

Domestic Violence Fatalities in Utah

2003-2008

Utah Department of Health Violence and Injury Prevention Program
Domestic Violence Fatality Review Committee



Acknowledgments

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For more information contact:

Mailing Address: Utah Department of Health
Violence and Injury Prevention Program
PO Box 142106
Salt Lake City, UT 84114-2106

Telephone: 801-538-6864

Fax: 801-538-9134

Email: vipp@utah.gov

Website: www.health.utah.gov/vipp

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Acknowledgments

Project Coordinators:

Teresa Brechlin, BS

Katie McMinn, BS

Developed and Prepared by:

Teresa Brechlin, BS

Anna Fondario, MPH

Katie McMinn, BS

Trisha Keller, MPH, RN

Utah Domestic Violence Fatality Review Committee

Data Support Provided by:

Anna Fondario, MPH

Hilary Hewes, MD

Katie McMinn, BS

Cristy Sneddon, RHIT

Gayla Whitaker, RHIT, CCSP

Other Support Provided by:

Michael Friedrichs, MS

Jenny Johnson, MPH

Kim Neerings

Lori Sugiyama, MPH

Shelly Wagstaff, BS

Released by:

Violence and Injury Prevention Program, Division of Disease Control and Prevention,
Utah Department of Health

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Executive Summary

Domestic violence (DV) is a devastating crime that reaches into the homes of Utah families with sweeping consequences. It is a preventable public health problem. It occurs across all ethnic, racial, religious, educational, age, and socioeconomic groups. According to the 2005 Utah Domestic Violence Annual Report, DV is one of Utah's fastest growing and most serious violent crimes.

Until recently, DV-related suicides were not clearly defined in Utah. The Utah Violent Death Reporting System (UTVDRS), an initiative of the U.S. Centers for Disease Control and Prevention (CDC) to systematically collect violent death data, has given Utah an invaluable opportunity to study this public health issue. As a result, Utah is noted as "the only state that has published a more complete picture of the tragic impact domestic violence has on men, women, and children."¹

Domestic violence is often overlooked and underestimated. The gaps that exist and impede the prevention of DV fall within the scope and services of public health. One of the first steps in implementing a public health approach to prevent DV is to define the problem through state-based surveillance systems. In years past, it was difficult to measure the degree of DV in Utah because of limited data. The Violence and Injury Prevention Program at the Utah Department of Health, in conjunction with the Domestic Violence Fatality Review Committee, has made progress in DV data collection through the UTVDRS. Both agencies continue to move forward to determine the magnitude of the DV problem and must constantly evaluate the issue and its effects on Utah communities.

Although progress has been made, the data in this report indicate that more work needs to be done. At the end of the report, recommendations are offered to continue the momentum of preventing DV in Utah.

Domestic Violence-related Homicide

- There is approximately one DV-related homicide each month in Utah.
- One out of three adult homicides are domestic violence homicides.
- Females are 10 times more likely than males to die from domestic violence.
- While Hispanics comprise only 10 percent of the population in Utah, they account for 77 percent of DV homicide victims.
- The majority of DV homicides (67.8%) involved a firearm.
- The majority of DV homicides are committed by males.
- One-third of the domestic violence perpetrators committed suicide after committing the homicide.

Intimate Partner (IP) Homicide

- There is approximately one IP homicide every 33 days in Utah.
- Females are more likely to be a victim of an IP homicide than males.
- Forty-four percent of IP homicide victims were killed by a spouse.
- The average length of the IP relationship was 8 years.
- The average length of the breakup between IP partners was 10 months.
- There was no indication of a breakup in half of the homicides.
- A total of 147 children were directly exposed to an IP homicide; 78 percent were under six years of age.
- A referral to the Division of Child and Family Services was made in only 13 of 28 IPV incidents with children in the home.
- Fifty-two percent of the IP homicides were premeditated.
- Crime Victim Reparations paid out nearly \$400,000 to IP victims' family members.
- A suspect was arrested in 63.6 percent of the homicides.
- Thirty-six percent of the suspects committed suicide after committing the homicide.

Domestic Violence-related Suicide

- There are approximately three DV-related suicides every month in Utah.
- Just under 12 percent of adult suicides are DV-related.
- More males than females commit suicide related to DV.
- The majority of DV-related suicides are committed by White persons.
- Firearms were used to commit the majority of DV-related suicides.
- Men were more likely to use a firearm to commit suicide, while women were more likely to use poison.
- The majority of the DV-related suicides were committed by a person who had a violent history.

Background and Goals

This report summarizes findings of the review of domestic violence fatalities for the years 2003-2008. The Domestic Violence Fatality Review Committee (DVFC) is a multi-disciplinary team with representatives from multiple agencies that meet monthly to review all adult domestic violence-related homicides in Utah.

The committee was established in 2002 as the Intimate Partner Violence Death Review Team (IPVDRT) by the Utah Department of Health, with a small grant from the Utah Commission on Criminal and Juvenile Justice. The UDOH collects and analyzes data and provides staff support to the DVFC.

The first domestic violence homicide report covered the years 1994-1999 and examined circumstances surrounding only those homicides perpetrated by males against their current or former female intimate partners. As a result of the first report, it was determined that the case definition needed to be expanded to include all domestic violence-related deaths. This includes fatalities between family members, roommates and current or former intimate partners. In response, the DVFC expanded the definition of domestic violence as a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. This includes violence between family members, roommates, and current or former intimate partners.

The second domestic violence homicide report covered the years 2000-2002 and examined case information for all adult homicides related to a domestic violence incident. The data from the two reports cannot be compared because of the difference in case definitions. Both reports can be found at www.health.utah.gov/vipp/domesticViolence/DVData.htm.

The goals of the DVFC are to:

- 1) Identify and review all adult DV-related homicides in Utah.
- 2) Initiate a process for developing protocols and agreements to improve agency response and/or interventions for victims and suspects of domestic violence.
- 3) Cultivate discussion and action to establish a unified multi-agency approach to domestic violence.
- 4) Reduce the rate of DV-related deaths in Utah.
- 5) Facilitate and improve communication among agencies that respond to victims and/or perpetrators of domestic violence.

Membership

Salt Lake City Police Department
Wendy Isom

Office of the Attorney General
Kristine Knowlton

Utah Coalition Against Sexual Assault
Alana Kindness

Utah Commission on Criminal and Juvenile Justice
Christine Mitchell
Benjamin Peterson
Ned Searle

Utah Crime Victim Reparations
Joann Huber

Utah Department of Corrections
Doug Fawson

Utah Department of Health, Office of the Medical Examiner
Todd Grey, Chief Medical Examiner
Erik Christensen
Robert Deters
Ed Leis
Pamela Ulmer

Utah Department of Health, Violence and Injury Prevention Program
Teresa Brechlin, Chair
Anna Fondario
Katie McMinn

Utah Department of Human Services, Division of Child and Family Services
Del Bircher

Utah Department of Workforce Services
Dorothy Hall

Review Process

The Office of the Medical Examiner (OME) at the Utah Department of Health (UDOH) is a statewide system for the investigation of sudden and unexpected death. A list of these deaths is given to the UDOH Violence and Injury Prevention Program (VIPP) at the UDOH and data are abstracted into the Utah Violent Death Reporting System (UTVDRS).

The UTVDRS is an incident-based system that collects detailed information from death certificates, medical examiner records, police reports, crime lab records, and supplemental homicide reports on all violent deaths in Utah. Homicides, suicides, deaths of undetermined intent, unintentional firearm-related deaths, and deaths due to legal intervention are all considered violent deaths for the purpose of the data collection.

The VIPP determines if a homicide or suicide incident meets the DVFRC case definition. The following are the DVFRC's DV-related homicide and suicide definitions:

Domestic Violence-related Homicide

1. The victim is a Utah resident and 18 years or older at the time of death;
2. The manner of death is designated as a homicide by the OME or a suspect is charged with criminal homicide by law enforcement; and
3. The relationship of the victim and suspect includes:
 - a. Current or former intimate partner;
 - b. Cohabitants (roommates); or
 - c. Family members (including in-laws, stepparents, stepchildren, stepsiblings, current or former intimate partner family members, and foster parents or children).

Domestic Violence-related Suicide

1. The victim is a Utah resident and 18 years or older at the time of death;
2. The manner of death is designated as a suicide by the OME;
3. The incident includes violence or the threat of violence between:
 - a. Current or former intimate partners;
 - b. Cohabitants (roommates); or
 - c. Family members (including in-laws, stepparents, stepchildren, stepsiblings, current or former intimate partner family members, and foster parents or children); and
4. The incident includes one of the following circumstances:
 - a. Intimate partner problem;
 - b. Other relationship problem;
 - c. Perpetrator of interpersonal violence in the past month; or
 - d. Victim of interpersonal violence in the past month.

Domestic violence-related suicides are compiled and analyzed for reports. Domestic violence-related homicides are compiled and sent to the DVFRC. The DVFRC has been in existence for more than eight years and recently finished reviewing 2008 cases. The DVFRC meets monthly from January through June to provide a comprehensive review of DV-related homicides and develop recommendations for future prevention efforts.

Review Process

The DVFRC consists of representatives from the following agencies:

- Domestic Violence Shelters
- Law Enforcement Agencies
- Utah Commission on Criminal and Juvenile Justice
- Utah Department of Corrections
- Utah Department of Health
- Utah Department of Human Services
- Utah Department of Workforce Services
- Utah Office of the Attorney General
- Other appropriate agencies

Representatives from the DVFRC bring relevant information regarding each case to the review. Recommendations are made to improve agency response and/or interventions surrounding domestic violence to prevent future DV-related homicides based on the dynamics of each specific case.

The VIPP enters additional data elements collected from the review into the Intimate Partner Violence (IPV) Module of UTVDRS and the plug-in-component (PIC) database. The IPV module and PIC are used to collect data specifically on the intimate partners in the incident as opposed to the homicide victim and suspect in the incident, which may or may not include the intimate partners.

The DVFRC encourages individuals, organizations, and agencies to use the recommendations to inform appropriate interventions to prevent domestic violence fatalities in Utah. In addition to policy recommendations, this report includes a descriptive analysis of all adult domestic violence homicides in Utah for the years 2003-2008.

Definition and Case Ascertainment

“Utah women have more to fear from the men they know than from any stranger. Young people in particular, who are dating, have now ended up on both sides of the weapon in Utah. It is important for us to consider their developmental process, their life experiences, and begin to establish a premise that can lead us to an understanding of what can channel such a young person to this horrible event.”
-Ned Searle, Office on Domestic and Sexual Violence

From 2003-2008, there were 105 domestic violence (DV)-related homicide incidents in Utah. This is approximately 18 DV-related homicide incidents every year or one DV-related homicide incident every 20 days. While this report seeks to generalize information about these deaths, each case is unique in nature and represents the dynamics of a complex relationship. The Domestic Violence Fatality Review Committee (DVFRC) reviews DV-related homicides in Utah. These cases are identified using the following criteria:

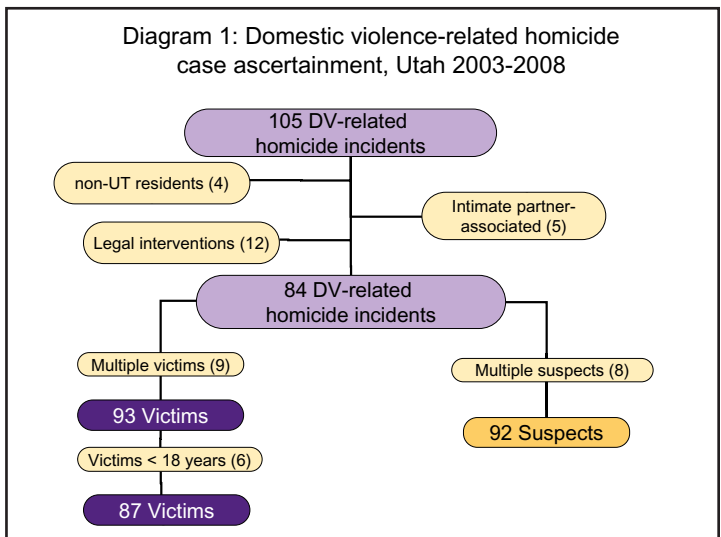
1. The victim is a Utah resident and 18 years or older at the time of death;
2. The manner of death is designated as a homicide by the Office of the Medical Examiner or a suspect is charged with criminal homicide by law enforcement; and
3. The relationship of the victim and suspect includes:
 - a. Current or former intimate partners;
 - b. Cohabitants (roommates); or
 - c. Family members (including in-laws, stepparents, stepchildren, stepsiblings, current or former intimate partner family members, and foster parents or children).

