

New York City
Domestic Violence
Fatality Review
Committee

ANNUAL
REPORT
2013



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

YOLANDA B. JIMENEZ
COMMISSIONER

(212) 788-3156

December 2013

Dear Colleagues:

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

This report describes family-related homicides that occurred in New York City between 2002 and 2012. The definition of family-related homicides was expanded in 2009 to include homicides by boyfriend/girlfriend. Last year, family-related homicides decreased by 21% when compared to 2002 (from 76 to 60), using the pre-2009 definition. Further, this year's analysis has shown a 41% reduction since 2002 in intimate partner homicides under the pre-2009 definition (from 41 to 24).

These notable decreases in family-related and intimate partner homicides occurred in the context of our continued efforts to improve access to and awareness of services and programs that promote healthy family dynamics starting in childhood. The following are some of the important initiatives undertaken by the City since 2002:

1. **New York City Family Justice Centers:** The City has opened three Family Justice Centers since 2005: Brooklyn, Queens and the Bronx. Manhattan will open by late 2013; Staten Island in 2014. FJCs streamline the provision of supportive services by housing multiple City agencies and community organizations under one roof. Since 2005, the FJCs have assisted more than 97,000 clients in their own language.
2. **Public Education Initiatives:** OCDV launched two citywide public education campaigns in public transportation, to raise awareness around domestic violence and available services. We also launched concurrent grassroots campaigns by partnering with merchant associations, business improvement districts, libraries, community-based organizations and City agencies.
3. **Prevention Initiatives:** In 2005, OCDV established the NYC Healthy Relationship Training Academy, offering educational workshops and training sessions to address domestic violence in young people and their parents. This program has served more than 33,000 youths.

The Human Resources Administration runs the Teen Relationship Abuse Prevention Program (Teen RAPP), a nationally recognized domestic violence primary prevention program that helps students recognize and change destructive behavior patterns. Since 2002, this program has been expanded from 10 to 57 middle and high schools, and has reached 91,000 students.

Thank you for your continued collaboration and I believe our work over the last 12 years has provided a solid foundation on which further reductions in domestic violence can be achieved.

Sincerely,

Yolanda B. Jimenez

The Fatality Review Committee Members

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

Lilliam Barrios-Paoli, Commissioner, Department for the Aging

Designee: Aurora Salamone, Director, Elderly Crime Victim Resource Center

Salvatore J. Cassano, Chief, New York City Fire Department

Designee: Janice Olszewski, Division Chief

Michele Ovesey, Commissioner, Department of Homeless Services

Designee: Dova Marder, MD, Agency Medical Director

Daniel M. Donovan, Jr., Office of the District Attorney, Richmond County

Designee: Yolanda L. Rudich, Bureau Chief, Sex Crimes/Special Victims Bureau

Robert Doar, Administrator/Commissioner, Human Resources Administration

Designee: Marie B. Philip, Deputy Commissioner, Emergency and Intervention Services, Office of Domestic Violence

Thomas Farley, MD, MPH, Commissioner, Department of Health and Mental Hygiene

Designee: Catherine Stayton, DrPH, MPH, Director, Injury Surveillance and Prevention Program, Bureau of Environmental Disease Prevention

Robert T. Johnson, District Attorney, Bronx County

Designee: Penny Santana, Chief, Domestic Violence Bureau

Raymond W. Kelly, Commissioner, New York City Police Department

Designees: Kathleen M. O'Reilly, Deputy Chief, Domestic Violence Unit

Larry Lee, Executive Director, New York Asian Women's Center, Mayoral Appointee representing a social service agency

John B. Rhea, Chairman, New York City Housing Authority

Designee: Nora Reissig, Director, Family Services Department

Ronald E. Richter, Commissioner, Administration for Children's Services

Designee: Denise Walden Greene, Senior Policy Analyst

Grace Yoon, Executive Director, Korean American Family Services Center, Mayoral Appointee representing a social service agency

Andrea Pedraza, Mayoral Appointee representing the voice of victims

Martha Zupanic, Mayoral Appointee representing the voice of victims

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

Table of Contents

Section	Page
Executive Summary	4
Introduction	6
Data and Methods	7
Family-Related Homicide Findings in New York City	11
Overview of Agency Contact for Family-Related Homicides	22
Socioeconomic Circumstances of Neighborhoods Impacted by Family-Related Homicides	26
Family-Related Homicides and Reported Domestic Incidents	29
Findings and Observations from Bronx and Brooklyn Community Assessments	32
Community Assessment Response and Action Steps	35
Citywide Initiatives to Assist Victims and Prevent Domestic Violence	38
Appendices	
Appendix A: Family-Related Homicides Data by Year (2002-2012)	50
Appendix B: Comparing Family-Related Homicides 2009-2012 Under Previous and Expanded Definitions	52
Appendix C: Family-Related Homicides (2004-2012) in New York City By Community District Ranked by SES Index	53
Appendix D: New York City Police Precincts Ranked by Domestic Violence Index 2002-2012	54
Endnotes	56

Executive Summary

This report describes, in aggregate, the 789 family-related homicides in New York City from 2002 to 2012, by looking at demographic factors (e.g., age, gender, race/ethnicity), victim and perpetrator contact with City agencies and contract agencies, and the findings from two community assessments conducted in Brooklyn and the Bronx.¹ There were 789 victims and 823 perpetrators involved in these homicides.

Since 2002, 49% (405 of 823) of the victims of family-related homicides were murdered by their intimate partner (Chart 1). Family-related homicides involving intimate partners have declined by 15% since 2011 – from 47 in 2011 to 40 in 2012. It is important to note that the definition of family-related homicides was expanded in 2009 to include homicides by boyfriends/girlfriends. According to the pre-2009 definition, there was a 41% decline in intimate partner homicides since 2002 – from 41 in 2002 to 24 in 2012.

Females account for 67% (403 out of 599) of the adult victims of family-related homicide, while adult males account for 33% (196 of 599) of victims (See Chart 2). Adult females account for 80% (323 out of 405) of the intimate partner victims. Since 2002, according to the pre-2009 definition, the risk of homicide for female intimate partner victims has declined by 41% - from 34 in 2002 to 20 in 2012.

Since 2002, children (age 17 and under) have accounted for 24% (190 out of 789) of the family-related homicides victims. Almost three-quarters (149 out of 204) of the perpetrators of child homicides were the victim's parent – the mother (43%, 87 out of 204) or father (30%, 62 of 204). The perpetrator was the victim's stepfather in 16% (32 of 204) of the cases.

Brooklyn and Queens showed notable decreases, in accordance with the pre-2009 definition, in family-related homicides from 2002 to 2012. Family-related homicides dropped 51% (37 in 2002 to 18 in 2012) in Brooklyn and 20% (from 15 in 2002 to 12 in 2012) in Queens. Even under the expanded definition, Brooklyn experienced a 35% decline in family-related homicides – from 37 in 2002 to 24 in 2012.

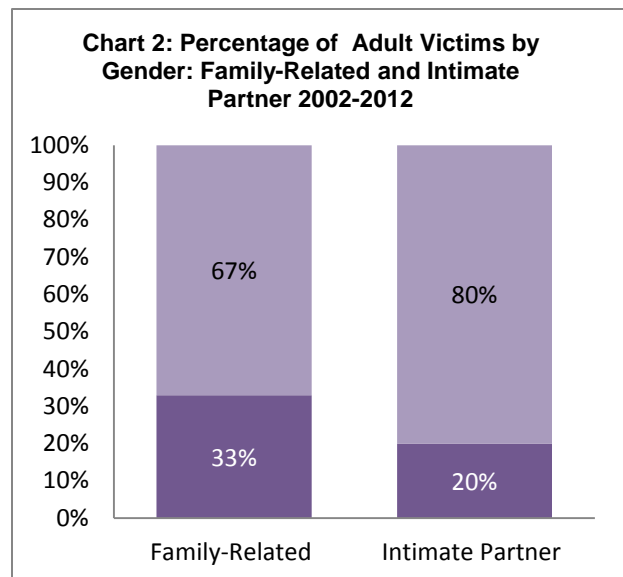
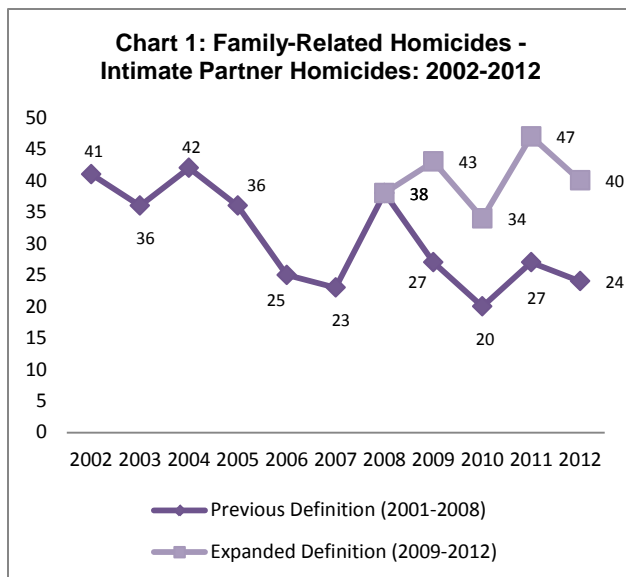
The Fatality Review Committee (FRC) found that from 2005 through 2012, almost 46% of the family-related homicide victims and perpetrators did not have any contact with a City agency within a calendar year of the homicide. Sixty percent (172 out of 287) of homicides involving an intimate partner had contact with a City agency within the calendar year preceding the homicide, while victims in the other relationship categories had much lower contact levels.

