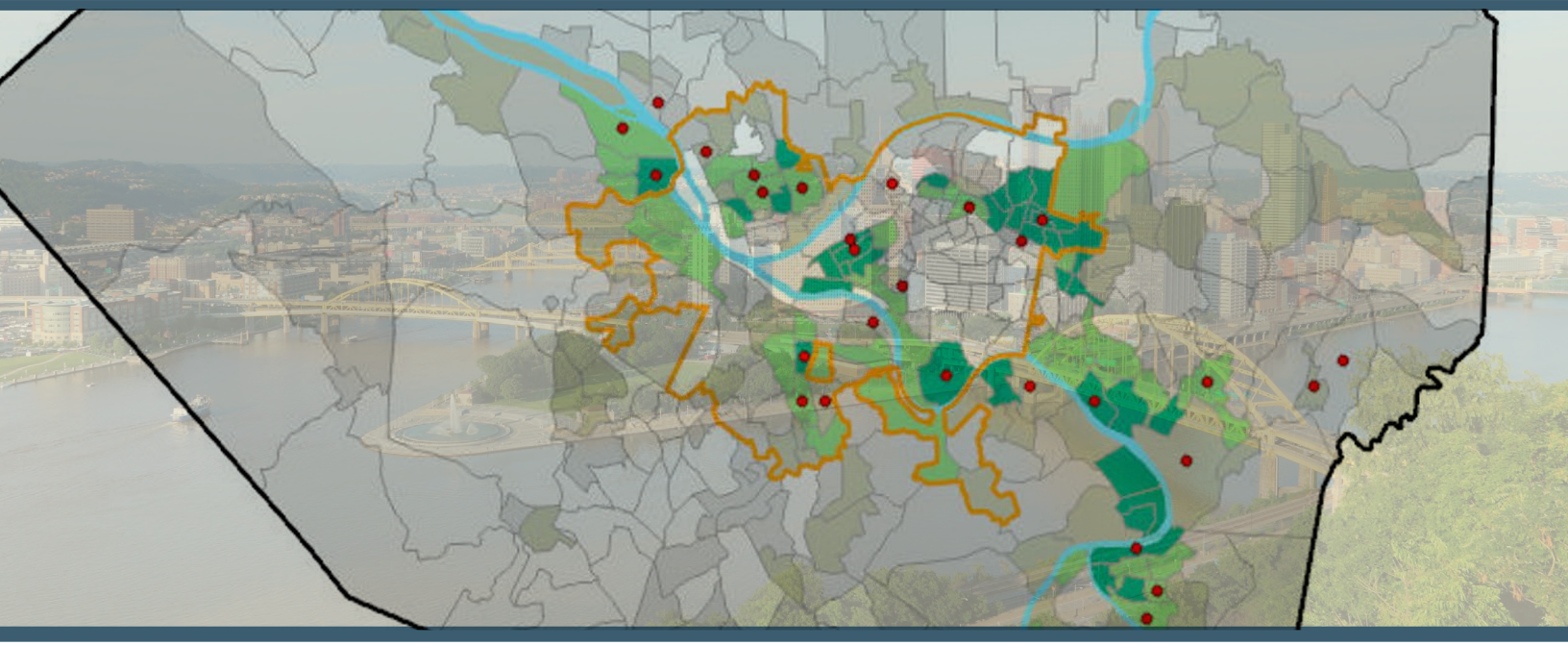
Intimate Partner Homicides 2017–2022



October 2023

The Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, Pennsylvania 15222

https://analytics.alleghenycounty.us/

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DEFINITIONS AND KEY TERMS

Community Violence: violence that occurs between unrelated individuals who may or may not know each other, generally outside the home.[1]

Crime types:

- **Crime against persons:** Cases alleging murder/manslaughter, sexual assault (including rape and sexual battery), robbery and assault (including simple assault).
- **Crimes against property:** Cases alleging burglary, larceny, auto theft, arson, forgery and counterfeiting, fraud, embezzlement, stolen property (buying or receiving) and vandalism.
- **Drug charges:** Cases alleging the illegal possession, sale, use, or manufacture of drugs. The following drug categories are included: opium or cocaine and their derivatives (morphine, heroin, codeine); marijuana; synthetic or manufactured narcotics (Demerol, Methadone); and dangerous non-narcotic drugs (barbiturates, Benzedrine).
- **Public order crimes:** Cases including the following allegations:
  - **Motor vehicle, DWI/DUI:** driving a motor vehicle while intoxicated (DWI), driving under the influence of either alcohol or drugs (DUI), or driving while impaired.
  - **Motor vehicle, other:** involving the operation of a motor vehicle.
  - **Weapon:** violations of regulations or statutes controlling the carry, use, possession, furnishing and manufacture of deadly weapons or silencers.
  - **Public order:** violations of liquor laws, drunkenness, disorderly conduct, vagrancy, gambling, prostitution or commercial vice.

Intimate partner: a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. May include current or former spouses, boyfriend/girlfriends, dating partners, co-parents, or ongoing sexual partners.[2]

Intimate partner violence (IPV): threats or perpetration of physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner.[3]

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1 Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/communityviolence/index.html#:~:text=Print-,Community%20Violence%20Prevention,schools%20and%20on%20the%20streets.

2 Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0.* Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015

3 ibid

IPV-spillover: violence or threats of violence between individuals who are indirectly connected through an intimate relationship (e.g., violence between ex-boyfriend and current boyfriend)

Human Services/Systems

- **Adult Criminal Justice:** Individuals who have an active criminal case within the magisterial district courts or the Court of Common Pleas or who are supervised by Allegheny County Adult Probation.
- **Child Welfare:** Children, youth, parents and any other individual with an open child welfare case. Includes individuals receiving home and community-based services, in an out-of-home placement, and/or being otherwise supported by an assigned CYF caseworker. Includes:
  - **Child Welfare (as a child):** Children and youth under 18 with an open child welfare case. Includes individuals receiving home and community-based services, in an out-of-home placement, and/or being otherwise supported by an assigned CYF caseworker.
  - **Child Welfare (as a parent):** Parents of children and youth associated with an open child welfare case.
- **Juvenile Probation:** A youth who is between 10 and 21 alleged to have, upon or after his or her 10th birthday, committed a delinquent act before reaching 18 or alleged to have violated the terms of juvenile probation prior to termination of juvenile court supervision. Supervision includes a wide range of statuses, such as intake, extended service, consent decree, probation, and placement. This count excludes youth referred to Juvenile Probation by District Justices for Failure to Comply with a Lawful Sentence due to nonpayment.
- **Drug & Alcohol Treatment:** Individuals receiving a publicly funded (Allegheny County or Medicaid managed care/ Health Choices) substance use disorder (i.e., drug and alcohol) service. Excludes level of care assessments.
- **Mental Health Crisis:** Individuals receiving crisis help initiated by phone or walk-in and paid for by Allegheny County Department of Human Services or Community Care Behavioral Health.
- **Mental Health Inpatient:** Individuals receiving a publicly funded (Allegheny County or Medicaid managed care/Health Choices) inpatient mental health service.
- **Mental Health Outpatient:** Individuals receiving a publicly funded (Allegheny County or Medicaid managed care/Health Choices) outpatient mental health service. Includes both clinical services, such as individual and group therapy, and non-clinical services such as case management and peer support.
- **DHS Housing Support:** Individuals and families receiving prevention services, support services and/or housing who are homeless or at risk of becoming homeless. Services are provided by DHS and DHS-contracted providers and include housing assistance, case management, prevention and outreach. Includes:
  - **Homeless Prevention & Supports:** Individuals and families who are homeless or at risk of homelessness who are receiving supportive services, such as rental assistance, utility assistance or non-housing supports.
  - **Homeless Services:** Individuals or families who are homeless, residing in short term care and refuge, or living in unsheltered locations who receive outreach services intended to connect them with emergency shelter or other critical services.

ACRONYMS

CNI: Community Need Index

DHS: [Allegheny County] Department of Human Services

IPV: Intimate Partner Violence

IPH: Intimate Partner Homicide

A Note on Sex/Gender Language

The categories "man" and "woman" are used in the analysis, although these categories are imperfect for two reasons. First, they do not encompass the full sex/gender continuum, for which two distinct categories is insufficient. Second, while the terms "male" and "female" typically describe a person's biological sex (i.e., a person's chromosomes, anatomy and hormones), the local data source for this report places these terms in a category called "gender" (i.e., a social construction whereby a society assigns certain behaviors masculine or feminine). As such, the data conflates sex and gender and does not allow for the possibility that a given individual's assigned sex does not correspond with their gender identity.