The DV-related homicide victim is the person who died in the incident. A DV-related homicide suspect is the person believed to have killed the DV-related homicide victim. These persons may be the victim, suspect, or neither in the DV relationship. For the purposes of this report, the following incidents were not included in case ascertainment because they did not meet the DVFRC case definition:

1. Four incidents involving non-Utah residents,
2. Five intimate partner-associated* incidents, and
3. Twelve legal intervention† incidents

As a result, there were 84 DV-related homicide incidents in Utah from 2003-2008 that met the DVFRC criteria. From these incidents, there were 93 DV-related homicide victims. Six of the DV-related homicide victims were persons under the age of 18. The DVFRC collects data on DV-related homicide victims 18 years and older; therefore, these six children were excluded from the analyses.‡ Therefore, the data used in the DV-related homicide victim and suspect analyses represent 87 DV-related homicide victims and 92 DV-related homicide suspects (Diagram 1).

Diagram 1: Domestic violence-related homicide case ascertainment, Utah 2003-2008



* Intimate partner-associated incidents are incidents that involve a third party and are directly related to an intimate partner relationship, but have no evidence of violence in the intimate partner relationship.

† A death when the person was killed by a police officer or other peace officer acting in the line of duty.

‡ A multi-disciplinary Child Fatality Review Committee conducts surveillance and reviews deaths of children under the age of 18.

Demographics

Domestic Violence-related Victim Demographics

From 2003-2008, there were 87 DV-related homicide victims, which accounted for approximately one-third (33.7%) of homicide deaths involving persons 18 years of age and older in Utah. During this time period, there was approximately one DV-related homicide each month. The DV-related homicide rate was 0.8 per 100,000 adults (Table 1).

Table 1: Number, percent, and rate of adult DV-related homicides by demographics, Utah 2003-2008

Demographics	% of Utah population	# of DV-related homicides	% of DV-related homicides	Crude rate per 100,000 adults (95% CI [†])	Age-adjusted rate per 100,000 adults (95% CI [†])
Sex					
Female	50.3	52	59.8	1.0 (0.7-1.3)	1.0 (0.9-1.3)
Male	49.7	35	40.2	0.7 (0.5-0.9)	0.6 (0.4-0.8)
Race[†]					
American Indian	1.3	7	8.0*	4.9 (2.0-10.1)*	5.8 (2.2-12.1)*
Asian	3.1	**	**	**	**
Black	1.1	5	5.7*	4.3 (1.4-10.1)*	4.3 (1.3-10.7)*
Pacific Islander	1.2	**	**	**	**
White	93.4	79	90.8	0.8 (0.6-1.0)	0.8 (0.6-1.0)
Ethnicity					
Hispanic	9.9	67	77.0	6.3 (4.9-8.0)	8.5 (6.4-11.0)
Non-Hispanic	90.1	20	23.0	0.2 (0.1-0.3)	0.2 (0.1-0.3)
Age Group					
18-24	18.6	14	16.1	0.7 (0.4-1.2)	--
25-34	23.3	18	20.7	0.7 (0.4-1.4)	--
35-44	17.8	18	20.7	0.9 (0.6-1.5)	--
45-54	16.5	20	23.0	1.1 (0.7-1.7)	--
55+	23.7	17	19.5	0.7 (0.4-1.1)	--
Geographic Location of Residence					
Frontier	4.8	8	9.2*	1.5 (0.7-3.1)*	1.5 (0.7-3.1)*
Rural	19.9	18	20.7	0.8 (0.5-1.3)	1.0 (0.6-1.6)
Urban	75.3	61	70.1	0.8 (0.6-1.0)	0.7 (0.6-1.0)
Total	100.0	87	100.0	0.8 (0.7-1.0)	0.8 (0.7-1.0)

[†]Confidence Interval

*Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

**The count, percent, or rate has been suppressed because the observed number of events is <5 or the estimate is unreliable.

[†]Persons who identified multiple races are counted in multiple categories, thus, the categories are not mutually exclusive.



Demographics

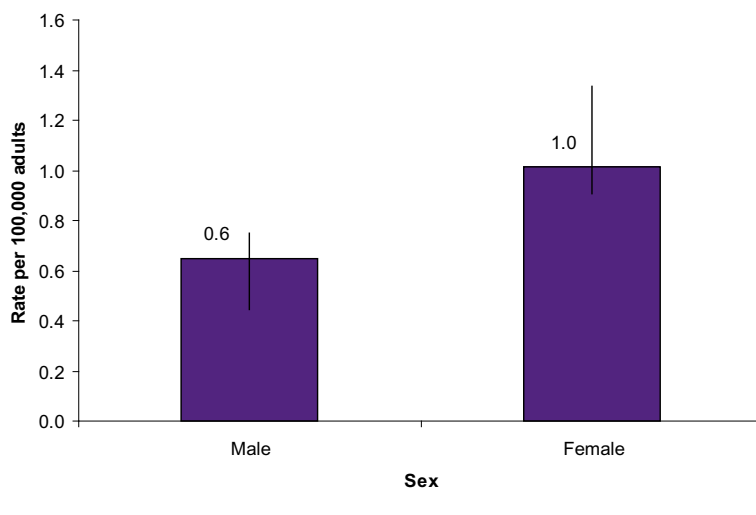
Section 2: Domestic Violence-related Homicide

Domestic Violence-related Victim Sex and Age

In Utah, 14.2 percent of females 18 years or older indicated that an intimate partner had ever hit, slapped, pushed, kicked or hurt them in anyway.ⁱⁱ Females had a significantly higher DV-related homicide rate compared to males (1.0 vs. 0.6 per 100,000 adults respectively) (Table 1) (Figure 1). Research has shown that female murder victims are substantially more likely than male murder victims to have been killed by an intimate partner.ⁱⁱⁱ In Utah, females are 10 times more likely than males to die from a DV-related homicide compared to other types of homicides (OR=10.1, CI 5.4-18.7). DV-related homicides account for 70.3 percent of all female homicides and 19.0 percent of all male homicides.

The DV-related homicide victims ranged in age from 18-83 years old. Persons ages 45-54 had the highest rate of DV-related homicide at 1.1 per 100,000 adults. There were no significant differences in the age-specific DV-related homicide rates when compared to the state rate (Table 1).

Figure 1: Number of domestic violence-related homicides per 100,000 adults by sex, Utah 2003-2008, n=87 (age-adjusted)



Domestic Violence-related Victim Race and Ethnicity

In Utah, the majority of DV-related homicide victims were White persons (90.8 percent, n=79), with a rate of 0.8 per 100,000 adults. National research has shown that Black persons suffer from the highest rate of domestic violence.^{vi} In Utah, American Indian and Black persons are disproportionately affected by domestic violence-related homicide. American Indian persons represent 1.3 percent of the population and 8.0 percent* of the DV-related homicides. Black persons represent 1.2 percent of the population and 5.7 percent* of the DV-related homicides. American Indian (5.8 per 100,000 adults*) and Black persons (4.3 per 100,000 adults*) had appear to have higher rates than White persons (0.8 per 100,000 adults); however, there are not enough cases to indicate if this difference is statistically significant or not. Rates have been suppressed for Asian and Pacific Island persons due to small numbers (Table 1) (Figure 2).

Hispanic persons comprise 9.9 percent of the population but 77.0 percent of the DV-related homicide victims. Furthermore, Hispanic persons had a significantly higher DV-related homicide rate compared to non-Hispanic persons (8.5 and 0.2 per 100,000 adults respectively) (Table 1) (Figure 3). The 2000-2002 Domestic Violence Fatalities in Utah report also indicated that Hispanic persons in Utah were disproportionately affected by DV-related homicide, suggesting agencies must continue to identify and address domestic violence needs in underserved populations in the state.

* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Demographics

Isolation by cultural dynamics may prevent persons from leaving abusive relationships, seeking support from local agencies that may not understand their culture, or requesting assistance from an unfamiliar legal system. Some obstacles may include a distrustful attitude toward the legal system, language and cultural barriers, and fear of deportation. ^v

Figure 2: Number of domestic violence-related homicides per 100,000 adults by race, Utah 2003-2008, n=87 (age-adjusted)

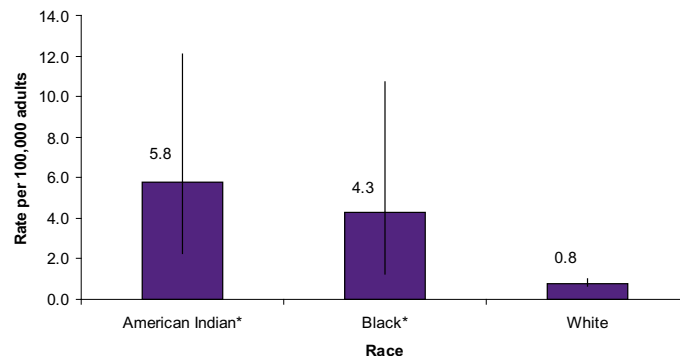
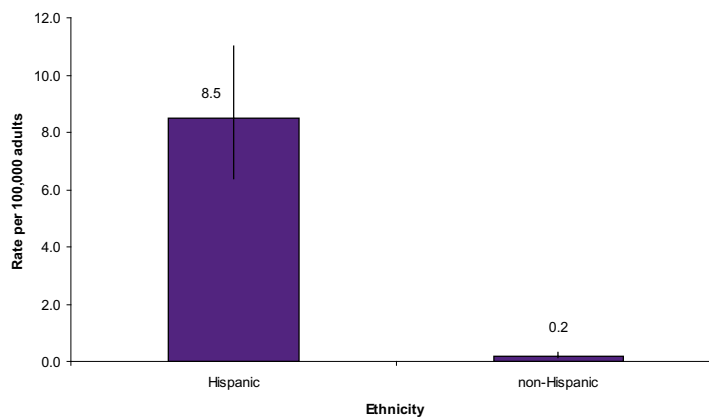


Figure 3: Number of domestic violence-related homicides per 100,000 adults by ethnicity, Utah 2003-2008, n=87 (age-adjusted)



Domestic Violence-related Homicide Victim Residence

Utah is divided into urban, rural, and frontier areas. From 2003-2008, 75.3 percent of Utah's population lived in the urban area of Davis, Salt Lake, Utah, and Weber Counties. Most DV-related homicide victims (70.1 percent) resided in Utah's urban counties. The urban area had an overall DV-related homicide rate of 0.7 per 100,000 adults. Utah's rural area consists of Box Elder, Cache, Carbon, Iron, Morgan, Sanpete, Sevier, Summit, Tooele, Wasatch, and Washington counties. Rural counties comprise 19.9 percent of the population and have a DV-related homicide rate of 1.0 per 100,000 adults. Utah's frontier area consists of Beaver, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, Rich, San Juan, Uintah, and Wayne counties and comprises 4.8 percent of the population. The overall DV-related homicide rate for the frontier area was 1.5 per 100,000 adults. Although the frontier area had the highest rate, there were no significant differences in the area of residence for DV-related homicide victims in Utah (Table 1).

* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Demographics

Persons who live in rural and frontier areas face many obstacles in receiving domestic violence-related services, including a lack of resources, isolation, few support agencies, poor transportation and communication systems, and social exposure.^{vi}

The most frequent location of injury for DV-related homicide victims was at a residence, such as an apartment or house (74.7 percent). Of these, the majority (84.4 percent) occurred at the victim's residence.

