Assistant Chief, Domestic Violence Unit and Daniel Murphy, Inspector, Central Investigation and Resource Division

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

John B. Rhea, Chairman, New York City Housing Authority
Designee: Nora Reissig, Director, Social Services Department

Gisele Green, Mayoral Appointee representing the voice of victims

Theresa McIntosh, Mayoral Appointee representing the voice of victims

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

Rachel Johnson, Program Analyst and Interagency Coordinator, Mayor's Office to Combat Domestic Violence

Table of Contents

Section	Page
Key Findings: Family-Related Homicides	4
Key Findings: Bronx Community Assessment	5
Introduction	9
Data and Methods	10
Family-Related Homicide Findings in New York City	14
Victims	14
Family-Related Homicides Involving Elders	18
Characteristics of Perpetrators of Family-Related Homicides	19
Overview of Agency Contact for Family-Related Homicides	21
Socioeconomic Circumstances of Neighborhoods Impacted by Family-Related Homicides	23
Communities Experiencing a High Concentration of Family-Related Homicides: The Bronx Community Assessment	26
Community Assessment	
Specific Findings	29
Action Steps	37
Summary	40
Acknowledgements	41
Appendices	
Appendix A: 2002-2009 Family-Related Homicides Data by Year	
Appendix B: Comparing Family-Related Homicides – Expanded Definition	
Appendix C: Community District Socioeconomic Index	
Appendix D: Demographic Data for Community-Based Survey	
Appendix E: City Initiatives to Assist Victims and Prevent Domestic Violence	

Key Findings: Family-Related Homicides

For this fifth Annual Report, the New York City Fatality Review Committee (FRC) reviewed data on family-related homicides that occurred from 2002 through 2009 and victim and perpetrator contact with City agencies and contract organizations for family-related homicides that occurred from 2005 through 2008.¹

The definition of family-related homicides was expanded in this report to include homicides by boyfriends/girlfriends to parallel the legislatively expanded definition of victims to domestic violence. Even with this expanded definition the homicide count was lower in 2009 than in 2002. In the intervening years, family-related homicides fluctuated.

- 1. Family-related homicides have declined 18% since 2002 – from 76 in 2002 to 62 in 2009.**

The FRC examined circumstances of family-related homicides, including weapon use and perpetrator characteristics. Data show:

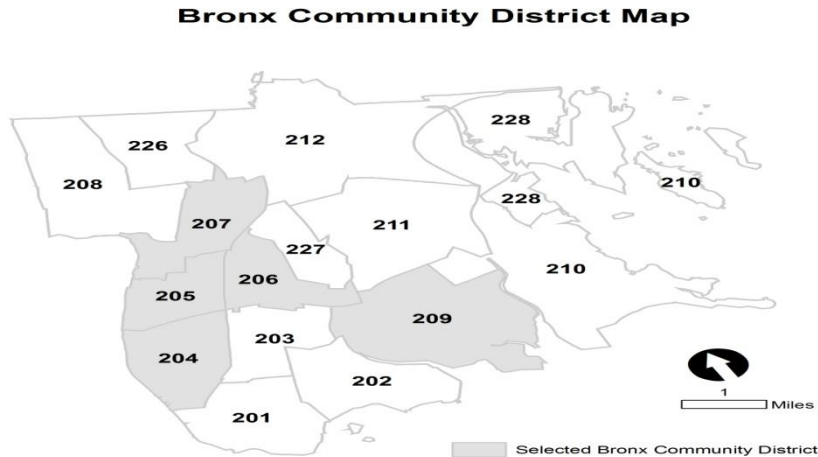
- 1. From 2002 through 2009, knives and other cutting instruments were the most commonly used weapon, accounting for 34% (185 out of 543) of family-related homicides. During that same time period, firearms accounted for 26% (142 out of 543) of family-related homicides.**
- 2. Since 2002, almost one-third (16 out of 52) of elder family-related homicide victims have died at the hands of their son.**

The FRC examined where family-related homicides occurred and mapped them to identify vulnerable communities. Data from 2004 to 2008 show the following:

- 1. From 2004 through 2009, almost half (188 out of 381) of family-related homicides occurred in neighborhoods with the lowest socio-economic status. In contrast, neighborhoods with the high SES index scores accounted for 15% (58 out of 381) of the family-related homicides that occurred.²**
- 2. Family-related homicides that occurred in the Bronx were disproportionately concentrated in certain parts. From 2004 to 2009, Bronx Community Districts 4, 5, 6, 7 and 9 accounted for almost 16% (62 out of 393) of the family-related homicides citywide and 61% (62 out of 102) of the family-related homicides in the Bronx (62 out of 102).**

Key Findings: Bronx Community Assessment

As indicated in the FRC’s prior two Annual Reports, the FRC undertook a community assessment in Bronx neighborhoods where family-related homicides were concentrated. From September 2008 through October 2010, this work was conducted in the neighborhoods highlighted below.



Note: The community districts include the borough designation for the Bronx, which is 2, followed by the two-digit community district number. For example, 204 represents Community District 4 in the Bronx.

Findings from the community assessment can be grouped into two general categories — (1) the community’s knowledge of the problem and ways to seek help and (2) the challenges in linking victims with existing domestic violence services. The following chart summarizes the community assessment findings and outlines City initiatives that address the needs and resources uncovered in the assessment. Detail regarding the City’s current initiatives and additional action steps are provided on page 37 and in Appendix E, respectively.

Finding	Current Initiatives	Additional Action Steps
---------	---------------------	-------------------------

1. Knowledge and Help-seeking

A. Narrow Understanding of Domestic Violence

(1) Many victims and community members reported not knowing the meaning of the term “domestic violence” and therefore did not think it was an issue for which they should seek help.

(1) In 2010, OCDV developed and launched the “Right to a Healthy Relationship” public education campaign in the Bronx to inform residents that domestic violence includes physical, emotional, sexual and financial abuse.

(1) Expand “Right to a Healthy Relationship Campaign” in target areas to inform residents that domestic violence includes physical, emotional, sexual and financial abuse.

(2) Service providers and victims reported that a commonly held perception among community residents is that domestic violence is only physical assault.

Finding	Current Initiatives	Additional Action Steps
B. Help-seeking: Victims and Informal Supports Need to Know About Additional Resources Beyond Police		
<p>(1) The vast majority of victims reported confiding in friends or family members about the abuse.</p> <p>(2) The majority of victims were referred to the police/911 by friends or family members and almost 60% of the victims reported seeking help from the police as their first step.</p> <p>(3) Community members report limited knowledge of services other than police services.</p>	<p>(1) The Department of Health and Mental Hygiene currently provides tips for the community at large, and friends and family members of the victim on how to help domestic violence victims. See: http://www.nyc.gov/html/doh/html/epi/domviol.shtml</p> <p>(2) The Human Resources Administration (HRA) non-residential programs conduct an average of 150 community outreach and education sessions each month.</p>	<p>(1) Create a public education campaign that informs members of the public, friends and family members of victims how to talk to a victim about domestic violence and make appropriate referrals.</p> <p>(2) Conduct a series of neighborhood forums on domestic violence to raise awareness about services that are available.</p>
C. Culture Informs How Victims May Seek Help		
<p>(1) Undocumented immigrants and those who remain in the United States after their temporary visas have expired (out of status) may be fearful about reaching out for services.</p> <p>(2) Foreign born victims reported fearing the police based on experiences in country of origin and feared deportation.</p> <p>(3) Domestic violence has been “normalized” in their cultural community.</p>	<p>(1) Executive Order 41 prohibits a City employee from inquiring about the immigration status of a victim of a crime or a witness to a crime.</p>	<p>(1) Work with key members of the community, including clergy members, visiting nurses, etc., to deliver a consistent message that immigration status is not a barrier to accessing police services or other domestic violence services.</p>
2. Challenges in Linking Victims to Existing Services		
A. Service Needs and Service Availability		
<p>(1) Service providers report that placing single individuals in a domestic violence emergency shelter can be challenging because service providers report that there are not enough spaces to meet the needs of single domestic violence victims.</p> <p>(2) Service providers reported difficulty transferring their clients from a general homeless shelter to a domestic violence shelter to obtain additional domestic violence services for their clients.</p>	<p>(1) The Human Resources Administration (HRA) is the City agency which provides domestic violence emergency shelter through contract agencies. There are beds for single victims available in the emergency domestic violence shelter system. Often units can be reconfigured to accommodate single adults.</p> <p>(2) HRA seeks to manage the domestic violence shelter resources to ensure that clients at risk are able to access shelter. There are many factors that impact the assignment of shelter resources including client choice, location,</p>	<p>(1) Work with HRA to discover what can be done to reduce the challenges for single adults in obtaining emergency domestic violence shelter.</p> <p>(2) Work with county bar associations and legal service providers to increase the number of lawyers providing pro bono assistance to domestic violence victims on housing issues.</p> <p>(3) Continue to train DHS and NYCHA staff on domestic violence awareness and referrals.</p>

Finding	Current Initiatives	Additional Action Steps
<p>(3) Service providers reported the need for more housing-related legal services.</p>	<p>and family configuration. Providers are encouraged to utilize community based resources that may offer clients other options. The HRA Alternative To Shelter Program is one such resource. Since 2002, HRA has increased the number of domestic violence shelter beds by 45%.</p> <p>(3) DHS and HRA have developed a referral process for identified domestic violence victims living in the general homeless shelter population system that strengthens ties with community domestic violence programs and allows for expedited access to those services.</p> <p>(4) HRA’s NoVA Program assesses clients at the DHS family intake center or PATH. Eligible families are referred to domestic violence shelter. If appropriate domestic violence shelter space is not available, families are placed in safe appropriate homeless shelters. These families are offered supportive services through HRA’s non-residential programs. Strong interagency coordination ensures appropriate services are available for these families.</p> <p>(5) Over the last two years, OCDV has provided domestic violence related training to over 900 DHS and New York City Housing Authority (NYCHA) staff members to impart knowledge about domestic violence, how to screen for it, and how to make appropriate referrals to supportive services if someone discloses abuse.</p>	

B. Customer Service

<p>(1) All data suggest that some services are not culturally competent. This was seen as a barrier by victims when they first accessed services and as well as while they were engaged in services.</p>	<p>(1) Executive Order (EO) 120, created a centralized language access policy for New York City. All City agencies developed and implemented a Language Access Plan. For example, in compliance with EO 120, content on OCDV’s website was reviewed and translated into Arabic, Bengali, Chinese,</p>	<p>(1) Meet with the City-contracted community based domestic violence service organizations to explore the extent of their current cultural competency training, potential steps to enhance the effectiveness of training for their staff, and discuss the need for multilingual materials.</p>
--	---	--

Finding	Current Initiatives	Additional Action Steps
<p>(2) An individual's cultural background may determine which services a victim chooses to receive.</p>	<p>Haitian-Creole, Korean, Russian and Spanish.</p>	
<p>(3) Language access continues to be reported as a barrier for victims seeking services.</p>	<p>(2) OCDV partnered with the Mayor's Office of Adult Education and the City University of New York to create a video that addresses domestic violence for the "We Are New York" educational series. The "We Are New York" series is designed to help immigrants learn to speak English and simultaneously learn about vital City services that they can access, including domestic violence services.</p> <p>(3) The Administration for Children's Services provides domestic violence screening and assessment tools for child protective, foster care and preventive agency staff, and continues to provide ongoing training and technical assistance to community based preventive service programs throughout the city.</p> <p>(4) As of July 2005, all City police precincts have direct, instant access to language interpreters 24-hours a day to assist with the investigation of any crime through the Language Line Program.</p> <p>(5) All OCDV New York City Family Justice Centers provide mandatory training on cultural competency for staff and volunteers.</p> <p>(6) HRA's non-residential domestic violence service providers offer counseling in 25 different languages to reflect the diversity of the communities they serve.</p>	

Introduction

The FRC was established in 2005 through Local Law 61, which requires the FRC to examine aggregate information pertaining to family-related fatalities (homicides) and to develop recommendations for the coordination and improvement of services for domestic violence victims in New York City.³ This is the fifth Annual Report issued by the Committee. For this report, the FRC reviewed data on family-related homicides from 2002 through 2009.⁴

Effective July 21, 2008, the New York State Criminal Procedure Law and the Family Court Act was amended to allow victims in boy/girlfriend relationships, whether or not they ever resided together with the perpetrator, to seek an order of protection in Family Court. In determining if a relationship is of an intimate nature, several factors are now considered, including: (1) the frequency of interaction between the persons; (2) the duration of the relationship; (3) shared expenses and (4) extent of interaction with family members. Based on this amendment to New York State law, the New York City Police Department's (NYPD) definition of family-related offenses has been expanded to include individuals in these boy/girlfriend intimate relationships. The family-related homicide data for 2009 reflects this change in definition.

Defining “Family-Related Homicides”

As stipulated by Local Law 61 of 2005 and defined by the New York City Police Department (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 any time;
- 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.
- *persons who are not related by blood or marriage and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time (i.e., boyfriend/girlfriend). (Added in July 2008)*

The definition includes same sex partners.

Data and Methods

This report describes, in aggregate, the 543 family-related homicides that occurred between 2002 and 2009.⁵ There were 62 cases in 2009, 15 of which are newly considered as family-related fatalities because of the expanded definition. The FRC examines family-related homicides by factors such as age, gender, race, and the relationship between the victim and the perpetrator.

The following outlines the report's multiple data sources:

Family-Related Homicides

NYPD Data: NYPD maintains information on family-related homicides and provides the FRC with basic demographic information including: (1) age of victim and perpetrator; (2) sex of victim and perpetrator; (3) race of victim; (4) weapon utilized; (5) familial relationship of the perpetrator to the victim; and (6) location of the crime. The FRC analyzed information on all family-related homicides that occurred in New York City during 2002 through 2009 for inclusion in this year's report. Data from prior years' reports have been updated, and the most recent year of data has been added.⁶ All homicide counts for 2002 through 2009 are presented in the report's findings sections or in the appendix.

When this report presents the 2009 data, it is incorporating the additional category of cases of intimate partner homicides (i.e., boyfriend/girlfriend). Because of this change, the FRC conducted two sets of analyses. First, it examined the total number of family-related homicides using the definition established in prior FRC reports; then, the FRC examined the total number using the newly expanded definition of family-related homicides. The results of the latter approach are presented in this report. When differences emerged in the results of the two analyses because of the changed definition, they are featured in the text.

We examined change in family-related homicide counts over time, assessing for any significant increases or decreases between 2002 and 2009.⁷ To compare the distribution of family-related homicides across sub-groups (defined by age, gender, borough, type of family-related homicide, etc.) data from 2002 to 2009 were pooled because no steady upward or downward trend was discernible in the intervening years.⁸

Contact with City Agencies and the Representative Contract Agencies (2008 family-related homicides): The FRC provided each FRC member agency with identifiers (name, date of birth, and address) for the victims and perpetrators of family-related homicides that occurred in 2008, the most recent year for which contact information on these homicides was available from City agencies and representative contract agencies.⁹ Representative contract agencies provide domestic violence-related services under a contract with New York City. The agencies independently cross-referenced that list with agency files, and were able to report whether or not they had any contact at any point in time with the victims and/or perpetrators, including the year the homicide occurred and the calendar year prior to the homicide occurrence. This information was compared with all agency submissions to determine if an individual victim or perpetrator had contact with one or more agencies. The result of that data match is reported in aggregate

herein.¹⁰ The agencies were also able to provide aggregate data regarding the timeframe during which the contact occurred relative to the homicide.¹¹

United States Census Population Estimates: The population, poverty, unemployment and educational attainment data utilized in this report were obtained from the United States Census and the New York City Department of City Planning and reflect American Community Survey multi-year estimates for 2006-2007-2008 figures. This is the most current data available for the neighborhood-level analyses.

Bronx Community Assessment

The FRC has completed a two-year-long community assessment in the Bronx, a multi-method project to identify any community-level factors that may be associated with the high concentration of family-related homicides in Bronx Community Districts 4, 5, 6, 7 and 9, which were chosen due to the high concentration of family-related homicides occurring within these community districts. Information was gathered through five methods, capturing multiple community perspectives on access to resources and current needs with respect to domestic violence.

Small Group Meetings with Community Organizations and Key Stakeholders: From June 2008 through August 2009, OCDV staff, on behalf of the FRC, met with over 50 community organizations in the Bronx. Meetings included 12 organizations that focus their services primarily on domestic violence victims and 38 general community based organizations. Meetings lasted from 45 minutes to three hours and were conducted using a semi-structured topic guide. Topics included service providers' experiences in providing services for domestic violence victims; factors service providers perceived as hindering or helping their clients' access to services; and service providers' opinions on community perceptions of domestic violence. Notes were taken during the meetings and subsequently coded and analyzed by OCDV staff and research interns. Notes were coded and re-coded for recurring and dissonant themes by three different individuals, ensuring inter-coder reliability. Before coding the notes from the meetings, anticipated codes and themes were identified *a priori*, based on the topic guide and staff knowledge of the topic. *In vivo* codes were also identified based on concepts that emerged directly from the notes that had not already been identified *a priori*.¹²

Focus Groups and In-Depth Interviews with Survivors of Domestic Violence: OCDV staff, on behalf of the FRC, conducted six small group meetings with survivors of domestic violence. Three groups were conducted in English and two in Spanish; one group meeting with recent African immigrant women was conducted in French. Each small group, composed of 5 to 14 participants, lasted one to two hours. Participants were identified and recruited with the assistance of the nonprofit service providers: Sanctuary for Families, Supportive Children's Advocacy Network (SCAN) New York and the Violence Intervention Program. Groups were conducted using a semi-structured topic guide that asked participants about factors that led them to leave an abusive relationship(s); resources they turned to immediately for assistance; and factors that hindered or facilitated the receipt of the services they needed. Focus groups were conducted by a trained moderator and a co-moderator took detailed notes. Data from the focus groups were used to create a highly-structured topic guide for in-depth interviews to obtain more detailed information about survivors' experiences

seeking and receiving supportive services in the Bronx. Interviews were conducted in both English and Spanish and lasted between one and two hours. The survivors were recruited with the assistance of the nonprofit serviced providers: InMotion, Violence Intervention Program, Sanctuary for Families Clinical Program and Sanctuary for Families Bronx Legal Project. A highly-structured topic guide was used to focus conversations about resources survivors accessed immediately for assistance; and factors that either facilitated or hindered the receipt of the services they needed. In-depth interviews with seven survivors were recorded and transcribed. All survivor focus groups and in-depth interviews were coded in the same manner as the other small group meetings, as explained in the above paragraph.