EXECUTIVE SUMMARY

In May 2022, Allegheny County assembled a taskforce of leaders to reduce intimate partner violence (IPV) through improved coordination, information sharing, training, and implementation of interventions that target both those who use violence and those who are victims or survivors of it.[4]

Historically, the County's understanding of IPV has been based on national data, which, though useful, fails to capture local nuances that lend greater insight into specific community needs. The objective of this report is to provide more local context to problems of IPV in Allegheny County by describing trends in demographics, human services involvement, and criminal histories among victims and perpetrators of intimate partner homicides (IPH) from January 2017 through September 2022. Importantly, the findings presented here point to a disproportionate impact on individuals who are disadvantaged not only by their gender identity, but also by systemic racial and socioeconomic inequalities. Though IPV has traditionally been framed as an issue related to gender alone, a more intersectional understanding of risk and impact can better inform strategies for effective prevention and mitigation.

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4 City of Pittsburgh Press Release: *Fitzgerald, Gainey Create Intimate Partner violence Reform Leadership Team* https://pittsburghpa.gov/press-releases/press-releases.html?id=5714

KEY FINDINGS:

- There were **45 victims (43 incidents) of IPV and IPV-spillover homicides** from January 2017 through September 2022.
- **The demographic trends among individuals involved in IPH are similar to those of overall homicides:** victims and perpetrators are disproportionately Black, young (aged 25-34) and living in high-need areas. Black women represent the highest proportion of victims (37%, n=16), while Black men constitute the highest proportion of perpetrators (56%, n=23).
- **Unlike homicides at large, IPH victimization disproportionately impacts women:** while IPH accounted for roughly 7% of all homicides from 2017 through 9/2022, they made up 30% of all homicides with female victims; 63% of victims of IPH are women.
- **Both victims and perpetrators of IPH had high rates of involvement in human services**
  - **74% of perpetrators** had prior involvement with child welfare, publicly funded behavioral health, or homeless and housing systems.
  - **58% of victims** had prior involvement with child welfare, publicly funded behavioral health, or homeless and housing systems.
- **Across all gender, race and role categories, about 53% of individuals involved in IPH – 47 of 88 – had criminal justice involvement at some point prior to the homicide incident:** 63% of perpetrators (27 of 43) and 44% of victims (20 of 45). Among perpetrators, both Black and White men had higher rates of criminal justice involvement than either Black or White women.
- **Roughly 24% of all IPV perpetrators had indicators of IPV history in either the criminal courts or child protection system.** This is likely an undercount of true IPV history, as data limitations, legal restrictions and under-reporting make it difficult to identify non-fatal IPV in the data. Among those with domestic violence-related criminal cases, the majority occurred in the 18 months prior to the homicide incident.

BACKGROUND

Intimate partner violence (IPV) is a form of interpersonal violence in which an individual uses certain tactics, including but not limited to physical, psychological, sexual, or economic violence /abuse, to assert power and control over an intimate partner.[5] IPV is a subcategory of domestic violence, which is a broader term that encompasses use of violence between individuals in the same household, regardless of the nature of the relationship.[6] This "intimate partner" relationship between the victim-survivor and the person using violence — defined as a romantic, sexual, or marital relationship between current or former spouses, boyfriends, or girlfriends — is primarily what distinguishes IPV from other forms of violence, and what can make the violence difficult to resolve.

On a national scale, IPV is very common: the CDC's National Intimate Partner and Sexual Violence Survey indicates that about 41% of women and 26% of men have experienced some form of IPV in their lifetimes.[7] The causes of IPV exist on multiple levels, ranging from socio-cultural norms that perpetuate toxic masculinity to the community and household impacts of economic stress and to the individual psychological impacts of childhood trauma.[8] While anyone can be a victim of IPV, victimization tends to fall more heavily upon women — and upon Black women in particular — as the disadvantages incurred by systemic racial and gender inequalities can make it more difficult to escape situations of violence.

Intimate partner homicides (IPH) are a tragic culmination of physical and/or psychological violence between intimate partners. Theories and models that explain what factors increase the risk of homicide in IPV situations merit further research and are beyond the scope of this report; however, the risk of homicide appears to be driven by at least four components: 1) individual propensity to use violence in response to triggering factors;[9] 2) access to lethal weapons (namely, firearms);[10] 3) high prevalence of community violence , which may impact individual propensities by normalizing its use; and 4) lack of resources and supports for victim-survivors to escape dangerous domestic violence situations.[11] In short — as will be seen in the demographic section that follows — many of the factors that increase risk of violence overall (both victimization and use) also increase the risk of IPV victimization/use. IPV is interconnected with other types of violence, and approaches to understanding its risk factors, as well as strategies to address it, are best done through this theoretical lens.[12]

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5 Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0.* Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015

6 Moorer, Olivia. 5 January 2021. *Intimate Partner Violence vs Domestic Violence.* https://ywcaspokane.org/what-is-intimate-partner-domestic-violence/

7 Centers for Disease Control: *Preventing Intimate Partner Violence* cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

8 *Centers for Disease Control and Prevention: Risk and Protective factors for Perpetration:* https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

9 Caiozzo, Christina, "Using I Cubed Theory to Predict the Perpetration of Violence in Adolescent Romantic Relationships" (2014). Master's Theses (2009 -). 262.

10 Campbell, J. C., et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. https://doi.org/10.2105/ajph.93.7.1089

11 National Coalition Against Domestic violence: *Why do Victims Stay?* https://ncadv.org/why-do-victims-stay

12 Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

METHODOLOGY

The inventory of IPH for 2017 through 2021 came from the Women's Center and Shelter of Greater Pittsburgh, who pulled it from the annual lists put together by the PA Coalition Against Domestic Violence. IPHs in 2022 were derived from the Tribune Review's running list of homicide victims in the County.[13] In both cases, a homicide was classified as a domestic violence homicide if the victim and perpetrator were connected by either a current/former intimate relationship (direct or indirect) or a family relationship. For the purposes of this analysis, which focuses only on IPV and IPV-spillover homicides, homicides involving family members between whom there was no intimate partner relationship (e.g., mother-son) were excluded. While this method has strong qualitative validity, it has some limitations:

1. It relies upon the determination of the victim-perpetrator relationship, which can be speculative when full information is not available. As this analysis excludes cases for which strong assumptions would have been necessary (e.g., female victim and male perpetrator, but no information about relationship), it may not be fully inclusive of all IPH that occurred.
2. It assigns clear victim-perpetrator roles in the context of the homicide incident, but these roles may not be indicative of an individual's primary "role" in an ongoing IPV situation. While perpetrators and victims are treated as separate categories in this analysis, in reality, the distinction may not be as clear.

The final incident inventory included the victim's and perpetrator's full name, their role and legal sex, the month and year of the incident and a flag for whether the incident was a murder-suicide (most incidents had background narratives to enable this type of determination). This information was then matched to data in Allegheny County's Data Warehouse to retrieve person-identifiers, which allow for cross program analysis. All 88 people involved in IPH were successfully matched within the Data Warehouse.

The geographic analysis utilizes the Community Need Index (CNI), a measure developed by DHS to identify census tracts in the County that have the greatest need relative to others. The index is composed of several measures:[14]

- The percentage of families living below the poverty line
- The percentage of unemployed males
- Education levels of residents
- The percentage of single mothers
- The number of 911 dispatches for gun shots fired

The CNI is useful for contextualizing instances of community violence, as it sheds light on the ways in which broader social dynamics such as poverty, stress and community resources may influence individual behavior.

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13 https://triblive.com/local/2022-allegheny-county-homicide-victims/

14 Allegheny County DHS: The Allegheny County Community Need Index: Update for 2021 with a Focus on the Connection between Race and Community Need. May, 2021.

Data Sources

Allegheny County Data Warehouse

Using the Data Warehouse,[15] we extracted information on individuals' demographics, criminal justice involvement and human services utilization. The warehouse contains more than 20 sources of information, including information on individual involvement in the publicly funded behavioral health system, bookings at the Allegheny County Jail, criminal court filings, homeless and housing supports, and child protective services.