Domestic Violence-related Victim Education and Marital Status

Educational attainment was analyzed for DV-related homicide victims 25 years or older (n=68). Approximately 16 percent had less than 12 years of education, 44.1 percent had a high school diploma or GED, and 39.7 percent had more than a high school education (Figure 4).

Marital status was known for 86 of the DV-related homicide victims. Approximately one-fourth were single or never married, one-fourth were divorced or widowed, and about half were married (Figure 5).

Figure 4: Percentage of domestic violence-related homicides by educational attainment, Ages 25+, Utah 2003-2008, n=68

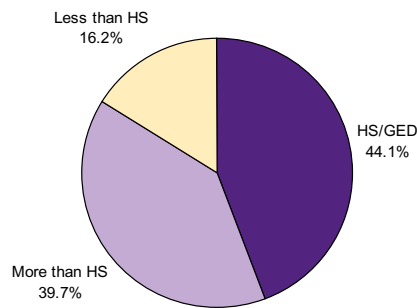
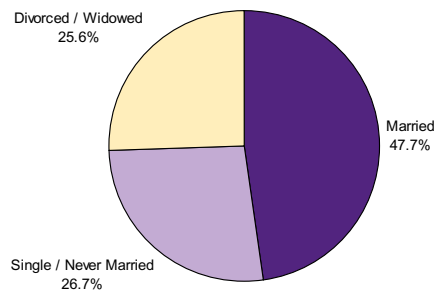


Figure 5: Percentage of domestic violence-related homicides by marital status, Utah 2003-2008, n=86*



Demographics

Domestic Violence-related Homicide Suspect Demographics

Domestic violence is most often about power and control. DV-related homicide suspects have many common characteristics. Many have learned abusive, manipulative techniques and behaviors to obtain the responses they desire. Many suffer from low self-esteem and their sense of identity is tied to their partner. They often experience dramatic mood swings and are often characterized by outsiders as generous, caring, and good. They are rarely violent to those outside the relationship. The violence used in the relationship is controlled and manipulative and is used to establish and maintain authority and power. ^{vii} From 2003-2008, there were 92 DV-related homicide suspects (Table 2). Suspect data are typically collected from law enforcement agencies, the Utah Department of Corrections, and the Utah Office of the Attorney General. Often, suspect information was limited or unavailable.

Table 2: Number and rate of DV-related homicide suspects by demographics, Utah 2003-2008

Demographics	# of DV-related homicide suspects	Crude rate per 100,000 population (95% CI [†])	Age-adjusted rate per 100,000 population (95% CI [†])
Sex			
Female	8	0.1 (0.0-0.2)*	0.1 (0.1-0.2)*
Male	71	0.9 (0.7-1.1)	1.0 (0.8-1.3)
Unknown	13	--	--
Race [†]			
American Indian	6	2.2 (0.8-4.7)*	2.1 (0.7-4.9)*
Asian	**	**	**
Black	8	3.4 (1.5-6.7)*	4.6 (1.7-10.)*
Pacific Islander	**	**	**
White	57	0.3 (0.3-0.5)	0.4 (0.3-0.6)
Unknown	18	--	--
Ethnicity			
Hispanic	15	0.9 (0.5-1.4)	1.1 (0.6-2.0)
Non-Hispanic	52	0.4 (0.3-0.5)	0.4 (0.3-0.6)
Unknown	25	--	--
Age Group			
15-24	13	0.5 (0.3-0.8)	--
25-34	17	0.7 (0.4-1.1)	--
35-44	16	0.8 (0.5-1.4)	--
45-54	17	1.0 (0.6-1.5)	--
55+	16	0.6 (0.4-1.0)	--
Unknown	13	--	--
Geographic Location of Residence			
Frontier	5	0.7 (0.2-1.6)*	0.7 (0.2-1.7)*
Rural	12	0.4 (0.2-0.7)	0.5 (0.2-0.8)
Urban	50	0.4 (0.3-0.6)	0.5 (0.3-0.6)
Unknown	25	--	--
Total	92	0.6 (0.5-0.7)	0.6 (0.4-0.7)

[†]Confidence Interval

*Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

**The count, percent, or rate has been suppressed because the observed number of events is <5 or the estimate is unreliable.

[†]Persons who identified multiple races are counted in multiple categories, thus, the categories are not mutually exclusive.

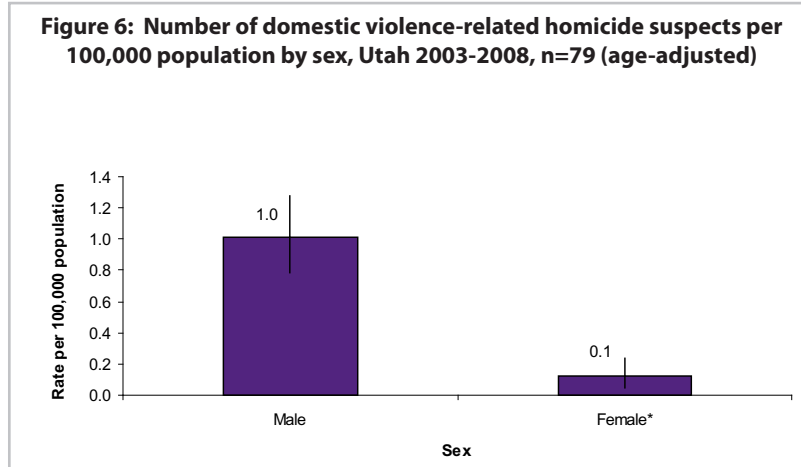
Demographics

Section 2: Domestic Violence-related Homicide

Domestic Violence-related Homicide Suspect Age and Sex

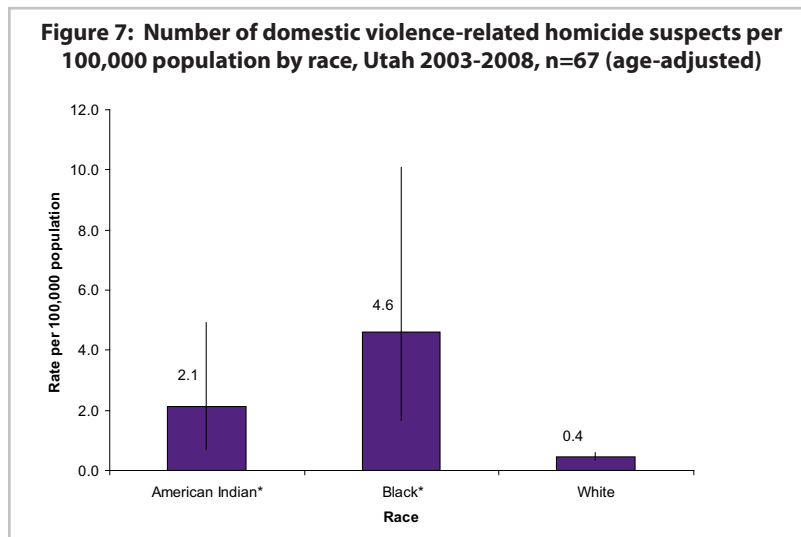
The DV-related homicide suspects ranged in age from 15-88 years old. Persons ages 45-54 had the highest age-specific DV-related homicide suspect rate of 1.0 per 100,000 population. There were no significant differences in the age-specific DV-related homicide suspect rates when compared to the state rate (0.6 per 100,000 population) (Table 2); however, age was unknown for 13 of the suspects.

Males had a significantly higher DV-related homicide suspect rate compared to females (1.0 and 0.1* per 100,000 population respectively) (Table 2) (Figure 6); however gender was unknown for 13 of the suspects.



Domestic Violence-related Homicide Suspect Race and Ethnicity

Race and ethnicity were known for 67 suspects. Of these, the DV-related homicide suspect rate for White persons was 0.4 per 100,000 population. Black persons (4.6 per 100,000 population*) and American Indian persons (2.1 per 100,000 adults*) appear to have higher DV-related homicide suspect rates than White persons; however, there are not enough cases to indicate if this difference is statistically significant or not. Rates have been suppressed for Asian and Pacific Island persons due to small numbers (Table 2) (Figure 7). There were no significant differences in the DV-related homicide suspect rate for Hispanic and non-Hispanic persons; however, ethnicity was unknown for 25 of the suspects (Table 2).



* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Domestic Violence-related Homicide-Suicides

One out of three DV-related homicide suspects committed suicide after committing a homicide (29.3 percent, n=27). Data from the National Violent Death Reporting System reveal that nationally, 90.0 percent of the perpetrators of homicide-suicides are male. In Utah, 92.6 percent of the DV-related homicide suspects were male. Research has shown that the common characteristics of homicide-suicides include: ^{viii}

- Prior history of domestic violence
- Access to a gun
- Threats, especially increased threats with increased specificity
- Prior history of poor mental health or substance abuse, especially alcohol

Ninety-three percent of DV-related homicide suspects who committed suicide after the incident used a firearm. Of these, 70.4 percent were perpetrators of interpersonal violence within the past month, 22.2 percent were perceived as having a problem with or being addicted to alcohol, and 18.5 percent were diagnosed with a mental illness such as depression, anxiety, or schizophrenia.

Suspects under age 50 (n=57) were compared to suspects 50 years of age or older (n=22) and a difference in the proportion of cases that were homicide-suicides appeared. [†] One-fourth of the DV-related homicide suspects under age 50 committed suicide (24.5 percent, n=14) compared to more than half of the suspects 50 years of age or older (59.1 percent, n=13).

* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

† Age was unknown for 13 of the domestic violence-related homicide suspects.

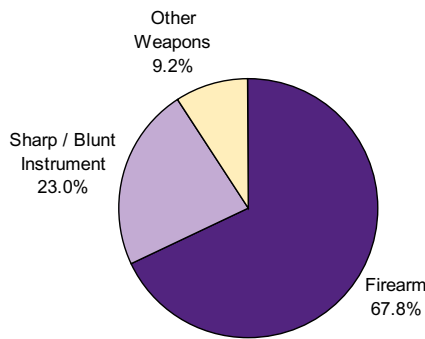
Incident Characteristics

Section 2: Domestic Violence-related Homicide

Domestic Violence-related Homicide Mechanisms of Injury

According to one study, firearms were the major weapon type used in intimate partner homicides in the United States.^x The Danger Assessment Study^{*} found that women who were threatened or assaulted with a gun or other weapon were 20 times more likely than other women to be murdered.^x Firearms accounted for 67.8 percent of the mechanism of injury among DV-related homicide victims. Sharp or blunt instruments, such as knives and bats, accounted for 23.0 percent, and other weapons accounted for 9.2 percent (Figure 8). Other weapons included hanging/strangulation/suffocation, personal weapons (fist or feet), drowning, or motor vehicles.

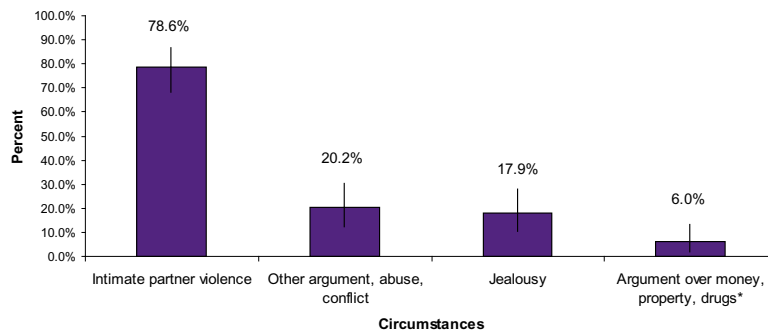
Figure 8: Percentage of DV-related homicide incidents by mechanism of injury, Utah 2003-2008, n=87



Domestic Violence-related Homicide Circumstances †

Information about the circumstances associated with the incident was available for 84 of the DV-related homicide victims. In the Utah Violent Death Reporting System, homicide circumstances include variables such as intimate partner violence, other argument, abuse or conflict, jealousy, argument over money, property, or drugs, drug involvement, gang related, or hate crime that can be endorsed when they are associated with the death. Intimate partner violence is a circumstance that contributed to the incident at a significantly higher rate than any other circumstance associated with the incident (Figure 9). Another crime precipitated the DV-related homicide in 14.3 percent of the incidents. Of these, 91.7 percent were assaults, three-fourths of which were in progress at the time of the homicide. Approximately eight percent of the DV-related homicide victims used a weapon against the suspect during the incident.