As noted in previous FRC annual reports, during the 2009 through 2012 time period, the FRC implemented community assessments in Community Districts 4, 5, 6, 7 and 9 in the Bronx; and 3, 8 and 16 in Brooklyn, where there was a documented concentration of family-related homicides, to gain a better understanding of this concentration of family-related homicides. Both assessments pointed to three general reasons some family-related violence victims, especially those who are intimate partners, do not seek services: (1) community members, including victims, are unclear about which behaviors constitute family-related violence; (2) culturally-based misperceptions about family-related and mistrust of law enforcement may prevent some survivors of family-related violence from

seeking assistance; and (3) undocumented immigrant victims face barriers – such as fear of deportation and inability to speak English - to connecting to services. The findings continue to inform our efforts to coordinate public education, outreach, and training among City agencies and community organizations. Specifically:

1. **Public Education:** In September 2013, the Mayor’s Office launched *That’s Abuse*, a public education campaign that harnesses intimate partner violence survivors’ own words to empower others to seek help. *That’s Abuse* appeared on subway platforms, bus shelters, subway cars, grocery store circulars, and common areas at numerous City agencies, as well as in community-based organizations and businesses throughout key neighborhoods.
2. **Reaching Immigrant Communities:** We have partnered with the Mayor’s Office of Immigrant Affairs to provide intimate partner and family-related violence information to immigrant communities at 56 Know Your Rights community forums. Key messages include: (1) family-related violence is a crime; (2) free services are available to victims of family-related violence; and (3) Mayoral Executive Order 41, prohibits any City employee from inquiring about an individual’s immigration status if they are a victim of or witness to a crime.
3. **Training Community-Based Organizations:** Over 200 community-based organizations have participated in intimate partner violence trainings focused on working with intimate violence victims and connecting them to services at the Family Justice Centers located in the Bronx, Brooklyn and Queens.

Over the next year, the FRC will continue to focus on developing initiatives to address the issues that have emerged from the analysis of the Brooklyn and Bronx community assessments, while expanding our efforts to four additional precincts that experience a high number of family-related homicides and domestic violence incidents. These precincts include: 47th in Woodlawn; 75th in East New York; 105th in Rosedale/Queens Village and the 120th in the Saint George, Staten Island.



Introduction

The Fatality Review Committee (FRC) was established in 2005 through Local Law 61, which requires the FRC to examine aggregate information pertaining to family-related fatalities and to develop recommendations for the coordination and improvement of services for family-related violence victims in New York City.² This is the eighth Annual Report issued by the Committee. For this report, the FRC reviewed data on family-related homicides from 2002 through 2012.³

Effective July 21, 2008, the New York State Criminal Procedure Law and the Family Court Act were amended to allow victims in boyfriend/girlfriend intimate relationships, whether or not they ever resided with the perpetrator, to seek an order of protection in Family Court. In determining if a relationship is of an intimate nature, several factors are now considered, including: (1) the frequency of interaction between the persons; (2) the duration of the relationship; (3) any shared expenses; and (4) the extent of interaction with family members. Based on this amendment to New York State law, the New York City Police Department's (NYPD) definition of family-related offenses has been expanded to include individuals in current or former boyfriend/girlfriend intimate relationships, regardless of whether the victim lived with the abuser or whether the relationship was of a sexual nature. The family-related homicide data for 2009 through 2012 reflect this new definition and the impacts of the definitional change on available statistics are noted throughout this report.

Defining “Family-Related Homicides”

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

- persons related by marriage;
- persons related by blood;
- persons legally married to one another;
- persons formerly married to one another regardless of whether they still reside in the same household;
- persons who have a child in common regardless of whether such persons have been married or have lived together at any time;
- persons not legally married, but currently living together in a family type relationship;
- persons not legally married, but who have formerly lived together in a family type relationship; and
- persons who are not related by blood or marriage and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time (i.e., boyfriend/girlfriend). (Added in July 2008)

The definition includes same sex partners.

Data and Methods

This report describes, in aggregate, the 789 family-related homicides that occurred from 2002 through 2012.⁴ There were 823 perpetrators involved in these incidents. The FRC examined these homicides over time and assessed patterns across factors such as age, gender, race, and the relationship between the victim and the perpetrator. As previously noted, in 2008 the definition of “family-related” was expanded to include individuals in boyfriend/girlfriend intimate relationships, which is reflected in the family-related homicide data for 2009 through 2012.

The following segment outlines the report’s multiple data sources.

Family-Related Homicides

NYPD Data: NYPD maintains information on family-related homicides and provides the FRC with basic demographic and incident information including: (1) age of victim and perpetrator; (2) sex of victim and perpetrator; (3) race of victim; (4) weapon utilized; (5) familial relationship of the perpetrator to the victim; and (6) location of the crime. The FRC analyzed information on all family-related homicides that occurred in New York City from 2002 through 2012 for inclusion in this year’s report. Data from prior years’ reports have been updated, and the most recent year of data has been added.⁵ All homicide counts for 2002 through 2012 are presented in the report’s Findings section or in the Appendix.

The 2009 through 2012 NYPD data in this report include cases identified under the new “family-related” definition, that is, homicides where the perpetrator was identified as the boyfriend/girlfriend. Accordingly, the FRC conducted two sets of analyses. First, it examined the total number of family-related homicides using the pre-2009 definition established in prior FRC reports. Second, it examined the total number using the newly expanded definition of family-related homicides. Differences in the results of the two analyses are highlighted in the text. When there are no differences, results including the newly expanded definition of family-related homicides are presented.

Analyses of NYPD data involved computation of percent changes in family-related homicides from 2002 through 2012 and construction of confidence intervals around counts from 2002 through 2012. Overlapping confidence intervals suggest there is no statistical difference in counts. After pooling data from 2002 to 2012, chi square tests were used to compare the distribution of family-related homicides in select subgroup analyses (e.g., gender and age).

Domestic Incident Reports

The Committee obtained aggregate annual precinct level data from 2002 through 2012 on the number of Domestic Violence Incident Reports (DIRS) filed. Pursuant to New York State Law, law enforcement must complete a DIR, which contains demographic information about the parties involved, information about the incident that occurred, and a statement from the victim, when the responding officers determine that an instance of family-related violence occurred. This form must be completed even if no arrest is made.

The Committee developed a precinct level family-related violence index (FRVI) by ranking the precincts by the number of family-related homicides and average number of DIRs filed between 2002 through 2012 and combining these rankings into one score. Specifically, each police precinct was assigned a rank using quartiles to create the family-related violence index, based on the following two indicators:

- (1) the number of family-related homicides that occurred in each precinct from 2002 through 2012, and
- (2) the average number of Domestic Violence Incident Reports filed in each precinct from 2002 through 2012.

On each indicator, precincts received a ranking from 1 to 4, with lower numbers representing lower FRVI and the higher numbers representing higher FRVI. These rankings were then added together to create a composite FRVI. The distribution of family-related homicides was examined across each quartile of this composite index. This index will assist the FRC in determining neighborhoods in which to expand our community outreach and public education activities.

Contact with City Agencies and the Representative Contract Agencies (2005 to 2012 family-related homicides): The FRC provided each FRC member agency with identifiers (name, date of birth, and address) for the victims and perpetrators of family-related homicides that occurred in 2012, the most recent year for which contact information on these homicides was available.⁶ The agencies independently cross-referenced that list with agency files, and reported whether they had any contact with the victims and/or perpetrators, during the year in which the homicide occurred and the calendar year prior to the homicide. This information was compared with all agency submissions to determine if an individual victim or perpetrator had contact with one or more agencies. The result of that data match is reported in aggregate for 2005 through 2012 in this report. The agencies also provided information regarding the timeframe during which the contact occurred relative to the homicide.⁷

United States Census Population Estimates and the American Community Survey Multi-Year Estimates: The population data used in this report reflect 2010 Census data obtained from the United States Census Bureau and the New York City Department of City Planning (City Planning). Individual level indicators of socioeconomic status (SES) for victims and perpetrators were not available. Instead, City Planning provided United States Census poverty, median income, unemployment and educational attainment data at the neighborhood level (that is, community district) reflecting American Community Survey (ACS) multi-year estimates for 2009-2011, the most current data available for neighborhood-level analyses. According to United States Census Bureau requirement, no ACS survey area can have less than 100,000 people; thus, New York City's 59 community districts were collapsed into 55 community districts for the neighborhood-level SES analysis.

The Committee developed a community SES index by ranking the individual factors and combining these rankings into one score. Specifically, each community district was assigned a rank using quartiles to create the socioeconomic index, based on City Planning's 2009-2011 American Community Survey 3-Year Estimates, Selected Economics Characteristics. Each of the following four indicators was ranked from 1 to 4:

- (1) the percentage of the individuals living below the poverty level,
- (2) the percentage of residents age 25 and older who have not graduated from high school,
- (3) the median household income, and
- (4) the percentage of the labor force that is unemployed.

Lower numbers represented lower SES and the higher numbers represented higher SES. These rankings were then added together to create a composite SES index. The distribution of family-related homicides was examined across each quartile of this composite index.

Bronx and Brooklyn Community Assessment

The FRC completed a community assessment in the Bronx and Brooklyn neighborhoods where a high concentration of family-related homicides occurred. The multi-method project was undertaken to identify community-level factors that may be associated with the observed high concentration of family-related homicides in Bronx Community Districts 4, 5, 6, 7 and 9 and Brooklyn Community Districts 3, 8 and 16. The results of the Bronx assessment were presented in the 2010 annual report.

This year, the FRC completed the analysis of the data collected from the Brooklyn assessment that was completed last year. The two-year-long community assessment was a multi-method project to identify community-level factors that may be associated with the high concentration of homicides in Brooklyn Community Districts 3, 8 and 16. Information was gathered through three methods to capture multiple community perspectives on access to resources and current intimate partner violence. These methods, described in detail in the 2010 and 2012 annual reports, included small group meetings with community organizations and key stakeholders, focus groups and in-depth interviews with survivors of intimate partner violence, and a community-based survey. During 2013, the FRC analyzed the data from the Brooklyn assessment, comparing it to the findings of the Bronx assessment, and developed common observations and findings revealed during both assessments.