U.S. Census Bureau

We obtained Allegheny County population information from the American Community Survey (five-year estimates, 2014 through 2019) using the website https://data.census.gov/. See **Appendix B** for population details.

Allegheny County Criminal Courts Data

Data on criminal filings, including the types of charges and case outcomes (e.g., convictions) are from the Magisterial District Judicial System (lower courts) and the Common Pleas Case Management System (upper courts), both of which include publicly available information on cases that can be accessed online.[16] Individuals are linked to cases using Data Warehouse-generated unique IDs.

Data Limitations

The data characteristics listed below limit what can be known about individuals in this cohort and about individuals involved in IPV overall:

- Data on IPV and IPV-related homicides may not be fully inclusive of all relevant homicides during this time frame. Further, assigned "victim" and "perpetrator" incident roles may represent an oversimplification of the actual relationship dynamic between individuals, which was likely more nuanced.
- Some program involvement estimates may be an undercount due to data source limitations
  - Behavioral and physical health data come from insurance claims for publicly funded providers (roughly 70% of this cohort were Medicaid enrolled at some point).
  - Homelessness services do not include services received through domestic violence shelters (for regulatory reasons).
  - Most program data go back only to 2002 at most.

15 More information about the Data Warehouse available at https://www.alleghenycountyanalytics.us/index.php/2018/08/13/allegheny-county-data-warehouse/

16 https://ujsportal.pacourts.us/CaseSearch

- Health data also offer limited interpretability vis-a-vis individuals' health conditions and/or reasons for seeking treatment: "diagnoses" listed on insurance claims are broad and don't necessarily indicate clinical diagnoses.

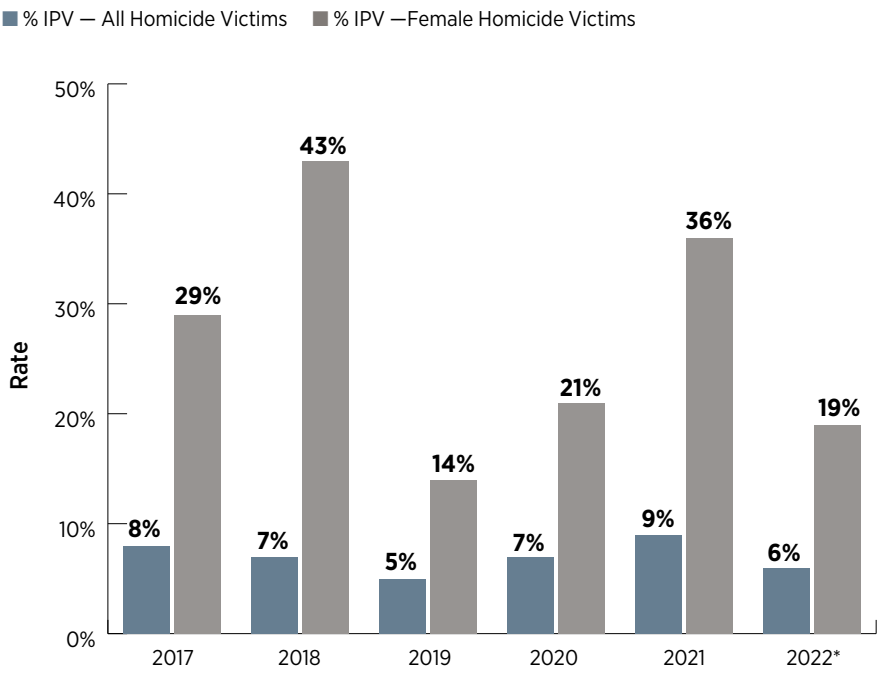
While the results of this analysis offer useful insights, caution should be taken in generalizing these findings as broader social trends.

FINDINGS

From 2017 through September of 2022, there were 43 IPH incidents, with 45 victims and 43 perpetrators. Like the trend for overall homicides, the number of IPV homicide incidents increased between 2019 and 2021 (although the relative number is so small that percentage increases should be interpreted with caution). IPV homicides also occupied a slightly higher share of all homicides in 2021 than they did in any year since 2017. Although 2022's numbers were not yet complete as of this analysis, the count of overall homicides is on track to be on par with that of 2021.

Though IPV accounts for only a small share of all homicides, it makes up a much higher proportion of all female victimization as is shown in **Figure 1** (see **Table 1** for counts)

FIGURE 1: **IPV as a Percentage of all Allegheny County Homicides and all Female Allegheny County Homicides, 2017 through 9/2022**



**2022 data available only through 9/22*

TABLE 1: Intimate Partner Homicides Relative to All Homicides

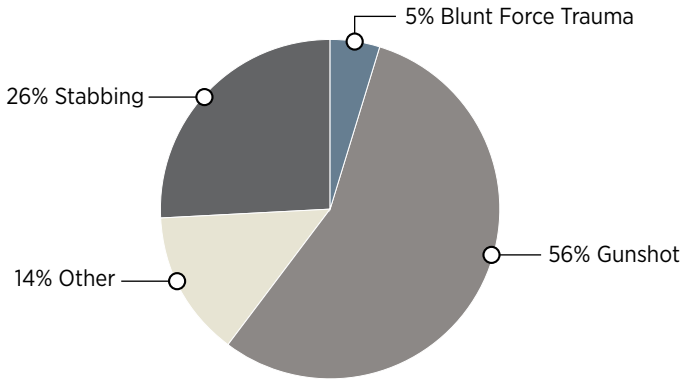
	ALL VICTIMS			FEMALE VICTIMS ONLY		
YEAR	IPV ONLY	ALL HOMICIDES	PERCENT (%)	IPV ONLY	ALL HOMICIDES	PERCENT (%)
2017	9	111	8%	5	17	29%
2018	7	106	7%	6	14	43%
2019	5	93	5%	2	14	14%
2020	8	107	7%	4	19	21%
2021	11	118	9%	8	22	36%
2022	5	84	6%	3	16	19%

Although women are less likely to be victims of homicide than men, female-victim homicides are more likely to be the result of IPV.

Weapons used in IPH

The majority of IPH — 56% — involved a firearm (**Figure 2**), which is consistent with prior research demonstrating that availability of lethal weapons is a strong risk factor in the likelihood of IPV escalating to homicide.[17] That said, gun violence accounts for a markedly lower share of IPH than it does for homicides overall, of which 86% were gun-related.[18] This trend is likely a reflection of the fundamental difference between IPV and community violence — the relationship between the perpetrator and victim is much more personal, and the circumstances under which homicides occur are different in nature.

FIGURE 2: Weapons Used in IPH



Relationship between perpetrator and victim

The majority of IPH and IPV-spillover homicides had male perpetrators and female victims, and all perpetrators of murder-suicides were men (who were also majority White and older on average) (**Table 2**). Most homicides also occurred between people who had a direct, past-or-present intimate relationship, but a handful were also indirectly linked to intimate relationships. These IPV-spillover homicides were more heavily male-male than direct IPH.

17 Campbell, J. C., et al. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. https://doi.org/10.2105/ajph.93.7.1089

18 Cotter, N. July 2022. *Homicides in Allegheny County and the City of Pittsburgh, 2016 through 2021.* https://analytics.alleghenycounty.us/2022/07/21/homicides-allegheny-county-city-pittsburgh-2010-2015/

TABLE 2: Relationship of Perpetrator to Victim, by Incident Type and Gender, 2017 through 9/2022

INCIDENT TYPE		PERP-VICTIM GENDER PAIR	COUNT	PERCENT (%) TOTAL
IPV	Homicide	Female-Male	9	20%
		Male-Female	20	44%
		Male-Male	1	2%
	Murder Suicide	Male-Female	7	16%
IPV-spillover	Homicide	Male-Female	1	2%
		Male-Male	5	11%
	Murder Suicide	Male-Male	2	4%

Demographics of victims and perpetrators[19]

Consensus among advocates and IPV scholars holds that anyone, regardless of socioeconomic status, race, sexual orientation, gender identity, or age, can be impacted by IPV. However, there are also a host of factors that impact the likelihood and intensity of IPV involvement, and they are known to overlap with risk factors for violence in general.[20] As these risk factors tend to be driven by systemic inequalities in race, gender and other marginalized identities, the demographic profile of these IPH incidents shows an over-representation of these marginalized groups, much as it does for homicides in general.