Figure 9: Percentage of domestic violence-related homicides by circumstances, Utah 2003-2008, n=84



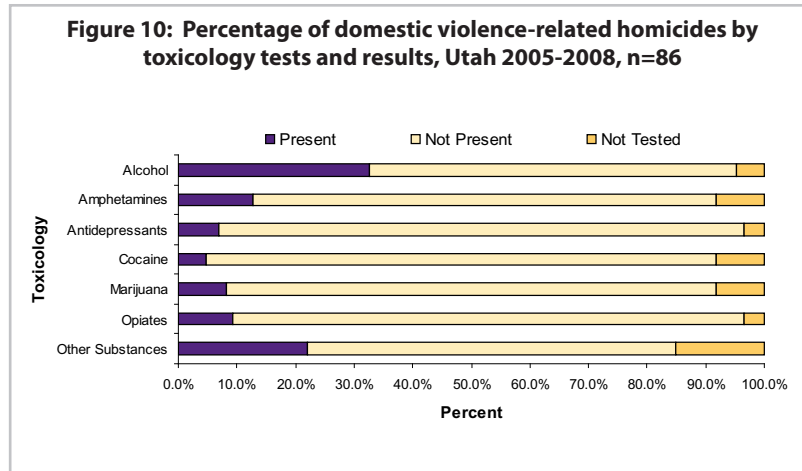
* Background information on the Danger Assessment Study plus the full text of the questionnaire is available at <http://www.son.jhmi.edu/research/CNR/homicide/DANGER.htm>.

† Victims may have multiple circumstances noted so percent total will not sum to 100%. Definitions of circumstances can be found in the Glossary.

Incident Characteristics

Domestic Violence-related Homicide Toxicology

Women with a history of intimate partner violence are more likely to display behaviors that present further health risks, such as substance abuse and alcoholism.^{xi} Toxicology was known for 86 of the DV-related homicide victims. The most common drug found was alcohol (32.6 percent) (Figure 10). Women who have been abused are 15 times more likely to abuse alcohol and nine times more likely to abuse drugs than women who have not been abused.^{xii} According to the 2008 Utah Behavioral Risk Factor Surveillance System (BRFSS), victims of intimate partner violence reported binge drinking significantly more than non-victims (9.8 and 4.3 percent, respectively).



For more information about homicide in Utah, the following resources are available:

- Domestic Violence-related Fatalities indicator in the Indicator-Based Information System for Public Health (IBIS-PH) http://ibis.health.utah.gov/indicator/complete_profile/DomViolRelHom.html
- Homicide indicator in the Indicator-Based Information System for Public Health (IBIS-PH) http://ibis.health.utah.gov/indicator/complete_profile/Homicide.html

* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Definition and Case Ascertainment

"Yearly we recount the numbers of people who die as a result of intimate partner homicides and ask ourselves "Why do people who profess love have such dangerous parts in their relationship behavior?" Too often the danger signals are present and then are overlooked or brushed aside by the offender who says it will get better. Calling attention to the dangers presumes that it is a bad relationship and should end. What we all want is for the relationship to end peacefully or for intervention to be successful - and not end with death. "

**- Judy Kasten Bell
Executive Director, Utah Domestic Violence Council**

The Intimate Partner Violence (IPV) Module in the National Violent Death Reporting System software allows states to collect additional data on DV-related homicide incidents classified as IPV, IPV-related, and intimate partner-associated.* The Domestic Violence Fatality Review Committee (DVFRC) reviews DV-related homicides that are broken down into three incident types (Figure 11).

1. IPV: Incidents in which an individual is killed by a current or former intimate partner.
2. IPV-related: Incidents that involve a third party but where the death is directly related to violence in the intimate relationship.
3. Family or Roommates: Incidents in which an individual is killed by a family member or a roommate.

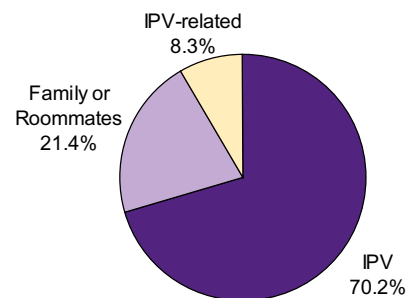
From 2003-2008, of the 84 incidents, 70.2 percent were IPV incidents (n=59), 8.3 percent were IPV-related incidents (n=7), and 21.4 percent were family or roommate incidents (n=18) (Figure 11). Intimate partner homicides only include IPV and IPV-related incidents (n=66).

The terms IPV victim and IPV suspect in this section are used to identify persons in the intimate relationship as opposed to the homicide victim and suspect. The IPV victim is the partner in the intimate relationship who is the target of violence perpetrated by his/her intimate partner. This person may be the victim, suspect, or neither in the homicide incident. The IPV suspect is the partner in the intimate relationship who has committed violence against his/her intimate partner. This person may be the victim, suspect, or neither in the homicide incident.

In addition, DVFRC developed additional data elements beyond the IPV Module to identify risk factors associated with intimate partner homicides. These data elements are also discussed in this section with the data elements from the IPV Module.

Studies have found the following to be risk factors for intimate partner homicide:^{xiii} IPV suspect's access to and use of a firearm; previous threat with a weapon by the IPV suspect; IPV suspect's stepchild in the home; estrangement, especially from a controlling partner; IPV victim leaving for another partner; previous stalking; forced sex; and abuse during pregnancy. The following factors were associated with lower risk for IPV homicide: never living together and prior domestic violence arrest.

Figure 11: Percentage of domestic violence-related homicide incidents by type, Utah 2003-2008, n=84

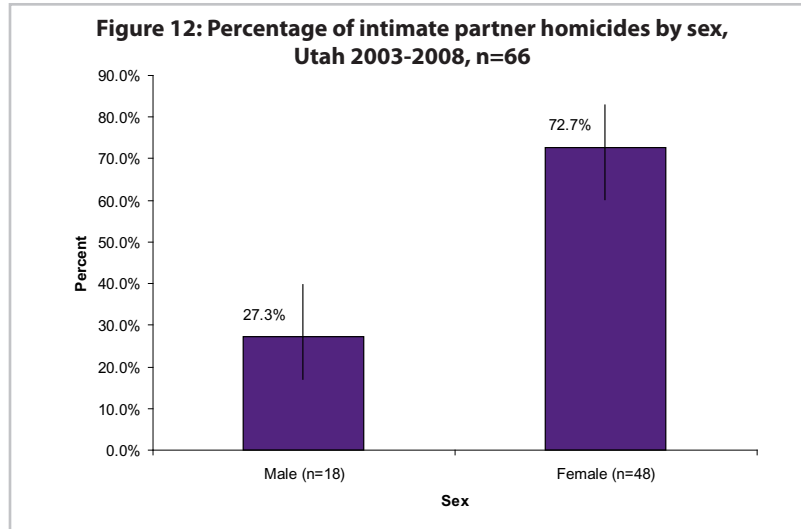


* Intimate partner-associated incidents are incidents that involve a third party and are directly related to an intimate partner relationship, but have no evidence of violence in the intimate partner relationship.

Intimate Partner Homicide Sex and Age

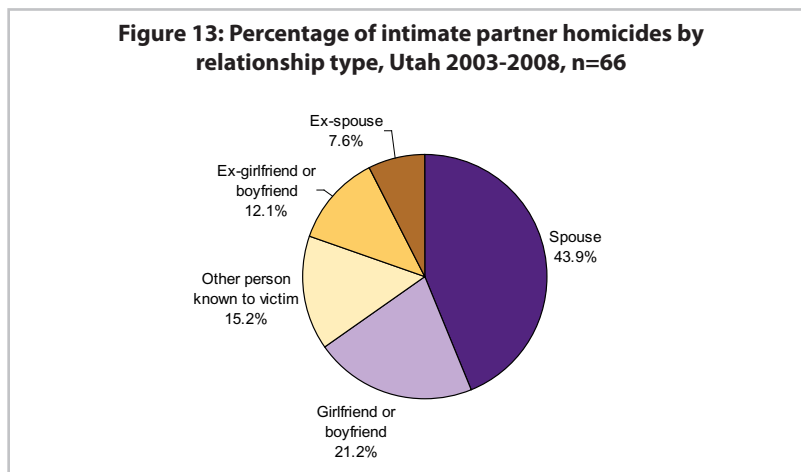
The *Domestic Violence Homicide in Utah* report published by the Utah Commission on Criminal and Juvenile Justice in 2010 indicates that most intimate partner homicides involved a male perpetrator and female victim. From 2003-2008, females had a significantly higher prevalence of IPV homicide compared to males (Figure 12).

Overall, persons 45-54 years old had the highest prevalence of IPV homicide at 25.8 percent. For males, the highest prevalence was also 45-54 years old (33.3 percent). For females, it was 35-44 years old (25.0 percent). There were no significant differences in IPV homicide by age group.



Intimate Partner Homicide Relationship

The relationship between IPV victim and suspects was most commonly current or former intimate partners. Forty-four percent were spouses, 7.6 percent were ex-spouses, 21.2 percent were girlfriends or boyfriends, and 12.1 percent were ex-girlfriends or ex-boyfriends. The remaining 15.2 percent were other persons known to the IPV victim (Figure 13). In 42 of the IPV incidents, others were aware of the abuse, such as friends, family members, or co-workers.

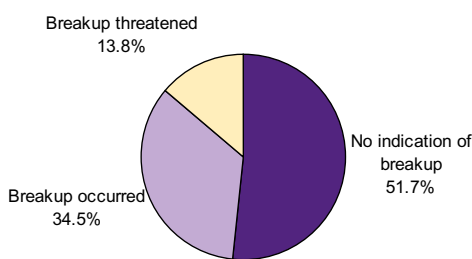


Demographics

Section 3: Intimate Partner Homicide

The length of the relationship between intimate partners varied from one month to 57 years. Twelve of the incidents were between partners with relationships lasting 10 years or more. The average length of relationship between the victim and suspect was eight years. At the time of the IPV incident, 60.6 percent of the victims and suspects were residing in the same household. The length of relationship was unknown for 26 of the incidents. There was no indication of a breakup between the victim and the suspect in 51.7 percent of the incidents where this information was available (n=58) (Figure 14). Information on the length of the breakup was known in 14 of the incidents. The average length of breakup between the victim and suspect was 10 months.

Figure 14: Percentage of intimate partner violence incidents by breakup status, UTVDRS 2003-2008, Utah, n=58

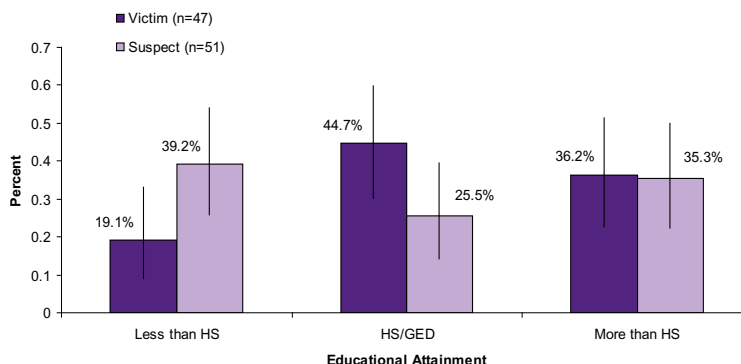


Intimate Partner Homicide Employment and Education

It has been found that women who experienced male-perpetrated IPV were more likely to experience periods of unemployment.^{xiv} Further, victims of domestic violence lose a total of nearly 8 million days of paid work, the equivalent of more than 32,000 full-time jobs.^{xv} Data show that 20.0 percent of IPV suspects were unemployed during the time of the IPV incident. Twenty-three percent of the IPV victims were non-workforce participants (homemakers or students). Seventy-eight percent of the IPV suspects had known employment and 71.7 percent of the IPV victims had known employment. Ten suspects were veterans of the United States Armed Forces. Employment status for 13 of the IPV victims and 16 of the IPV suspects was incomplete.