The findings from the community assessment primarily focused on intimate partner violence, commonly referred to as domestic violence, and the findings should be considered in this light. Many of the community organizations interviewed focus on working with intimate partner violence victims; the focus groups and in-depth interviews were conducted with survivors of intimate partner violence. The introduction provided to the participants of the street intercept survey also utilized the common definition of domestic violence and the presence of an imbalance of power and control in a relationship. Specifically, the survey noted that “domestic violence can include physical, emotional, financial, and sexual abuse. It is a pattern of behaviors used to gain and maintain power and control over another person.” In this report’s discussion of the assessment, the term “domestic violence” is utilized and should be interpreted to mean intimate partner violence as defined in this report.

Confidentiality

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

Interpreting Report Findings

Comparisons of NYPD's homicide counts over time and between subgroups must be interpreted with caution. While noteworthy changes from 2002 to 2012 are highlighted in this report, no changes over time were statistically significant. For other sub-group analyses, fluctuations in the intervening years reflect no discernible upward or downward trend. In addition, differences in select subgroup analyses were found not to be statistically significant. Statements about higher frequencies of homicide in certain subgroups compared between points in time indicate possible associations, but must not be interpreted as conclusions about causation.

The data on homicide victims' and perpetrators' utilization of services were not subjected to statistical testing.

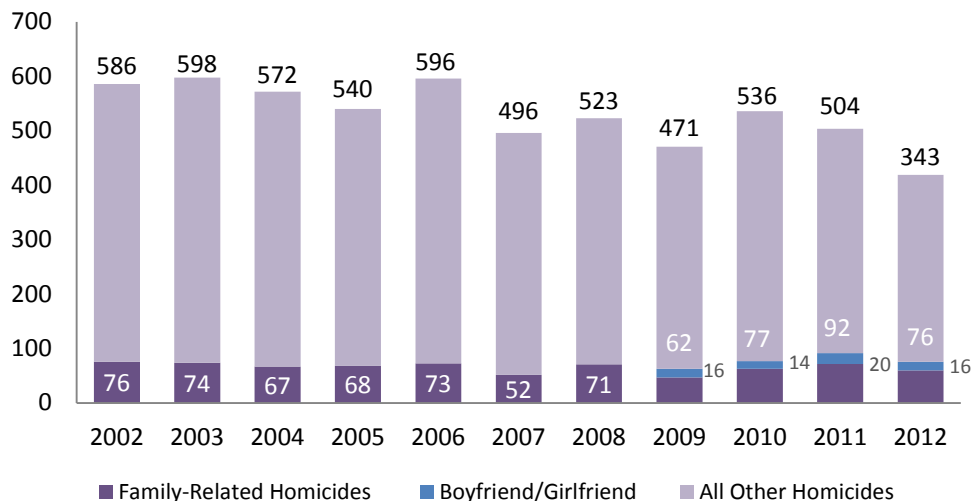
Prior research indicates that poor socioeconomic circumstances such as low income, unemployment, and low educational attainment are risk factors for domestic violence homicides.⁸ The Committee did not have access to the socioeconomic circumstances of the family-related homicide victims; therefore, the report's socioeconomic data are presented at the community level only, and the relationship between individual socioeconomic status and risk of family-related homicide cannot be determined. However, community level data available to the Committee suggests that neighborhood-level socioeconomic factors may influence the distribution of family-related homicides within a community.

Family-Related Homicide Findings in New York City Victims

Family-Related Homicides Declined Between 2002 and 2012: In 2002, 76 family-related homicides were recorded. In 2012, 76 family-related homicides were recorded, including 16 boyfriend/girlfriend homicides. Only 60 of the homicides recorded in 2012 would have been classified as family-related prior to 2009. Assessing change over time according to the pre-2009 definition of family-related homicides, there was a 21% reduction in family-related homicides between 2002 and 2012 (from 76 in 2002 to 60 in 2012). From 2002 to 2012, there were 789 family-related homicides in total.

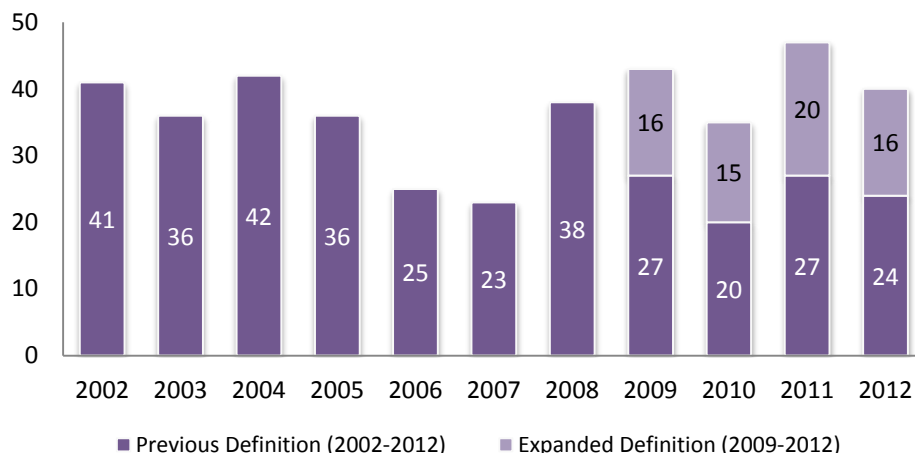
Fluctuations in the intervening years do not suggest a steady upward or downward trend. From 2002 through 2012 family-related homicides accounted for 13% of all homicides in New York City. In 2012, family-related homicides accounted for 16% of all homicides in New York City – which was down from 18% in 2011.

Chart 3: Total Homicides in New York City: 2002-2012



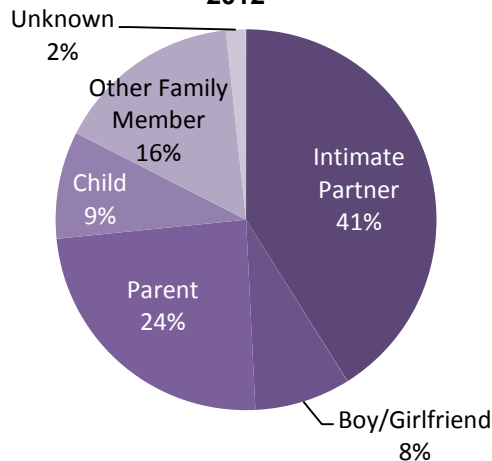
Intimate partner⁹ homicides declined between 2002 and 2012. Forty-one intimate partner homicides were recorded in 2002 and 24 in 2012, *excluding* boyfriend/girlfriend cases. While counts fluctuated in the intervening years, the data suggests a discernible downward trend when applying the pre-2009 definition and excluding the boyfriend/girlfriend cases under the expanded definition of intimate partner homicides.

Chart 4: Family-Related Homicides - Intimate Partner Homicides: 2002-2012



Half of the perpetrators of family-related homicides were the intimate partner of the victim. From 2002 through 2012, 49% (405 of 823) of the perpetrators of family-related homicides were the intimate partner of the victims; this figure includes boyfriends/girlfriends. Twenty-four percent (199 of 823) of the perpetrators were parents; 16% (130 of 823) were other family members (e.g., uncle, aunt, cousin, brother, sister) and 9% of perpetrators (75 of 823) were the child of the victim.

Chart 5: Family-Related Homicide Perpetrators - By Relationship of Perpetrator to Victim (N=823): 2002-2012

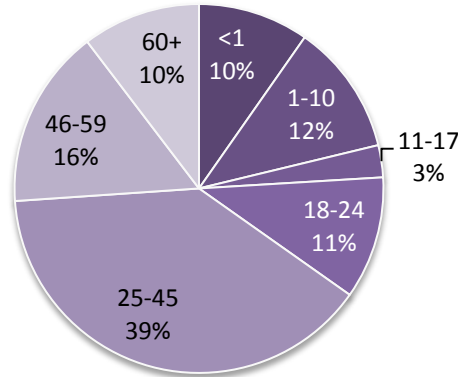


Other Victim Characteristics

Age: The age group with the greatest number of victims is 25 to 45-year-olds. Thirty-nine percent (39%, 307 of 789) of family-related homicide victims from 2002 through 2012 were between the ages of 25 and 45. Another 16% (126 of 789) of victims were between the ages of 46 and 59, while 10% (81 of 789) were age 60 and over.

Overall from 2002-2012, children accounted for almost 24% (190 of 789) of the family-related homicide victims. From 2011 to 2012, family-related homicides involving children increased by 3, with 18 child victims in 2012 compared to 15 in 2011.

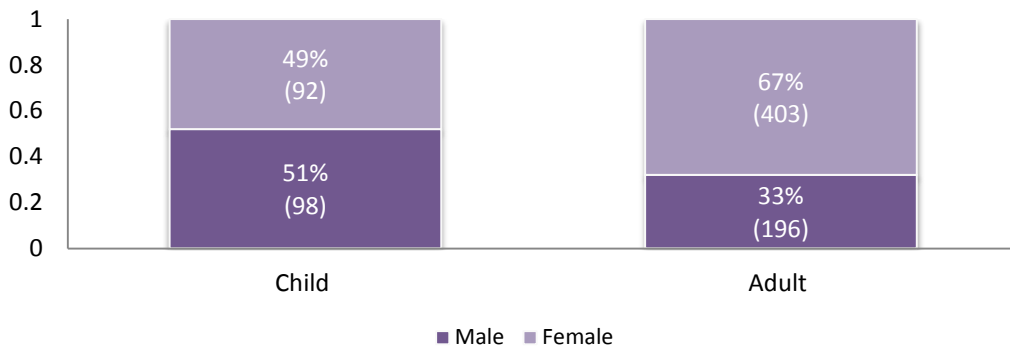
Chart 6: Family-Related Homicides - By Age Category (N=789): 2002-2012



Gender: Over 60% of family-related homicide victims were female. From 2002 through 2012, females accounted for 63% (495 of 789) of the family-related homicide victims. The gender distribution varied slightly by age; females accounted for 48% (92 of 190) of victims under the age of 18, and 67% (401 of 599) of victims age 18 and older.

