22.7% of homicide victims in Utah died in an intimate partner or domestic violence related incident.¹

85.9% of intimate partner violence related homicide victims were female. ¹

Utahns of all ages are fatality victims of intimate partner violence-related incidents. ¹

53.9% of victims had a known intimate partner violence history that was reported to authorities by friends, family members, neighbors, etc. ²
**Background**

In an attempt to better understand the impact of Intimate Partner Violence (IPV) and Domestic Violence (DV), and to identify ways to prevent these fatalities, the Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) established the Domestic Violence Fatality Review Committee (DVFRC) in 2002.

This report includes information gleaned from the Utah Violent Death Reporting System (UTVDRS), which collects data on all Utah homicides and suicides. It includes data from medical examiner reports, death certificate data, police reports, crime lab data and when available, information obtained from the DVFRC review. This report includes data collected at DVFRC and through the UTVDRS.

The DVFRC is a multidisciplinary committee that is comprised of representatives from the following agencies: Utah Commission on Criminal and Juvenile Justice; Utah Department of Corrections; UDOH, Office of the Medical Examiner; UDOH, Violence and Injury Prevention Program; Utah Department of Human Services, Division of Child and Family Services; Utah Department of Workforce Services; Utah Office for Victims of Crime; Utah Office of the Attorney General; Utah's Law Enforcement Agencies; and Utah's Victim Advocate Programs.

The primary purpose of the DVFRC is to establish effective strategies to improve agency and community response to prevent and respond to IPV/DV as well as to cultivate discussion and action to establish a unified multi-agency approach to addressing this public health issue.

**DVFRC Recommendations**

In 2018, the DVFRC completed review of DV cases from 2009-2016. The committee developed recommendations and next steps to reduce domestic violence fatality in Utah. Below are the top recommendations, based on committee prioritization. These recommendations have been considered for feasibility and level of impact on our communities.

The committee will work through partners to implement the following recommendations over the coming years.

- Work with key stakeholders and conduct strategic planning to address the factors that increase risk for the perpetration of IPV and to promote factors that create healthy, sustainable families, and communities.
- Identify and document known risk factors that exist in each fatality review to ensure the development of informed recommendations focused on shared risk and protective factors and primary prevention strategies for IPV and DV.
- Explore the development and implementation of lethality assessments in behavioral health centers and hospitals prior to release of any patient involved in DV or IPV.
- Encourage hospitals and clinics to develop policies to conduct lethality assessment on any patient who repeatedly seeks medical care for suspicious injuries.
- Increase accessibility of mental health and substance abuse services for all Utahns.
- Provide training to family law and divorce lawyers, and their staff, on the risks victims face after filing for divorce, protective orders, custody orders, etc. Provide training to these professionals on how to encourage and facilitate contact with a victim advocate and explain the importance of safety planning.
- Increase training to community- and faith-based organizations on engaging in appropriate bystander interventions and aiding in navigation to available resources, including connecting at-risk individuals with victim advocates who can help assess lethality and a safety plan.
- Support expansion of the Lethality Assessment Program to all police agencies statewide and establish collaborations with community-based victim service providers to aid victims in accessing counseling, housing, medical, financial, legal, and other needs.
Definitions

An **intimate partner-related homicide** is an incident where an individual kills a current or former intimate partner. There are approximately ten intimate partner-related homicide incidents every year in Utah.²

A **domestic violence-related homicide** is an incident where an individual kills a family member or roommate. There are an average of seven domestic violence-related homicide incidents every year in Utah.²

There are steps that can be taken to reduce intimate partner and domestic violence-related deaths (see the Prevention Resources section of this report).

Case Ascertainment

DV and IPV-related homicide incidents for this fatality report were 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. Current cohabitants
   c. Family members (including in-laws, stepparents, stepchildren, stepsiblings, current or former intimate partner family members, and foster parents or children).

An IPV-related homicide is when the relationship of the victim and suspect is (a) current or former intimate partners. A DV-related homicide is when the relationship of the victim and suspect is (b) cohabitants or (c) family members. Victims for DV and IPV-incidents include both the suspect and the perpetrator. **Figure 1** shows case ascertainment and victim counts for Utah.

![Figure 1: IPV and DV-Related Homicide Case Ascertainment and Victim Counts, Utah, 2009-2016](image-url)
In Utah, between 2009 and 2016, 22.7% of homicide victims were killed by a current or former intimate partner or a family member or roommate (Figure 2).1

Figure 2: Utah Adult (Age 18+) Homicide Victim Count and Rates by Homicide Type and Year, 2009-2016

Note: Figure 2 looks at only adult (age 18+) victims who died by homicide.

Intimate Partner Violence-Related Homicide Cases

From 2009-2016, there were 84 incidents of intimate partner-related homicide, where the suspect is a current or former intimate partner. Among these cases, approximately half (49%) were murder-suicide cases, where the homicide suspect died by suicide after murdering their current or former intimate partner. Figure 3 includes various characteristics of IPV-related homicide cases.