TABLE 3: Race and Gender Breakdown of Victims and Perpetrators

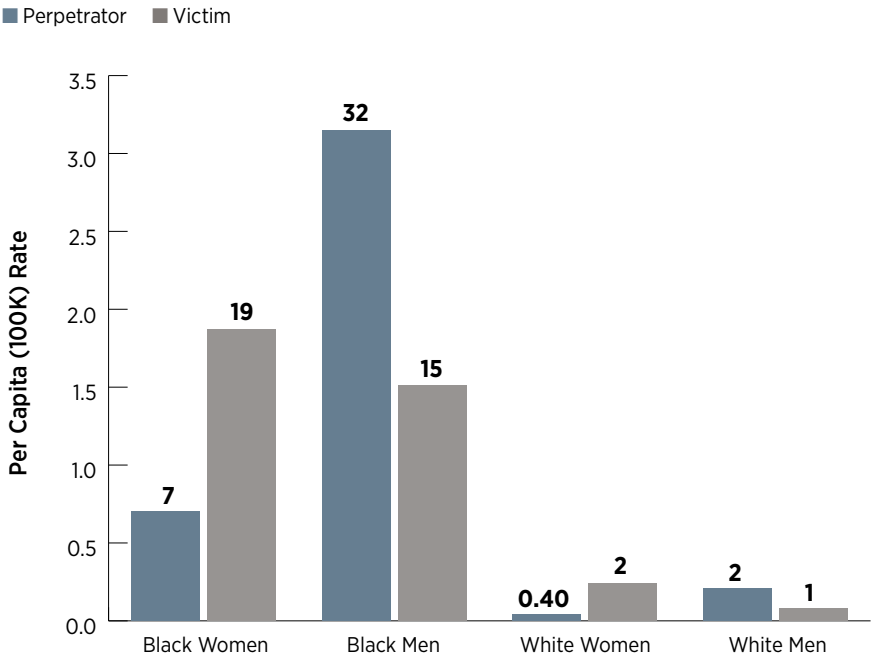
	VICTIMS				PERPETRATORS			
	BLACK	WHITE	OTHER	TOTAL	BLACK	WHITE	OTHER	TOTAL
Male	11	4	2	**17**	23	10	1	**34**
Female	16	12	0	**28**	6	2	1	**9**
Total	**27**	**16**	**2**	**45**	**29**	**12**	**2**	**43**

As **Table 2** shows, men made up the majority of perpetrators (84%, N=36) and women made up a majority of victims (63% N=28). Intersecting gender with race, however, reveals a more nuanced picture: Black men and women are both overrepresented among perpetrators and victims compared to White men and women (**Figure 3**). This suggests that, while gender is indeed an important dimension in understanding IPV, race is also an important factor in determining risk, particularly in the context of homicides.

19 In the demographic analysis that follows, Asians were excluded from the cohort due to the very small number and the extent to which this could misrepresent trends for this population group.

20 Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

FIGURE 3: **IPH Rate per 100,000, by Role, Race and Gender, 2017 through 9/2022**



Location of homicide

IPH between 2017 and 2022 tended to concentrate in higher-need areas across the county (**Figure 5**), with roughly 55% occurring in extreme- and high-need census tracts. When grouped by CNI category, the number of incidents progressively increases as the level of need goes up, suggesting that community and social dynamics do indeed impact the likelihood of an IPH occurring (**Figure 4**).

FIGURE 4: **Number of IPH by Community Need, 2017 through 9/2022**

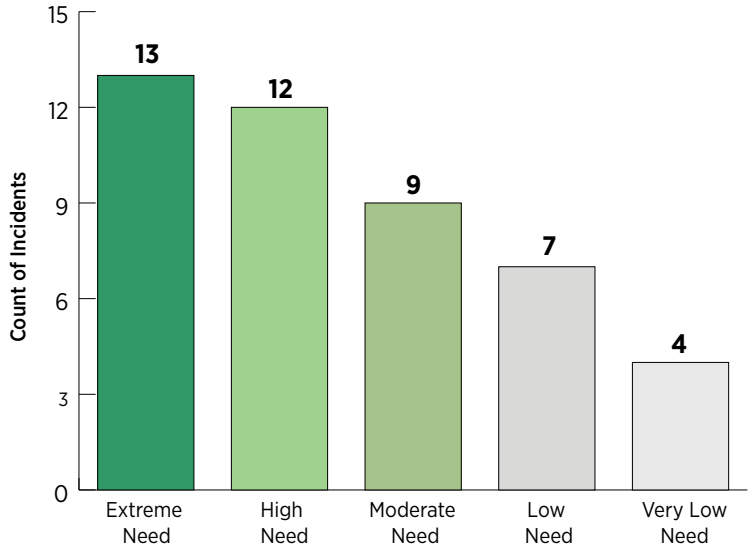


FIGURE 5: **Location of IPH and IPV-Spillover Homicides by Community Need, 2017 through 9/2022**

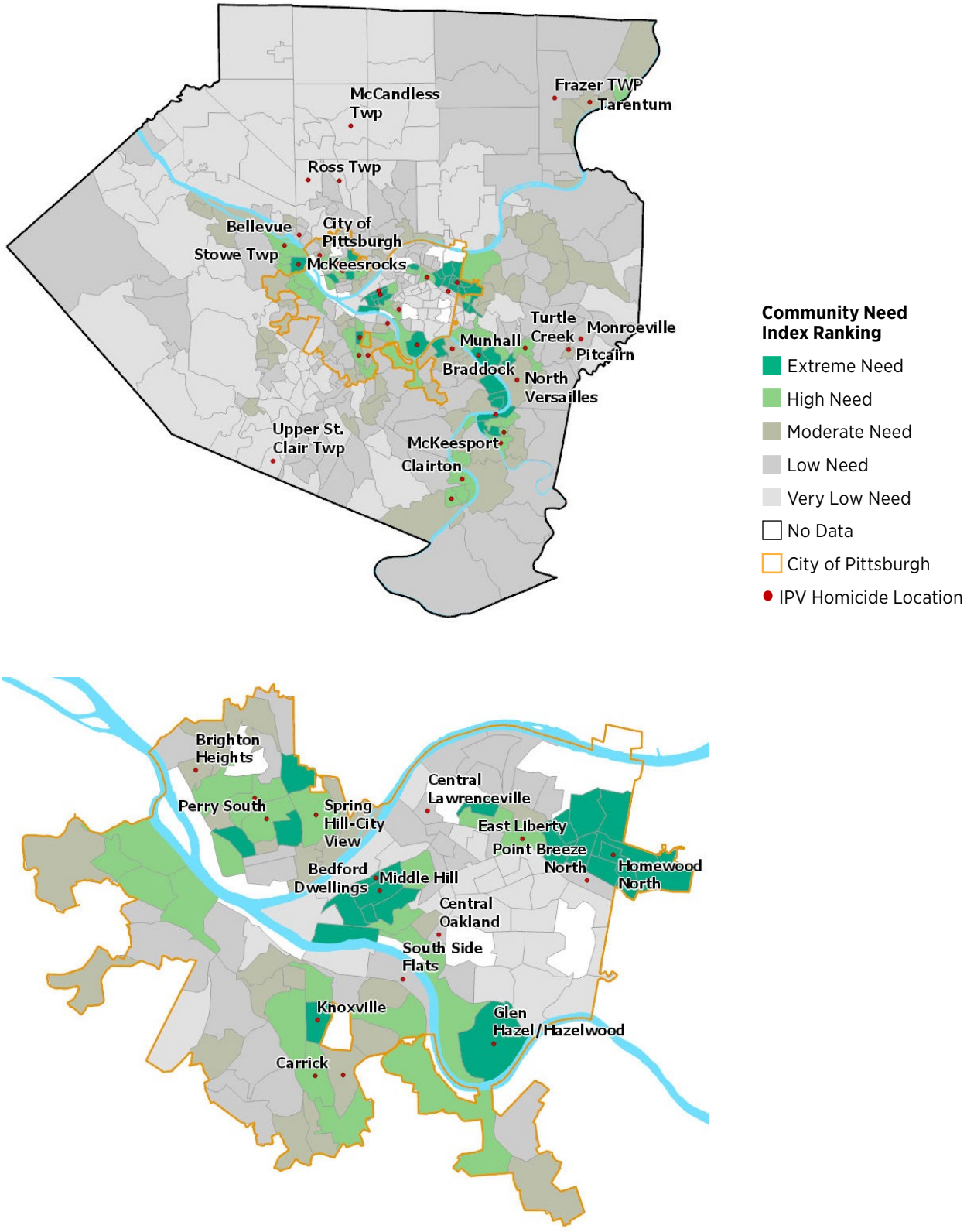


TABLE 4: Locations of Intimate Partner Homicides

INTIMATE PARTNER HOMICIDES BY CITY NEIGHBORHOOD	
NEIGHBORHOOD	NUMBER OF INTIMATE PARTNER HOMICIDES
Bedford Dwellings	1
Brighton Heights	2
Carrick	3
Central Lawrenceville	1
Central Oakland	1
East Liberty	1
Hazelwood	2
Homewood North	1
Homewood South	4
Knoxville	2
Middle Hill	1
Perry South	2
Point Breeze North	1
South Side Flats	1
Spring Hill-City View	1
Total City:	24