Adult females accounted for 80% (323 out of 405) of intimate partner victims, while adult males only account for 20% (82 out of 405).

Chart 7: Family-Related Homicides - By Child/Adult and Gender (N=789): 2002-2012



Race/Ethnicity: Almost half of the family-related homicide victims from 2002 to 2012 were black. Blacks accounted for 48% (381 of 789) of all victims during this period despite annual fluctuations and in recent years, experienced a 24% decrease in family-related homicides from 49 in 2010 to 37 in 2012.

Blacks were disproportionately affected by family-related homicides, as they comprise 23% of New York City's population.¹⁰ In comparison, Hispanics account for 29% of the City's population and 30% (234 of 789) of family-related homicide victims.

Whites account for 33% of New York City’s population, but accounted for only 15% (115 of 789) of the family-related homicide victims. Asians account for 13% of New York City’s population, but accounted for 7% (57 of 789) of the family-related homicide victims.¹¹

Table 1: Percentage of Family-Related Homicide Victims by Race and Percentage of Citywide Population (N=789): 2002-2012

Race/Ethnicity	Number of Family-Related Homicides	Percentage of Family-Related Homicides	Percentage of Citywide Population
Black	381	48%	23%
Hispanic	234	30%	29%
White	115	15%	33%
Asian	57	7%	13%
Other	2	<1%	2%

Geographic Location: Compared to New York City’s other boroughs, Brooklyn has had the largest decline in family-related homicides. Two boroughs showed notable decreases in family-related homicides from 2002 to 2012, according to the pre-2009 definition. Family-related homicides dropped 51% (from 37 in 2002 to 18 in 2012) in Brooklyn and 20% (from 15 in 2002 to 12 in 2012) in Queens.

Under the expanded definition of family-related homicides, a 35% decline was still seen in Brooklyn during this period, from 37 deaths in 2002 to 24 in 2012. In Queens, family-related homicides remained unchanged, with 15 homicides occurring in 2002 and 2012. During the same time period, family-related homicides increased 60% in the Bronx (from 15 to 24), 11% (from 9 to 10) in Manhattan and from zero to 3 in Staten Island. In all five boroughs, the number of family-related homicides fluctuated in the intervening years, with no steady upward or downward trend.

Brooklyn and the Bronx saw a disproportionate number of family-related homicides compared to other boroughs. Just less than half of the City’s population resides in these two boroughs, which experienced 60% of the family-related homicides. Specifically, 17% of the City’s population resides in the Bronx, while 25% (196 of 789) of the family-related homicides occurred there. Thirty-one percent of the City’s population resides in Brooklyn, while 35% (280 of 789) of the family-related homicides occurred there.¹²

**Chart 8: Family-Related Homicides -
By Borough (N=789): 2002-2012**

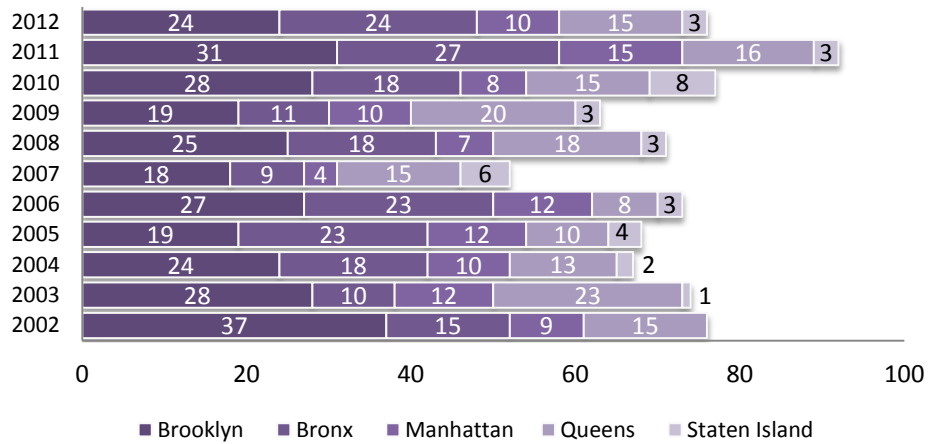


Table 2: Percentage of Family-Related Homicide Victims by Borough and Percentage of Citywide Population (N=789): 2002-2012

Borough	Number of Family-Related Homicides	Percentage of Family-Related Homicides	Percentage of Citywide Population
Brooklyn	280	35%	31%
Bronx	196	25%	17%
Queens	168	21%	27%
Manhattan	109	14%	19%
Staten Island	36	5%	6%

Family-Related Homicides Involving Elders and Children

Prior FRC reports indicated that victims over the age of 60 had limited contact with City agencies prior to the homicide. Thus, the FRC continued its targeted examination of family-related homicides among elders.

The annual number of elder family-related homicide victims is relatively constant.

From 2002 through 2012, there were 81 family-related homicides involving victims aged 60 and over, comprising 10% of all family-related homicides. The average age of elder victims was 70.

Table 3: Elder (60+) Family-Related Homicide Victims (N=81): 2002-2012

Number	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total
Elder Victims	9	8	7	3	9	6	7	3	8	13	8	81

Over half of elder family-related homicide victims are female. Sixty-three percent (51 of 81) of elder family-related homicide victims were female.

Brooklyn has the largest number of elder family-related homicide victims. From 2002 through 2012, 37% (30 of 81) of the family-related homicides involving an elder victim occurred in Brooklyn, 30% (24 of 81) occurred in Queens, 21% (17 of 81) in Manhattan, 7% (6 of 81) in the Bronx, and 5% (4 of 81) in Staten Island. Brooklyn's elderly are disproportionately affected. While 29% of the City's elder population resides in Brooklyn, 37% of the City's family-related homicides involving an elder victim occurred in that borough.¹³

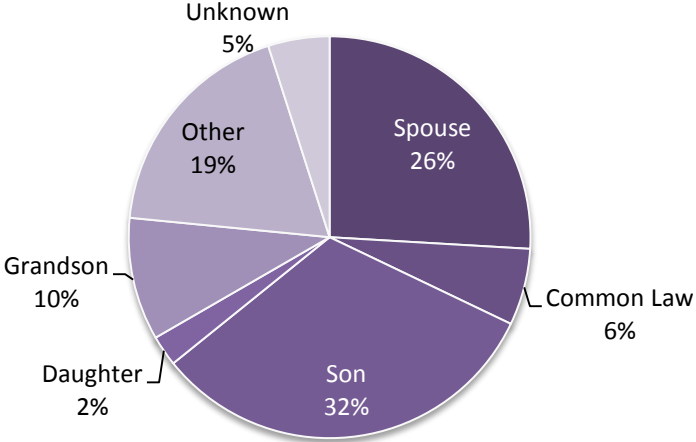
Table 4: Percentage of Elder Family-Related Homicide Victims and Percentage of Citywide Elder Population (N=81): 2002-2012

Borough	Number of Elder Family-Related Homicides	Percentage of Elder Family-Related Homicides	Percentage of Citywide Elder Population
Brooklyn	30	37%	29%
Queens	24	30%	29%
Manhattan	17	21%	21%
Bronx	6	7%	15%
Staten Island	4	5%	6%

One-third of elder family-related homicide victims die at the hands of their son.

From 2002 through 2012, the perpetrator of the elder family-related homicide was the victim's adult son in 32% (26 of 81) of the cases. In contrast, only 2% (2 of 81) of elder family-related victims were killed by their daughter. Another 32% (26 of 81) were killed by their spouse or common law partner.

**Chart 9: Elder Victim Family-Related Homicides -
By Relationship to Perpetrator (N=81): 2002-2012**



Child Family-Related Homicide Victims

From 2002 through 2012, the annual average number of child family-related homicide victims was 17. From 2002 through 2012, there were 190 family-related homicides involving victims age 17 and under and 204 perpetrators of these homicides. In 2012 there were 18 child (age 17 and younger) victims in family-related homicides compared to 15 in 2011 and 25 in 2010. Overall from 2002 to 2012, children accounted for 24% (190 of 789) of family-related homicide victims.

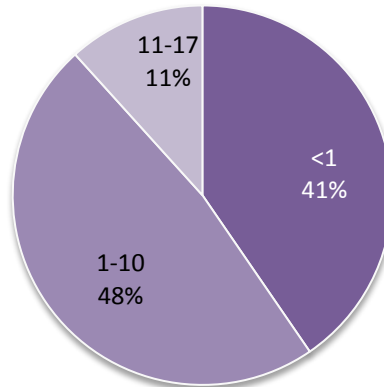
Table 5: Child (Under 18) Family-Related Homicide Victims (N=190): 2002-2012

Number	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total
Child Victims	17	17	13	17	27	17	16	8	25	15	18	190

Almost all of the child victims were under the age of 11. Forty-eight percent (92 of 190) of victims were between the ages of 1 and 10, while 41% (77 of 190) were under age 1. Eleven percent (21 of 190) were between the age of 11 and 17.

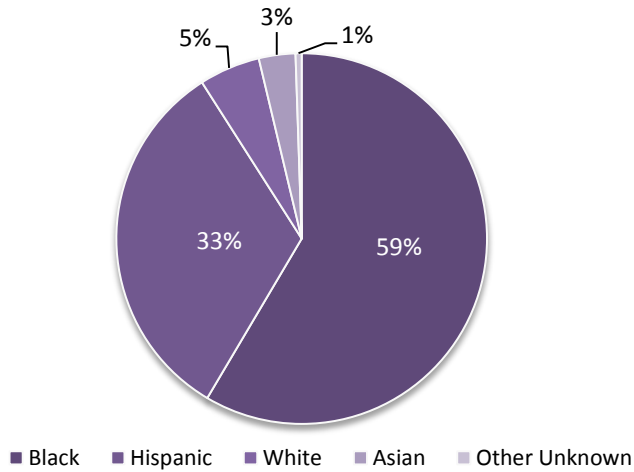
In 2012 a smaller proportion of victims were under the age of 1 (22% - 4 of 18), Sixty-seven percent (12 of 18) of the child victims were between the ages of 1 and 10, while another 11% (2 of 18) were between the ages of 11 and 17.