Community-Based Survey: A 23-question, interviewer-administered survey was developed for implementation in the focus areas to measure the community's understanding of domestic violence; the level of knowledge of existing domestic violence resources; and how someone might seek help.¹³ The surveys were administered in English and Spanish by trained interns and took approximately 10-15 minutes to complete. Recruitment for the convenience sample for the survey was conducted at street fairs, health fairs, subway stations, parks, playgrounds, health centers, National Night Out Against Crime and greenmarkets. Inclusion criterion included any person over the age of 18 who lived in the Bronx within the targeted zones. Using a street-intercept approach, 507 surveys were completed, distributed evenly throughout the five Community Districts selected by the FRC for assessment. Once the surveys were completed, they were entered into SPSS, and the data was cleaned and analyzed. Descriptive analyses generated summary measures such as frequency distributions and means.

Service Providers (SurveyMonkey): A 16-question on-line survey was developed using SurveyMonkey. The survey was sent to over 100 service providers in the Bronx who work with victims of domestic violence. The service providers were asked to provide information about public awareness campaigns, services available for victims, referrals most frequently made and challenges, if any, in making referrals. Though the exact number in receipt of the survey is unknown, the survey was sent to over 100 service organizations/providers, and approximately 60-70% completed it. In response to open-ended question(s), many respondents provided additional comments about referring clients with complex service needs to existing services in their communities.

New York City Family Justice Center, Bronx Client Survey: A nine-question self-administered survey was developed to gather data from current domestic violence victims seeking services at the New York City Family Justice Center, Bronx (BXFJC), a one-stop Center for domestic violence victims administered by OCDV. Clients in the BXFJC waiting room were invited to complete the voluntary, anonymous survey. The survey was made available to Center clients in both English and Spanish and took approximately five minutes to complete. The Center clients completed 295 surveys which were analyzed using SPSS. The survey was designed to elicit information about informal sources of aid, referrals made by informal resources, the first formal aid service sought, perception of available services and how clients learned about the BXFJC.

Confidentiality

All data summarized in this report are protected. The FRC's meetings are closed to the public. Only the FRC Coordinator and FRC members review case level information on the homicide victims and perpetrators. Data are reported in aggregate only; identifying information is never presented.

Interpreting Report Findings

Comparisons of NYPD's homicide counts over time and between subgroups must be interpreted with caution. While noteworthy changes from 2002 to 2009 are highlighted in the text, no changes over time were statistically significant. Fluctuations in the intervening years show no discernible upward or downward trend. In addition, differences between subgroups were not significant. Statements about higher frequencies of homicide in certain subgroups must not be interpreted as statements of causation. The data on homicide victims and perpetrators' utilization of services were not subjected to statistical analyses.

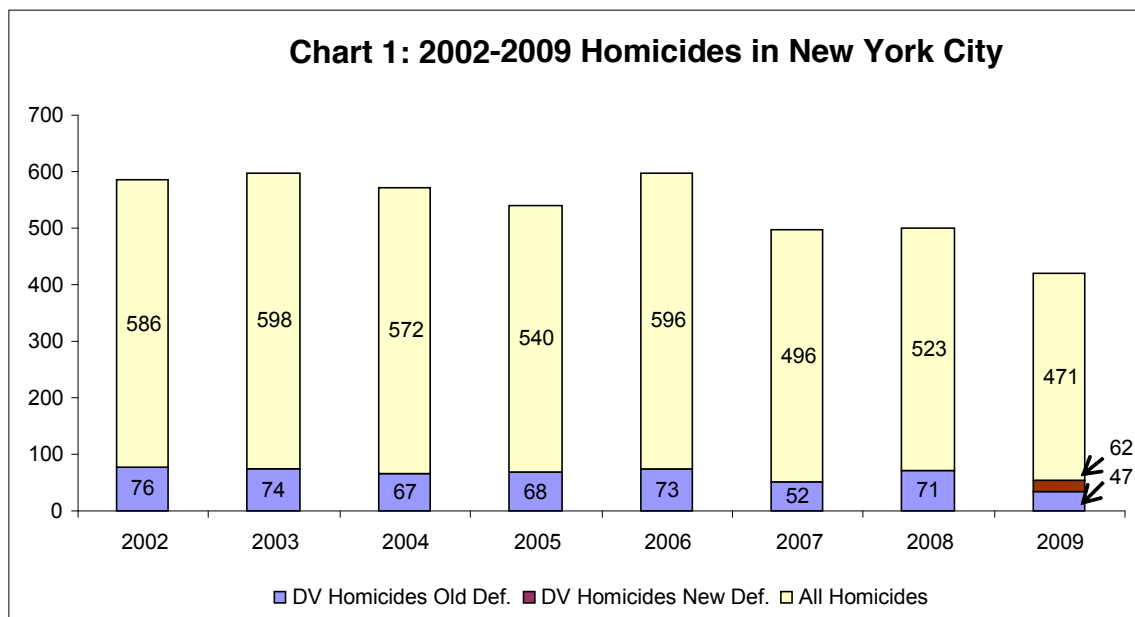
Prior research indicates that poor socioeconomic circumstances, such as low income, unemployment and low educational attainment are risk factors for domestic violence homicide.¹⁴ The Committee did not have access to the socioeconomic circumstances of the individual family-related homicides victims, and therefore, the report's socioeconomic data are presented at the community-level only and the relationship between a particular individual's socioeconomic status and family-homicide risk cannot be determined. To enhance the community-level analysis, the FRC developed a community socioeconomic status index by ranking the individual factors of low income, unemployment, and low educational attainment and combining these rankings into one score. Specifically, each community district, based on New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics, was assigned a rank using quartiles to create the socioeconomic index. Each set of the four indicators ((1) the percentage of the individuals living below the poverty level; (2) the percentage of residents age 25 and older who had not graduated from high school; (3) the median household income; and (4) the percentage of the labor force that was unemployed) were ranked from one to four based on the quartiles (from high to low). The lower numbers represent lower socioeconomic status (SES) and the higher numbers represent higher SES. These rankings add together to create a SES index for the four indicators.

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.

Family-Related Homicide Findings in New York City

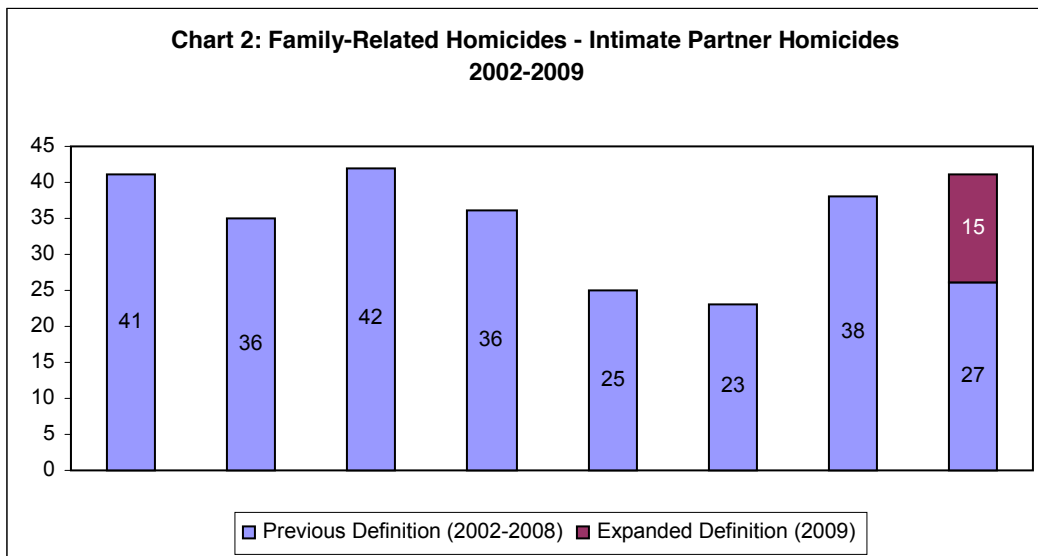
Victims

Family-related homicides have declined 18% since 2002, from 76 in 2002 to 62 in 2009. This decline is documented in spite of the fact that the definition of family-related homicides expanded to include homicides by boy/girlfriends for 2009 data. Fluctuations in the intervening years, however, do not suggest a steady upward or downward trend. Between 2002 and 2009 family-related homicide accounted for 13% of all homicides in New York City.



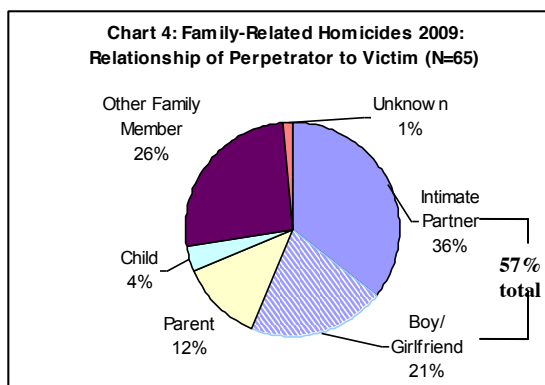
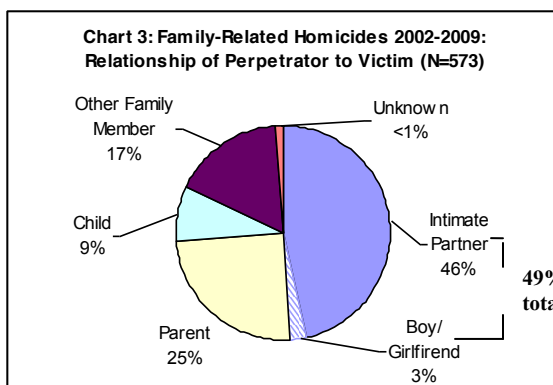
In 2009, 15 family-related homicides were included under the expanded definition, classified as homicides committed by a boy/girlfriend, regardless of whether the victim had lived with the abuser or whether the relationship was of a sexual nature. *Excluding* the additional homicides covered by the newly expanded definition there was a 38% (from 76 in 2002 to 47 in 2009) reduction in family-related homicides between 2002 and 2009.

Intimate partner¹⁵ homicides essentially remained constant between 2002 and 2009. There were 41 intimate partner homicides in 2002 and 42 in 2009. When *excluding* the boy/girlfriend cases under the new, expanded definition, intimate partner homicides declined by 34% from 41 in 2002 to 27 in 2009. Counts fluctuated in the intervening years. Consideration of both previous and new definitions reveals there has been no discernible trend in intimate partner homicides.



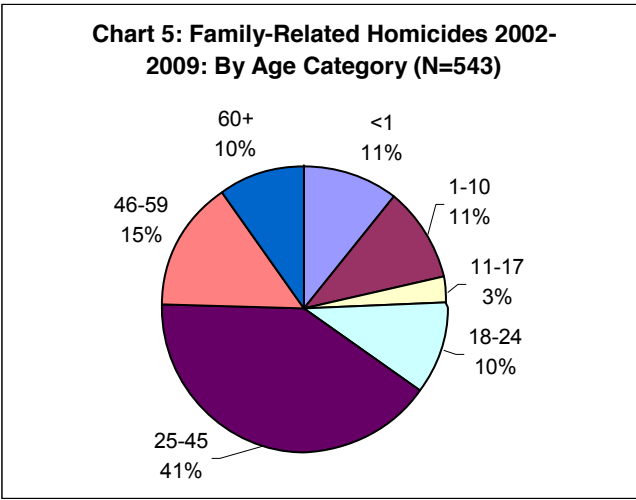
Almost half of the perpetrators of family-related homicides were the intimate partner of the victim. From 2002 through 2009 there were 573 perpetrators involved in 543 family-related homicides. Forty-nine percent (283 out of 573) of the family-related homicide perpetrators were the intimate partner of the victims. Additionally, 25% (141 out of 573) of the perpetrators were parents; 17% (96 out of 573) were other family members (e.g., uncle, aunt, cousin, brother, sister, etc.) and 9% (49 out of 573) involved a perpetrator who was the child of the victim.

Given the expanded definition of family-related homicides, it is not surprising that a review of 2009 data *only* shows that the contribution of intimate partner homicides to family-related homicides overall is greater than 50%.

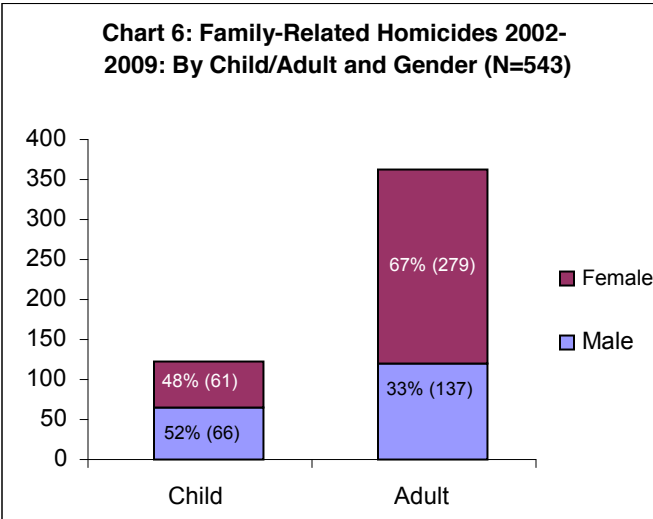


Other Victim Characteristics

The age group with the greatest number of victims is 25 to 45 year olds. Forty-one percent (41%, 223 out of 543) of family-related homicide victims between 2002 and 2009 were between the ages of 25 and 45. Another 15% (80 out of 543) were victims between the ages of 46 and 59.

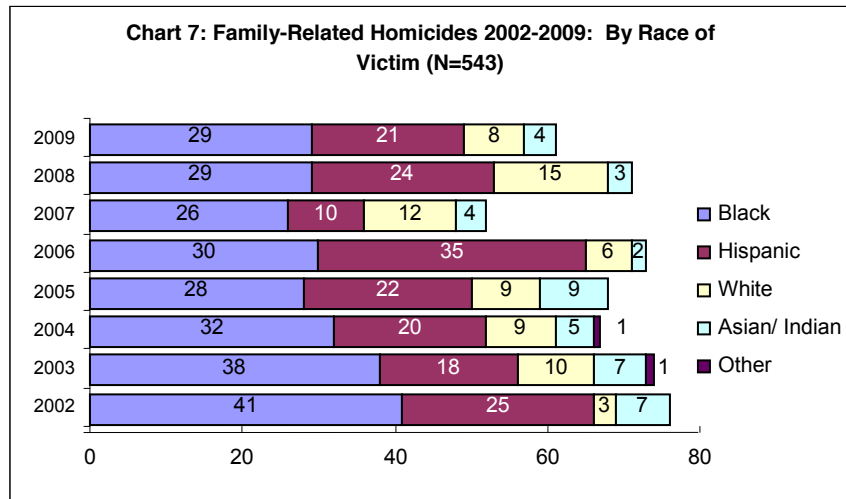


Over 60% of family-related homicide victims are female. From 2002 through 2009, females accounted for 63% (340 out of 543) of the family-related homicide victims. The gender distribution varied slightly by age with females accounting for 48% (61 out of 127) of the child victims (age under 18) and 67% (279 out of 416) of adult victims (age 18 and older). A larger percentage of adult victims of intimate partner homicide (a category of family-related homicide described in more detail on page 9) were female.¹⁶ Seventy-nine percent (223 out of 283) of victims killed by an intimate partner were female.



Black and Hispanic victims accounted for almost 4 out of 5 family-related homicide victims from 2002 to 2009. Despite an almost 30% decline from 2002 to 2009 in family-related homicides involving Black victims (from 41 to 29) and an 16% decline involving Hispanic victims (from 25 to 21), these two subgroups accounted for 78% of all victims during this period. Since 2005, the number of Black victims of family-related homicide has remained relatively constant – averaging 28 homicides annually. Blacks were disproportionately victims of family-related homicides, as they comprise 24% of New York City’s population, but accounted for 47% (253 out of 543) of the family-related homicide victims.¹⁷

Whites account for 35% of New York City’s population, but accounted for 13% (72 out of 543) of the family-related homicide victims from 2002 through 2009. Asians account for 10% of New York City’s population, but accounted for 8% (41 out of 543) of the family-related homicide victims from 2002 through 2009.¹⁸



Compared to New York City’s other boroughs, Brooklyn has had the largest decline in family-related homicides compared to New York City’s other boroughs. In Brooklyn, family-related homicides decreased by 49%, from 37 in 2002 to 19 in 2009. In the Bronx, family-related homicides decreased by 27% from 15 in 2002 to 11 in 2009. In contrast, they increased by 27% in the Queens (from 15 to 19); increased by 11% in Manhattan (from 9 to 10); and increased from zero to three in Staten Island during the same period. It is important to note that in all five boroughs, the number of family-related homicides fluctuated in the intervening years, with no steady upward or downward trend.