INTIMATE PARTNER HOMICIDES BY MUNICIPALITY	
BOROUGH/MUNICIPALITY	NUMBER OF INTIMATE PARTNER HOMICIDES
Bellevue	1
Braddock	1
Clairton	2
Frazer	1
McCandless	1
McKees Rocks	1
McKeesport	3
Monroeville	1
Munhall	1
North Versailles	1
Pitcairn	1
Ross	2
Stowe	1
Tarentum	2
Turtle Creek	1
Upper Saint Clair	1
Total Non-City:	21

SERVICE INVOLVEMENT

Analyzing human service program involvement can offer insights into the unique features and risk factors of those involved in IPH, as engagement with different systems or programs can be a proxy indicator for individual or situational characteristics (for instance, involvement with the child welfare system as a child may indicate the presence of early trauma). Trends in system involvement can also uncover opportunities for earlier intervention and identify the most relevant system domains for integrating IPV screening.

Seventy-three percent of all individuals involved in IPH had at least one system touchpoint prior to the incident (**Table 5**). IPH perpetrators generally had higher rates of involvement in human services and the criminal legal system compared to IPH victims, except for certain domains of the child welfare system (specifically, involvement in investigations and referrals — though perpetrators had a child welfare placement as children at over three times the rate of victims).

Compared to *all* homicide victims,[21] IPH perpetrators' system involvement looks similar, with over 60% having some contact with the criminal justice system (compared to 60-70% of all homicide victims) and 50-60% having a history of mental health or substance use treatment (compared to 40-55% of all homicide victims). IPH victims have slightly lower rates of human service involvement compared to general homicide victims, but their rates of prior justice involvement are substantially lower, at only 27%. This suggests that IPH victims are distinct from general homicide victims, not only for being predominantly female (as shown above), but also for being less system-involved, particularly in the criminal justice system.

While there exists a network of services and referral pathways across the criminal legal, child welfare, healthcare, and homeless systems to help protect victim-survivors of intimate partner violence, interventions to deter and/or reform IPV users are, by contrast, scarce outside of the criminal legal system. However, the high rates of cross-system involvement seen among this perpetrator cohort suggests that there may be other system domains where deterrence strategies could be effectively integrated.

TABLE 5: Prior Service Involvement for People Involved in IPH

		RATE (%)[22]	
DOMAIN	SERVICE/SYSTEM	PERPETRATORS	VICTIMS
Criminal	Jail	54	27
	Criminal Filing	63	44
	Probation	40	22
Family	CYF (Child)	29	33
	CYF Placement	14	5
	CYF Parent	28	33
	Juvenile Probation	50	33
Behavioral Health	Drug & Alcohol	47	34
	MH Crisis	47	32
	MH Inpatient	20	11
	MH Outpatient	57	45
Housing	Homeless Prevention & Supports	14	11
	Homeless Services	12	7

21 Cotter, N. July 2022. *Homicides in Allegheny County and the City of Pittsburgh, 2016 through 2021.* https://analytics. alleghenycounty.us/2022/07/21/homicidesallegheny-county-city-pittsburgh-2010-2015/

Behavioral Health Diagnoses

As **Table 5** shows, victims and perpetrators both had high rates of involvement with behavioral health services. Among individuals who were enrolled in Medicaid (N = 68, or 77% of the cohort), at least 55% (N = 38) received some type of treatment[23] for a mental health condition and 40% (N = 27) received treatment for a substance use disorder. Victims and perpetrators had similar rates of involvement numerically: 19 perpetrators and 19 victims received mental health services, while 14 perpetrators and 13 victims received substance use disorder treatment. Differences in rates are likely not statistically significant.

Most individuals with any prior behavioral health involvement received services sometime between 2015 and the incident. Among these, many had overlapping diagnoses.[24] Perpetrators received treatment for a wider variety of needs than victims and had higher incidence of treatments for psychotic disorders, while victims were most likely to receive treatment for depression and stress-related conditions. Among individuals who received treatment for a substance use disorder, victims have higher incidence of an opioid use diagnosis, while perpetrators were most likely to have a diagnosis for cannabis use disorder (**Tables 6 & 7**).

Due to the inherent limitations of claims data and the relatively small starting number of individuals in this cohort, it's difficult to extrapolate much further from these diagnosis outcomes. It is clear that both victims and perpetrators — but particularly perpetrators — had a high incidence of overlapping behavioral health needs for which they were accessing treatment. Some of these needs may have been complicating factors in their IPV use or victimization, but it is impossible to conclude from this data that these needs were the direct cause of either. The high utilization of behavioral health services merely points to this domain as a potential screening and intervention point for IPV.

22 Rates of program involvement are calculated as a percentage of the number of people in each group who were eligible for these programs during the period for which data was available. For child welfare and juvenile justice involvement (JPO, CYF child and CYF Placement), eligibility is based on age. Roughly 50% of IPV-involved cohort were age-eligible for child welfare programs and 40% were eligible for JPO. For behavioral health services, eligibility was determined by enrollment in Medicaid, as these indicators capture only healthcare services received through Medicaid programs. 77% of this cohort were enrolled in Medicaid at some point in their lives. Finally, homelessness services and prevention do not include services received through shelters for IPV victim-survivors, so these rates are likely an underestimate, particularly for victims.

23 Includes inpatient, outpatient and crisis intervention services.

24 "Diagnosis" in this context refers to the diagnosis used in insurance claims and should be interpreted more as a general "reason for treatment" than a formal, clinical diagnosis.

TABLE 6: Mental Health Diagnosis, Perpetrators and Victims[25]

ICD CATEGORY	DIAGNOSIS	PERPETRATORS (N=16)	VICTIMS (N=13)
Behavioral-Emotional	Conduct Disorder	3	2
	ADHD	3	0
Mood	Major Depression	7	6
	Bipolar Disorder	4	1
	Other Non-Psych	3	0
Neurotic, Stress-Related	Adjustment Disorder	2	3
	Post-Traumatic Stress Disorder	2	1
	Anxiety Disorder	1	3
	Neurotic Disorder	1	0
	Acute Stress RX	0	1
Personality	Conduct Disorder	2	0
Psychotic	Schizophrenia	2	0
	Psychotic — Other	3	0
	Brief psychotic Disorder	1	0
	Schizoaffective Disorder	1	0

TABLE 7: Substance Use Disorder Diagnoses, Perpetrators and Victims[26]

ICD CATEGORY	DIAGNOSIS	PERPETRATORS (N=10)	VICTIMS (N=9)
Substance-Related	Cannabis Use Disorder	6	3
	Alcohol Use Disorder	3	0
	Opioid Use Disorder	3	6
	Cocaine Use Disorder	1	0