Chart 10: Family-Related Homicides Involving Child Victims - By Age Category (N=190): 2002-2012



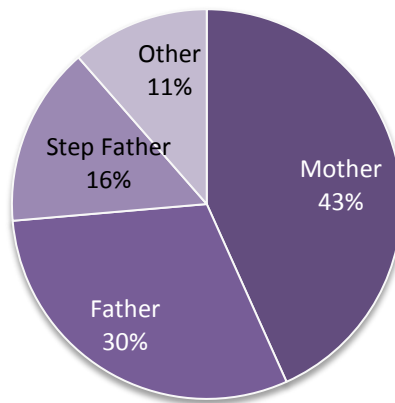
Blacks accounted for almost 60% (112 of 190) of all family-related homicides involving a child victim from 2002 through 2012. Hispanics accounted for 33% (62 of 190); whites 5% (10 of 190); and Asians 3% (6 of 190) of the child victims during the same time period.

Chart 11: Family-Related Homicides Involving a Child Victim - By Race (N=190): 2002-2012



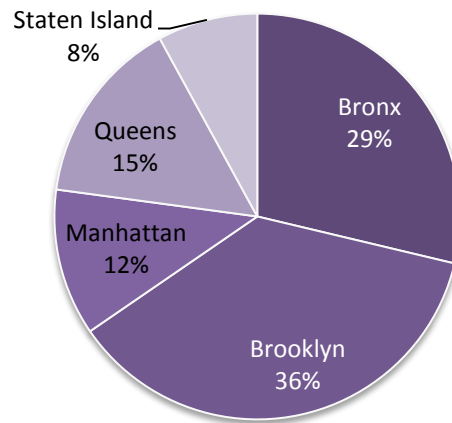
Almost three-quarters (73%, 149 of 204) of the perpetrators of child homicides were the victim’s parent – the mother (43%, 87 of 204) or father (30%, 62 of 204). The perpetrator was the child’s stepfather in 16% (32 of 204) of the cases.

Chart 12: Family-Related Homicides Involving Child Victims - By Relationship to Perpetrator (N=204): 2002-2012



Two-thirds of the family-related homicides involving child victims occurred in Brooklyn or the Bronx. From 2002 through 2012, 36% (69 of 190) of the family-related homicides involving child victims occurred in Brooklyn, 29% (55 of 190) occurred in the Bronx, 15% (28 of 190) in Queens, 12% (22 of 190) in Manhattan and 8% (16 of 190) in Staten Island.

Chart 13: Family-Related Homicides Involving a Child Victims - By Borough (N=190): 2002-2012



Children accounted for almost half of all victims of family-related homicides on Staten Island. Forty-two percent (15 of 36) of all victims of family-related homicides on Staten Island from 2002 through 2012 were children.¹⁴ Children accounted for 25% (69 of 280) of the family-related homicide victims in Brooklyn, 28% (56 of 197) in the Bronx, 20% (22 of 108) in Manhattan, and 17% (28 of 168) in Queens during the same time period. Staten Island’s children are disproportionately affected compared to other age groups. While only 6% of Staten Island’s population is age 17 and under, that age group accounts for 42% of all the victims of family-related homicides in the borough.¹⁵

Table 6: Child (Under 18) Family-Related Homicide Victims by Borough (N=190): 2002-2012

Borough	Number of Child Victims	Percentage of Family-Related Homicides with Child Victim	Percentage of Borough Population is Child
Bronx	56	28%	19%
Brooklyn	69	25%	34%
Manhattan	22	20%	14%
Queens	28	17%	27%
Staten Island	15	42%	6%

Characteristics of Perpetrators of Family-Related Homicides

The majority of perpetrators of family-related homicides are males and over half are between the ages of 25 and 45. From 2002 through 2012, 823 perpetrators were involved in 789 family-related homicides. Seventy-six percent (624 of 823) of the perpetrators of family-related homicides were male. Fifty-eight percent (481 of 823) were between the ages of 25 and 45; 19% (156 of 823) were between the ages of 18 and 24; and 3% (23 of 823) of the perpetrators were under the age of 18. Perpetrators in the age groups 18 to 24 and 25 to 45 were disproportionately represented. They account for 11% and 33% of New York City’s population, respectively, but accounted for 19% and 58% of the perpetrators during 2002 through 2012, respectively.¹⁶

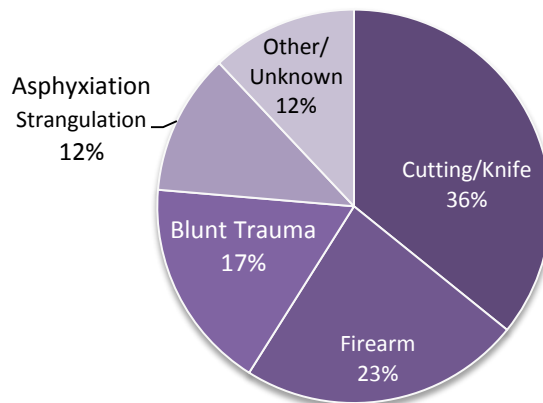
Table 7: Percentage of Family-Related Homicide by Age Category of Perpetrator and Percentage of Citywide Population (N=823): 2002-2012

Age of Perpetrator	Number of Perpetrators	Percentage of Family-Related Homicides	Percentage of Citywide Population
11-17	23	3%	9%
18-24	156	19%	11%
25-45	481	58%	34%
46-59	115	14%	16%
60+	39	5%	13%
Unknown	9	<1%	-

A small proportion of homicides involve multiple victims. From 2002 through 2012, 5% (42 of 789) of family-related homicide cases involved two or more victims. Forty-five percent (19 of 42) of these multiple victim cases involved children, with at least one victim under the age of 18; most (15 of 19, or 79%) of these victims were under the age of ten. Forty-eight percent (20 of 42) of the multiple victim family-related homicide cases involved a perpetrator who was the parent or step-parent of one of the victims. Another 31% (13 of 42) of the multiple victim family-related homicide cases involved a perpetrator who was the intimate partner of one of the victims.

A knife or other cutting instrument is commonly used in family-related homicides. From 2002 to 2012, a knife or other cutting instrument was the most commonly used weapon in family-related homicides (281 of 789, or 36%). Perpetrators used firearms in 23% (182 of 789) of the family-related homicides that occurred during this period. Family-related homicides committed with a knife or other cutting instrument declined by more than 25% between 2011 and 2012 – 28 homicides in 2012 compared to 38 in 2011.

Chart 14: Family-Related Homicides - By Weapon/Method (N=789): 2002-2012



Overview of Prior Agency Contact with Victims and Perpetrators of Family-Related Homicides

This section explores in greater detail the pre-incident contacts between City agencies and homicide victims or perpetrators, based on data available regarding the 572 victims and 574 perpetrators of family-related homicides that occurred from 2005¹⁷ through 2012. The data include any documented contact by either victims or perpetrators with City agencies between January of the year prior to the homicide and the date of the homicide, whether or not that contact related to family-related or intimate partner violence services. For example, for a homicide that occurred in December of 2012, agencies reported any contact for the period January 1, 2011 through the date of the homicide.

Information regarding contact is specific to each agency. A victim or perpetrator may have had contact with more than one City agency or City-contracted organization, so these data are duplicated across agencies. Also, many agencies provide what they identify as “domestic violence” related services – which are specific services provided to intimate partner violence victims.

Over half of family-related homicide victims and perpetrators had contact with at least one City agency or a City-contracted organization within the calendar year preceding the homicide. Fifty-four percent (312 of 572) of the victims had documented contact with at least one City agency or City-contracted organization at some point in the calendar year preceding the homicide. Almost the same percentage (55%, 315 of 574) of perpetrators had contact with at least one City agency or City-contracted organization during the same time period.¹⁸ Forty-five percent (260 of 572) of the victims and 45% (259 of 574) of the perpetrators never had any contact with a City agency or a City-contracted organization during this time period.

Whether a City agency had contact with the victim or perpetrator in a family-related homicide appears to be related to the victim/perpetrator relationship. While 60% (172 out of 287) of victims involving intimate partners had contact with a City agency within the calendar year preceding the homicide, victims in other relationship categories had much lower contact levels – 41% (37 out of 91) of victims in homicides involving any other family members; 38% (50 out of 132) of the victims in homicides involving perpetrators who were the parents of the victim; and 36% (21 out of 58) of the victims in homicides involving perpetrators who were the child of the victim.

A similar disparity was found in perpetrator contact and is included in the table below. Fifty-three percent (152 out of 287) of the perpetrators in intimate partner homicides had contact with a City agency within the calendar year preceding the homicide, and perpetrators in family-related homicides in other relationship categories had much lower levels of contact. Specifically, 40% (37 out of 91) of perpetrators in homicides involving other family members had contact with a City agency in the time period before the homicide, as did 40% (23 out of 58) of the victims in homicides involving perpetrators who were the victim’s child, and 38% (50 out of 132) of the victims in homicides involving perpetrators who were the victim’s parent.

Data suggest that the future work of the Committee should focus on continuing, and potentially expanding, our training of City employees to recognize and address signs of family-related violence, and raising awareness in the community around intimate and non-intimate partner family-related homicides. The data clearly indicate that many of the victims and perpetrators of intimate partner homicides are interacting with City agencies prior to the homicide. The FRC agency members should continue developing an environment that facilitates disclosure by all family-related violence victims to staff of City agencies and non-profits. While we have developed and implemented intimate partner violence training programs for Department of Homeless Services (DHS) and New York City Housing Authority (NYCHA) employees, other agencies should be engaged to institute or enhance intimate partner and family-related violence training for their employees.