Excluding the 15 boy/girlfriend homicides under the 2009 expanded definition alters the assessment of increases or decreases in each borough. When removing the boy/girlfriend cases from analysis, family-related homicides decreased by 68%, (from 37 in 2002 to 12 in 2009) in Brooklyn and decreased by 47% from (15 in 2002 to 8 in 2009) in the Bronx. They remained constant in Queens (at 15). There were no boy/girlfriend cases in Staten Island.

Just less than half of the City’s population resides in the Bronx and Brooklyn, yet 60% of the family-related homicides occurred in these boroughs. Specifically, 17% of the City’s population resides in the Bronx, while 23% (127 out of 543) of the family-related homicides occurred there. Thirty-one percent of the City’s population resides in Brooklyn, while 36% (197 out of 543) of the family-related homicides occurred there.¹⁹

Table 1: 2002-2009 Percentage of Family-Related Homicide Victims and Percentage of Citywide Population (N=543)

Borough	Number of Family-Related Homicides	Percentage of Citywide Family-Related Homicides	Percentage of Citywide Population
Brooklyn	197	36%	31%
Bronx	127	23%	17%
Queens	121	22%	27%
Manhattan	76	14%	20%
Staten Island	22	4%	6%

Most family-related homicides occur at the victim’s residence: From 2002 through 2009, 80% (437 out of 543) of the family-related homicides occurred at the victim’s residence.

Family-Related Homicides Involving Elders

Given previous FRC reports indicating that victims over the age of 60 had limited contact with city agencies prior to the homicide,²⁰ the FRC continued its targeted examination of family-related homicides of elders.

The annual number of elder family-related homicide victims has remained relatively constant. From 2002 through 2009, there were 52 family-related homicides involving victims aged 60 and over, comprising 10% of all family-related homicides. The average age of the elder victim was 71.

Table 2: 2002-2009 Elder (60+) Family-Related Homicide Victims (N=52)

Number	2002	2003	2004	2005	2006	2007	2008	2009	Total
Elder Victims	9	8	7	3	9	6	7	3	52

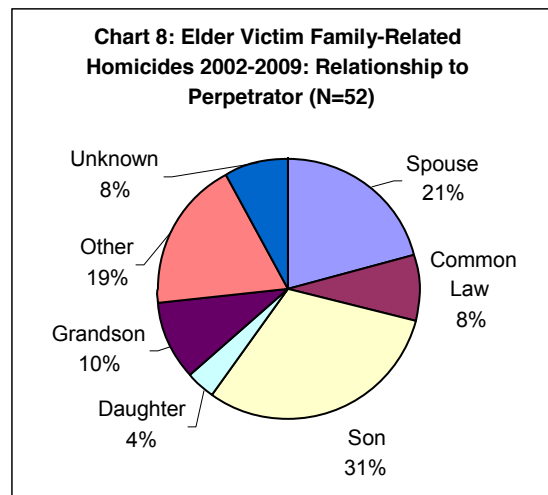
Over half of elder family-related homicide victims are female. Fifty-eight percent (30 out of 52) of elder family-related homicide victims were female.

Brooklyn has the largest number of elder family-related homicide victims. From 2002 through 2009, 38% (20 out of 52) of the family-related homicides involving an elder victim occurred in Brooklyn, 33% (17 out of 52) occurred in Queens, 17% (9 out of 52) in Manhattan, 10% (5 out of 52) in the Bronx, and 2% (1 out of 52) in Staten Island. Brooklyn’s elderly are disproportionately affected. While 30% of the City’s elder population resides in Brooklyn, 38% of the city’s family-related homicides involving an elder victim occurred in that borough.

Table 3: 2002-2009 Percentage of Elder Family-Related Homicide Victims and Percentage of Citywide Elder Population (N=52)

Borough	Number of Elder Family-Related Homicides	Percentage of Citywide Elder Family-Related Homicides	Percentage of Citywide Elder Population
Brooklyn	20	38%	30%
Queens	17	33%	30%
Manhattan	9	17%	20%
Bronx	5	10%	14%
Staten Island	1	2%	6%

Almost one-third of elder family-related homicide victims die at the hands of their son. From 2002 through 2009, the perpetrator of the elder family-related homicide case was the victim’s adult son in 31% (16 out of 52) of the cases. In contrast, only 4% (2 out of 52) of elder family-related victims were killed by their daughter. Another 29% (15 out of 52) were killed by their spouse or common law partner.



Characteristics of Perpetrators of Family-Related Homicides²¹

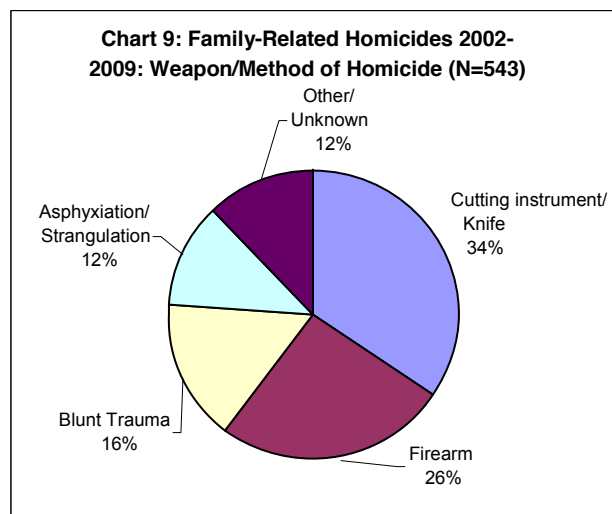
The majority of perpetrators of family-related homicides are males and over half are between the ages of 25 and 45. From 2002 through 2009, there were 573 perpetrators involved in 543 family-related homicides. Seventy-four percent (425 out of 573) of the perpetrators of family-related homicides were male. Sixty percent (346 out of 573) were between the ages of 25 and 45, 18% (106 out of 573) were between the ages of 18 and 24, and 3% (18 out of 573) of the perpetrators were under the age of 18. Perpetrators in the age groups 18 to 24 and 25 to 45 are disproportionately represented. They account for 10% and 34% respectively of New York City’s population, but accounted for 19% and 60% respectively of the perpetrators during 2002 through 2009.²²

Table 4: 2002-2009 Percentage of Family-Related Homicide by Age Category of Perpetrator and Percentage of Citywide Population (N=573)

Age	Number of Perpetrators	Percentage of Citywide Family-Related Homicides	Percentage of Citywide Population
11-17	18	3%	9%
18-24	106	19%	10%
25-45	346	60%	34%
46-59	72	13%	16%
60+	26	5%	13%
Unknown	5	<1%	-

A small proportion of family-related homicides involved multiple victims. From 2002 through 2009, 6% (33 out of 543) of family-related homicide cases involved two or more victims. Thirty-nine percent (13 out of 33) of the multiple victim family-related homicide cases involved at least one victim under the age of 18, and most (10, or 77%) of these victims were under the age of ten. Thirty-nine percent (13 out of 33) of the multiple victim family-related homicide cases involved a perpetrator who was the parent or step-parent of one of the victims. Another 21% (7 out of 33) of the multiple victim family-related homicide cases involved a perpetrator who was the intimate partner of one of the victims.

A knife or other cutting instrument is commonly used in family-related homicides. From 2002 to 2009, a knife or other cutting instrument was the most commonly used weapon in family-related homicides (34%, 185 out of 543). Perpetrators used firearms in 26% (142 out of 543) of the family-related homicides that occurred during the same period.



Overview of Agency Contact for Family-Related Homicides

In the last three annual reports, the FRC found that over half of the family-related homicide victims had documented contact with at least one City agency or representative contract organization in the calendar year prior to the homicide.²³ All data presented in this section reflect the 256 family-related homicides which occurred in 2005, 2006, 2007 and 2008 and describe documented contact that occurred at some point between January of the year prior to the homicide and the date of the homicide. For example, if a homicide occurred in September of 2008, we would report any contact for the period January 1, 2007 through the date of the homicide.

Specific information regarding contact is exclusive to each agency. A victim or perpetrator may have had contact with more than one City agency or non-City agency.

Over half of family-related homicide victims and perpetrators had contact with at least one City agency or a representative contract organization within the calendar year preceding the homicide. Fifty-five percent (141 out of 256) of the victims had documented contact with at least one City agency or representative contract organization at some point in the calendar year preceding the homicide. A slightly larger percentage, (58%, 151 out of 262) of perpetrators had contact with at least one City agency or representative contract organization during the same time period.²⁴ Forty-five percent (114 out of 256) of the victims and 40% (106 out of 262) of the perpetrators never had any contact with a City agency or a representative contract organization during this time period.

Overall, 42% (108 out of 256) of the victims and 45% (119 out of 262) of the perpetrators had documented contact with the Human Resource Administration (HRA) for cash assistance, food stamps or Medicaid. Of the victims, only 7% (8 out of 108) received domestic violence-related services through HRA. In 28% (68 out of 245) of the family-related homicide cases, HRA had contact with both the victim and the perpetrator.

The Administration for Children's Services (ACS) had contact with 22% (56 out of 256) of victims and 20% (52 out of 262) of perpetrators. Only eight of the families ever came to the attention of ACS specifically for domestic violence-related allegations. Other cases came to the attention of ACS for a range of issues, including educational neglect, inadequate guardianship, substance abuse, and sexual abuse.²⁵

The Department of Homeless Services (DHS) had contact with 8% (20 out of 256) of the victims and 6% (17 out of 262) of the perpetrators.

Table 5: 2005-2008 Number and Percentage of Family-Related Homicide Cases with Agency Contact

Agency	Victims with Agency Contact (N=256)	%	Perpetrators with Agency Contact (N=262)	%
Any Contact with City Agency Prior to the Homicide	141	55%	151	58%
Human Resources Administration (HRA)	108	42%	119	45%
New York City Police Department (NYPD)	53	21%	54	21%
Administration for Children's Services (ACS)	56	22%	52	20%
Department of Homeless Services (DHS)	20	8%	17	6%
New York City Housing Authority (NYCHA)	21	8%	16	6%
Department for the Aging (for victims 60+, N=9)	0	0%	0	0%

Socioeconomic Circumstances of Neighborhoods Impacted by Family-Related Homicides

Poor socioeconomic circumstances, such as low income, unemployment and low educational attainment, are risk factors for domestic violence homicides.²⁶ Since the FRC did not have access to individual-level income, educational attainment, or employment status of the individual family-related homicide victims, we examined neighborhood-level socioeconomic indicators by community districts.²⁷ Indicators included: (1) the percentage of the individuals living below the poverty level; (2) the percentage of residents age 25 and older who had not graduated from high school; (3) the median household income; and (4) the percentage of the labor force that is unemployed. The community district was identified by the victims' residence. The community districts were ranked from high to low on these indicators and then grouped into quartiles according to the four neighborhood characteristics found in the estimate formulated from the 2006-2008 American Community Survey. The four neighborhood-level indicators were also combined to create a composite measure of neighborhood-level socioeconomic status. Details on community district ranks and the composite socioeconomic status (SES) indicator appear in Appendix C.

Analysis of 2004 through 2009 family-related homicide data and a review of SES indicators point to a possible association between poor economic conditions and the frequency of family-related homicides in New York City communities. Specifically:

Poverty:²⁸ Thirty-nine percent (148 out of 381) of the family-related homicide victims resided in communities with a high percentage of the population (more than 26.4%) living below the poverty level. These communities only account for 24% of the City's population. For comparison, only 25% of New York City's community districts experience similar levels of poverty and only slightly less than 19% of New York City residents live below the poverty line.²⁹

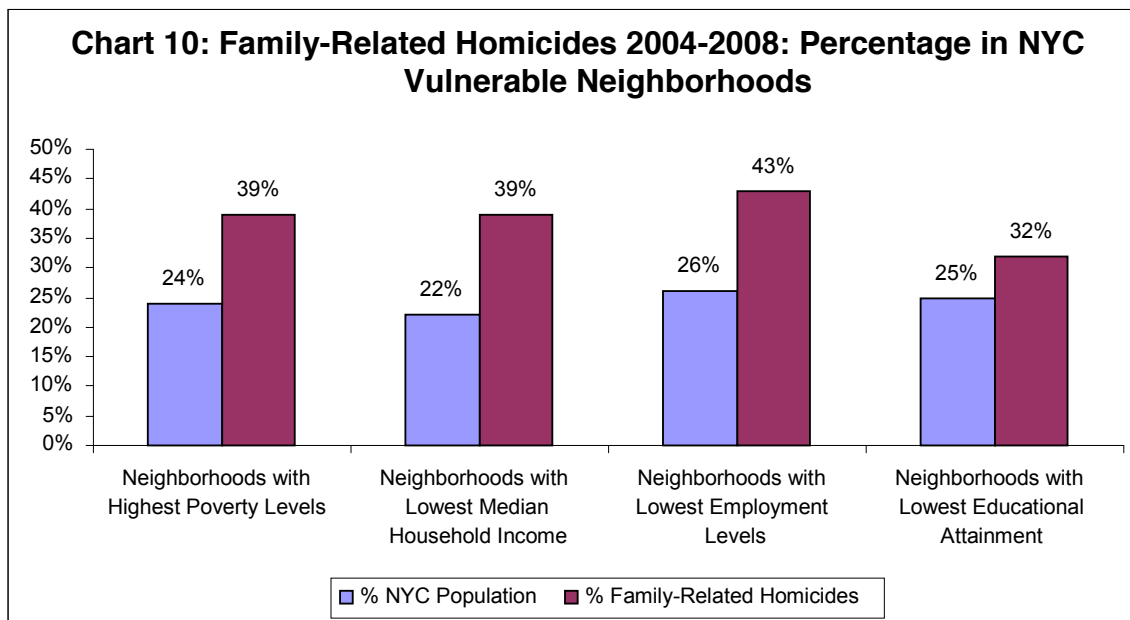
Median Household Income:³⁰ Thirty-nine percent (148 out of 381) of family-related homicide victims resided in communities with low median household income levels (less than \$37,000 annual income). Furthermore, 69% (262 out of 381) family-related homicide victims resided in communities with a median household income less than the median household income for New York City (annual income less than \$50,403).³¹

Unemployment Rate:³² More than 4 in 10 victims (43%, 164 out of 381) resided in communities where unemployment exceeded 9.2% — double the citywide average of 4.6%.³³ These communities account for only 26% of the City's population. In addition, only 25% of all New York City's community districts have unemployment rates higher than 9.2%.³⁴

High School Graduates:³⁵ Almost one third (32%, 123 out of 381) of the family-related homicide victims from 2004 through 2008 resided in communities where more than 30% of the residents age 25 and older have never obtained a high school diploma. In contrast, 21% of the City's population age 25 and over never obtained a high school diploma.³⁶

Table 6: 2004-2009 Number and Percentage of Family-Related Homicides by Poverty, Unemployment Rate, and Educational Attainment for Census Tract in which Family-Related Homicides Occurred (N=381)³⁷

Socioeconomic Neighborhood Characteristics		
Level	Number of Homicides	Percentage of Homicides
Poverty		
0-11.4%	65	17%
11.5-16.7%	79	21%
16.8%-26.3%	89	23%
26.4%-42.1%	148	39%
Median Household Income		
\$0-\$37,003	148	39%
\$37,004-\$46,158	95	25%
\$46,159-\$59,883	79	21%
\$59,884-\$105,760	59	15%
Unemployment		
0%-5.8%	61	16%
5.9%-7%	82	22%
7.1%-9.2%	74	19%
9.2%-15.5%	164	43%
No High School Diploma		
0%-12.9%	54	14%
13.0-20.1%	91	24%
20.2%-29.9%	113	30%
30%-49.8%	123	32%



To advance examination of the poor socioeconomic conditions that are documented risk factors for domestic violence, we developed a community socioeconomic status indicator called “composite SES.”³⁸ Toward this end, we totaled the rank scores on the above mentioned factors (i.e., poverty, median household income, unemployment and education attainment), creating one composite score. We again ranked each neighborhood on this composite SES measure, identified quartiles labeled, very low, low, medium, and high and assessed the concentration of family-related homicides in each grouping.

For this analysis, and based on information from the Department of City Planning, the City was divided into 55 neighborhoods. Thirty-three percent (18 out of 55) of the neighborhoods had a very low SES index score; while 24% (13 out of 55) had a high SES index score. Most of the neighborhoods with the highest number of family-related fatalities were all among the lowest SES neighborhoods in the City: Bronx Community District (CD) 4 (Highbridge/Concourse), Bronx CD 5 (Morris Heights/University Heights/Fordham), Brooklyn CD 3 (Bedford Stuyvesant/Tompkins Park North/Stuyvesant Heights), Brooklyn CD 5 (East New York/New Lots/City Line/Starett City) and Brooklyn CD 16 (Ocean Hill/Brownsville). In fact, Brooklyn CD 5 accounted for 5% (20 out of 381) of the homicides while accounting for only 2% of the City’s population.

However, not all neighborhoods with low SES experienced a high occurrence of family-related homicides, and not all neighborhoods with high SES experienced a low occurrence of family-related homicides. For example, Bronx CD 1 and 3 are in the lowest SES quartile but have relatively few family-related homicides (5 in each community district) between 2004 and 2008. Staten Island CD 1 is ranked in the highest SES quartile but experienced a relatively high number of family-related homicides (11) during the same time period. These patterns suggest the need to identify additional factors contributing to both lower and higher concentrations of family-related homicides in the respective neighborhoods.