Educational attainment was known for 47 IPV victims and 51 IPV suspects. There were no significant differences in the educational attainment between IPV victims and suspects (Figure 15).

Figure 15: Percentage of intimate partner violence incidents by victim/suspect and educational attainment, Utah 2003-2008



Incident Characteristics

Intimate Partner Homicide Children and Exposure

Researchers report that children who witness intimate partner violence are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem.^{xvi} In 44 percent of the IPV incidents, one or more children under age 18 were living at the victim's home at the time of the incident, for a total of 76 children. Data were unknown in two incidents. In total, 147 children under the age of 18 were directly exposed to the homicide. For example, they saw it, heard it through the walls, were attacked or threatened during the incident, or discovered the body. Of these children, 78.2 percent were five years old or younger. Younger children display higher levels of emotional and psychological distress than do older children.^{xvi}

A referral was made to the Division of Child and Family Services (DCFS) in 13 of the 28 IPV incidents with children in the home. DCFS can provide an opportunity to connect these children to available resources to help cope with the homicide and other domestic violence-related issues. The number of adult witnesses was known in 29 of the incidents, totaling 53 adults.

In 28 of the IPV incidents with children in the home, 42.9 percent had children at home who were not the offspring of the IPV suspect, which is one of the risk factors associated with IPV homicides.

Intimate Partner Homicide Premeditation

It is estimated that 40-70 percent of female murder victims are killed by their husbands or boyfriends, frequently in the context of an ongoing abusive relationship.^{xvii} In a public service ad by the American Medical Association, a doctor indicates that one-third of all women's injuries seen at the emergency room were no accident. Most were the result of deliberate, premeditated acts of violence that frequently occurred over time until the woman was killed.

Some IPV homicides appear to have involved premeditation, whereas others are more impulsive and erupt spontaneously in the midst of an argument or altercation. In Utah, there was evidence of premeditation in 52.7 percent of the IPV incidents where this information was known (n=55). A verbal altercation immediately preceded the homicide in 58.5 percent of the IPV incidents where this information was known (n=53); however, these incidents may also involve evidence of premeditation. Premeditation was unknown in 11 of the incidents and in 13 of the incidents it was unknown if a verbal altercation preceded the homicide.

Intimate Partner Homicide Substance Abuse and Mental Health

The possible role of alcohol was known in 58 of the incidents and the possible role of illicit drugs was known in 57 of the incidents. For suspects, 29.3 percent were suspected to be under the influence of alcohol at the time of the incident compared to 27.6 percent of victims. Nationally, it has been found that half of IPV suspects were drinking alcohol at the time of the incident.^{xviii} For illicit drugs, 22.8 percent of the suspects and 22.8 percent of the victims were suspected to be under the influence.

Mental health status was known for 59 of the IPV suspects, 25.4 percent of whom were identified as having a mental health problem. Half of these suspects were identified as having diagnosed depression. Furthermore, six of the suspects were child victims of sexual abuse.

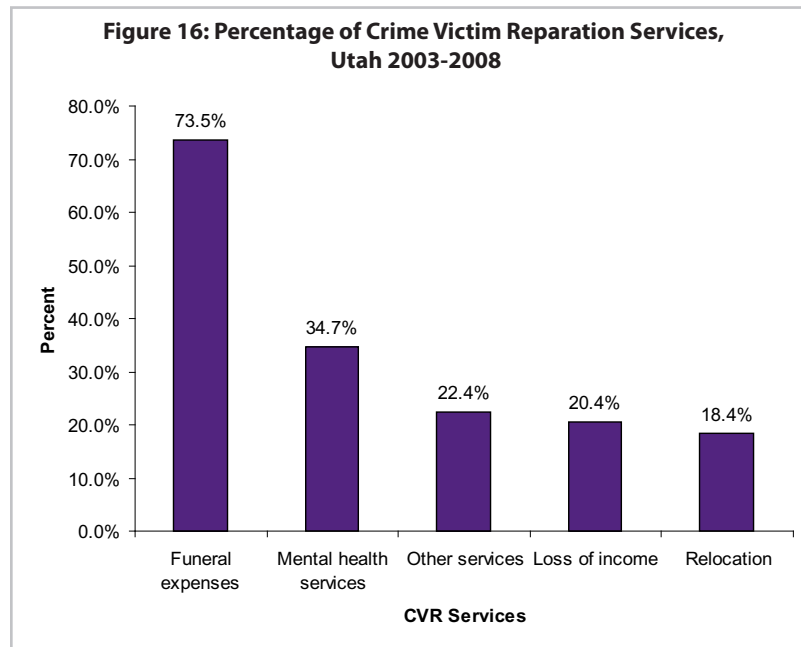
Incident Characteristics

Contact with Social Service Systems

Ten victims and nine suspects were known to have received assistance from the Department of Workforce Services before the IPV homicide. Contacts with social service systems may occur at many different points during the intimate partner relationship. Each contact is a potential opportunity for preventing violent death and may demonstrate which social service systems IPV victims and suspects tend to come into contact with the most. The pattern recognition may serve as a guide for allocating resources for prevention.

The purpose of crime victim reparations (CVR) is to compensate victims of violent crime, as well as families and dependents of deceased victims who have suffered physical and psychological injury.^{xix} CVR can provide families with funeral and burial expenses, mental health counseling, and relocation expenses. Family members in 49 of the IPV incidents applied for services or funds from CVR totaling \$395,803. Funeral expenses were provided to 73.5 percent of the victims. Mental health services (34.7 percent) and other services (22.4 percent), such as crime scene clean up, loss of income (20.4 percent) and relocation costs (18.4 percent), were also provided to IPV homicide victims' family members (Figure 16). In six of the incidents, even though an application was filed, services weren't utilized by the family. In 15 of the incidents, no CVR application was filed.

Figure 16: Percentage of Crime Victim Reparation Services, Utah 2003-2008



Incident Characteristics

Intimate Partner Homicide Criminal History

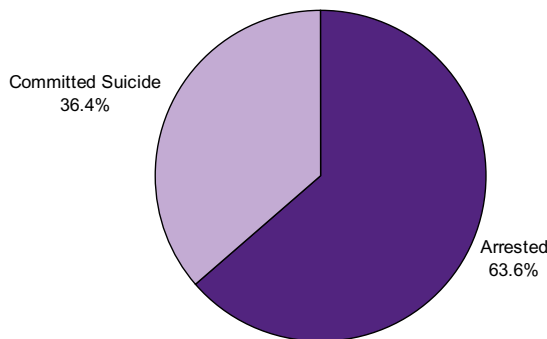
Prior arrests were known for suspects in 52 of the IPV incidents and for victims in 39 of the IPV incidents. In 65.0 percent of the IPV incidents, the suspect had a prior arrest. In 28.2 percent of the IPV incidents, the victims had a prior arrest. The majority of arrests were for assault offenses, which include aggravated assault, simple assault, and intimidation. Prior arrests for violence against an intimate partner were known for suspects in 50 of the IPV incidents and for victims in 38 of the IPV incidents.

In 36.0 percent of the IPV incidents, the suspects had a prior arrest for violence against an intimate partner, compared to 13.2 percent of the victims. In addition, 62.0 percent of the suspects had prior criminal convictions compared to 23.7 percent of the victims. In eight of the incidents, a temporary protective order against the suspect was in place at the time of the incident.

A protection order is an order issued by the Circuit Court that can protect a person from being hit, threatened, harassed, or stalked by another person. It's also designed to stop someone from coming into the person's home or bothering them at work.

Of the 66 IPV incidents, an arrest was made in 63.6 percent (n=42) of the incidents and the suspect committed suicide after the homicide in 36.4 percent (n=24) of the incidents (Figure 17). Only 14 of the suspects were known to be convicted of their original charge.

Figure 17: Percentage of intimate partner violence incidents by suspect disposition, UTVDRS 2003-2008, Utah, n=66



Definition and Case Ascertainment

"This report points to the urgent need to better identify and understand domestic violence-related suicides in Utah. Both domestic violence and suicide are far too often ignored by society despite their devastating impact on families and communities."

-Teresa Brechlin

**Violence Prevention Coordinator
Utah Department of Health**

From 2005-2008, there were 165 domestic violence (DV)-related suicides in Utah. This equates to approximately three DV-related suicides per month. While this report seeks to generalize information about these deaths, each case is unique in nature and represents the dynamics of a complex relationship. The Utah Violent Death Reporting System (UTVDRS) allows the Utah Department of Health the opportunity to identify DV-related suicides in Utah. The following criteria are used in case ascertainment:

1. The victim is a Utah resident and 18 years or older at the time of death;
2. The manner of death is designated as a suicide by the Office of the Medical Examiner;
3. The incident includes violence or the threat of violence between:
 - a. Current or former intimate partners;
 - b. Cohabitants (roommates); or
 - c. Family members (including in-laws, stepparents, stepchildren, stepsiblings, current or former intimate partner family members, and foster parents or children); and
4. The incident includes one of the following circumstances:
 - a. Intimate partner problem;
 - b. Other relationship problem;
 - c. Perpetrator of interpersonal violence in the past month; or
 - d. Victim of interpersonal violence in the past month.

For the purposes of this report, non-Utah residents and persons younger than 18 years of age were not included in the analysis because they did not meet the UTVDRS case definition of a DV-related suicide.

The reasons people commit suicide are complex and multifaceted. They may include life changes such as being discharged from a psychiatric hospital or sudden changes in how a person appears to feel (feelings hopeless, worthless, tired, depressed, etc.). Some examples of precipitants to suicide include real or imagined loss, like the breakup of a relationship; moving; loss of a friend or family member, especially by suicide; loss of freedom; or loss of privileges.^{xx}

Demographics

Domestic Violence-related Suicide Victim Demographics

From 2005-2008, there were 165 DV-related suicides, which accounted for 11.8 percent of suicide deaths involving persons 18 years of age and older in Utah. During this time period, there were an average of three DV-related suicides per month. Utah had a crude DV-related suicide rate of 2.2 per 100,000 adults. The age-adjusted DV-related suicide rate was 2.3 per 100,000 adults (Table 3). Of the 165 DV-related suicides, only 10.3 percent were preceded by a homicide.

Table 3: Number, percent, and rate of adult victims who died from DV-related suicide by demographics, Utah 2005-2008

Demographics	% of Utah population	# of DV-related suicides	% of DV-related suicides	Crude rate per 100,000 adults (95% CI) [†]	Age-adjusted rate per 100,000 adults (95% CI) [†]
Sex					
Female	49.8	23	13.9	0.6 (0.4-0.9)	0.7 (0.4-1.0)
Male	50.2	142	86.1	3.9 (3.3-4.6)	3.9 (3.3-4.7)
Race[†]					
American Indian	1.3	**	**	**	**
Asian	2.3	**	**	**	**
Black	1.1	**	**	**	**
Pacific Islander	0.7	**	**	**	**
White	94.5	160	97.0	2.3 (2.0-2.7)	2.0 (1.7-2.4)
Ethnicity					
Hispanic	10.1	18	10.9	2.4 (1.4-3.8)	2.4 (1.3-4.0)
Non-Hispanic	89.9	147	89.1	2.2 (1.9-2.6)	2.3 (1.9-2.7)
Age Group					
18-24	18.1	25	15.6	1.9 (1.2-2.8)	--
25-34	23.6	39	23.6	2.3 (1.6-3.1)	--
35-44	17.7	43	26.1	3.3 (2.4-4.5)	--
45-54	16.6	38	23.0	3.1 (2.2-4.3)	--
55+	24.1	20	12.1	1.1 (0.7-1.7)	--
Geographic Location of Residence					
Frontier	4.8	9	5.5*	2.5 (1.2-4.8)*	2.4 (1.1-4.6)*
Rural	20.1	43	26.1	2.9 (2.1-3.9)	3.0 (2.2-4.1)
Urban	75.1	113	68.5	2.0 (1.0-1.6)	2.1 (1.7-2.5)
Total	100.0	165	100.0	2.2 (1.9-2.6)	2.3 (1.9-2.7)

[†]Confidence Interval

*Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

**The count, percent, or rate has been suppressed because the observed number of events is <5 or the estimate is unreliable.