Figure 3: Characteristics of IPV-Related Homicide Cases, Utah, 2009-2016

- 23% of homicide suspects threatened use of weapons prior to the homicide
- 26% had escalation in violence prior to the homicide
- 34% had prior threats of harm to the victim by the homicide suspect
- 44% had financial problems for one or both individuals involved prior to the incident
- 49% were murder-suicides
- 54% had a known IPV history that was reported to authorities by friends, family members, neighbors, etc.
Children Exposed to IPV-Related Incidents

- A total of 44 children were directly exposed to the IPV incidents (i.e., saw it, heard it, or discovered the body).
- A case with the Utah Office for Victims of Crime (UOVC) was opened for 20/23 (87%) of the IPV incidents where children were directly exposed.
- Eleven (25%) of these children were under the age of five.
- More than 50 children under the age of 18 were living at the victim’s home at the time of the incident.

The Utah Office for Victims of Crime (UOVC) provides crime victim compensation through the Crime Victims Reparations (CVR) program. This program can pay for expenses following an act of crime for the victim or deceased victim’s family such as medical care, counseling, and funeral costs. Learn more here.

UOVC paid out nearly $700,000 to IPV and DV-related victims’ family members. Family members received services such as: funerals, travel, medical costs, mental health counseling, and loss of wages. ²
Intimate Partner Violence-Related Fatality Victims* 1

Among the 84 IPV-related incidents (homicide and suicide):

59.9% of victims were female.

69.5% of victims lived in urban counties on the Wasatch Front.

- Utahns of all ages are fatality victims of IPV-related incidents (Figure 4).

- 43.8% of IPV-related fatality victims age 25 and over had some college credit or a college degree at the time of death (Figure 5). In comparison, 69.8% of the same aged Utah population had some college credit or college degree. 3

- 66.9% of IPV-related fatality victims died by homicide while 33.1% died by suicide (Figure 6). Among the 84 IPV-related incidents, there were 85 homicide deaths, 42 suicide deaths, and 4 undetermined deaths.

- While 59.5% of all IPV-related victims were female, 85.9% of homicide victims were female.

Figure 4: IPV-Related Fatality Victims by Age Group, Utah, 2009-2016 (n=131)

Figure 5: IPV-Related Fatality Victims by Education Level, Age 25+, Utah, 2009-2016 (n=112)

Figure 6: IPV-Related Fatality Victims by Type of Death, Utah, 2009-2016 (n=127)

Note: Denominator numbers may vary, as some data was missing or categories were too small to meet the UDOH reporting requirements. *Data includes both victims and suspects who died in the 84 IPV-related incidents (homicides and suicides).
Prevention Resources

Lethality Assessment Program (LAP) is a program coordinated by the Utah Domestic Violence Coalition. The LAP is a tool modeled after Maryland’s program and is designed to reduce risk and prevent fatalities. It involves an assessment by law enforcement to determine risks and collaboration with community-based victim service providers. Find out more here.

The Centers for Disease Control and Prevention (CDC) Division of Violence Prevention has several helpful resources for implementing intimate partner violence prevention strategies.

Veto Violence (vetoviolence.cdc.gov) is a comprehensive website filled with training, tips, and tools for violence prevention. Developed by the CDC, the goal is to educate and empower communities to stop violence – before it happens.

Connecting the Dots is both a document (cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf) and a training (vetoviolence.cdc.gov/apps/connecting-the-dots/) on linking multiple forms of violence by identifying and incorporating shared risk and protective factors into primary prevention programming. Shared risk and protective factors are things that make it less likely for multiple types of violence to happen. Targeting risk or protective factors related to one form of violence may have positive impacts on other forms of violence.

Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices (www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf). This resource is a compilation of the best available evidence related to intimate partner violence prevention strategies. Its purpose is to help organizations incorporate prevention activities with the greatest potential for effectiveness into their programming. Six strategies have been identified, with multiple approaches and evidence provided within each.

Intimate Partner Violence Prevention Strategies Include:

1) Teach safe and healthy relationship skills (i.e. social emotional learning, healthy relationships, etc.)
2) Engage influential adults and peers (i.e. families, bystanders, etc.)
3) Disrupt the developmental pathways toward partner violence (i.e. home visitation, preschool enrichment, parenting and family relationships programs, etc.)
4) Create protective environments (i.e. school climate and safety, organizational policies, etc.)
5) Strengthen economic supports for families (i.e. strengthen household financial security, work-family supports, etc.)
6) Support survivors to increase safety and lessen harms (i.e. victim-centered services, housing programs, etc.)

References
3. 2017 American Community Survey.

Our Mission:
VIPP is a trusted and comprehensive resource for data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.