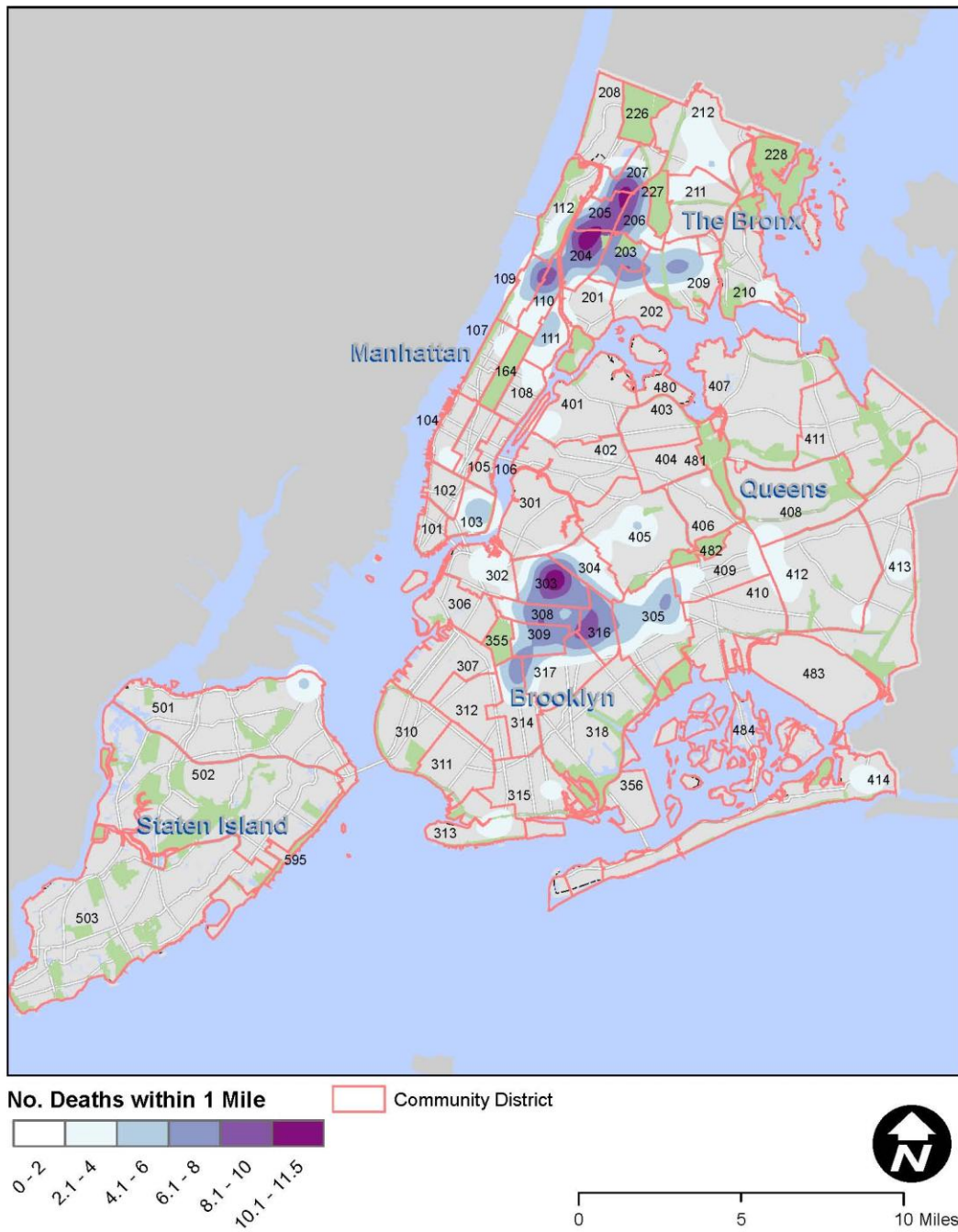
Communities Experiencing a High Concentration of Family-Related Homicides: The Bronx Community Assessment

Family-related homicides from 2004 through 2009 were mapped citywide within community district boundaries.³⁹ The maps on subsequent pages display the resulting areas of high concentrations. Family-related homicides were considered concentrated when 7 to 10 homicides occurred within one mile of each other. This happened in eight of the city's 59 community districts. Five of those community districts are located in the Bronx (Community Districts 4, 5, 6, 7 and 9); and three are located in Brooklyn (Community Districts 3, 16, and 17).

While poor socioeconomic circumstances, such as low income, unemployment and low educational attainment are risk factors for domestic violence homicides,⁴⁰ a review of neighborhood-level socioeconomic indicators (poverty, median household income, unemployment and education attainment) indicated a need to identify additional factors contributing to higher concentrations of family-related homicides in these neighborhoods. Thus, the FRC, through its participating City agencies and representative contract agencies, conducted a community assessment in the targeted Bronx community districts (Community Districts 4, 5, 6, 7, and 9). Since 2004, these five community districts in the Bronx have experienced the highest frequency of family-related homicides in that borough, accounting for 61% (54 out of 89) of all family-related homicides citywide. An assessment will also be initiated in the three Brooklyn community districts starting in the fall of 2010, modeled closely on the Bronx community assessment.

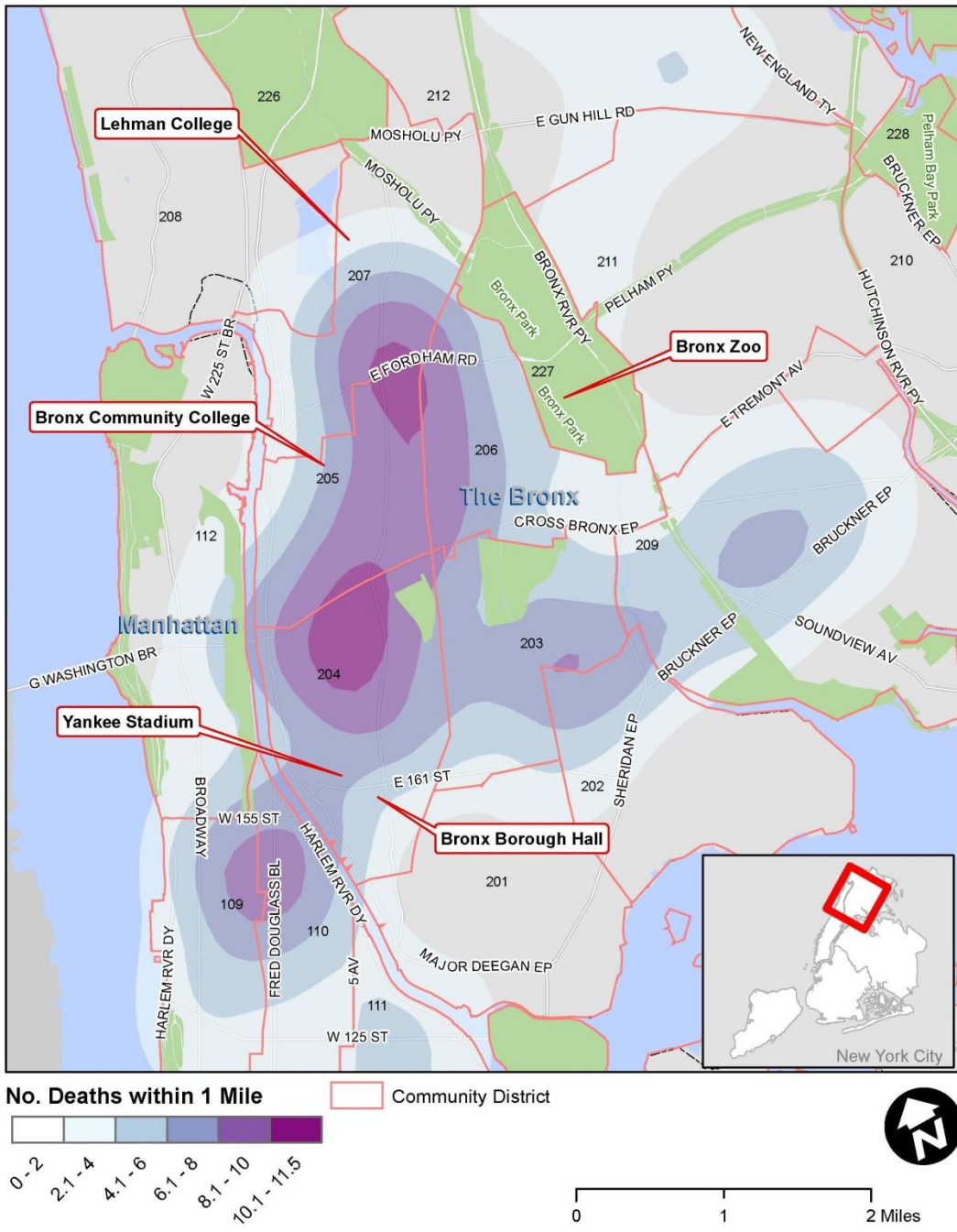
The purpose of these community assessments is four-fold to: (1) identify community level factors that may contribute to the clustering of family-related homicides; (2) identify the need for community based education programs; (3) identify potential service gaps and needs in the target communities; and (4) inform service coordination, program planning and outreach. Common components of a community assessment have been used in the Bronx project and will be replicated in the Brooklyn project. They include information collection through in-depth individual meetings, small group meetings, and survivor focus groups as well as a quantitative component such as a population-level survey, as well as secondary data sources (e.g., the Census) that describe the community's socio-demographic profile.

Map 1: Family-Related Homicides 2004-2009: Victim Residence per Mile by Community District
 Contours Indicate Percentage of Citywide Homicides within Area



Map 2: Family-Related Homicides 2004-2009: Victim Residence per Mile - Bronx Community Districts

Contours Indicate Percentage of Citywide Homicides within Area



Findings of the Community Assessment

As noted in previous annual FRC reports, the community assessment was undertaken to: (1) identify community level factors that may contribute to the clustering of family-related homicides; (2) identify the need for community based education programs; (3) identify potential service gaps and needs in the target communities; and (4) inform service coordination, program planning and outreach. The assessment identified both challenges and viable solutions. Actionable challenges included limited community based public education as well complex and occasionally inefficient linkages between victims and appropriate domestic violence services.

Information was gathered only in the target area of the Bronx (Community Districts 4, 5, 6, 7, and 9). Thus, the summaries presented below are not necessarily generalizable to a larger community.

The community assessment gathered information through convenience samples, using multiple methods including: (1) small group and individual meetings with Bronx-based service providers; (2) an online survey of Bronx-based service providers; (3) focus groups with domestic violence survivors; (4) in-depth interviews with domestic violence survivors; (5) street-intercept survey of community members; and (6) self-administered paper survey of survivors seeking services at the New York City Family Justice Center, Bronx, an initiative of the Mayor’s Office to Combat Domestic Violence.

Table 7: Overview of Community Assessment Participation

Method of Data Collection	Number of Respondents
Service Providers	
In-depth Individual and Group Meetings	Over 70 individuals from 50 organizations
On-line Survey	85 respondents
Survivors	
Focus Groups	6 Focus groups (3 in English, 2 in Spanish and 1 in French) with approximately 50 survivors
In-depth Interviews	7 In-depth interviews in both English and Spanish
Family Justice Center Initiative Client Survey	295 surveys completed
Community	
Community Survey	507 respondents

“...I had to stand up because I have three daughters...[the oldest] was the one that was living with me and all I could think of was that she sees me going through this and she’ll think this is right. And you know what, that’s me opening the door to her having the possibility of having to deal with a relationship like that and she won’t know any difference because mommy endured it so it must be right.” (Female domestic violence survivor in-depth interview)

Findings emerged from a thorough review of all information collected as we identified major themes that repeated across the multiple participants in the community assessment. Quotations from service providers or survivors included in the column to the left or in the text below are exemplary of the major themes expressed by many of the participants in the community assessment.

Community’s Perception of Domestic Violence

Community Members Reported That Domestic Violence Was Common in Their Neighborhood: Almost 75% of the community members surveyed reported that domestic violence was common in their neighborhood. An even greater proportion (80%) characterized domestic violence as problematic.

Almost Half of the Community Members Surveyed Reported Knowing Someone Who Was a Victim of Domestic Violence in the Past Year: Among community members,

- 50% knew someone who had experienced emotional abuse.
- 43% knew someone who experienced physical abuse;
- 39% knew someone who had experienced financial abuse; and
- 14% knew someone who had been the victim of sexual abuse.

Knowledge and Help-seeking: Challenges to understanding what constitutes domestic violence and in accessing services

The community assessment uncovered a need for public education campaigns and outreach activities. Specifically, community members suggested the need for outreach messages that (a) define domestic violence; (b) assist family and friends in talking about domestic violence with victims; and (c) respond sensitively to a specific community’s cultural norms.

A. *Narrow Understanding of Domestic Violence*

Many Victims Reported Not Identifying Themselves as Domestic Violence Victims: During focus groups and in-depth interviews, victims frequently reported that prior to seeking services, they never used, or identified themselves by the term “domestic violence victim.”

Many reported that they began to use the term “domestic violence”

“First, many of us don’t know the information. Many times we can’t identify domestic violence. We think that it’s when a man hits a woman and bruises her....I think that it’s a lack of understanding about the word ‘domestic violence’ because many times we don’t know how to interpret it.” (Female domestic violence survivor from the Dominican Republic, in-depth interview)

when prompted by an external cue, such as seeing the term on a poster or when they received domestic violence services for what they were experiencing.

There is a Misperception that Domestic Violence Means Only Physical Violence: Service providers reported that a commonly held misperception among their clients was that domestic violence involved only physical assaults and not other forms of abuse such as emotional, financial or sexual abuse. Similarly, victims themselves reported this narrow understanding of domestic violence, frequently equating the absence of bruises and physical force with the absence of domestic violence. One survivor of domestic violence explained:

I would gather with my friends and we would always talk because many of them were hit or taken by force [raped] and I saw that they were bruised and I thought: Well, I’ve never been bruised. I don’t suffer from that...I live pretty well. I don’t work; he pays for everything; he doesn’t hit me. For me, that was it, hit equaled violence. Taking you by force or insulting and humiliating you was never that. (31 year old female domestic violence survivor, from Mexico, in-depth interview)

[B. Help-seeking: Victims and Their Social Supports Need to Know about Additional Resources Beyond Police Services](#)

Considering the number of respondents who reported knowing a victim of domestic violence, the general lack of knowledge about the availability of supportive services is concerning. As a result, victims may not know about the range of services available and may not seek help.

Victims Report That They Confided in Friends or Family Members about the Abuse: Victims at the New York City Family Justice Center, Bronx who completed a self-administered client survey (n=295), reported that they were most likely to confide in a family member (59%) or friends (55%) about their abuse.⁴¹ Respondents also reported that they had also turned to doctors, co-workers, neighbors and clergy, but with less frequency. During focus groups and individual meetings with domestic violence survivors, participants also overwhelmingly identified female friends or female relatives as the first person they turned to for help. Those surveyed at the BXFJC stated that their friends and family members were valuable sources of support because they listened to them, motivated and encouraged them, and could provide information about services — often because their friends and family members had also experienced domestic violence.

“Many clients who are victims come to us for the [supportive] services without disclosing violence because of [the] stigma [of domestic violence] in their community; acceptance that violence is somehow normal and to be expected; or because of concerns related to [their] immigration [status]. These clients often reveal their situation only weeks or months later when the situation becomes unbearable or they feel confident that they will be supported in whatever decision they make, since it is a big decision to leave an abuser.”
(Service provider, online survey)

Members of the Public Know to Refer Domestic Violence Victims to the Police: When community members were asked in the street-intercept survey where they would *first* send a friend or family member to get assistance with domestic violence, 60% of the 507 respondents stated they would send them to the New York City Police Department (NYPD) or tell them to call 911. Also, 40% of victims responding to the survey administered at the BXFJC reported that they had been referred to the police by friends and family members.

There is Limited Awareness of Other Community Services: After expressing that they would refer victims to the NYPD/911, street-intercept survey respondents acknowledged having little specific knowledge about any additional services available for domestic violence victims. When asked where else they might suggest, respondents offered general referral sources rather than naming specific service providers or sites. For example, they responded “social worker,” therapist,” or “community center.” Twenty-nine percent of respondents stated that no domestic violence services existed in their community and another 28% responded they did not know whether or not domestic violence services were available in their community.

Victims surveyed at the BXFJC reported that their friends and family members had some knowledge about specific services. Specifically, 32% state that their family or friends suggested that they call the domestic violence hotline, 26% suggested they go to Family Court and 24% suggested they go to the BXFJC.

C. Culture Informs How Victims Seek Help

In addition to the general finding that Bronx community members and domestic violence victims may not know about all of the domestic violence services available, the community assessment uncovered challenges with the actual help-seeking process. Some of the perceived barriers that emerged in the assessment were: (1) a victim’s immigration status may erroneously be perceived by the victim as a barrier to accessing services; (2) culturally-based misperceptions about law enforcement may prevent some domestic violence victims from seeking assistance from the police; and (3) the normalization of domestic violence may factor into a victim’s inability to self-identify as a victim.