[†]Persons who identified multiple races are counted in multiple categories, thus, the categories are not mutually exclusive.

Demographics

Domestic Violence-related Suicide Victim Age and Sex

The victims ranged in age from 19-88 years old. Persons aged 55 years and older had a significantly lower age-specific DV-related suicide rate at 1.1 per 100,000 adults when compared to the state rate of 2.2 per 100,000 adults (Table 3) (Figure 18). There were no significant differences in the other age-specific rates when compared to the state rate. The average age of victims who died from DV-related suicide was 39.

Research has shown that females attempt suicide more often, but males tend to complete suicide more often. In Utah, males were more likely to die from a DV-related suicide compared to females and had a significantly higher rate of DV-related suicides than females (OR=1.6, CI 1.0-2.6) (Figure 19).

Figure 18: Number of domestic violence-related suicides per 100,000 adults by age group, Utah 2005-2008, n=165

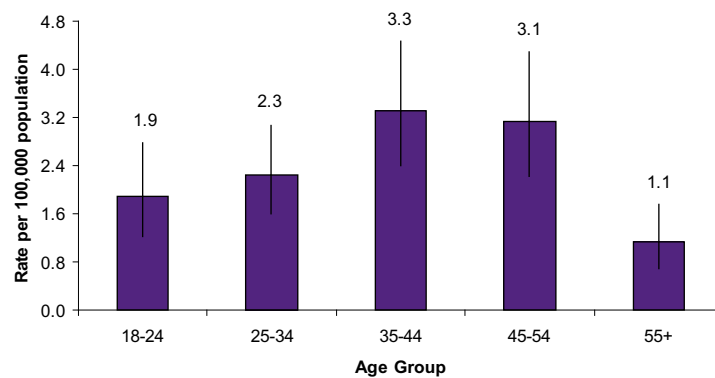
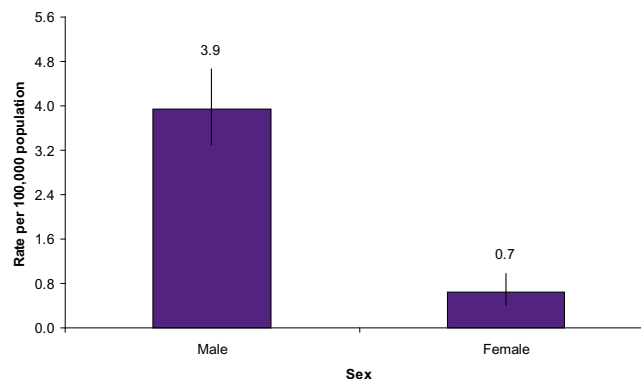


Figure 19: Number of domestic violence-related suicides per 100,000 adults by sex, Utah 2005-2008, n=165 (age-adjusted)



Demographics

Domestic Violence-related Suicide Victim Race and Ethnicity

The highest suicide rates in the U.S. occur among non-Hispanic Whites and American Indians.^{xxi} In Utah, the majority of the DV-related suicide victims were White persons (97.0%) with a suicide rate of 2.0 per 100,000 adults. Rates have been suppressed for all other race categories due to small numbers (Table 3). There were no significant differences in the age-adjusted rates of Hispanic and non-Hispanic persons (Table 3).

Domestic Violence-related Suicide Victim Residence

Geographical patterns of suicides are such that individuals who live in a rural area versus an urban area are at higher risk for committing suicide.^{xxii} In Utah, most victims who died from DV-related suicide (68.5 percent) resided in the urban counties of Davis, Salt Lake, Utah, and Weber. These urban counties had a DV-related suicide rate of 2.1 per 100,000 adults. Rural counties had a DV-related suicide rate of 3.0 per 100,000 adults, while the rate in frontier counties was 2.4 per 100,000 adults. There were no significant differences in the DV-related suicide rates by urban, rural, or frontier counties in Utah (Table 3). The most frequent location of injury for DV-related suicide victims was at a residence, such as an apartment or house (77.0 percent). Of these, 95.3 percent occurred at the victim's residence.

Domestic Violence-related Suicide Victim Education and Marital Status

Approximately 18.0 percent of the DV-related suicide victims had less than 12 years of education, 44.8 percent had a high school diploma or GED, and 37.0 percent had more than a high school education (Figure 20).

Half (50.3 percent) of the DV-related suicide victims were married at the time of their death. One-fourth (23.6 percent) were single or never married and 26.1 percent were divorced or widowed (Figure 21).

Figure 20: Percentage of domestic violence-related suicides by educational attainment, Utah 2005-2008, n=165

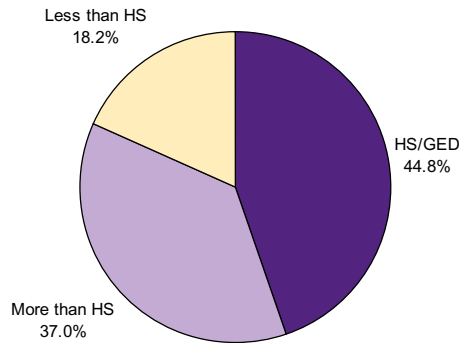
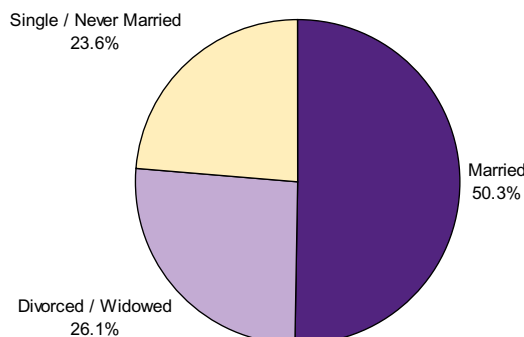


Figure 21: Percentage of domestic violence-related suicides by marital status, Utah 2005-2008, n=165



Incident Characteristics

Section 4: Domestic Violence-related Suicide

Domestic Violence-related Suicide Mechanisms of Injury

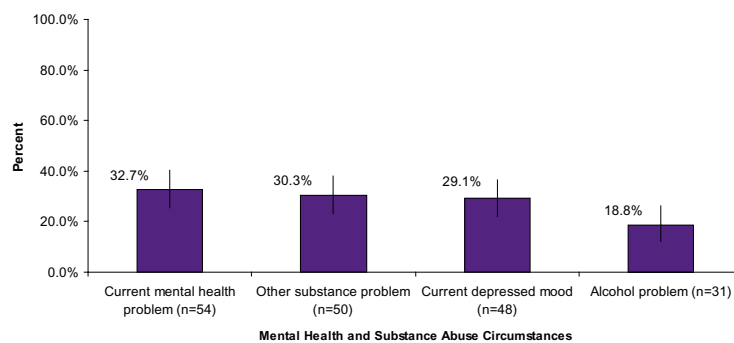
Firearms accounted for 57.0 percent of the mechanism of injury among DV-related suicide victims and were the primary mechanism of injury for males (59.9 percent) followed by hanging, strangulation, or suffocation (27.5 percent). The primary mechanism for females was poisoning (43.5 percent) followed by firearms (39.1 percent).

Domestic Violence-related Suicide Circumstances †

Circumstances were known in all of the DV-related suicide incidents. Several factors can put an individual at risk for suicide. These include mental illness, substance abuse, history of suicide attempts, family history of suicide or violence, easy access to firearms, and unwillingness to seek help because of stigma attached to mental and substance abuse disorders.^{xxiii} Furthermore, studies have found that when individuals who are abusive toward their intimate partners threaten suicide, this indicates an increased risk of homicide.^{xxiv}

A current diagnosed mental health illness was reported in 32.7 percent of the DV-related suicide victims. Of these victims, half had diagnosed depression and 85.2 percent were currently in treatment (taking a prescribed psychiatric medication or seeing a mental health professional). Research has shown that depression plays a major role in suicide and is thought to be involved in approximately 65-90 percent of all suicides with a history of mental illness.^{xxiv} At the time of the incident, 29.1 percent of the victims were perceived to have a depressed mood. Approximately 30.0 percent of the victims were perceived to have a problem with or be addicted to drugs and 18.8 percent to alcohol (Figure 22).

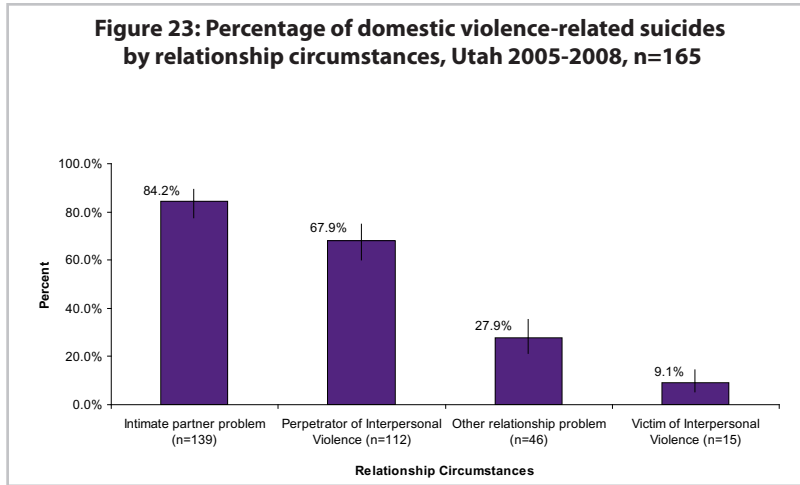
Figure 22: Percentage of domestic violence-related suicide by mental health and substance abuse circumstances, Utah 2005-2008, n=165



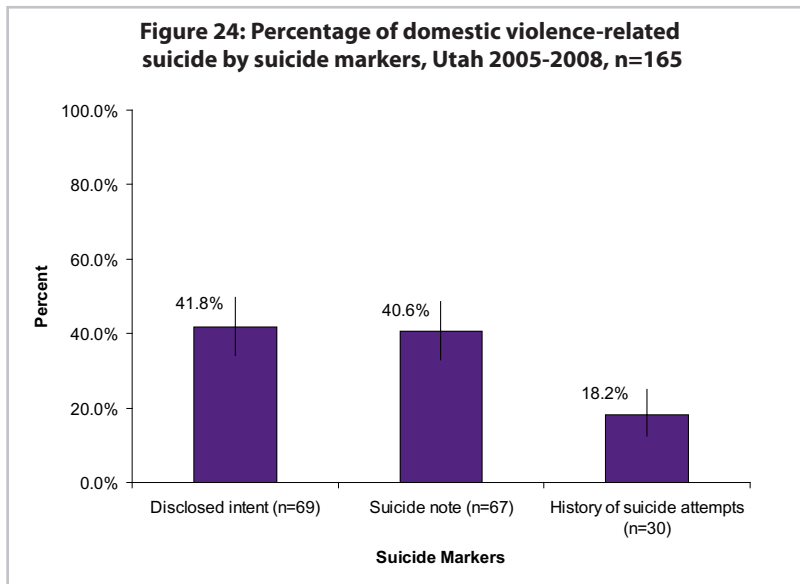
† Victims may have multiple circumstances noted so percent total will not sum to 100%. Definitions of circumstances can be found in the Glossary.

Incident Characteristics

Problems with a current or former intimate partner appear to have contributed to 84.2 percent of the DV-related suicides, which was significantly higher than victims who were experiencing problems with a family member, friend, or associate (27.9 percent). In 67.9 percent of the incidents, the victim was also the perpetrator of interpersonal violence during the month prior to his or her death. This circumstance was significantly higher than DV-related suicide victims who were also victims of interpersonal violence during the month prior to their death (9.1 percent) (Figure 23).