The FRC, through partnership with the Department for the Aging (DFTA) and the Administration of Children's Services (ACS), should expand our grassroots public education activities to enhance the community's knowledge about abuse, strengthen linkages between service providers and City agencies, and highlight the services available to these victims.

The following provides an overview of contacts that victims and perpetrators had with individual City agencies from 2005 through 2012. Please note that in this section of the report, "domestic violence" refers to intimate partner violence as defined previously in this report:

Administration for Children's Services

The Administration for Children's Services (ACS) had contact with 19% (111 of 572) of victims, of whom 63% (70 out of 111) were victims of an intimate partner homicide and 31% (34 out of 111) were victims in homicides wherein the perpetrator was the victim's parent. ACS also had contact with 17% (97 of 574) of perpetrators – half (49 out of 97) were the intimate partner of the victims and one-third (32 out of 97) were parent or step-parent of the victim.

Since 2005, only 23 of the families ever came to the attention of ACS specifically for domestic violence-related allegations. Other cases came to the attention of ACS for a range of other issues including educational neglect, inadequate guardianship, substance abuse, and sexual abuse.

Department of Homeless Services

The Department of Homeless Services (DHS) had contact with 9% (53 of 572) of the victims and 11% (65 of 574) of the perpetrators. Of the 53 victims with whom they had contact, 51% (27 out of 53) were victims of an intimate partner homicide, while another 35% (19 out of 53) of the victims were the child of the perpetrator. A review of the victim/perpetrator relationship for the perpetrators with DHS contacts reflects that 44% (29 out of 65) of the perpetrators were the intimate partner of the victim, while 39% (25 of 65) were the parent of the homicide victim.

New York City Housing Authority

Twelve percent (69 of 572) of the victims and 10% (56 of 574) of the perpetrators were residing in New York City Housing Authority (NYCHA) housing at the time of the homicide. As with the other agencies, victims and perpetrators who were intimate partners made up the largest number of contacts – 51% (35 out of 69) and 43% (24 out of 56) respectively.

Department for the Aging

The Department for the Aging (DFTA) had contact with only two of the victims of 57 family-related homicides involving victims 60 years of age or older at some point in the calendar year preceding the homicide. They did not have any contact with the perpetrators in these cases.

Human Resources Administration

45% (256 of 572) of the victims had documented contact with the Human Resources Administration (HRA) for services including cash assistance, food stamps, or Medicaid. Of those victims, the majority – 63% (161 out of 256) were the victims of homicides involving a perpetrator who was their intimate partner. Of the victims, 12% (31 of 256) received domestic violence-related services through HRA.

With regard to the perpetrators, 52% (300 of 574) of the perpetrators had documented contact with the HRA, and half (150 out of 300) were intimate partners of the victims. Additionally, seven female perpetrators of homicides that occurred from 2009 through 2012 sought assistance as domestic violence victims previous to the incident and 20 female perpetrators received services as domestic violence victims after the incident.

New York City Police Department

The New York City Police Department had contact with almost a quarter (27%, 156 out of 572) of the victims of family-related homicides. Of those victims, 84% (131 out of 156) were victims of intimate partner homicide. Only 8% (12 out of 156) of the victims whose perpetrator was their child had prior contact with the NYPD. The NYPD had contact with 27% (157 out of 574) of the perpetrators of family-related homicides and the vast majority of the perpetrators with which NYPD had contact (83%, 131 out of 157) were involved in a homicide of their intimate partner.

Table 8: Number and Percentage of Family-Related Homicide Cases with Agency Contact (within the previous calendar year of homicide): 2005-2012

Agency	Victims with Agency Contact (N=572)		Perpetrators with Agency Contact (N=574)	
		%		%
Any Contact with City Agency Prior to the Homicide	312	54%	315	55%
Human Resources Administration (HRA)	256	45%	300	52%
New York City Police Department (NYPD)	156	27%	157	27%
Administration for Children's Services (ACS)	111	19%	97	17%
Department of Homeless Services (DHS)	53	9%	65	11%
New York City Housing Authority (NYCHA)	69	12%	56	10%
Department for the Aging* (for victims 60+, N=57)	2	3%	0	0%

Note: The Department for the Aging assists individuals age 60 and above. From 2005 through 2012 there were 81 victims age 60 and above. The percentage of victims and perpetrators with contact with a particular agency are not mutually exclusive and will not add to 100% since a victim or perpetrator may have had contact with more than one agency.

Socioeconomic Circumstances of Neighborhoods Impacted by Family-Related Homicides

Poor socioeconomic circumstances, such as low income, unemployment and low educational attainment, are risk factors for intimate partner homicides.¹⁹ Since the FRC did not have access to individual-level income, employment status, or educational attainment of the family-related homicide victims, we examined neighborhood-level socioeconomic indicators by community district.²⁰ Community districts were identified according to victims' residences and not the location of the homicide, although these locations were often the same. The socioeconomic status (SES) indicators, which combined to create a composite measure of neighborhood-level socioeconomic status, included: (1) the percentage of the individuals living below the poverty level; (2) the percentage of residents age 25 and older who have not graduated from high school; (3) the median household income; and (4) the percentage of the labor force that is unemployed. The community districts were ranked from high to low on these indicators, and then grouped into quartiles according to the four neighborhood characteristics found in the estimate formulated from the 2009-2011 American Community Survey. The distribution of family-related homicides across the quartiles was assessed. Details on community district ranks and the composite SES measure appear in Appendix C.

Analyses of 2004 to 2012 family-related homicide data in the context of the above-mentioned SES indicators point to a possible association between poor economic conditions and the frequency of family-related homicides in New York City communities. This information is also presented in Table 9. Specifically:

Poverty:²¹ Forty percent (253 of 626) of the family-related homicide victims resided in communities with a high percentage of the population (more than 27.4%) living below the poverty level. These communities only account for 26% of the City's population.

Median Household Income:²² Forty-two percent (262 of 626) of family-related homicide victims resided in communities with low median household income levels of less than \$37,992 annually. Sixty-eight percent (426 of 626) of family-related homicide victims resided in communities with a median household income less than the median household income for New York City (\$50,031).²³

Unemployment Rate:²⁴ More than 4 in 10 victims (42%, 255 of 626) resided in communities with high unemployment, defined as exceeding 8.2%. These communities account for only 23% of the City's population.²⁵

High School Graduates:²⁶ Thirty percent (190 of 626) of the family-related homicide victims from 2004 through 2012 resided in communities where more than 28.4% of the residents age 25 and older have never received a high school diploma. In contrast, only 21% of the City's population age 25 and over never obtained a high school diploma.²⁷

Table 9: Number and Percentage of Family-Related Homicides by Poverty, Unemployment Rate, and Educational Attainment for Census Tract in which Family-Related Homicides Occurred (N=626)²⁸: 2004-2012

Socioeconomic Neighborhood Characteristics		
Level	Number of Homicides	Percentage of Homicides
Poverty		
0-13.0%	84	13%
13.1-18.6%	148	24%
18.7%-27.3%	141	23%
27.4%-41.7%	253	40%
Median Household Income		
\$0-\$37,992	262	42%
\$37,993-\$47,367	128	20%
\$47,368-\$58,749	130	21%
\$58,750-\$108,446	106	17%
Unemployment		
0%-5.4%	77	12%
5.5%-6.6%	152	24%
6.7%-8.1%	142	23%
8.2%-13.1%	255	41%
No High School Diploma		
0%-14.5%	87	14%
14.6-21.5%	137	22%
21.6%-28.3%	212	34%
28.4%-46.4%	190	30%

The table above further details how we analyzed homicide occurrence by composite SES. To this end, we totaled the rank scores on the above mentioned factors (i.e., poverty, median household income, unemployment and education attainment), creating one composite score. We again ranked each of New York City’s community districts as combined for the American Community Survey on this composite SES measure, labeled quartiles as “very low,” “low,” “medium,” and “high”, and determined the number of family-related homicides in each grouping.

Most of the neighborhoods with the highest number of family-related fatalities were among the lowest SES neighborhoods in the City. Forty-two percent (265 of 626) of the family-related homicides from 2004 through 2012 occurred in the 16 communities that ranked lowest in SES. These communities account for only 24% of the City’s population. Taking population density into account, the rate of family-related homicides was highest in neighborhoods with the lowest SES. The rate of family-related homicides was more than three times greater in the City’s lowest SES neighborhoods (13.5 per 100,000) as compared with high SES neighborhoods (4.3 per 100,000). Neighborhoods with the high SES index scores accounted for 12% (77 of 626) of the family-related homicides that occurred, while 22% of the City’s population resides in high SES neighborhoods.

Table 10: Distribution of Family-Related Homicides in SES Quartiles (N=626)²⁹: 2004-2012

SES Rank	Number of Family-Related Homicides	Percentage of Family-Related Homicides	Percentage of Citywide Population
Very Low	265	42%	24%
Low	180	29%	32%
Medium	104	17%	22%
High	77	12%	22%

It is important to note that not all neighborhoods with low SES experience a high concentration of family-related homicides, and not all neighborhoods with high SES experience a low concentration of family-related homicides. For example, Brooklyn Community District (CD) 4 and Brooklyn CD 7 are in the lowest SES quartile but have relatively few family-related homicides – 6 each from 2004 through 2012. Conversely, Queens CD 13 and Brooklyn CD 18 are ranked in the highest SES quartile but experienced a relatively high number of family-related homicides – 18 and 17 respectively during the same time period. Because these patterns suggest the need to identify additional factors contributing to higher concentrations of family-related homicides in these neighborhoods, the FRC initiated further community assessments, as discussed below.

Communities Experiencing High Concentrations of Family-Related Homicides and Reported Domestic Incidents

The primary mission of the FRC is, through the review of family-related homicides, to develop recommendations for the coordination and improvement of domestic violence services. As reflected in this report, since 2002 we have seen an annual average of 72 family-related homicides in New York City. Since our analysis to date indicates that less than a third of family-related homicide victims have had previous contact with the police, and almost half did not have contact with any other City agency, we have undertaken several tasks aimed at improving the possibility that a victim will reach out for assistance.