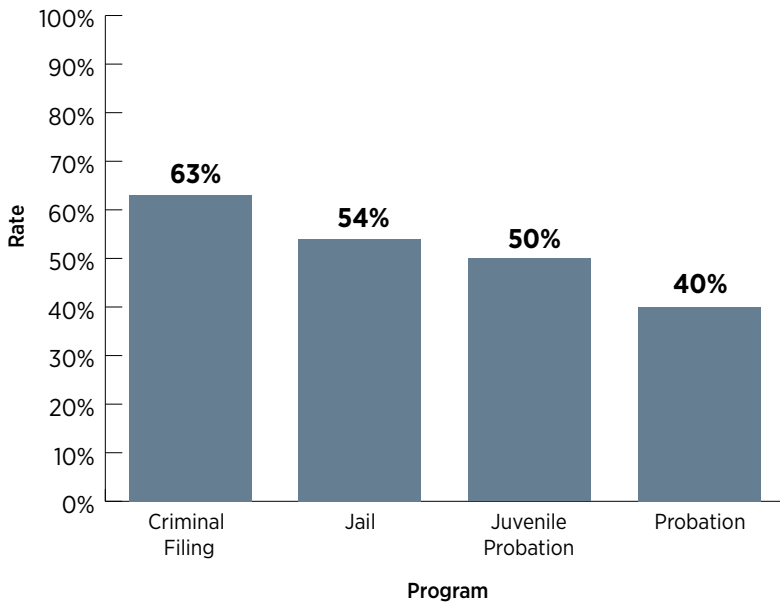
25 This cohort **excludes** anyone who *only* ever received crisis intervention services (n = 2) and anyone who does not have records of treatment since FY 2015 and **includes** anyone who received publicly funded MH or SUD treatment *regardless* of whether they were enrolled in Health Choices (Medicaid) during this time period (n = 4). It also **excludes** all miscellaneous diagnoses, which tend to track with crisis intervention services and don't contain much useful information on their own (no one receiving outpatient or inpatient treatment had only miscellaneous diagnoses).

26 This cohort **excludes** anyone who only received a level of care assessment (i.e., no treatment) or who hasn't received treatment since before FY 2015. It also **includes** anyone who had a SUD-related diagnosis in a mental health treatment record that doesn't show up in the SUD treatment records (n=1).

CRIMINAL HISTORY

The criminal justice system — represented here as criminal cases at the Allegheny County Courts, bookings in the Allegheny County Jail and Probation supervision — had some of the highest rates of involvement among both perpetrators and victims of IPH. Across all gender, race and role categories, about 53% of individuals involved in IPH — 47 of 88 — had at least one touchpoint prior to the homicide incident. Perpetrators had higher rates of involvement across all domains of the criminal legal system (**Figure 6**). In terms of race and gender categories, Black individuals had higher rates than White individuals and men had higher rates than women.

FIGURE 6: **Percent of Prior Criminal Justice Involvement for Perpetrators of IPH, 2017 through 9/2022, n=43**

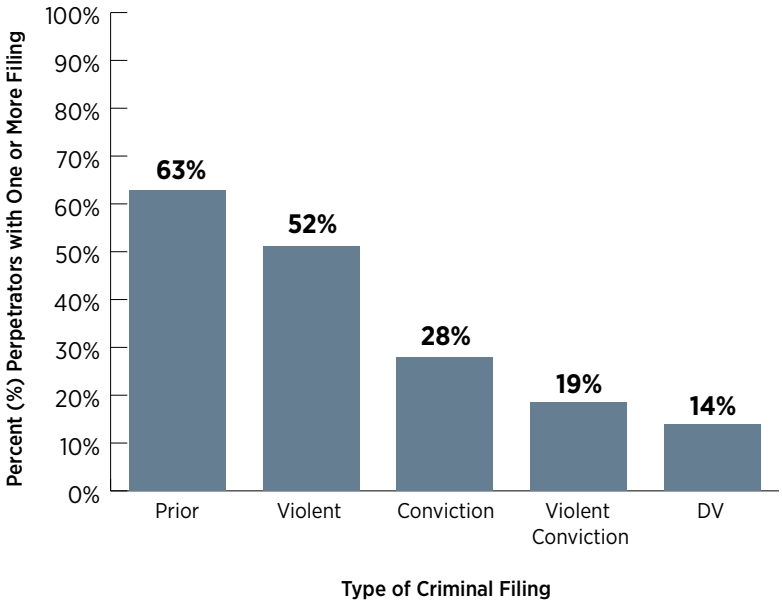


Involvement in the criminal justice system is not a direct indicator of an individual's propensity for violence: rather, it indicates that an individual has come into contact with law enforcement and/or the criminal legal system. Further, "criminal filings" can entail a broad range of charges, ranging from low-level offenses like disorderly conduct and shoplifting to higher-level felonies like aggravated assault and robbery.

Despite these dynamics, looking deeper into the nature of charges — whether they were classified as violent, for instance, or if they resulted in conviction — can still provide some indications of individuals' (specifically perpetrators) likelihood of using IPV and the extent to which that risk was visible well before they committed homicide.

Sixty-three percent of perpetrators had at least one criminal charge prior to the homicide incident, 51% (81% of those with any charges) had at least one prior charge classified as "violent"[27] and 28% (44% of those with any charges) received a conviction (**Figure 7**). According to the highest charge on the case, the majority of perpetrators' cases were classified as "person" (which tend to be violent, though are not exclusively), closely followed by property and drug-related cases[28] (**Figure 8**).

FIGURE 7: **Percent of Prior Criminal Filings for Perpetrators of IPH, by Type of Highest Charge**



AXIS LEGEND:

Prior: one or more criminal charges

Violent: one or more criminal charges classified as "violent"

Conviction: one or more criminal charges that resulted in a conviction

Violent Conviction: one or more "violent" criminal charges that resulted in a conviction

DV: one or more charges related to domestic violence (including PFA violations)

27 A charge was flagged as "violent" if it fell into the National Incident Based Reporting System's (NIBRS) classification, which includes charges related to Assault (Simple, Aggravated, or Sexual), Robbery, and Homicide.

28 Case Type classifications are based on groups of offenses defined by the Uniform Crime Reporting (UCR) and National Incident-Based Reporting System (NIBRS). "Person" cases include offenses that directly victimize people (e.g., homicide, rape, assault); property cases involve theft-related offenses, and drug cases involve use or possession of illegal substances. For more, see the National Center for State Courts guide to statistical reporting here.

FIGURE 8: **Number of Prior Criminal Filings for IPH perpetrators, by Case Type**

As there is no specific statute related to intimate partner violence,[29] it's difficult to discern the extent to which prior criminal charges among perpetrators were related to IPV using administrative data alone. Based on the proxy indicators available, at least six perpetrators (14%) also had at least one domestic violence-related case prior to the homicide incident. Among these, a majority (10 of 19) occurred within 18 months of the homicide incident, with a median of about 14 months (**Figure 9**).

In terms of the "generalist vs specialist" typological framework in the criminology literature[30]a majority of IPH perpetrators with prior criminal filings would be classifiable as generalists: that is, as far as can be observed from administrative data, their criminal histories were not exclusively made up of IPV, but rather a diversity of charges that don't follow a specific pattern. A case review on a subset of IPH incidents conducted by the National Network for Safe Communities at John Jay College (NNSC) found that only one (4%) of the IPH perpetrators (N=22) had prior charges exclusively related to IPV, while 14 (64%) had a much broader array of charges (the remaining 30% did not have known criminal histories).[31] However, it's possible that some IPH perpetrators had deeper histories of IPV use that are less easily observable, either because they're not explicitly flagged in the courts data, or because they were not ever known to law enforcement (unreported). In other words, administrative data may not paint a comprehensive picture of prior IPV involvement, and there may be stronger trends in specialization than it appears. Regardless, though it's beyond the scope of this report, a deeper exploration of perpetrator typologies could yield important insights into the primary drivers of IPV use and the types of interventions that would be most effective in its prevention.