Immigrant misperceptions about access to services, combined with the limited English abilities of the victims, make the Bronx population particularly vulnerable. Compared to the rest of the city, residents in this area are less likely to be a U.S. citizen (62% of foreign born residents in the target area versus 48.5% in all of New York City), more

“People are afraid because they don’t have their legal papers ... They [people] tell you that immigration would be called or your kids will get taken away. This is a fear that you always [have], that your kids will be taken away or the man will tell you that I will take the kids because I don’t work and he knows the language and I don’t so how will I manage the kids. So instead of going forward, you go back.” (Female domestic violence survivor from the Dominican Republic, in-depth interview)

likely to speak a language other than English at home (65% in the target area versus 48% in all of New York City), and more likely to speak English less than very well (30% in the target area versus 23.5% in all of New York City).⁴²

The Misperception of Immigration Status as a Barrier to Help-seeking is Common: Service providers, focus group survivors, and individual victims all emphasized that many undocumented or out-of-status⁴³ domestic violence victims face unique barriers to accessing services. Specifically, victims indicated that they had not sought services initially because they had assumed that they would not qualify for services. Additionally, victims misperceived that they should not seek assistance because identifying themselves would lead to their deportation. Victims frequently disclosed misperceptions about what the police would do or what other government agencies would do if they disclosed their status as a domestic violence victim. Of note was the fear of deportation as a result of coming forward about their victimization.

It is important to increase awareness about significant protections which are in place in New York City for undocumented or out-of-status victims. Executive Order 41 precludes City employees from asking about an individual’s immigration status if they are a victim or witness to a crime, but it was not widely known by the participants in the community assessment.

Foreign Born Victims May Fear the Police Based on Experiences in Their Country of Origin: Service providers noted that in some victims’ countries of origin, the police are not seen as a safe haven and, in fact, may symbolize exposure to further abuse. In addition, family members or friends may reinforce this and may discourage victims from seeking help from the police. In the extreme, family members or friends may ostracize the victim from the community if s/he does seek help from the police. Such beliefs and practices may make victims reluctant to call the police for assistance, even when a crime has been committed against them. During an in-depth interview, one participant recounted:

I called the cops...and I was scared that so much time had passed and that the police still didn’t come that I dialed them again...I called my aunt and she said that she didn’t want any problems with the police; she was scared of the cops.” (31 year female domestic violence survivor from Mexico, in-depth interview)

“In all of the races, without any one distinction, but especially Latinos, many times we are brought up differently where one cannot do harm to the father of your children because those children will grow up to hate you—like ‘You went to get help and they arrested my father or they deported my father and I don’t want anyone to hurt my father or mother’ and I think one of the reasons that women, specifically, don’t seek help is for that reason.”
(Latina female domestic violence survivor, in-depth interview)

“I thought that domestic violence was something normal, that couples had problems. The husband would come home drunk and was mad about the food, would push her or hit her but it was for the reason that he was drunk or he would yell at her but I would view that as normal.”
(31 year old domestic violence survivor from the Dominican Republic, in-depth interview)

The NYPD continues to reach out to, and engage, all communities, but especially immigrant communities to dispel these misperceptions. During Domestic Violence Awareness Month, for example, officers at precincts in the target area partnered with community based organizations and set up tables in high-volume areas to distribute multi-language materials to the community-at-large and strengthen ties to the community.

Normalizing Domestic Violence: Service providers noted that many of their clients had been raised in households in which domestic violence was common and seen as normal, or to be expected, by many victims. Additionally, service providers noted that the community-at-large reinforced this acceptance of domestic violence and normalization. As a result, when victims finally realized that they did not have to accept the violence, they faced stigmatization by their community when seeking services.

An example of community stigmatization was revealed during the street-intercept survey in which respondents displayed victim-blaming attitudes, by explaining that victims stay in abusive relationships because they were co-dependent, crazy, lazy, stupid or just liked the abuse. This type of stigmatization may discourage a victim from seeking services.

Challenges Linking Victims to Existing Services

Two major challenges were identified during the community assessment regarding existing services: (1) there are not enough domestic violence services; and (2) nonprofit providers and City agencies need to improve their customer service.

A. Service Needs and Service Availability

Obtaining Domestic Violence Emergency Shelter Can Be

Challenging for a Single Woman with No Children: A common theme during the service provider individual and small group meetings was that the “biggest challenge is to find domestic violence shelter for single women with no children.” (Service provider, online survey) Although the online provider survey did not specifically inquire about shelter issues, 32% of the respondents wrote about this particular issue in response to an open-ended question that inquired generally about the challenges they face when assisting domestic violence victims. Service providers stated that they often had to make referrals to domestic violence shelters out of New York City, or even out of New York State, in order to accommodate single women because they could not find a place for a single domestic violence victim in the City’s confidential

“It makes it difficult to offer [other supportive] services and refer an individual to other services when the service they need the most is emergency shelter.” (Service provider, online survey)

“We would benefit from other [service] providers and City service [providers] gaining skills and tools to work with immigrant women and children in a culturally competent way. We don't need to pigeonhole victims and survivors by ethnicity; what we do need is for providers to have the skills needed to listen, make victims feel absolutely comfortable and supported, and learn how to ask questions [in] different ways so that victims understand them and feel comfortable answering them.” (Service provider, online survey).

domestic violence shelter locations. Some service providers reported that if the only shelter choice for their single clients was to be placed in the City’s general homeless population shelter system (DHS), some victims did not agree to go because they did not think they would be safe in a non-confidential location. As a result, temporary shelter in a hotel was the option sometimes offered by the service provider and the provider used scarce resources to pay for a hotel.

Providers Reported That it is Difficult to Transfer to a Domestic Violence Emergency Shelter from a General Homeless Population Shelter: Many victims are directed by service providers to the DHS general homeless population shelters if domestic violence emergency shelter is not available at the time of need. Providers also reported that once a victim has entered the general homeless population system, it is very difficult to get transferred to a domestic violence emergency shelter. Because domestic violence shelters have the added safety of being a confidential location and have supportive services attuned specifically to domestic violence victims’ needs, providers stated that they want this transfer to occur for the victims they assist.

Need for More Housing Related Legal Services: Victims who need help with legal issues to maintain their current housing also face challenges because of the shortage of civil legal attorneys specializing in housing matters. One service provider wrote, “Many legal service providers don't have sufficient capacity to handle housing matters related to domestic violence (or otherwise) and we often are forced to advise people on how to proceed pro se, knowing how challenging it is to succeed in housing court without a lawyer.” (Service provider, online survey)

B. Customer Service

During both the focus groups and in-depth interviews with survivors, many expressed that the service providers who helped them had been compassionate and understanding, but some voiced complaints. Specifically, the community assessment found that service providers at times lacked cultural competence and had limited language interpretation and translation capabilities.

Lack of Cultural Competency May Lead to Fewer Victims Accessing Services: During in-depth interviews with survivors, one’s culture emerged as a strong influence on both why a victim might stay in an abusive relationship and why a victim might not seek help. Culture is a complex, multidimensional dynamic based upon race, ethnicity, gender, religion, sexual orientation, socioeconomic status, country of origin, level of assimilation and acculturation, tradition,

“They sent me to domestic violence counseling...I went there a couple of times but I didn’t go back. I felt uncomfortable. I felt like the counselor was judging me instead of working with me. I felt like she was judging me with the decisions I made. I know they were my mistakes, but I felt like she was judging me.” (Female domestic violence survivor, in-depth interview).

“Because when you have been abused and you go for help and some workers look at you cold and treat you bad because you have no papers and you have no language that is even worse and then you give up. It makes it worse. They treat you bad like you are ignorant, like you should know what to do and then you didn’t do it.” (Female domestic violence survivor, focus group)

disability status, level of privilege in society and language. One’s culture influences an individual’s attitudes, beliefs, emotional expression, and choices.

Understanding the cultural norms that guide victim help-seeking may allow service providers to deliver better customer service. Developing this understanding may also assist them in keeping clients engaged in services. Service providers responding to the online survey indicated that they themselves and others who work in service agencies may need additional appropriate, sensitive training to facilitate more responsive service delivery for victims from other cultures. One provider explained that, “Our clients are lesbian, gay, bisexual and transgender—not all service providers are culturally competent to provide services to LGBTQ people.” (Service provider, online survey)

Culture and Immigration Status May Determine Which Services the Client Wants: Service providers noted that victims may select only those services that are seen as acceptable by their culture. In some cultures, for example, using mental health services may be seen as permanently stigmatizing.

Language Can to Be a Barrier to Service: Survivors, during focus groups and in-depth interviews, stated that they could not access certain services because they did not speak English. City agencies are required by law to provide language access services, however, many nonprofit service providers do not have enough multilingual staff or materials.

Action Steps

As previously noted, the findings of the community assessment of the Bronx target area can be grouped into two general categories: (1) the community's knowledge of the problem and ways to seek help; and (2) the challenges in linking victims with existing domestic violence services. In response to these findings, the following steps are being taken:

Knowledge and Help-seeking

Domestic Violence Awareness Everyday Campaign

OCDV launched a public education campaign in June 2010 to increase communities' knowledge about domestic violence and how and where to get help. Based on input from domestic violence survivors, the posters and palm cards which were created emphasized that everyone has a right to a healthy relationship. The campaign materials also highlight the full range of behaviors that constitute domestic violence. Campaign materials were placed in common places where New Yorkers may encounter them daily, including supermarkets, pharmacies and banks. All participating businesses have done this at no cost. OCDV collaborated with several major retailers in the Bronx to display public education materials in over 150 locations, including: (1) 44 C-Town, Bravo and AIM supermarkets, (2) 55 Delicioso Coco Helado ice cream vendor carts, (3) three Duane Reade pharmacies, (4) two New York Community Banks, and (5) 39 Pay-O-Matic Financial Services Centers. In addition, more than 1,000 posters were distributed to City agencies, including: (1) the Administration for Children's Services, (2) the Department of Homeless Services, (3) the New York City Housing Authority, and (4) the Department of Parks and Recreation.

OCDV is working with the Bronx Chamber of Commerce to sustain and expand this public education campaign. As part of this expansion, during March 2011, 37 H&R Block locations in the Bronx will display the posters. OCDV is targeting an additional 150 various business locations to display the public education material in the Bronx over the next 12 months.

Domestic Violence Awareness Month

Over the last two years, OCDV has partnered with Alpha1 Marketing, the parent company of C-Town, Bravo and AIM supermarkets, to place the public education message, "If you or someone you know is being abused, please call 311 or 1-800-621-HOPE (4673)," on the back page of a weekly circular during October, which is Domestic Violence Awareness Month. During October 2010, the circular message was displayed for two consecutive weeks. This circular was then distributed in 123 C-Town, Bravo and AIM supermarkets, including 36 supermarkets in the Bronx. Alpha1 Marketing has done this at no cost.

Public Education Campaign to Inform the Community-at-Large and Friends and Family of Victims about Domestic Violence (forthcoming initiative)

OCDV will work with domestic violence survivors, FRC members, and community based organizations to develop a public education campaign that informs friends and family about how to speak with a victim of domestic violence about how to get help. This public education campaign will be done throughout the target community at locations named above including banks, supermarkets and at health care facilities.

Informational Meetings (forthcoming initiative)

The FRC Coordinator, and other OCDV staff, will hold informational meetings over the next year with community stakeholders to deliver the community assessment findings; provide updates on our action steps; and build community participation in educational activities and the public education campaign. Community stakeholders include: (1) City Council representatives (2) Bronx Borough President's Office (3) Community Boards (4) community based organizations that participated in the community assessment and (5) clergy (6) Police Precinct Commanders and Police Community Councils and (7) other organizations, such as hospitals and other public health facilities. These meetings will also provide an opportunity for the FRC to continue learning from the community.

Challenges Linking Victims to Existing Services

Training with City Agencies (currently underway)

The FRC continues in its commitment to developing an environment that facilitates a victim's disclosure of domestic violence at City agencies and nonprofit organizations. Over the last year, the New York City Housing Authority (NYCHA) and OCDV partnered to develop a domestic violence awareness and referral training program for NYCHA employees based in the Bronx. The training covered the following topics: (1) prevalence of domestic violence in New York City; (2) power and control dynamics of domestic violence; (3) potential barriers to leaving a domestic violence situation; (4) intersection of mental health, physical disabilities, substance abuse and immigration issues which arise in domestic violence cases; (5) identification of potential signs of domestic violence; and (6) domestic violence resources in New York City. A total of 230 NYCHA employees were trained and this program will be expanded to Brooklyn and Queens over the next year.

Over the last year, OCDV also collaborated with DHS to develop a domestic violence awareness and referral training program for employees of DHS Adult Family and Families with Children homeless shelters. In total, 675 DHS employees received this training to date. Over the next year, new DHS employees in the Bronx and Brooklyn target areas will be trained.

Medical Provider Training

During October 2010, OCDV and the New York City Department of Health and Mental Hygiene (DOHMH) provided a training entitled "Domestic Violence Screening and Referral: Training for Medical Providers" to Bronx medical providers and their staff.

The training provided medical providers with skill-building tools for responding to domestic violence issues during health care encounters. Additional outreach and training is planned for the Bronx and Brooklyn target areas over the next year.

Increased Cultural Competency and Sensitivity (forthcoming initiative)

During the first half of 2011, the FRC Coordinator will meet with City-contracted community based domestic violence service providers to explore the need for increased cultural competency and sensitivity. The Coordinator will explore the extent of current cultural competency training, potential steps that may enhance the effectiveness of training, and discuss the need for comprehensive cultural competency training in the community-at-large.

In addition, OCDV will identify key community members who can assist in disseminating the message that immigration status is not a barrier to services. It is important to dispel the myths regarding the consequences of disclosing domestic violence for undocumented or out-of-status victims. Disclosure of domestic violence will increase as victim reluctance decreases; fostering understanding among immigrant communities that Executive Order 41 precludes City employees from asking about an individual's immigration status if they are a victim or witness to a crime.

Brooklyn Community Assessment

The Bronx community assessment has informed the planning for a similar assessment in a high-fatality target area of Brooklyn (Community Districts 3, 16, and 17). While the Brooklyn community assessment will commence in the winter of 2011, some initial steps have been taken to initiate work in the community. Specifically, meetings have been held with staff at the State University of New York Downstate Medical Center, School of Public Health regarding assistance in analyzing homicide and service location data to assist in refining the focus in our Brooklyn community assessment target area. Further, the Brownsville Community Development Corporation, a nonprofit medical services provider, has agreed to assist the FRC in the implementation of the community-based survey by allowing the survey to be administered at their three medical centers located within the assessment area.

Summary

This report describes family-related homicides that occurred in New York City between 2002 and 2009. The definition of family-related homicides expanded to include homicides by boyfriends/girlfriends. Despite the expanded definition, the homicide count was lower in 2009 than in 2002. Family-related homicides declined by 18%, from 76 in 2002 to 62 in 2009.

Between 2002 and 2009, 34% (185 out of 543) family-related homicides were committed using a cutting instrument, making cutting instruments the most commonly used weapon during that time period. The second most common weapon utilized in family-related homicides was a firearm, which was used in 26% (142 out of 543) of all family-homicides during the last eight years.

The FRC found that just over half of the family-related homicide victims or perpetrators never had any contact with a City agency or a representative contract organization within a calendar year of the homicide between 2005 and 2008. This proportion has remained the same for the past four years.

The FRC mapped homicides from 2004 through 2009. Family-related homicides remained concentrated in eight of the City's 59 community districts—Community Districts 4, 5, 6, 7 and 9 in the Bronx and 3, 16 and 17 in Brooklyn. The Bronx community districts accounted for the majority of all family-related homicides that occurred in the Bronx. While half the family-related homicides occurred in neighborhoods with low socioeconomic status, not all communities with low socioeconomic status experienced an elevated number of family-related homicides.

Given the concentration of family-related homicide victims who lived in these Bronx communities, the FRC implemented the Bronx community assessment. The community assessment found that: (1) community members, including victims, are unclear about which behaviors constitute domestic violence; (2) victims turn first to friends and family members for assistance and they have limited awareness of specific domestic violence services other than police services, and; (3) challenges exist in linking victims to existing services and keeping them engaged in services. Preliminary action has been taken to increase the knowledge of services through strategically placed messaging in local business locations and supermarket circulars at no cost; the training of City employees at DHS and NYCHA; and outreach to medical service providers.

Based on these findings, additional public education and outreach will be undertaken to increase awareness of the full range of abusive behaviors and of the services available for victims in our target area. Also, in our Bronx target area, we will work with service providers to increase cultural competency and enhance customer service, and seek to develop solutions to the limitations in housing-related legal services, as well as in the availability of shelter for single victims seeking safety. A similar community assessment will be launched in 2011 in Brooklyn neighborhoods where there is a high concentration of family-related homicides.

Acknowledgements

The Committee members would like to express their 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.

Police Officer Gladys Teti, New York City Police Department, Domestic Violence Bureau, for assisting the Committee in gathering, analyzing and presenting the family-related homicide data in the report.

All of the OCDV interns who worked on this project. In particular, Jennifer Agmi, MPA; Laura Fidler, MPH; Sonja Marcus, MPH; Olivia Nevitt; and Maritza Valenzuela, MPH for their invaluable assistance with various components of the Community Assessment. The community based survey would never have been possible without the tenacity and commitment of the following interns who did surveying in the Bronx: Jennifer Bursky, Alexandra DeBlock, Alexandra Essey, Leanne Fornelli, Kaitlin Freedman, Rachel Greenburg, Annie Huang, Marisa Imazu, and Eric Rodriguez.