However, homicide reflects the most extreme outcome of a family-related incident, and makes up only a small fraction of all crimes that are classified as family-related. Another indicator of the broader occurrence of family-related violence in a community is the number of Domestic Violence Incident Reports (DIRs) filed by the New York City Police Department. A DIR must be completed every time a police officer responds to an incident involving individuals who fall under the definition of family-related. A DIR is filed even if an arrest is not made. Since 2002, an average of 225,962 DIRs have been filed in New York City.

In previous years, the FRC mapped family-related homicides citywide within community district boundaries. The maps highlighted areas that experienced “high concentrations” – defined as 7 to 10 homicides occurring within a mile of each other. Eight of the City’s 59 community districts showed a high concentration of family-related homicides; five of those community districts are located in the Bronx (Community Districts 4, 5, 6, 7 and 9) and three are located in Brooklyn (Community Districts 3, 8 and 16). While these previous analyses clearly revealed communities with a high concentration of family-related homicides, it failed to take into account the occurrence of non-homicide family-related violence. Taking these non-homicide crimes into account could assist the Committee in targeting neighborhoods where there is a co-occurrence of high frequency family-related homicide and non-homicide events. This information would lay the groundwork for developing appropriate intervention strategies to reduce the escalation of less lethal forms of family-violence occurrence, thereby decreasing family-related homicides.

To undertake this analysis, the aggregate number of family-related homicides was determined for each precinct for the time period 2002 through 2012.³⁰ For the same time period, the average number of DIRs was determined for each police precinct. The police precincts were ranked from high to low on these two indicators and then grouped into quartiles. Each precinct was ranked from 1 to 4, with the lower numbers representing fewer homicides and DIRs and the higher numbers representing higher homicides and DIRs. These rankings were added together to create a composite family-related violence index (FVI).

Analysis of the 2002 to 2012 family-related homicide data and average domestic violence incident reports in the context of this new family-related violence index reflects that the 15 precincts with the highest family-related violence index accounted for almost half (45%, 353 of the 789) of all the family-related homicides in the city and 44% (99,606 of the 225,992) of the average annual domestic violence incident reports during that time

period. In contrast, the 24 precincts with the lowest family-related violence index accounted for just 9% (74 out of 789) of the family-related homicides and 11% (25,823 out of 225,962) of domestic violence incident reports.

Table 11: Distribution of Family-Related Homicides and Average Annual Domestic Incident Reports in Family-Related Violence Index Quartiles (Homicide N=789, DIR N=225,962)

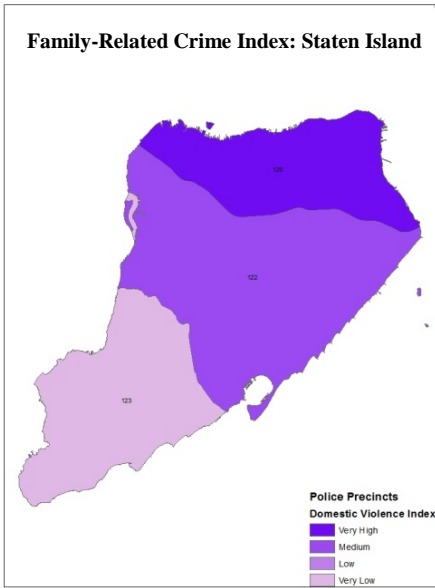
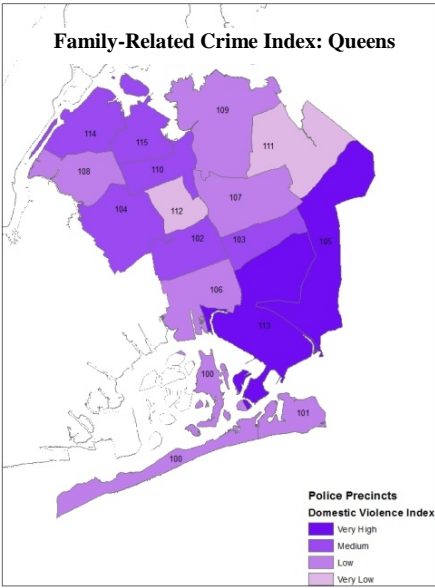
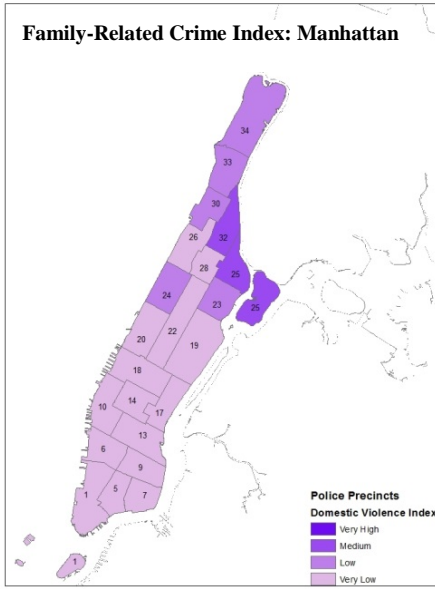
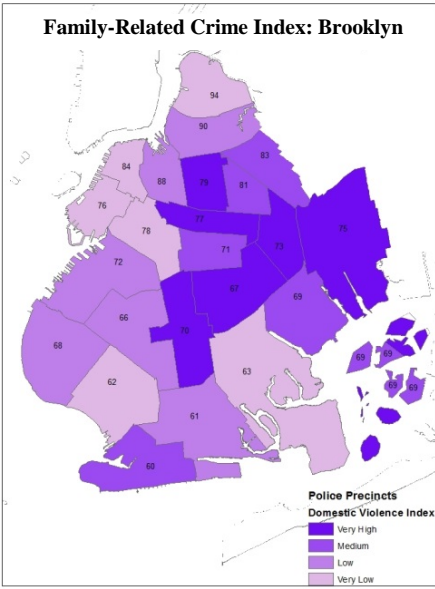
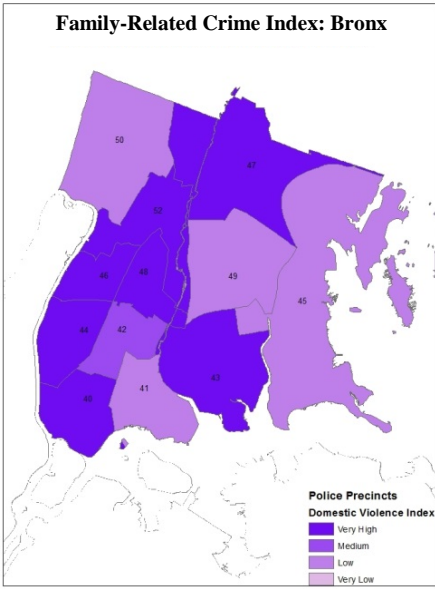
Family-Related Violence Index	Number of Family-Related Homicides	Percentage of Family-Related Homicides	Annual Average Domestic Incident Reports	Percentage of Domestic Incident Reports
High	353	45%	99,606	44%
Medium	203	26%	50,185	22%
Low	159	20%	50,348	22%
Very Low	74	9%	25,823	11%

Of the 15 precincts with the highest family-related violence index, eight are within the previously identified areas that experienced “high concentrations” of family-related homicides. These precincts are the 44th, 43rd, 46th, 48th and 52nd in the Bronx and the 73rd, 77th and 79th in Brooklyn. These precincts account for almost a quarter of all family-related homicides that occurred from 2002 through 2012 and for 22% of the average annual domestic violence incident reports. The communities covered by these precincts have been the subject of a community assessment conducted by the FRC from 2009 to 2012. The findings of the community assessments have been discussed in previous FRC reports and in the following section of this report. In conjunction with the community assessment, these communities have been the target of public education campaigns to raise awareness of the occurrence of family-related violence and the services available to victims, increased training for City agency employees in the community, and targeted outreach to the immigrant community.

While the FRC is currently working in 8 of the 15 communities with the lowest family-related violence index, the concentration of homicides and domestic incidents in these communities suggests the need to expand our activities into other communities with a low family-related violence index. Based on the FVI analysis, the FRC will expand our efforts into the following precincts:

Precinct	Neighborhoods
47 th	Woodlawn, Wakefield and Baychester
75 th	East New York
105 th	Rosedale and Queens Village
120 th	Saint George

Considering the FRC’s primary focus on family-related homicides, these additional four precincts were chosen from the remaining low family-related violence index precincts due to their especially high number of family-related homicides.



The Bronx and Brooklyn Community Assessments

From 2009-2012, through its participating City agencies and representative contract agencies, the FRC conducted community assessments in the Bronx and Brooklyn community districts that experienced a high concentration of family-related homicides, 7 to 10 homicides occurring within a mile of each other. These community districts included districts 3, 8, and 16 in Brooklyn and 4, 5, 6, and 9 in the Bronx. The Bronx assessment was conducted from 2008 through 2010, and the Brooklyn assessment was conducted from 2011 through 2012.

The goal of the assessments was to gain a better understanding of the factors contributing to the high concentration of family-related homicides in these neighborhoods. The community assessments gathered information through convenience samples, using multiple methods including: (1) small group and individual meetings with Bronx and Brooklyn-based service providers; (2) focus groups with domestic violence survivors; (3) in-depth interviews with domestic violence survivors; and (4) street-intercept surveys with community members. The following chart provides an overview of the community assessment participation.