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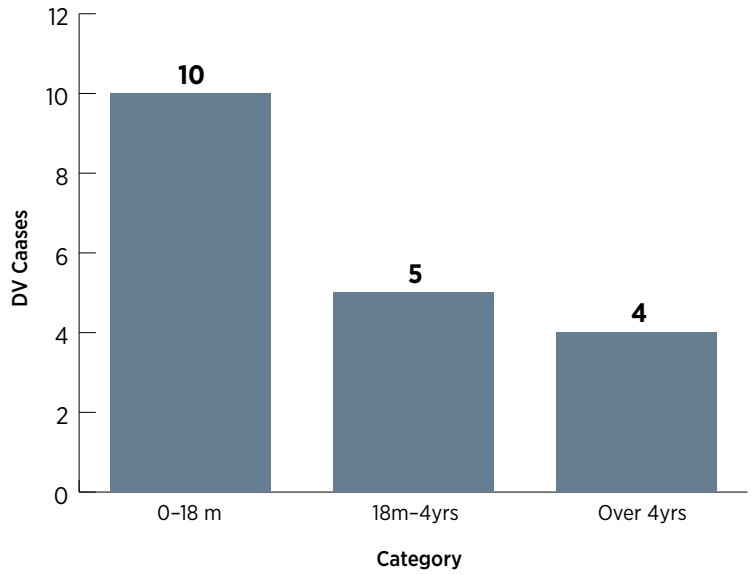
29 "Domestic violence" on its own is not a separately classified criminal offense; therefore, proxy measures were used to flag where a case was domestic violence related. These measures included: cases heard in domestic violence court; cases with both violent charges AND the same victim-perpetrator dyad in the homicide; cases involving strangulation or stalking; and charges for PFA violations. While this proxy is not perfect, it's likely an underestimate.

30 Herrero et al. *Generalists versus specialists: Toward a typology of batterers in prison.* 2016. https://doi.org/10.1016/j.ejpal.2015.09.002

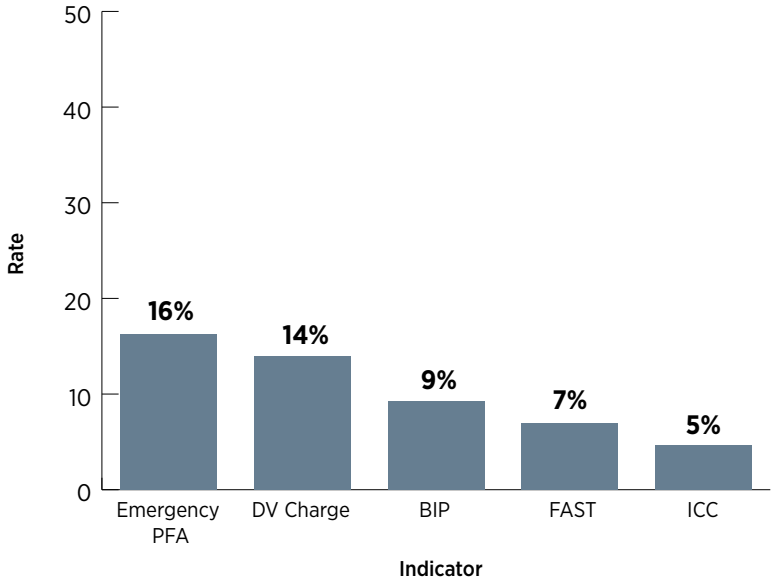
31 (internal report)

FIGURE 9: **Domestic Violence-Related Case Filings Relative to Homicide Incident**



Aside from having a case in domestic violence court, perpetrators are flagged as having "domestic violence history" if they have ever: 1) had a referral to a Battering Intervention Program, 2) were a defendant in an emergency Protection From Abuse order, 3) had ever been charged with a Protection From Abuse violation, or 4) were identified as an IPV-user on a child welfare Family Advocacy and Support Tool (FAST) assessment. Just under one fourth of perpetrators (23.3%) had indicators of prior domestic violence history based on the data available (**Figure 10**). Without a comparative rate for the general population, it's difficult to assess whether this rate is relatively high or low. However, given that this cohort of perpetrators is a group of known IPV-users, the fact that only one in four have indicators of domestic violence history suggests that risk factors may not be easily observable from the available data.

FIGURE 10: **Indicators of Domestic Violence History among Perpetrators of IPH**



AXIS LEGEND:

DV Charge: Domestic violence-related criminal charge

BIP: Referral to a Battering Intervention Program

Emg. PFA: Defendant in an emergency Protection from Abuse order

ICC: Violated a Protection from Abuse order

FAST: identified as IPV-user on child welfare FAST

SYSTEM INVOLVEMENT IN THE 12 MONTHS PRIOR TO THE INCIDENT

IPH is often a culmination of escalating violence between partners. However, this escalation may or may not be visible, as it's more likely to occur in the home or in some other non-public space. As such, trends in proximal system involvement — that is, system encounters that occurred within 12 months of the incident — can provide useful insights on potential indicators of escalating violence that may not otherwise be known. In the analysis that follows, we find that data on emergency department visits (among victims) and criminal filings (among perpetrators) do indeed show some indications of escalating violence in the months leading up to the homicide. As ever though, the small number of people in this cohort limit the extent to which these outcomes can be interpreted as trends.

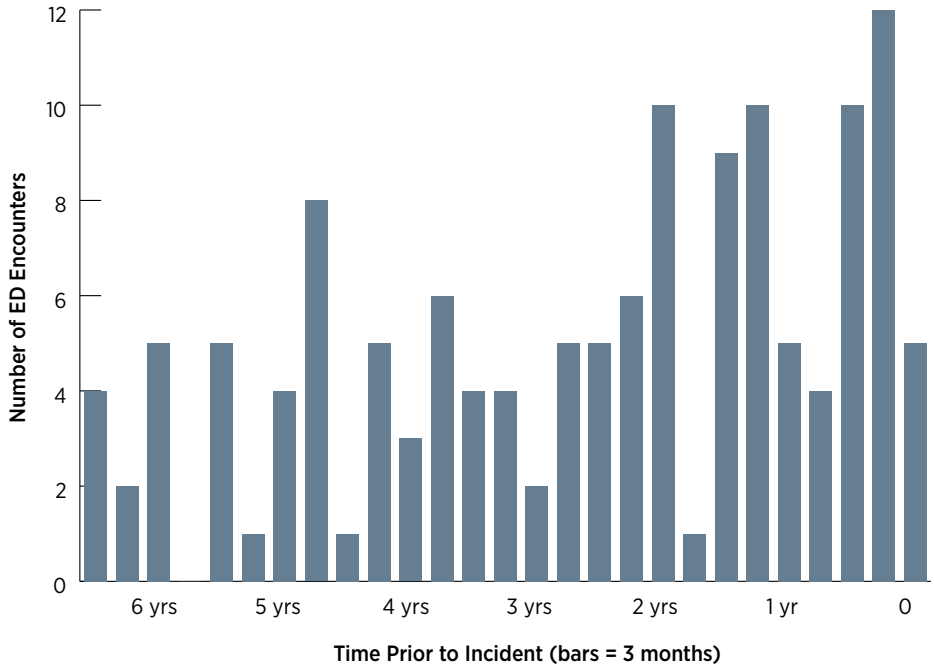
Emergency Department Visits (Victims)

Among the 26 victims who were enrolled in Medicaid at the time, 22 (85%) received healthcare services in a hospital setting at least once in the 12 months prior to their deaths. 73% (19) had an emergency department visit and 12% (3) had an inpatient stay in the hospital.

There were 39 emergency department visits among this cohort (N = 19) in the 12 months leading up to death. Among these individuals, 63% (12) had at least one visit within 3 months of the incident (**Figure 11**). Visits to the emergency department may not always be a signal for a serious or life-threatening condition, as it's not uncommon for individuals to use emergency departments as a default access point for care rather than a primary care provider.[32]

However, longer term trends in ED visits for this cohort show an uptick starting around 18-24 months before the incident, suggesting that victims may indeed have been experiencing escalating violence during a longer time window.

FIGURE 11: **Emergency Department Encounters Among Victims**



32 Uscher-Pines, L., et al. (2013). Emergency department visits for nonurgent conditions: systematic literature review. *The American Journal of Managed Care*, 19(1), 47–59.

Though data limitations make it difficult to determine whether the ED visits were related to IPV victimization, the second most common reason for ED visits was listed as 'Injury from External Causes', which could be an indicator of escalating violence (**Table 8**). Deeper analysis of secondary diagnosis codes reveals that at least six of the 19 people (32%) with an ED visit had at least one encounter for an injury related to an assault. Among these six, four of them were injured inside three months of their homicide, signifying that these hospital visits were indeed a valid signal of escalating violence among people in IPV situations. While this is hardly the majority of homicide victims, the high incidence of hospital utilization nevertheless indicates that hospital settings could be an important domain for targeted outreach and intervention for victim-survivors of IPV.