Appendix A: Family-Related Homicides Data by Year (2002-2009)

Years/Characteristics	2002	2003	2004	2005	2006	2007	2008	2009	Total
Total Family-Related Homicides	76	74	67	68	73	52	71	62	543
Victims by Gender									
Child Female	7	11	5	4	18	9	6	1	61
Adult Female	44	40	37	38	32	25	30	33	279
Child Male	9	6	7	11	9	8	10	6	66
Adult Male	16	17	18	15	14	10	25	22	137
Victims by Age									
<1	8	9	7	6	5	11	8	4	58
1-10	8	8	5	9	17	5	5	3	60
11-17	1	0	1	2	5	1	3	1	14
18-24	8	11	8	11	3	2	7	6	56
25-45	37	28	31	25	27	20	31	24	223
46-59	5	10	8	12	7	7	10	21	80
60+	9	8	7	3	9	6	7	3	52
Victims by Race									
Black	41	38	32	28	30	26	29	29	253
Hispanic	25	18	20	22	35	10	24	21	175
White	3	10	9	9	6	12	15	8	72
Asian/Indian	7	7	5	9	2	4	3	4	41
Other/Unknown	0	1	1	0	0	0	0	0	2
Perpetrator by Age									
<1	0	0	0	0	0	0	0	0	0
1-10	0	0	0	0	0	0	0	0	0
11-17	2	2	1	1	7	3	2	0	18
18-24	14	17	13	12	12	13	14	11	106
25-45	52	43	44	43	49	31	48	36	346
46-59	5	10	4	11	10	8	13	11	72
60+	3	4	4	3	1	2	3	6	26
Unknown	0	2	2	0	0	0	0	1	5
Perpetrator to Victim Relationship									
<i>Intimate Partner</i>									
Spouse/Live-In	17	14	19	16	9	13	16	11	115
Common Law	17	14	15	14	11	8	10	6	95
Child in Common	7	7	7	6	4	2	9	9	51
Boy/Girlfriend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15	15
Same Sex	0	1	1	0	1	0	3	1	7
<i>Other</i>									
Parent	17	20	15	17	27	21	15	9	141
Child	8	4	6	3	11	7	7	3	49
Other Family	10	15	5	14	16	6	20	10	96
Other/Unknown	0	3	0	0	0	0	0	1	4

**Appendix A: Family-Related Homicides Data by Year (2002-2009)
(Continued)**

Years/Characteristics	2002	2003	2004	2005	2006	2007	2008	2009	Total
Total Family-Related Homicides	76	74	67	68	73	52	71	62	543
Total Family-Related by Borough									
Brooklyn	37	28	24	19	27	18	25	19	197
Bronx	15	10	18	23	23	9	18	11	127
Manhattan	9	12	10	12	12	4	7	10	76
Queens	15	23	13	10	8	15	18	19	121
Staten Island	0	1	2	4	3	6	3	3	22
Homicide Method/Weapon									
Cutting/Knife	26	19	23	19	31	6	32	29	185
Firearm	22	16	20	21	13	19	13	18	142
Blunt Trauma	11	9	9	10	11	16	13	8	87
Asphyxiation/Strangulation	9	13	9	10	6	5	6	5	63
Other/Known	8	17	6	8	12	6	7	2	66

**Appendix B: Comparing Family-Related Homicides (2009) by
Previous (2002-2008) and Expanded Definition (2009)**

	Previous Family-Related Definition (2002-2009)	Expanded Family-Related Definition (2009)
Total Family-Related Homicides	47	62
Victims by Gender		
Child Female	1	1
Child Male	7	7
Adult Female	22	33
Adult Male	17	21
Total:	47	62
Victim by Age		
<1	4	4
1-10	3	3
11-17	1	1
18-24	4	7
25-45	14	23
46-59	18	21
60+	3	3
Total:	47	62
Victim by Race		
Black	23	29
Hispanic	16	21
White	5	8
Asian/Indian	3	4
Unknown	0	0
Total:	47	62
Borough of Occurrence		
Brooklyn	12	19
Bronx	8	11
Queens	15	19
Manhattan	9	10
Staten Island	3	3
Total	47	62
Weapon/Method		
Cutting/Knife	22	29
Firearm	11	18
Blunt Trauma	7	8
Asphyxiation/Strangulation	4	5
Other/Unknown	2	2
Total	46	62
By Relationship		
<i>Intimate Partner</i>		
Spouse/Live-In/Common Law	18	17
Child in Common	8	9
Same Sex	1	1
Boy/Girlfriend	0	15
Total	27	42
<i>Other Family Relations</i>		
Parent	9	9
Child	3	3
Other Family Members	10	10
Unknown	1	1
Total	26	41

**Appendix C: Family-Related Homicides (2004-2009) in New York City by Community District
Ranked by SES Index**

Community District			SES Index Rankings ⁴⁴				
Borough	District #	# Homicides	Education Attainment	Poverty	Median Income	Unemployment	SES Composite
Bronx	1&2	5	VL	VL	VL	VL	VL
Bronx	3&6	18	VL	VL	VL	VL	VL
Bronx	4	14	VL	VL	VL	VL	VL
Bronx	5	16	VL	VL	VL	VL	VL
Bronx	7	10	VL	VL	VL	VL	VL
Brooklyn	16	15	VL	VL	VL	VL	VL
Manhattan	11	9	VL	VL	VL	VL	VL
Manhattan	12	5	VL	VL	VL	VL	VL
Brooklyn	3	19	L	VL	VL	VL	VL
Manhattan	10	8	L	VL	VL	VL	VL
Brooklyn	4	4	VL	VL	VL	M	VL
Brooklyn	5	20	L	VL	VL	L	VL
Bronx	9	13	VL	L	L	L	VL
Bronx	11	6	L	L	L	L	VL
Brooklyn	8	9	M	L	L	VL	VL
Brooklyn	9	10	M	L	L	VL	VL
Brooklyn	12	4	L	L	VL	M	VL
Queens	4	3	VL	L	L	L	VL
Queens	1	4	L	L	M	L	L
Bronx	12	10	L	M	M	VL	L
Brooklyn	1	1	L	VL	L	H	L
Brooklyn	7	3	VL	L	L	H	L
Brooklyn	13	5	M	L	VL	M	L
Manhattan	9	9	L	L	L	M	L
Brooklyn	11	5	VL	M	L	H	L
Brooklyn	17	7	M	M	L	L	L
Manhattan	3	6	H	L	VL	L	L
Queens	3	3	VL	M	M	M	L
Queens	12	11	L	M	H	VL	L
Queens	14	7	L	L	M	M	L
Queens	7	5	M	M	M	L	M
Bronx	8	2	H	M	M	L	M
Bronx	10	6	M	H	M	L	M
Brooklyn	2	6	M	L	H	M	M
Brooklyn	10	1	M	M	M	M	M
Brooklyn	14	8	M	L	H	M	M
Queens	9	5	H	M	H	VL	M
Queens	10	5	L	H	M	L	M
Queens	13	10	M	H	L	M	M
Brooklyn	15	6	M	M	L	H	M
Queens	2	5	H	M	M	M	M
Queens	8	5	M	H	M	M	M
Brooklyn	6	4	M	M	H	H	H
Manhattan	4&6	4	H	M	H	M	H
Queens	5	9	L	H	H	H	H
Staten Isl.	1	11	H	M	H	M	H
Brooklyn	18	9	M	H	H	H	H
Queens	6	3	H	H	M	H	H
Queens	11	0	H	H	M	H	H
Manhattan	1&2	2	H	H	H	H	H
Manhattan	6	1	H	H	H	H	H
Manhattan	7	3	H	H	H	H	H
Manhattan	8	3	H	H	H	H	H
Staten Isl.	2	6	H	H	H	H	H
Staten Isl.	3	3	H	H	H	H	H

Appendix D: Demographic Data from Community-Based Survey

Age of Respondents	N=509 (%)
18-24	86 (17%)
25-45	137 (27%)
46-59	53 (10%)
60+	53 (10%)
Gender	
Male	178 (35%)
Female	331 (65%)
Race/Ethnicity	
Black	188 (37%)
White	29 (5.7%)
Hispanic	246 (48.4%)
Black, Hispanic	14 (2.8%)
Other	31 (6.1%)
Country of Birth	
United States	351 (69%)
Dominican Republic	50 (9.8%)
Puerto Rico	52 (10.2%)
Mexico	6 (1.2%)
West Africa	9 (1.8%)
Central America	7 (1.4%)
South America	5 (1%)
Other Caribbean	21 (4.1%)
Other	8 (1.6%)
Primary Language in Home	
English	331 (65%)
Spanish	79 (15.5%)
Spanish & English, Equally	84 (16.5%)
French	6 (1.2%)
Other	9 (1.8%)
Marital Status	
Single	274 (53.8%)
Living with a partner	62 (12.2%)
Married	77 (15.1%)
Separated/Divorced	66 (13%)
Widowed	20 (3.9%)
Other	9 (1.8%)
Children Under 18 Living in Home	
Yes	234 (46.1%)
No	274 (53.9%)

Appendix E: City Initiatives to Assist Victims and Prevent Domestic Violence

The City, through its agencies and contracted organizations, implements policies, programs and services to address domestic violence through the provision of services, prevention programs and public education. The following is an edited *excerpt* from the New York City Department of City Planning *Proposed 2011 Consolidated Plan* that provides an overview of the City's focused efforts on this issue:

Citywide Coordination of Services

Mayor's Office to Combat Domestic Violence

In November 2001, New York City residents voted to amend the City Charter to establish a permanent office that would comprehensively address issues of domestic violence. Mayor Michael R. Bloomberg appointed Yolanda B. Jimenez as the first commissioner to head the new office, which is one of only a few municipal government offices in the United States focused solely on the issue of domestic violence.

The Mayor's Office to Combat Domestic Violence (OCDV) formulates policies and programs, monitors the citywide delivery of domestic violence services and works with diverse communities to increase awareness of domestic violence. OCDV works closely with community leaders, healthcare providers, City agencies and representatives from the criminal justice system to hold batterers accountable and to create solutions that are critical to preventing domestic violence in New York City.

A description of domestic violence initiatives by OCDV and other City agencies are listed below.

Domestic Violence Fatality Review Committee

The Domestic Violence Fatality Review Committee (FRC) examines information related to domestic violence fatalities in the city and develops recommendations regarding services for the victims. Based on findings from its third annual report (2008), the FRC developed a plan for a community needs assessment in Districts 4, 5, 6, 7 and 9 of the Bronx. The assessment will assist in formulating outreach to increase community knowledge about family-related violence and available resources.

New York City Family Justice Center Initiative

The New York City Family Justice Center Initiative is an initiative of OCDV in partnership with the District Attorney's Offices of the respective boroughs of New York City. The Centers are located in the Bronx, Brooklyn, and Queens. With public and private funding, these innovative Centers help domestic violence victims break the cycle of violence by streamlining the process of receiving supportive services. Clients receive their choice of services that are made available in their language, while their children play in the next room. Since opening in July 2005 through December 2009, the New York City Family Justice Center, Brooklyn has served 32,806 new clients seeking domestic violence services and 5,987 children made use of the Center's Children's Room. There have been 68,833 adult client visits to the Center since it opened. Since

opening in July 2008 through June 2010, the New York City Family Justice Center, Queens has served 7,138 new clients seeking domestic violence services and 1,511 children were supervised in the Center's Children's Room. There have been 17,674 client visits to the Center since it opened. Since opening in April 2010 through June 2010, the New York City Family Justice Center, Bronx has served 1,365 new clients seeking domestic violence services and 187 children were supervised in the Center's Children's Room. There have been 2,124 client visits to the Center since it opened.

Early Victim Engagement (EVE) Project

In April 2008, the New York City Family Justice Center, Brooklyn launched the Early Victim Engagement (EVE) Project in collaboration with the Kings County District Attorney's Office, two nonprofit organizations and three government agencies. The EVE Project is funded by the U.S. Department of Justice, Office on Violence Against Women. The goal of the EVE Project is to have effective, early engagement with domestic violence victims whose abusive partners have had police contact in order to provide the victims with access to timely, reliable information about the criminal justice system in their language and allow them to make informed decisions about their safety. In 2009, over 9,700 domestic violence victims were assisted. During the first six months of 2010, over 3,200 domestic violence victims were assisted.

Domestic Violence Prevention

In 2005, OCDV established the New York City Healthy Relationship Training Academy in partnership with the Department of Youth and Community Development (DYCD) and the Avon Foundation through the Mayor's Fund to Advance New York City. The Academy offers educational workshops and training sessions on domestic violence topics for young people ages 11 to 24 of especially vulnerable populations, their parents and organizational staff. Since its inception in 2005 through June 2010, the Academy has reached 15,456 young people through 771 peer education workshops. These have proven to be highly successful based on data from pre- and post-workshop questionnaires.

Homelessness Prevention

Fleeing violence in the home can lead to homelessness for victims and their children. OCDV coordinates a wide range of programs and initiatives that aim to prevent domestic violence and provide safety and services to victims.

Public Education

Public education is a critical component of OCDV's strategy to reduce domestic violence and prevent homelessness in New York City. Effective public education helps to reduce the number of people who become victims and refers those who are victims to appropriate services.

[Public Awareness](#)

The OCDV website, www.nyc.gov/domesticviolence, serves as the only citywide clearinghouse for comprehensive domestic violence information. In July 2008, Mayor Bloomberg signed Executive Order 120, creating a centralized language access policy for New York City. In 2009, as part of OCDV's Language Access Plan, content on OCDV's website was reviewed and translated into Arabic, Bengali, Chinese, Haitian-Creole, Korean, Russian and Spanish.

[OCDV and the Verizon Wireless HopeLine® Program](#)

OCDV continues to collaborate with Verizon Wireless' HopeLine in urging all New York City residents to help survivors of domestic violence by donating their no-longer-used wireless devices.

[Raising Awareness about the Right to a Healthy Relationship](#)

In the spring of 2010, OCDV launched a poster, palm card and radio public service announcements raising awareness about the right to a healthy relationship. The campaign materials encourage people to call 311, the New York City Domestic Violence Hotline, or 911 in an emergency. The bilingual campaign, in English and Spanish, was launched in April 2010 with a Spanish-language public service announcement radio campaign with the support of two New York City Spanish language radio stations. In June 2010, the posters and palm cards began to be displayed in over 1,000 pharmacies, banks, financial services locations and fast food restaurants. The campaign materials were also placed at several City agencies including the Administration for Children's Services, Department of Consumer Affairs, Department of Homeless Services, Human Resources Administration, Department of Parks and Recreation and the New York City Housing Authority in addition to medical providers' offices.

[“We Are New York” Adult Education Program](#)

The Mayor's Office to Combat Domestic Violence partnered with the Mayor's Office of Adult Education and the City University of New York to create an episode that addresses domestic violence for the “We Are New York” series. The “We Are New York” show is designed to help immigrants learn to speak English and simultaneously learn about vital City services that they can access. The program focuses on some of the barriers and challenges immigrants may face in reaching out for help and highlights that domestic violence services are available to everyone no matter what immigration status.

[October Domestic Violence Month](#)

Since the fall of 2002, OCDV has collated information regarding domestic violence-related activities being hosted in the city each October in honor of Domestic Violence Awareness Month. These activities are organized into a useful resource calendar which is widely distributed and posted on the OCDV website.

Additionally, in October 2009, the Mayor sent materials to all City employees (over 338,000 individuals) with important information about domestic violence. The

newsletter provided useful information about ways City employees can combat domestic violence, while offering supportive services to those experiencing abuse. New York City also participated in “Shine the Light on Domestic Violence” by shining purple lights on select buildings for the month of October. This statewide effort was coordinated by the New York State Office for the Prevention of Domestic Violence.

[New York City Housing Authority \(NYCHA\)](#)

NYCHA held two Domestic Violence conferences entitled “Community Response to Domestic Violence: A Conference for Resident Leaders” in 2009. The first one took place on October 24, 2009 at the Drew-Hamilton Community Center in Manhattan, and the second one took place on December 3, 2009 at NYCHA’s offices located at 90 Church Street in Manhattan. A total of 137 NYCHA Resident Leaders, individuals dedicated to improving the quality of life in NYCHA developments and the surrounding neighborhoods, across the five boroughs attended. The conferences were designed to: (1) raise Resident Leaders’ awareness about the issue of domestic violence (2) help the Resident Leaders to identify domestic violence signs and situations (3) provide education about resources available in the community, and (4) promote and instill a sense of community responsibility to the issues surrounding domestic violence.

[Human Resources Administration’s Teen Relationship Abuse Prevention Program \(RAPP\)](#)

This school-based program is one of the most comprehensive domestic violence prevention programs in New York City, and is critical to ending relationship abuse among young people. Through a comprehensive curriculum, students learn to recognize and change destructive patterns of behavior before they are transferred to adult relationships. The program is now serving 61 schools citywide.

Peer education is an important component of the RAPP program. One of the goals of the RAPP program is to promote active student involvement as peer partners, peer educators and mentors. During City Fiscal Year 2010, 7100 students received counseling services and over 3,000 students completed the workshop series. Outreach was conducted to over 50,000 students citywide.

Training

Agency personnel and other service providers must be well-trained in order to effectively deliver programs and initiatives that have an impact on reducing domestic violence. This is especially true of frontline workers who directly assist victims and are regularly called upon to provide clear, accurate and often culturally appropriate information and assistance.

[The Administration for Children’s Services \(ACS\) Domestic Violence Screening and Assessment Tools and Training](#)

ACS provides domestic violence screening and assessment tools for child protective, foster care and preventive agency staff, and continues to provide ongoing training and technical assistance to community based preventive service programs throughout the city.

In its recent child welfare request for proposals, ACS also required foster care and preventive agencies to have enhanced capacity to address domestic violence experienced by their clients. These efforts are crucial because a substantial overlap exists between domestic violence and child abuse and neglect, and many victims of domestic violence come into contact with child welfare service providers before they are ready to seek assistance from domestic violence service providers or the criminal justice system.

ACS also oversees an external contract that provides domestic violence-related consultation, training, technical assistance and capacity-building to foster care and preventive service agencies. This resource will be critical as agencies build their internal knowledge and resources related to domestic violence. This contract was re-bid this past year, and was newly awarded to the Children's Aid Society's Family Wellness Program.