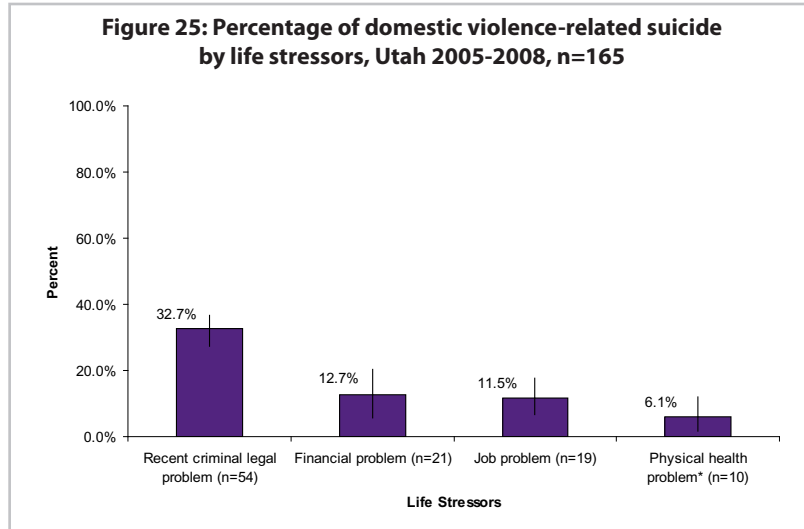
DV-related suicide victims disclosed their intent to commit suicide in 41.8 percent of the incidents, 40.6 percent left suicide notes, and 18.2 percent had a history of suicide attempts † (Figure 24).



† Victims may have multiple circumstances noted so percent total will not sum to 100%. Definitions of circumstances can be found in the Glossary.

Incident Characteristics

Ninety-one percent of the DV-related suicide victims experienced a crisis prior to the incident or faced an impending crisis. The most common precipitating life stressor that appears to have contributed to DV-related suicides was facing a criminal legal problem such as a recent or impending arrest, police pursuit, or an impending criminal court date (32.7 percent). This was significantly higher than other life stressors that contributed to DV-related suicides such as financial (12.7 percent), job (11.5%), and physical health problems (6.1 percent)* (Figure 25).



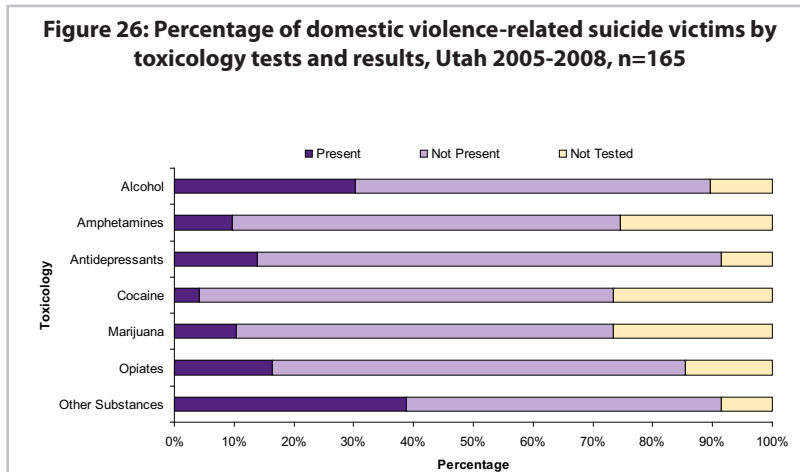
Section 4: Domestic Violence-related Suicide

* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution.

Incident Characteristics

Domestic Violence-related Suicide Toxicology

The most common drug found in DV-related suicide victims was “other” substances such as over-the-counter medications (38.8 percent) and the least common was cocaine (4.2 percent). In 35.2 percent of the incidents, alcohol use was suspected in the hours preceding the incident. According to the victims’ toxicology, alcohol was known to be present in 30.3 percent of DV-related suicides. Opiates were present in 16.4 percent of the victims, antidepressants in 13.9 percent, marijuana in 10.3 percent, and amphetamines in 9.7 percent (Figure 26).



Suicide is a complex public health issue where victims may be blamed and family members stigmatized. Consequently, suicide is not openly discussed making it difficult to collect meaningful data that is vital to suicide prevention efforts.

For more information about suicide in Utah, the following resources are available:

- Suicide Deaths indicator in the Indicator-Based Information System for Public Health (IBIS-PH)
http://ibis.health.utah.gov/indicator/complete_profile/SuicDth.html
- Utah Suicide Prevention Plan
www.intermountaininjury.org/publications/UtahStateSuicidePreventionPlan051007.pdf

Symposium Overview

Although domestic violence-related fatalities are preventable, they continue to occur every year in Utah. The Domestic Violence Fatalilty Review Committee (DVFRC) realizes that in order for real change to occur, the recommendations outlined by the committee in previous reports must be supported by policy makers and implemented by key agencies. The DVFRC realizes that policy and system change are central to accomplishing these critical tasks. In 2005, a Domestic Violence Fatalities Recommendations Symposium was held to prioritize recommendations from the *Intimate Partner Homicide in Utah 1994-1999* and *Domestic Violence Fatalities in Utah 2000-2002* reports.

The goals of the symposium were to decrease the incidence of domestic violence fatalities in Utah by prioritizing the recommendations issued by the DVFRC, identifying recommendations that focus on system change, outreach, and educations efforts based on prioritization, and developing a strategic plan to implement the prioritized recommendations.

The recommendations were prioritized by determining if the recommendation was achievable, actionable, and measurable. The Violence Against Women and Families Cabinet Council adopted the task of assigning the recommendations that were developed at the symposium to agencies with the best likelihood of implementing or developing programs, protocols, or procedures in order to accomplish those goals. However, the Violence Against Women and Families Cabinet Council was disbanded in 2007 and progress was halted. The DVFRC continues to make recommendations after each fatality case review and is determined to advance these goals in Utah in addition to new recommendations that may have emerged from this report.

Section 5: Conclusion

Symposium Overview

The following was developed as a result of the Domestic Violence Fatalities Recommendations Symposium:

Utah Domestic Violence Recommendations

Goal: 1

Increase immediate referrals to DCFS at the time of a homicide when the victim or perpetrator has children, regardless of whether the children witnessed the incident. Provide an assessment on children and families who have experienced a domestic violence homicide and provide appropriate interventional and follow up services.

Goal: 2

Create a statewide task force to look at the problem of data sharing and information sharing while protecting victim safety, officer safety, and perpetrator accountability.

Goal: 3

Consistently prosecute protective order violations and domestic violence cases statewide.

Goal: 4

Create a public education campaign that educates all victims of IPV and stalking.

Goal: 5

Develop an appropriate risk assessment tool for police, prosecution, and judges so they can better address issues and apply appropriate sentencing.

Goal: 6

Increase education for Board of Pardons members and require specific restrictions and conditions when aware of domestic violence.

Goal: 7

Increase training, education, and outreach among school educators, counselors, health care providers, including home health care, faith leaders, and Adult Protective Service workers, in all aspects of domestic violence, stalking, and dating violence.

Goal: 8

Identify gaps and enhance services to underserved communities.

Recommendations 2003-2008

The intent of the Domestic Violence Fatality Review Committee (DVFRC) is to identify and review all domestic violence-related homicides in Utah, initiate a process for developing protocols and agreements to improve agency response, cultivate discussion and action to establish a unified multi-agency approach to domestic violence, facilitate and improve communication among agencies, and ultimately reduce the rate of DV-related death in Utah. This is accomplished by making recommendations for primary and secondary prevention during reviews. Many of the recommendations were made based on information provided by committee members during the review of the individual case and some may be specific to information gleaned from the case review. The recommendations can be useful in designing effective prevention and/or intervention strategies. The DVFRC encourages individuals, organizations, and agencies to utilize these recommendations to inform appropriate interventions for the prevention of domestic violence fatalities in Utah.

Advocates

- Conduct lethality assessments with victims.
- Talk with victims about the increased danger when the perpetrator has access to weapons, has threatened to use weapons against the victim, or has used weapons against the victim in the past.
- Inform victim's family about all services available through Crime Victim Reparations, including therapy.
- Provide education to victims on responsibilities surrounding a protective order, such as the petitioner not contacting the respondent.

Aging and Adult Services

- Encourage Aging Services, Adult Protective Services, Hospice, and health care providers to obtain training on domestic violence and domestic violence resources and services.
- Increase education on risk factors, resources, and services for professionals and the public who are in contact with the elderly.

Awareness and Education

- Increase education about high risk behaviors for domestic violence, including the following:
 - History of abuse
 - Criminal activity
 - Substance abuse
 - Alcohol and substance use
 - Threats of harm to self or others
 - Mental illness
 - Availability of weapons
 - Stalking
 - Isolation
 - Issuance of protective order
 - Any history of strangulation
 - Protective order violations
 - Large life insurance policy
 - Separation and pending or recent divorce
 - Victim has children living in the home who are not the perpetrator's biological children
- Provide public education about how to respond when witnessing a DV incident; for example, calling the police as opposed to getting involved.

Recommendations 2003-2008

Clergy

- Provide education to women in church settings on domestic violence, including resources and risk factors.
- Publicize the Domestic Violence Linkline (1-800-897-5465) at churches throughout the state.
- Increase faith-based training for clergy leaders on risk factors and lethality indicators on domestic violence.

Courts

- Enforce laws regarding gun ownership/possession with felons and the mentally ill.
- Encourage judges to order the services of a child exchange center when there is a history of violence. Public education about the availability of these centers should be increased.
- Encourage judges to never reduce domestic violence violations to a non-domestic violence charge.
- Consistently prosecute protective order violations cases.
- Increase specialty courts in the state on domestic violence.
- Develop and distribute educational materials on domestic violence to family law attorneys on risk and lethality assessments.
- Prior to assisting with a protective order, Legal Aid should check the clients' criminal history to determine if they are the perpetrator or victim of domestic violence. If they are the perpetrator, they should be referred to other agencies to obtain a protective order.
- Provide domestic violence information at divorcing parents' classes.

Disparate Populations

- Increase education and outreach to the homeless population.
- Increase interpretation services available for victims of domestic violence.
- Increase services and education to immigrant populations.
- Encourage agencies that work with disparate populations to provide clients with resources such as support groups, mentors, and education on conflicting cultural issues.

Division of Child and Family Services

- Conduct an assessment of children and families who have experienced a domestic violence homicide and provide appropriate interventions and services.

Health Care/Mental Health Care Personnel

- Provide training to health care providers across the state on the assessment and reporting of domestic violence. A Reference for Utah Health Care Providers' Manual may be downloaded at <http://health.utah.gov/vipp>.

Law Enforcement

- Increase referrals made to DCFS for all children associated with a DV-related fatality.
- Increase participation of law enforcement at all DVFRC review meetings.

Policy/Legislation

- Pass legislation on increased penalties for strangulation.
- Pass legislation to offer protection to individuals in a dating relationship starting at age 16.

Other

- Increase crisis services for perpetrators of domestic violence.

Homicide and suicide incidents were ascertained through the Utah Department of Health, Utah Violent Death Reporting System. Additional information on each case was made available through the Domestic Violence Fatality Review Committee.

Rates

The DV-related homicide or suicide rate per year is the number of resident DV-related homicide or suicide deaths divided by the adult resident population of the jurisdiction and multiplied by 100,000 for a rate per 100,000 persons. Rate=(# of deaths / Population at Risk)100,000

Population Estimates

The resident population of Utah was obtained from the Utah Population Estimate Committee (UPEC) and the Governor's Office of Planning and Budget (GOPB), Estimates for Counties by Sex and Single Year of Age.

Race and ethnicity population for homicides was obtained by taking the average of 2005 and 2006 bridged race and Hispanic ethnicity population proportions from the U.S. Census applied to GOPB population estimates.