TABLE 8: Diagnosis Types for Victim ED Visits (N = 39)

ICD CODE CLASSIFICATION	# VISITS
Abnormal Symptoms, Unclassified	10
Injury from External Causes	7
Respiratory Diseases	6
Diseases of the Musculoskeletal System	4
Infectious Diseases	4
Diseases of Genitourinary System	3
Pregnancy and Childbirth	3
Diseases of the Ear	1
Mental, Behavioral Disorders	1

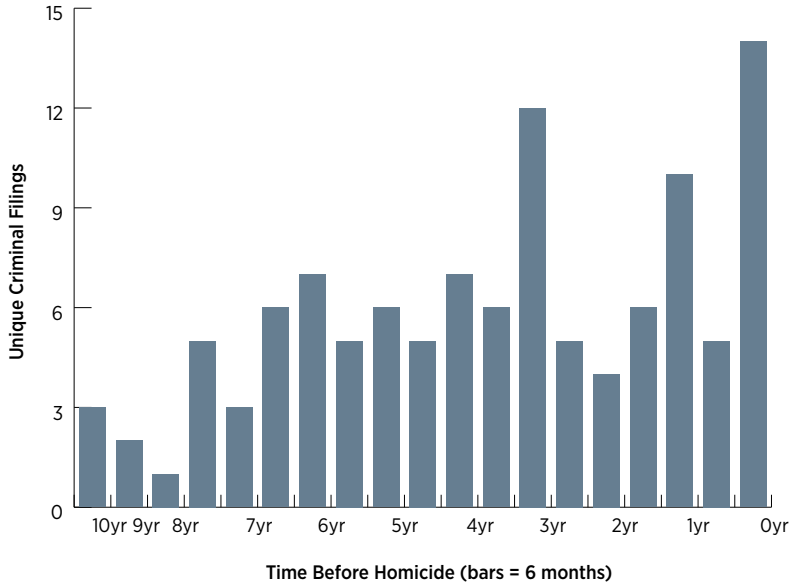
New Criminal Filings (Perpetrators)

Similar to the data on ED visits, trend data on new criminal filings among perpetrators (starting from 2007) show an uptick roughly 18 months leading up to the homicide.

In the 12 months leading up to the homicide, 12 of 43 perpetrators (28%) had at least one new criminal charge. Among these charges,[33] the highest volume occurred within one month of the incident and tended to be more violent, suggesting that use of violence may have been escalating in the weeks before the homicide (**Figure 12**).

33 Most criminal filings have more than one associated charge, but for simplicity, only the highest charge (in terms of grade/severity) was used in reference to each criminal filing.

FIGURE 12: **Perpetrator New Criminal Filings All Time Prior to Incident**



In the aggregate, the closer in time to the homicide incident, the higher the volume of new filings. The nature of these cases, based on the highest charge, also appear to be somewhat more severe, though there's not a very clear trend (**Table 9**).

TABLE 9: **Count of new criminal filings for perpetrators relative to incident date**

	CASE COUNT		
MONTHS PRIOR TO INCIDENT	NON-VIOLENT	VIOLENT	TOTAL
12	3	0	3
11	1	1	2
10	2	0	2
9	0	0	0
8	2	1	3
6	0	0	0
5	3	1	4
4	2	0	2
3	1	2	3
1	5	1	6
0	3	2	5

CONCLUSION

While more is yet to be learned about non-fatal IPV, the findings in this report help to paint a clearer picture of the population impacted by IPV and the gaps and opportunities for more effective prevention and mitigation. Among the key takeaways:

- Black women and men were victimized at the highest rate, and homicides occurred more frequently in high-need areas. With the exception that IPH disproportionately impacts women, the demographic trends of those involved look very similar to those most at risk of community violence.
- There are high levels of cross-system involvement among this cohort, particularly in the criminal justice and behavioral health systems. This points to not only a high degree of overlapping needs, but also an imperative for cross-system coordination in proactive intervention.
- A meaningful proportion of IPH perpetrators had indicators of IPV history, but only a handful of these were known to have been referred to the Battering Intervention Program. This underscores a need for a broader array of behavioral change interventions and deterrence strategies for IPV use, outside of the criminal justice system. The lack of restorative approaches to dealing with IPV-users may be a critical missing piece in more effective prevention of homicide.

Above all, trends in IPH reveal a critical insight: while gender is a key component in understanding this type of violence, the risk of victimization is as much, if not more so, a function of racial and socioeconomic inequities. Framing IPV through this intersectional lens is crucial as the County continues to work[34] towards strengthening its systems of service provision for individuals impacted by IPV. The insights in this report could inform efforts in the following ways:

1. Providing a benchmark against which to evaluate equity in access and utilization of victim-survivor services. For instance, victim-survivor service agencies may ask themselves, does the population we serve reflect what we know about the population at greatest risk of IPH? If not, is this an issue of access or of something else?
2. Identifying other systems that could be leveraged in providing more strategic, proactive interventions. For instance, knowing that at least 15% (n=13) of this cohort were involved with the child welfare system as children, is there a way to implement targeted violence prevention programming among this population?
3. Laying the groundwork for a more data-driven approach to assessing the risk of serious harm in IPV situations, which may in turn facilitate cross-sector collaboration on preventive and rehabilitative measures

Finally, given the high overlap in community and individual risk factors for IPH and community violence, continuing efforts to prevent and mitigate IPV should not operate in isolation from broader efforts at community violence prevention. Although a strategy for IPV prevention demands a specific and tailored approach, the County's Community Violence Reduction Initiative[35] holds promise as a channel through which such programming could be implemented.

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34 City of Pittsburgh Press Release: *Fitzgerald, Gainey Create Intimate Partner Violence Reform Leadership Team* https://pittsburghpa.gov/press-releases/press-releases.html?id=5714

35 Allegheny Analytics: Community Violence Reduction Initiative https://analytics.alleghenycounty.us/2023/01/25/community-violence-reduction-initiative/

APPENDIX: DETAILED TABLES ON PERPETRATORS' CRIMINAL HISTORY

TABLE 10: New Charges Against Perpetrators in 12 Months Leading up to the Homicide

MONTHS PRIOR	CHARGE DESCRIPTION (RED = VIOLENT)
0–1 month	Aggravated assault
	Criminal mischief
	Criminal trespass
	Escape
	Robbery
	Simple assault
	Strangulation
	Terroristic threats
	Theft by unlawful taking
1–3 months	Simple assault
3–6 months	Burglary
	Criminal trespass
	Driving under the influence of alcohol
	Manufacture, delivery, or possession with intent
	Simple assault
6–12 months	Aggravated assault
	Prohibited acts
	Receiving stolen property
	Retail theft
	Recklessly endangering another person
	Simple assault

TABLE 11: Most Common Prior Charges Among Perpetrators

CHARGE DESCRIPTION	CHARGE TYPE	# PEOPLE CHARGED
Simple assault	Person	11
Aggravated assault	Person	10
Prohibited acts/ possession/ with intent to deliver	Drugs	10
Receiving stolen property	Property	8
Theft by unlawful taking/ + movable prop	Property	6
Robbery	Person	4
Burglary	Property	3
Manuf/del/poss/w int manuf or del	Drugs	3
Robbery-inflict/threat immed ser injury	Person	3
Conspiracy — robbery-inflict threat imm bod inj	Person	2
Corruption of minors	Public Order	2
Criminal trespass	Property	2
Intim wit/vict-refrain from report	Person	2
Poss of marijuana	Drugs	2
Retail theft-take mdse	Property	2
Strangulation — applying pressure to throat or neck	Person	2
Terroristic threats	Person	2

TABLE 12: Case Filings Relative to Incident Date and Grade

DAYS (MONTHS) PRIOR	GRADE	CASES
6–15 days (0)	F1 M1	3
15–45 days (1)	F2 F3 M1 M2	4
75–105 days (3)	M2	1
106–135 days (4)	F F2	2
136–165 days (5)	F1 M2	3
225–255 days (8)	M M2	2
285–315 days (10)	M M1	2
316–345 days (11)	F2	1
346–360 days (12)	F3	2

INCIDENT GRADE LEGEND:

- **M:** Misdemeanor
- **M3:** 3rd Degree Misdemeanor
- **M2:** 2nd Degree Misdemeanor
- **M1:** 1st Degree Misdemeanor
- **F:** Felony
- **F3:** 3rd Degree Felony
- **F2:** 2nd Degree Felony
- **F1:** 1st Degree Felony