Brooklyn Child Protection conducted collaborative presentations with the community based organization Sakhi for South Asian Women. Sakhi is committed to ending violence against women of South Asian origin. Recognizing oppression based on class, immigration status, religion, and sexual orientation, Sakhi works to empower women, particularly survivors of domestic violence.

[Intimate Partner Violence Public Health Detailing Campaign](#)

In February 2009, the Department of Health and Mental Hygiene launched an 11-week campaign on intimate partner violence prevention, reaching out to primary care providers in its District Public Health Office neighborhoods. The campaign used strategies to facilitate provider communication around intimate partner violence, including ways to screen and make referrals. Provider resources and patient educational materials from the campaign's kit are available online at: <http://www.nyc.gov/html/doh/html/csi/csi-ipv.shtml>.

[Intimate Partner Violence Report and Annual Data Updates](#)

In 2008, the Department of Health and Mental Hygiene released a comprehensive report chronicling the tragic and persistent problem of intimate partner violence. Data from City hospitals, medical examiner records, and surveys are analyzed and updated annually. The report is available at <http://nyc.gov/html/doh/downloads/pdf/public/ipv-08.pdf>. A presentation summarizing the most recent health department data on female homicides is available at <http://www.nyc.gov/html/doh/downloads/ppt/ip/ip-femicide-stats-1995-2007.pps>

[New York City Housing Authority \(NYCHA\)](#)

In the spring of 2010, OCDV partnered with NYCHA to train agency employees in the Bronx on domestic violence awareness and service referrals. To date, more than 400 NYCHA employees, including property management, community and senior center and social service staff, participated in the training program. This program will be expanded to other locations in the city during the upcoming year.

Department of Homeless Services (DHS)

Beginning in 2008, DHS and OCDV partnered to develop a domestic violence awareness and referral training program for employees of DHS homeless shelters. The training covered the following topics: (1) prevalence of domestic violence in New York City (2) power and control dynamics of domestic violence (3) potential barriers to leaving a domestic violence situation (4) intersection of mental health, physical disabilities, substance abuse and immigration issues which arise in domestic violence cases (5) identification of potential signs of domestic violence and (6) domestic violence resources in New York City. To date, DHS has trained over 900 shelter staff from all five boroughs, and additional staff has been trained by the New York State Office for the Prevention Domestic Violence.

HRA's NoVA (No Violence Again) office is co-located at DHS' family intake center (PATH) and provides assessment, crisis counseling, placement and referral services for families who present domestic violence issues at PATH. At PATH, at any time during the family intake process, any client who presents a domestic violence referral and/or who discloses issues of domestic violence is referred to specially-trained NoVA workers for an in-depth assessment. When families are determined eligible for the NoVA program, HRA and DHS staff work closely to facilitate their placement in domestic violence shelter. In addition, NoVA staff support the intake process by precluding persons or locations that are unsafe for the family and sharing these findings with PATH staff, who in turn take this information into consideration as part of their investigation and for shelter placement purposes.

DHS has developed a close working relationship with OCDV and their three Family Justice Centers. When high-risk clients are referred by OCDV and the Family Justice Centers, through the DHS Office of Health Care Policy and Administration, to PATH/NoVA, family intake staff are ready to provide assistance regarding potential placement in domestic violence shelters, emergency, temporary housing within the DHS shelter system, and referrals for domestic violence counseling. DHS has worked with HRA and OCDV staff, including Family Justice Centers staff, to develop triage questions, so that domestic violence victims can be identified at intake and appropriate services can be expedited. With help from OCDV and HRA, DHS has implemented new policies for working with domestic violence victims at PATH, and for working with sheltered clients, when DHS clients become victims of domestic violence. This protocol includes contacting the nonprofit service provider Safe Horizon, regarding the possibility of transfer to a domestic violence shelter, offering safety transfers within the DHS system, contacting NYPD and ACS, if indicated, and offering referrals for domestic violence counseling. In addition, DHS has modified its domestic violence screening tool to enhance the potential for disclosure of domestic violence when single individuals are provided with shelter by DHS.

Intervention and Outreach

A number of domestic violence programs and initiatives operated by City agencies involve outreach to victims and their families and are designed to intervene in the lives of victims before they become homeless. Outreach and services are provided to victims

through the City's Domestic Violence Hotline, criminal justice services, social services, health services, alternatives to shelter, among other services.

[New York City Domestic Violence Hotline](#)

Domestic violence services offered in the City can be accessed through the City's toll-free Domestic Violence Hotline which operates 24-hours, seven days a week and provides interpretation services in more than 150 languages and dialects. During the 2009 calendar year, the Hotline answered 140,985 calls, averaging 380 calls per day. During the first six months of 2010, the hotline answered 57,040 calls, an average of 315 calls per day.

[NYC Teen Mindspace – Outreach to teens about multiple mental health issues, including dating violence](#)

In the summer of 2009, the Department of Health and Mental Hygiene re-launched its online campaign to engage teenagers grappling with depression, drugs and dating violence, in order to encourage them to seek help. *NYC Teen Mindspace* responds to these issues with interactive features that raise awareness and combat stigma by helping teens identify with peers and prompting them to seek help. By sending a confidential message to a mental health counselor from LifeNet, teens can get help and referrals for treatment. To see the campaign, visit www.myspace.com/nycteen_mindspace.

Criminal Justice Services

Fear for personal safety is a major reason that victims leave their homes. Effective delivery of criminal justice services is a critical element in combating the crimes of domestic violence and reducing the number of future crimes.

The New York City Police Department (NYPD) is very proactive in its response to domestic violence. In 2009 the NYPD responded to over 236,561 domestic violence 911 calls with an average of 648 calls per day.

[New York City Police Department \(NYPD\) Domestic Violence Unit](#)

The NYPD Domestic Violence Unit coordinates the Department's overall domestic violence strategy, including the training of officers. There are over 380 Domestic Violence Prevention Officers, Domestic Violence Investigators and Domestic Violence Sergeants in the City's 76 Police Precincts and nine Housing Police Service Areas. In 2009, the Domestic Violence Unit continued to train Domestic Violence Officers and Investigators, Training Sergeants, newly-promoted Detectives, Sergeants, Lieutenants, Captains, newly-assigned recruits, members of the public and private organizations.

[New York City Police Department Intervention Programs](#)

The NYPD has many initiatives aimed at prevention, intervention, and outreach. This includes a Domestic Violence High Propensity List, which targets households with a demonstrated history of domestic violence, and a very effective Domestic Violence Contact and Home Visit Program, where Domestic Violence Prevention Officers visit

residences where domestic violence incidents have been reported (commonly referred to as “home visits”). In 2009, the NYPD conducted over 69,000 successful home visits, and the NYPD effected over 40,000 domestic violence arrests, an average of over 110 arrests per day.

[New York City Police Department Domestic Violence Intervention and Education Program \(DVIEP\)](#)

The Domestic Violence Intervention and Education Program (DVIEP) combines experienced counselors from the nonprofit organization Safe Horizon with uniformed police officers in Police Service Areas (PSAs) who jointly contact and counsel NYCHA families where there has been a police report of domestic violence. In January 2009, Safe Horizon’s contract with NYCHA was transitioned to HRA and is now funded by the City Council to provide services to NYCHA residents. DVIEP is operational in seven PSAs (Brooklyn – PSA 2 and PSA 3; Manhattan – PSA 5 and PSA 6; Bronx – PSA 7 and PSA 8; and Queens – PSA 9). As of July 1, 2010, DVIEP began serving PSA 1 in Brooklyn and PSA 4 in Manhattan.

During Fiscal 2010, 10,767 new cases were received; 2,985 domestic violence arrests were made; and 183 police sensitivity training sessions were conducted and 87 community education seminars were conducted as part of this program.

Social Services

The City provides a number of health and social services to meet the immediate needs of victims and help them avoid homelessness. OCDV is committed to having these services delivered in a coordinated manner.

[The Administration for Children’s Services Domestic Violence Policy and Planning Unit](#)

The Domestic Violence Policy and Planning (DVPP) Unit works to inform ACS’ delivery of services and practice so that families and children who are involved in the child welfare system and are affected by domestic violence are identified and receive the services they need. DVPP supports capacity building and adherence to best practice, and achieves its goals through consultation, training, interagency collaboration and community outreach. The unit conducts strategic planning related to domestic violence and the child welfare system; directs policy development; formulates practice guidelines and protocols; and collaborates internally and externally on developing domestic violence policies, practices and recommendations. The unit is also responsible for the development and implementation of the agency’s domestic violence training strategy, the delivery of these trainings, and supporting 15 domestic violence clinical consultants, and their adequate support in the field on certain high-risk cases.

Over the past year DVPP worked with ACS’ Satterwhite Training Academy and the Division of Child Protection to update the three-day domestic violence training curriculum that is provided to all child protective specialists. This effort ensured that the training reflects the agency’s current domestic violence-related policies and practices, and provides staff with guidance on how to address domestic violence in the context of new child welfare initiatives such as child safety conferences.

A Teen Relationship Abuse Conference was held in November 2010, hosted by Children's Aid Society as part of the Family Wellness Program contract. This conference was designed for foster care and preventive staff to learn about effective strategies for working with teens in or at-risk for abusive relationships. ACS is planning quarterly conferences/forums for foster care and preventive agencies going forward. In honor of Domestic Violence Awareness Month, ACS, HRA and New York State domestic violence providers, collaborated with New York State Office of Children and Family Services in planning that agency's domestic violence conference held in October 2010 entitled "Love Without Pain: Working with Families Across Systems," focused on cross-systems work.

[The Administration for Children's Services Clinical Consultation Program](#)

In 2002, ACS launched the Clinical Consultation Program, which placed 12 domestic violence consultants in the Children's Services child protective field offices throughout the city. The program has since grown to include 15 domestic violence consultants. These consultants work as part of a multidisciplinary team that also includes mental health and substance abuse specialists, a team coordinator, and a Medical Services Consultant. The domestic violence consultants, with other team members when needed, provide case-specific consultation, office-based training, and assistance with referrals for community based resources. Consultations are available to caseworkers, supervisors, and managers to help assess the client for the presence of domestic violence within the household and plan appropriately. In addition, consultants may attend case conferences or have direct contact with clients to provide a more informed consultation and model intervention strategies. Specific office-based trainings related to domestic violence and informed by best practices are developed depending on the training needs of a location. Lastly, the domestic violence consultants identify and develop connections to domestic violence-related neighborhood-based resources to facilitate referrals. During calendar year 2009, domestic violence experts conducted the following consultations: over 6,000 (domestic violence only); about 5,000 (domestic violence and substance abuse); a minimum of 1,000 (domestic violence and mental health); at least 500 (domestic violence/mental health/substance abuse); from 60-100 (domestic violence/mental health/medical services/substance abuse); 20-30 (domestic violence and medical services); 10-20 (domestic violence/medical services/mental health) consultations on domestic violence cases and conducted over 200 office-based training sessions, as well as approximately 100 cross-disciplinary training sessions. These estimates represent the fact that the total number of consults exceeds the documented number of formal consults. There are many more instances when the Domestic Violence Consultants are approached with questions that are characterized as informal consults. The consultations included instances when domestic violence was the single issue; and cross-consults when there were overlapping issues of substance abuse and mental health. Similarly, the office-based training activities included the singular topic of domestic violence, and other instances of cross-cutting topics that focused on domestic violence in combination with substance abuse and mental health. This is an aspect of how domestic violence consultation has evolved to increase awareness of the interconnection with other issues that impact children and family functioning. A further enhancement of efforts to address domestic violence has been the collaboration of the Domestic Violence Consultants with the agency's Investigative Consultants and Family Court Legal Services. A continuing

aspect of the Clinical Consultation Program's development has been its close relationship with the Domestic Violence Policy and Planning Unit within the Office of Child and Family Health under Family Support Services. These partnerships and linkages have resulted in even more capacity building that helps to strengthen the agency's response.

[Health and Hospitals Corporation \(HHC\): Domestic Violence Program](#)

Health and Hospitals Corporation, the City's hospital system, acute care hospitals provide a range of domestic violence services that includes in-service training of all staff on domestic violence during orientation; mandatory annual training thereafter; ongoing education/training for clinical staff and prevention activities for patients as well as employees. Other services include creation of linkages between patient support groups and domestic violence services; provision of information and assistance to victims with housing; provision of an easy referral system with the New York City Family Justice Centers in the boroughs of the Bronx, Brooklyn and Queens for clients in need of both social services and medical attention; continuing education on domestic violence training sessions for health care providers; peer advocacy program; and grant application (when available) to enhance domestic violence services e.g. group counseling, therapy, advocacy and community outreach activities focused on prevention and reporting.

[Project H.E.A.L. \(Health Emergency Assistance Link\)](#)

Project H.E.A.L. is a comprehensive plan to improve services provided to domestic violence victims at the 11 City's public hospitals and a partnership of OCDV and the Health and Hospitals Corporation. This project enhances the ability of City hospital staff to identify victims, document injuries and connect them with social and legal services. In Calendar Year 2009 over 2,484 patients utilized the services provided by this program.

[HHC Domestic Violence Coordinators](#)

Domestic Violence Coordinators provide violence prevention services 24 hours a day, seven days a week that include primary, intermediate and follow-up care in a holistic approach inclusive of the victim's psychosocial and cultural needs. Such services may also require collaboration and coordination with external agencies such as NYPD Domestic Violence Prevention Officers and the District Attorneys' Offices to ensure a continuum of care for the safety of the victims. Outreach efforts for calendar year 2009 included the Annual New York City Vigil for Victims of Crimes (April 2009) and New York Cares Health Fair and Domestic Violence Awareness Month (October 2009). In addition, the Domestic Violence Program continues in partnership with Verizon Wireless to provide high risk patients with pre-paid cell phones.

[HHC Domestic Violence Database System](#)

The Domestic Violence Database is an electronic system available on HHC's intranet. The database was developed in 2000 in collaboration with the DOHMH to track domestic violence cases seen at HHC hospitals. In Calendar Year 2009, 1,967 domestic/intimate partner violence cases were entered in the Domestic Violence Database System.

HHC Training and Screening for Domestic Violence

All newly hired staff are given an in-service workshop on domestic violence at orientation and annually thereafter. In addition, newly hired nurses receive ongoing continuing education on the identification, treatment and referral of domestic violence patients. In Calendar Year 2009, 6,703 staff participated in domestic violence training and re-training sessions. HHC's protocol requires the Emergency Department, Obstetrics-Gynecology, Ambulatory Care and, Women, Infants, and Children Clinic staff to screen all females ages 16 and above (and individuals who meet high-risk criteria) for domestic and/or intimate partner violence. At the Bronx facilities, the Domestic Violence Coordinators created a Domestic Violence Identification Card worn with their hospital-issued identification to raise the awareness of physicians, nurses, and social workers about the need to screen for domestic violence. Each patient (actual victim or victims at moderate to high-risk) receives a comprehensive domestic violence packet outlining the domestic violence services offered in each of the City's five boroughs.

HHC continues to utilize the best practice *Clinician Guide for Identifying, Treating and Preventing Family Violence Manual* as a practical reference for clinical staff in the prevention, identification, treatment and management of family violence in all settings.

Human Resources Administration (HRA) Domestic Violence Liaison Unit

HRA created a Domestic Violence Liaison (DVL) Unit in 1998 as a result of the Federal Family Violence Option, part of welfare reform legislation. During Fiscal Year 2010, the domestic violence liaisons granted a monthly average of 689 employment and child support enforcement waivers to individuals affected by domestic violence in order to maintain their safety.

Human Resources Administration Project NoVA (No Violence Again)

HRA addresses the needs of domestic violence victims seeking emergency housing from the Department of Homeless Services. During Fiscal Year 2010, 10,942 cases were referred to NOVA for assessment to determine eligibility for domestic violence services. Of these referrals, approximately 2,176 were determined to be eligible for services based on an assessment of the client's safety.

Human Resources Administration Non-residential Domestic Violence Programs

HRA contracts with community based organizations to provide non-residential domestic violence services. These programs maintain hotlines, provide crisis intervention, counseling, referrals for supportive services, advocacy and community outreach in all five boroughs. During Fiscal Year 2010, a monthly average of 2,884 clients were served through non-residential programs and 1,044 clients received legal services in addition to core services.

HRA Domestic Violence Aftercare Program

The Domestic Violence Aftercare Program (DVAP) provides intensive home-based social services to victims of domestic violence within NYCHA developments who have been approved for an Emergency Transfer. Services include counseling, advocacy, assistance with relocation, safety planning, in-home case management and referrals for job training and GED classes. In February 2010, this program was transferred to HRA and is currently implemented by the HRA Office of Domestic Violence.

From February 5, 2010 through June 30, 2010, 110 new cases were referred to this program from NYCHA. Ninety-one initial home visits were conducted and 26 clients and their families were successfully relocated to a safer environment. The Domestic Violence Aftercare Staff also linked these clients with essential resources in their new communities.

NYCHA Furniture Distribution Program

The program secures donations of furniture, bedding and an assortment of household items from the private sector, hotels and motels to assist relocated families who have lost their possessions due to a fire or other calamity. From January 1, 2009 through December 31, 2009 approximately 123 families were assisted through the program. From January 1, 2010 through June 30, 2010 approximately 59 families were assisted through the program.

Alternatives to Shelter

Human Resources Administration Alternative to Shelter Program (ATS)

This program provides domestic violence victims and their children with the option of remaining safely in their own homes if it safe to do so, through the provision of security technology and a coordinated response. ATS is designed to allow some victims to remain in their homes and to keep abusers out of those homes. In Fiscal Year 2010, ATS served an average of 100 clients per month.