Race and ethnicity population for suicides was obtained by taking the average of 2006 and 2007 Bridged Race and Hispanic Ethnicity Population Proportions from the U.S. Census applied to GOPB Population Estimates.

Data Issues: The current population estimates for intercensal years 2001-2009 were produced by the UPEC and GOPB, and are considered to be more accurate than those produced by the U.S. Bureau of the Census because they are based on specialized local information including school enrollment, building activity, and Medicare enrollment. This revision that included Medicare enrollment added about five percent to the 65 and over age group and subtracted about two percent from the under 65 age group.

For more details on Utah's population and methods used for estimates go to <http://www.governor.utah.gov/dea/demographics.html>.

Odds Ratio (OR)

Odds ratios were calculated by dividing the probability that an event will occur by the probability that it will not occur. OR=(A x D) / (B x C)

Confidence Intervals (CI)

The margin of error, or confidence interval, describes the range within which one is most likely to find the true value of the statistic.

A 95 percent confidence interval was calculated for all rates using the inverse gamma function with the SAS statistical package. A 95 percent confidence interval indicates that we are "95% confident" that the interval covering the "true" rate falls between the two designated confidence limits.

A 95 percent confidence interval was calculated for all odds ratios using the following formula:

$$95\% \text{ CI of } \ln(\text{OR}) = \text{SQRT}(\ln(\text{OR}) \pm 1.96 (1/A + 1/b + 1/C + 1/D))$$

Data Suppression

Suppression rules were applied to the data by determining the coefficient of variation, or the relative standard error (RSE). This is a measure of the variability of the estimate compared with the magnitude of the estimate. The RSE was calculated based on the rate and the number in the population using the following calculation:

$$RSE = \text{SQRT}(100,000/PR)$$

The recommended minimum criteria for reporting population event data are as follows:

- $RSE \leq 50\%$
- If $30\% < RSE \leq 50\%$ an asterisk should be included with a footnote that says: *Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet UDOH standards for reliability.

Primacy

Data sources have been ranked in terms of their likely accuracy for each data element in the National Violent Death Reporting System coding manual. The term used for ranking is "primacy." The source with first primacy is considered the most reliable for a given variable and will be the source of choice. Lower primacy sources are the most reliable after first primacy and can be used when a higher-primacy source is not available. Data used in this report were obtained using the primacy ranking recommended in the coding manual which is available from: URL: <http://www.cdc.gov/ncipc/pub-res/nvdrs-coding/VS2/default.htm>.

Glossary

The following definitions refer to terms in this report. For more details on the definitions and uses of the National Violent Death Reporting System data elements, the full coding manual is available from: URL: <http://www.cdc.gov/ncipc/pub-res/nvdrs-coding/VS2/default.htm>.

Age-adjusted rate: A rate statistically modified to eliminate the effect of different age distributions in the populations being compared.

Age-specific rate: A rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the population in that age group.

Alcohol problem: A suicide circumstance in which the victim is perceived by self or others as having a problem with or being addicted to alcohol.

American Indian: Person with origins among any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives).

Asian: Person with origins among any of the original people of the Far East, Southeast Asia, or the Indian subcontinent.

Black: Person with origins among any of the black racial groups of Africa.

Blunt instrument: Clubs, bats, boards, or other objects that can be used to inflict an injury.

Confidence interval: The range within which one is most likely to find the true value of the statistic.

Crisis in the past two weeks: A suicide circumstance in which an acute event appears to have contributed to the suicide.

Crude rate: The rate of death for a population. It is calculated by dividing the number of deaths in a population in a specified period by the resident population.

Current depressed mood: A suicide circumstance in which the person was noted by others to be sad, despondent, down, blue, unhappy, etc.

Current mental health problem: A suicide circumstance in which the victim was identified as having a mental health illness, such as depression, schizophrenia, obsessive-compulsive disorder, etc. The mental health problem must have been diagnosed by someone who is professionally trained.

Current treatment for mental illness: A suicide circumstance in which the victim had a current prescription for a psychiatric medication or saw a mental health professional within the two months prior to death. Treatment includes seeing a psychiatrist, psychologist, medical doctor, therapist or other counselor for a mental health or substance abuse problem; receiving a prescription for an antidepressant or other psychiatric medication; or residing in an inpatient or halfway house facility for mental health problems.

Death of friend/family: A suicide circumstance in which the victim is reacting to the death of a friend or family member within the past five years.

Glossary

Disclosed intent to commit suicide: A suicide circumstance in which the victim previously expressed suicidal feelings to another person.

Ever treated for mental illness: A suicide circumstance in which the victim was noted as ever having received professional treatment for a mental health problem, either at the time of death or in the past.

Family or roommates: Incidents in which an individual is killed by a family member or roommate.

Financial problems: A suicide circumstance in which the victim was experiencing monetary issues such as bankruptcy, overwhelming debts, a gambling problem, or foreclosure of a home or business.

Frontier: Areas defined as having six or fewer persons per square mile.

History of suicide attempt: A suicide circumstance in which the victim was known to have previously tried to end his/her own life, regardless of the severity of the injury inflicted.

Hispanic: Ethnicity of the person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Homicide-suicide: Defined as one person killing one or more others then taking his/her own life within 24 hours.

Intimate partner: A current or former boyfriend, girlfriend, date, or spouse. The definition of intimate partner includes first dates.

Intimate partner-associated: Incidents that involved a third party and are directly related to an intimate partner relationship, but have no evidence of violence in the intimate partner relationship.

Intimate partner problem/violence: A suicide or homicide circumstance in which the victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord.

Intimate partner-related: Incidents that involve a third party but where the death is directly related to violence in the intimate relationship.

Jealousy: A homicide circumstance that characterizes violence between intimate partners and sexual rivals.

Job problem: A suicide circumstance in which the victim was either experiencing a problem at work or was having a problem with joblessness.

Legal intervention: A death when the person was killed by a police officer or other peace officer acting in the line of duty.

Other argument, abuse, conflict: A homicide circumstance in which arguments or conflicts cannot be identified by any other means.

Other relationship problem: A suicide circumstance in which the person was experiencing problems or conflict with a family member, friend, or associate (other than an intimate partner) that appeared to have contributed to the suicide.

Glossary

Section 6: Appendix

Other substance problem: A suicide circumstance in which the victim was noted as using illegal drugs, abusing prescription medications, or regularly using inhalants even if the addiction or abuse is not specifically mentioned.

Pacific Islander: Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians).

Perpetrator of interpersonal violence past month: A suicide circumstance in which the victim was a perpetrator of interpersonal violence within the past month or has had a restraining order filed against him or her within the past month.

Physical health problem: A suicide circumstance in which the victim was experiencing terminal disease, debilitating condition, or chronic pain, that was relevant to the suicide event.

Premeditation: Evidence of premeditation includes signs such as the suspect's lying in wait for the victim or taking precautions before the incident to avoid discovery.

Odds Ratio: Measure of effect size describing the strength of association between two data values.

Recent criminal legal problem: A suicide circumstance in which the victim was facing a recent or impending arrest, police pursuit, or an impending criminal court date and the consequence was relevant to the suicide event.

Rural: Areas defined as having more than six but fewer than 100 persons per square mile.

Sharp instrument: Objects that can be used to inflict a penetrating injury, such as knives, razors, machetes, or pointed instruments such as a chisel or broken glass.

Suicide note: A suicide circumstance in which the victim left a message, e-mail, video, or other communication that he or she intended to end his/her own life. A will or folder of financial papers near the victim does not constitute a suicide note.

Suspect: Person or persons suspected of having killed another person whether intentionally or unintentionally or assisted in the homicide.

Urban: Areas defined as having 100 or more persons per square mile.

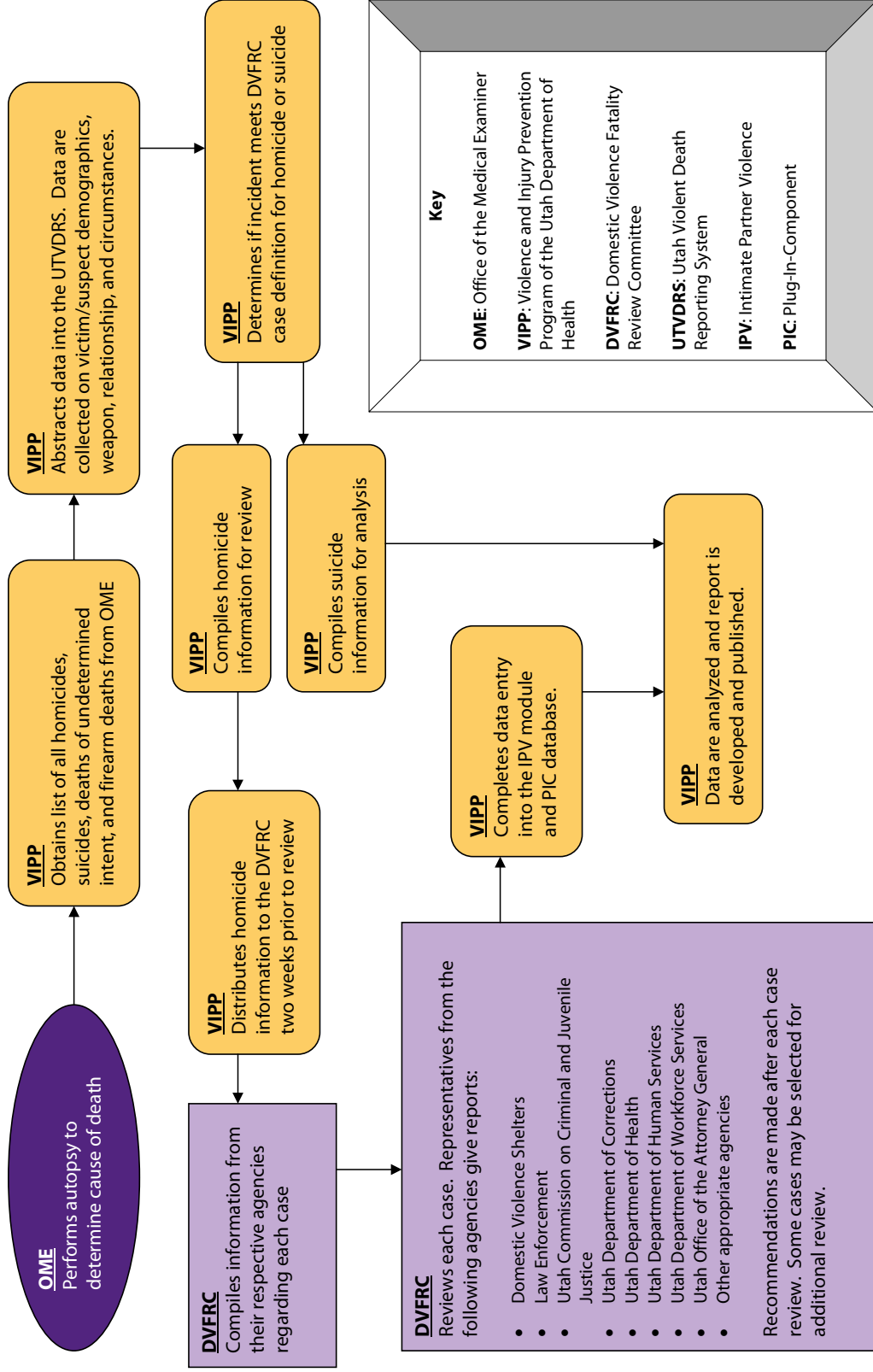
Victim: Person who died in a suicide, homicide or legal intervention, as the result of a firearm injury, or from an undetermined manner.

Victim of interpersonal violence past month: A suicide circumstance in which the victim was a victim of interpersonal violence within the past month or had filed a restraining order against the suspect within the past month.

White: Person with origins among any of the original peoples of Europe, North Africa, or the Middle East.

DVFCR Flow Chart

Domestic Violence Fatality Review Committee Process



Section 6: Appendix

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Section 6: Appendix

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