Housing and Supportive Housing

Domestic violence victims who are seeking emergency shelter are referred through the citywide domestic violence hotline to emergency shelter services.

Temporary Housing and Emergency Shelter

The HRA Office of Domestic Violence Services administers 52 state-licensed emergency domestic violence shelters, including one directly operated by HRA. Domestic violence victims are provided with a safe environment and a range of support services, including counseling, advocacy, and referral services. During Fiscal Year 2010, the emergency shelter capacity increased to 2,208 beds. During Fiscal Year 2010, 3,733 families entered the domestic violence shelter system. HRA administers seven transitional housing shelters (Tier II) shelters with a capacity of 253 units.

New Permanent Housing

[NYCHA Emergency Transfer Program](#)

This program is available to NYCHA residents who are victims of domestic violence, intimidated victims, intimidated witnesses, or child sexual abuse victims. The program provides a confidential transfer to another NYCHA development enabling residents who are being victimized to live free from violence while preventing homelessness. Between January 1, 2009 and December 31, 2009, 1,976 emergency transfer requests were received and 842 cases were approved for transfer. Between January 1, 2010 and June 30, 2010 1,040 emergency transfer requests were received and 408 cases were approved for transfer.

[NYCHA Witness Relocation Program](#)

Through the Witness Relocation Program, District Attorneys, U.S. Attorneys, or other appropriate law enforcement agencies refer intimidated witnesses (some of whom are domestic violence victims) who are applying for public housing or Section 8 assistance to NYCHA. From January 1, 2009 through December 31, 2009, 244 cases were received and reviewed by NYCHA, of which 210 were deemed to have met the Intimidated Witness criteria and were forwarded to NYCHA's Applications and Tenancy Administration Department for processing. From January 1, 2010 through June 30, 2010, 107 cases were received and reviewed by the unit, of which 91 were deemed to have met the Intimidated Witness criteria and were forwarded to NYCHA's Applications and Tenancy Administration Department for processing.

Programs and Services for Elder Victims

[Department for the Aging \(DFTA\) Elderly Crime Victims Resource Center](#)

DFTA operates the New York City Elderly Crime Victims Resource Center. This Center provides crisis intervention, counseling, referrals for supportive services, advocacy and community outreach in all five boroughs. The Center's elder abuse prevention and intervention services assist older victims of abuse to live with dignity, safely and free from abuse, while maintaining power and control of their daily living. Community based intervention services are provided to clients aged 60 years or older who are being physically, emotionally, and/or financially abused. During Fiscal Year 2010, 1,623 elderly victims were served.

DFTA provides on-going training to its senior center and case management staff in elder abuse protocols, including Naturally Occurring Retiring Community (NORC) and Caregiver program staff.

DFTA, through City Council funding, also contracts with nine community based service providers to provide direct services to victims of elder abuse, as well as to develop prevention activities that include trainings and outreach. Service providers provide long-term case management services to clients, many of whom present highly complex cases. Providers may assist victims of elder abuse by: helping them secure orders of protection; providing long-term counseling; accompanying victims to court; examining powers of

attorney and other legal documents; working with police to place victims on high-propensity lists; and working closely with District Attorneys to aid in the prosecution of cases. Five of the nine community based contractors have attorneys on staff to provide legal services on behalf of clients. In Fiscal Year 2010, elder abuse contractors assisted 1,087 victims of elder abuse. These agencies provided more than 21,243 direct service hours to these clients (4,168 hours of counseling, 12,125 case assistance hours and 4,950 hours of legal services). They also conducted trainings and workshops on elder abuse for both seniors and professionals including District Attorneys, judges, police, and social workers. In Fiscal Year 2010, nine community based organizations conducted workshops that were attended by 3,896 seniors and 2,604 professionals.

[New York City Elder Abuse Network \(NYCEAN\)](#)

Recognizing that elder abuse is too complex for one agency to tackle on its own, the City has put in place a collaborative response, which ensures that thoughtful and innovative solutions are put into practice and that scarce resources are utilized effectively. In 2006, DFTA and its sister agencies formed the New York City Elder Abuse Network (NYCEAN). The Network was formed from a nucleus of agencies that had indicated a strong desire to expand and strengthen their elder abuse prevention activities. This network brought together City agencies, law enforcement officials and diverse community based organizations that focus on elder abuse. In addition to DFTA, members of the network include HRA Adult Protective Services program, NYPD, the Department of Housing Preservation and Development, NYCHA, four District Attorney offices, the Brookdale Institute on Aging and seven nonprofit community agencies that provide elder abuse services, as well as other stakeholders. NYCEAN operates as a focal point in New York City for team consultation on difficult and multi-problem cases, advocacy and legislative initiatives, training, public awareness and prevention campaigns, as well as systems coordination and services integration.

[New York State Elder Abuse Prevalence Study](#)

A recent study commissioned by the Office of Children and Family Services (OCFS), of which DFTA was a partner, examined the prevalence of elder abuse in New York State using a random survey sample and compared it with reported elder abuse cases. The study found that 7.6% of the seniors interviewed statewide, and about 9% of those in New York City, reported being victims of elder abuse. We know that many forms of abuse are often underreported, and elder abuse is no different. The same study found that less than 1% of older adults in New York officially report elder abuse. It is difficult to know how these figures compare to other cities or states across the country because this OCFS study is a groundbreaking one – it is the first statewide study to take a comprehensive look at the prevalence of elder abuse. The study does, however, point to the great importance of and need for the work DFTA is doing in conjunction with HRA, Consumer Affairs, and our other City partners to educate the public about and work to prevent elder abuse. It is also interesting to note that fully half of those whose interviews revealed abuse, cited financial exploitation as the form of abuse, which is consistent with the percentage of cases received by DFTA's Elder Crime Victims Resource Center involving financial exploitation.

New York City Elder Abuse Center (NYCEAC)

The New York City Elder Abuse Center (NYCEAC), another collaborative effort in which DFTA and HRA Adult Protective Services (APS) participate, utilizes a collaborative, multidisciplinary team approach across systems and disciplines to effectively respond to complex cases of elder abuse. Launched in November 2009, NYCEAC is governed by Weill Cornell Medical College's Division of Geriatrics and Gerontology and a Steering Committee comprised of leaders from the fields of elder abuse, aging, social and protective services, criminal justice, health care, research and domestic violence. Steering Committee members represent over 20 government and nonprofit organizations, including HRA and DFTA. NYCEAC has developed two Multidisciplinary Teams (MDTs), one in Manhattan and one in Brooklyn, which coordinate care and create solutions for the growing number of complex cases of elder abuse in New York City. They utilize a case consultation model, which involves reviewing, discussing and coordinating cases of elder abuse and neglect and identifying systemic and resource problems that can be brought to the attention of others for strategizing and intervention. The Coordinator of both teams works from the Brooklyn APS office, where she also provides consultations to APS staff on elder abuse cases.

"It's My Money!" and Savvy Seniors Programs

DFTA works in close partnership with the Department of Consumer Affairs in specifically targeting financial empowerment education to older adults. DFTA and its nonprofit arm, The Aging in New York Fund, developed "It's My Money!", an interactive videogame that teaches seniors about financial fraud and scams perpetrated through the mail and email, over the telephone, the internet, and through television ads. Launched in early 2010 after several years of development to enhance seniors' awareness of internet scams, "It's My Money!" joins New York City's Savvy Seniors Program, a citywide outreach campaign launched in 2007 with the Department of Consumer Affairs

Endnotes

¹ For the purposes of this report, “family-related homicide” is defined 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 or not they still reside in the same household; persons who have a child in common regardless of whether or not such persons have been married or have lived together at any time; persons not legally married, but living together in a family-type relationship; persons not legally married, but who have formerly lived together in a family-style relationship; and persons who are not related by blood or marriage and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time. This definition includes same sex partners.

² Each community district, based on New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics, was assigned a rank using quartiles to create the socioeconomic index. Each set of the four indicators ((1) the percentage of the individuals living below the poverty level; (2) the percentage of residents age 25 and older who has not graduated from high school; (3) the median household income; and (4) the percentage of the labor force that is unemployed) were ranked from one to four based on the quartiles (from high to low). The lower numbers represent lower SES and the higher numbers represent higher SES. These ranking add together to create a SES index for the four indicators. The New York City Department of City Planning reports American Community Survey (ACS) results by Community Districts. However, the Census Bureau requires that no ACS survey area have less than 100,000 people and to meet this requirement several of the City’s 59 Community Districts are combined for reporting purposes. Bronx Community District 1 and 2 are combined into one PUMA, as are Bronx Community Districts 3 and 6, Manhattan Community Districts 1 and 2, and Manhattan Community Districts 4 and 5. Therefore, there are 55 PUMAs (Public Use Microdata Areas in the City for which ACS data is available.

³ Local Law Number 61 for the year 2005, Section 2.

⁴ The New York City Fatality Review Committee Annual Reports for 2006, 2007, 2008 and 2009 can be obtained through the Mayor’s Office to Combat Domestic Violence website at <http://www.nyc.gov/html/ocdv/html/publications/publications.shtml>.

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 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, 2005, 2006, 2007, 2008 and 2009.

⁷ To assess for significant changes in family-related homicide counts over time, we computed confidence intervals around the 2002 and 2009 counts. Overlapping confidence intervals signaled there was no significant change. All confidences intervals we computed were overlapping; thus, no increase or decrease in counts could be labeled statistically significant.

⁸ When a noteworthy change was seen from 2008 to 2009, frequencies were compared between these two points in time to see if the change held for all subgroups. Z-tests and chi-square tests were used to determine significant differences between subgroups.

⁹ Representative contract agencies include: (1) Anti Violence Project, (2) Barrier Free Living, (3) Edwin Gould Services for Children and Families, (4) FECS Health and Human Services System, (5) HELP Social Services, (6) Jewish Board of Family and Children’s Services, (7) New York Asian Women’s Center, (8) Queens Legal Services Corporation, (9) Safe Horizon, (10) Sanctuary for Families, (11) Seamen’s Society for Children and Families, (12) Urban Justice Center, Legal Services and (13) Violence Intervention Program.

¹⁰ The Administration for Children’s Services (ACS) could provide only aggregate, not individual data on contact and was excluded from the analysis of individuals contacting multiple agencies.

¹¹ ACS did not provide the timeframe during which the contact occurred relative to the homicide.

¹² Creswell, John W. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Sage Productions: London, 2007. Pg. 152-153.

¹³ The community survey received the Department of Homeless Services Institutional Review Board approval in April 2009.

¹⁴ 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); O’Campo P., Gielen A.C., Faden R.R., Xue X., Kass N., Wang M.C., *Violence by Male Partners Against Women During the Childbearing Years: A Contextual Analysis*, American Journal of Public Health, Vol. 85(8): 1092-1097 (August 1995); 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) and Miles-Doan, R., *Violence Between Spouses and Intimates: Does Neighborhood Context Matter?*, Social Forces, December 1, 1998.

¹⁵ “Intimate partner homicides” is defined as all relationships in endnote 1 supra except other family members, such as parents, brothers, sisters, uncles, cousins, nieces, nephews, children and grandparents.

¹⁶ Ibid.

¹⁷ New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Poverty (Race). See http://www.nyc.gov/html/dcp/pdf/census/boro_demo_06to08_acs.pdf

¹⁸ Ibid.

¹⁹ New York City Department of City Planning: Population, Current Population Estimates (August 2010). See <http://www.nyc.gov/html/dcp/html/census/popcur.shtml>

²⁰ *New York City Domestic Violence Fatality Review Committee: Annual Report 2007*, New York City Domestic Violence Fatality Review Committee (December 2007).

²¹ Between 2002 and 2009, there were 573 perpetrators involved in 543 family-related homicides. In 2009, there were 65 perpetrators involved in the 62 family-related homicides.

²² The population figures were obtained from the United States Census Bureau, 2000 Census, American Factfinder, United States Census Bureau website accessed July 30, 2010.

²³ For all agencies except the New York City Housing Authority (NYCHA), “contact” is 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 was a resident in a NYCHA property as reflected in NYCHA records.

²⁴ ACS could not be included because it did not provide information regarding contact that occurred within one year of the homicide and was therefore excluded from the time analysis.

²⁵ ACS did not provide case specific information regarding contact that occurred within one year of the homicide. The information in this paragraph reflects victim/perpetrator contact and reports of domestic violence allegations that could have occurred at any point in time. The vast majority of contact that ACS had with victims/perpetrators occurred more than five years before the homicide.

²⁶ 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); O’Campo P., Gielen A.C., Faden R.R., Xue X., Kass N., Wang M.C., *Violence by Male Partners Against Women During the Childbearing Years: A Contextual Analysis*, American Journal of Public Health, Vol. 85(8): 1092-1097 (August 1995); 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) and Miles-Doan, R., *Violence Between Spouses and Intimates: Does Neighborhood Context Matter?*, Social Forces, December 1, 1998.

²⁷ New York City Department of City Planning reports American Community Survey (ACS) results by Community Districts. However, the Census Bureau requires that no ACS survey area have less than 100,000 people and to meet this requirement several of the City’s 59 Community Districts are combined for reporting purposes. Bronx Community District 1 and 2 are combined into one Public Use Microdata Area (PUMA), as are Bronx Community Districts 3 and 6, Manhattan Community Districts 1 and 2, and Manhattan Community Districts 4 and 5. Therefore, there are 55 PUMAs in the City for which ACS data is available.

²⁸ New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Poverty (All People). See http://www.nyc.gov/html/dcp/pdf/census/boro_econ_06to08_acs.pdf. 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>. The United States Census determines poverty status for all people except institutionalized people, people in military group quarters and people in college dormitories. The United States Census uses a set of money income thresholds that vary by family size and composition to detect who is poor. If a family’s total income is less than a pre-set threshold, then that family, and every individual in it, is considered poor. The poverty thresholds for 2007 for a single person was \$10,590 annually; a family of two was \$13,540; a family of three (two children under 18) was \$16,750 and a family of four (with three children under 18) was \$21,100. Information was obtained from the New York City Department of City Planning.

²⁹ Poverty data obtained from New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, New York City, Selected Economics Characteristics: Poverty Level (All People). See http://www.nyc.gov/html/dcp/pdf/census/boro_demo_06to08_acs.pdf

³⁰ Household income includes the income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder. The median household income is the point that divides the household income distribution into halves, one half with income above the median and the other with income below the median. The median is based on the income distribution of all households, including those with no income. For further information, see, *Income, Earnings, and Poverty Data from the 2007 American Community Survey*, United States Census Bureau, U.S. Department of Commerce, Economics and Statistics Administration. (August 2008).

³¹ New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Median Household Income. See http://www.nyc.gov/html/dcp/pdf/census/boro_econ_06to08_acs.pdf

³² According to the United States Census, “unemployed” includes all civilians 16 years old and over if they were neither “at work” nor “with a job but not at work.” Information was obtained from the New York City Department of City Planning.

³³ New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Employment Status. See http://www.nyc.gov/html/dcp/pdf/census/boro_econ_06to08_acs.pdf

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid.

³⁷ This analysis excluded eight family-related homicides recorded by the NYPD from January 1, 2004 through December 31, 2009. Two cases were excluded because the victims' addresses were not known; six other cases were excluded because the victims' residences were not within New York City; and four cases that occurred in previous years but were reclassified this year by the NYPD as family-related homicides.

³⁸ Each Community District, based on New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Economics Characteristics, was assigned a rank using quartiles to create the socioeconomic index. Each set of the four indicators ((1) the percentage of the individuals living below the poverty level; (2) the percentage of residents age 25 and older who had not graduated from high school; (3) the median household income; and (4) the percentage of the labor force that is unemployed) were ranked from one to four based on the quartiles (from high to low). The lower numbers represent lower socioeconomic status (SES) and the higher numbers represent higher SES. These ranking add together to create a SES index for the four indicators.

³⁹ Locations of the family-related fatalities were geocoded using the New York City Department of City Planning's Geosupport software. Point locations were assigned based off of the victim's home address. The point locations for each fatality were then aggregated up into a raster density surface using ArcGIS 9.2 and the Spatial Analyst extension. The Spatial Analyst extension calculates a magnitude per unit area based off of the concentration of the point locations. Hawth's Analysis Tools 3.17 was then used to create the contours from the density surface. In order to simplify the display of the density surface, family-related homicides occurring in the 0 - 1 break are not symbolized on the maps.

⁴⁰ 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); O'Campo P., Gielen A.C., Faden R.R., Xue X., Kass N., Wang M.C., *Violence by Male Partners Against Women During the Childbearing Years: A Contextual Analysis*, American Journal of Public Health, Vol. 85(8): 1092-1097 (August 1995); 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) and Miles-Doan, R., *Violence Between Spouses and Intimates: Does Neighborhood Context Matter?*, Social Forces, December 1, 1998.

⁴¹ Values are greater than 100% because respondents could choose multiple answers for this question.

⁴² New York City Department of City Planning, 2006-2008 American Community Survey 3-Year Estimates, Selected Social Characteristics. See http://www.nyc.gov/html/dcp/pdf/census/puma_socio_06to08_acs.pdf

⁴³ Out-of-status individuals include legal non-immigrants who remain in the United States after their temporary visas have expired.

⁴⁴ VL=Very Low; L=Low; M=Medium; H=High

Mayor's Office to Combat Domestic Violence
100 Gold Street - 2nd Floor
New York, NY 10038

For more information, visit www.nyc.gov/domesticviolence or call 311