Table 12: Overview of Community Assessment Method and Data Collection

Methods of Data Collection	Number of Respondents	
	Bronx	Brooklyn
Services Providers		
In-depth Individual and Group Meetings	75 Individuals from 50 organizations	63 Individuals from 45 organizations
Survivors		
Focus Groups	6 Focus Groups (3 in English, 2 in Spanish and 1 in French) with 50 survivors	4 Focus Groups (2 in English and 2 in Spanish) with 35 survivors
In-depth Interviews	7 In-depth interviews in both Spanish and English	6 In-depth interviews in both Spanish and English
Community		
Community Survey	507 respondents	310 respondents

Community Assessment: Findings and Observations

The community assessment primarily focused on intimate partner violence, commonly referred to as domestic violence, and the findings should be considered in this light. Domestic violence organizations were one of the primary types of community organizations interviewed; they focus on working with intimate partner violence victims. The focus groups and in-depth interviews were conducted with survivors of intimate partner violence. The introduction provided to the participants of the street intercept survey also utilized the common definition of domestic violence and the presence of an imbalance of power and control in a relationship. Specifically, the survey noted that “domestic violence can include physical, emotional, financial, and sexual abuse. It is a pattern of behaviors used to gain and maintain power and control over another person.” In this report’s discussion of the assessment, the term “domestic violence” is utilized and should be interpreted to mean intimate partner violence as defined in this report.

Both assessments pointed to three general reasons some family-related violence victims, especially those who are intimate partners, do not seek services: (1) community members, including victims, are unclear about which behaviors constitute family-related domestic violence; (2) culturally-based misperceptions about family-related and misperceptions of law enforcement, may prevent some survivors of family-related violence from seeking assistance; and (3) undocumented immigrant victims face barriers – such as fear of deportation and inability to speak English - to connecting to services. The findings continue to inform our efforts to coordinate public education, outreach, and training among City agencies and community organizations. These factors are discussed in more detail below.

Community Perceptions of Domestic Violence

a. Limited Understanding of what Constitutes Domestic Violence

The assessments revealed that many community members understand “domestic violence” (defined as intimate partner violence in this report) exclusively as physical violence. Specifically, influential community members, family, and friends of victims view domestic violence as strictly physical acts against a person and so do not support victims who experience non-physical forms of abuse, such as emotional, financial, or verbal abuse. This narrow understanding of domestic violence was echoed in the focus groups and interviews with domestic violence victims. Almost half the victims reported not initially identifying themselves as domestic violence victims prior to seeking services. Rather, they began to connect to the term “domestic violence” when prompted by an external cue, such as seeing the term on a poster or when they received domestic violence services for what they were experiencing.

The narrow understanding of domestic violence as limited to physical violence sheds light on one potential barrier to services for victims, and highlights the importance of continuing to educate members of the community and service providers, to understand the full range of abusive and coercive behaviors that constitute domestic violence. Community members need to be better equipped to identify abuse in order to refer friends and neighbors toward appropriate services, and access services for themselves if a victim.

b. Domestic Violence Frequently Occurs

The assessments revealed that, although many community members have a limited understanding of what constitutes domestic violence, they believe that domestic violence occurs frequently in their neighborhoods. In fact, nearly three out of four community members surveyed reported that domestic violence was common in their neighborhood and indicated that domestic violence was “problematic.” More than 60% of community members surveyed reported knowing someone who was a victim of domestic violence in the past year.

Those surveyed responded based on their understanding of what domestic violence is, and as described above, that generally extends to primarily or only physical violence. Since the community has a more difficult time recognizing other coercive or controlling behaviors as domestic violence, when they state that domestic violence

frequently occurs they are referring to physical violence only, and are not including non-physical abuse. This disconnect—the limited understanding of domestic violence and the high number of perceived incidents—suggests that the community might report an even higher frequency of domestic violence were they working with a broader definition. This further emphasizes the need and importance of educating communities to recognize the full range of abusive and controlling behaviors.

Culture Informs How Victims Seek Help

During victim focus groups in the Bronx and Brooklyn and in discussions with service providers, a primary point of discussion was a domestic violence victims' need to balance a complex set of concerns when considering whether or not to leave an abusive relationship. Some of these considerations included financial dependency and/or having children with an abusive partner. However, one of the primary barriers to identifying one's self as a domestic violence victim and seeking assistance was cultural acceptance and normalization of domestic violence. Service providers noted that, in many cultures, domestic violence was considered a "family matter" that is not to be spoken about outside the home. This perspective was reinforced in through the intergenerational transmission of violence. Service providers noted many domestic violence victims were raised in households in which domestic violence was common or seen as normal or expected.

Service providers and victims noted that in some victims' countries of origin, the police are not seen as a safe haven and, in fact, may further abuse the victim. Moreover, victims recounted instances where family members, fearful of the police, actively discouraged victims from seeking help from the police. In extreme cases, family members or friends would ostracize the victim from the community if he/she sought assistance from the police. Such beliefs and practices may make victims reluctant to call the police for assistance, even when a crime has been committed against them.

Challenges Faced by Undocumented Victims Seeking Services

Service providers and victims reported that undocumented domestic violence victims may face additional barriers to accessing services. The primary barrier faced is the fear that coming forward would lead to deportation - that police, or other service providers, will report victims to Immigration and Customs Enforcement (ICE). Findings from this assessment suggest that many undocumented victims are unaware that City employees are barred from asking about an individual's immigration status if they are a victim of or witness to a crime. Mayoral Executive Order 41, which governs the New York City Police Department as well as all other City agencies, prohibits such inquiry. The providers suggested that it would be ineffective to only address this fear and lack of knowledge around immigrant rights through public service campaigns, and recommended educating respected key stakeholders in immigrant-dense communities to pass on the appropriate information to those who could benefit most from it. These community representatives are already important partners to domestic violence providers in many neighborhoods, helping them to meet the unique cultural and linguistic needs of the communities they serve. Engaging community members appears essential to addressing violence in these communities.

Response to Community Assessment Findings

Over the past several years, the Committee has taken several action steps in the community assessment neighborhoods to address some of the themes that emerged from the assessments, specifically: increasing the communities' knowledge of the behaviors that constitute domestic violence; ensuring that undocumented immigrant victims of domestic violence know they can reach out for services without fear of deportation; and assisting victims to understand their risk and manage their safety in domestic violence relationships. For example, the FRC has undertaken the following activities which will be describe in greater detail later in this report:

Public Education: Partnered with merchant associations, business improvement districts, libraries, and City agencies to display public education material.

Professional Development: Provided requested intimate partner violence training to community-based organizations and medical providers.

Reaching Immigrant Communities: Partnered with the Mayor's Office of Immigrant Affairs at *Know Your Rights* community forums to provide intimate partner violence-related information, such as: intimate partner violence is a crime, free services are available for intimate partner victims, and City employees are prohibited from inquiring about a crime victim's immigration status.

Provide Training to City Agency Employees Working in the Community: The Mayor's Office to Combat Domestic Violence and the staff of the Family Justice Centers provided training on how to recognize the signs of intimate partner violence and where to refer victims of intimate partner violence who are seeking services, to employees of the Department of Homeless Services and the New York City Housing Authority.

While we cannot quantify the impact of these actions, anecdotal evidence provided by domestic violence service providers operating in the community assessment areas suggests that they are seeing more clients in the last year who identify emotional, financial, verbal and sexual abuse as domestic violence. Replicating similar interventions in other communities with high family-related homicide and domestic incidents can assist the FRC in ensuring that the community and particularly victims of domestic violence, have improved knowledge of the scope of domestic violence and the services available, as well as improved access to these services.

Action Steps

In addition to the specific activities undertaken in relation to the findings of the community assessment, the FRC and its agency members have continued to work to increase knowledge of domestic violence services across the City, encourage help-seeking, and reduce barriers for victims seeking domestic violence services. The following steps have been taken and will continue to be expanded based on the findings of the community assessment:

Public Education

“That’s Abuse”

That’s Abuse is a public service campaign that harnesses domestic violence survivors’ own words to empower other victims of intimate partner violence to seek the help they need. *That’s Abuse* has appeared on subway platforms, bus shelters, subway cars, grocery store circulars, and common areas at numerous City agencies, as well as in community-based organizations and businesses throughout key neighborhoods. This citywide campaign seeks to connect with victims through words and images that capture the emotional impact of abuse. The campaign was complemented by outreach efforts in neighborhoods with a high incidence of domestic violence including homicides. In these areas, staff and volunteers hung posters, distributed palm cards, and delivered presentations to local residents and business owners. *That’s Abuse* can also be found on Facebook at NYC Against Domestic Violence and on Twitter @NYCagainstabuse.

In conjunction with *That’s Abuse*, OCDV partnered with Alpha 1 Marketing, the parent company of C-Town, Bravo and AIM Supermarkets, to place a public education message during Domestic Violence Awareness Month on the back page of a weekly circular during a two-week period in October. The circular was distributed in 127 C-Town, Bravo and AIM supermarkets.

“Look to your left, look to your right”

In 2012, OCDV produced the “Look to your left, look to your right” public service announcement with actress and advocate Mariska Hargitay of *Law and Order: SVU*. In the PSA, Commissioner Yolanda Jimenez and Ms. Hargitay focused on the high incidence of intimate partner assault and its prevalence regardless of the victim or aggressor’s race, culture, religion, income level, age, gender, and sexual orientation. “Look to your left, look to your right” aired during home games of the Staten Island Yankees, throughout the five boroughs in NYC Taxis, and in various radio stations in New York City.

Domestic Violence Awareness Month

October is Domestic Violence Awareness Month, which each year prompts many outreach and public education events to be scheduled throughout the city. Since 2002, OCDV has collated information regarding citywide domestic violence-related activities and published a resource calendar, which is widely distributed and posted on the OCDV website. During this month, the New York City Police Department and various domestic violence service providers conduct tabling events throughout the City to disseminate information regarding domestic violence and appropriate services.

Reaching Undocumented Immigrants

Again, this work will utilize and/or build upon already existing public education and outreach efforts that are, or have been, undertaken by OCDV and other City agencies. The following provides an overview of some of those activities:

“Know Your Rights” Community Forums

The Mayor’s Office of Immigrant Affairs (MOIA) conducts community forums across the City to ensure that immigrants in New York City know what services are available to them and help them utilize their resources. OCDV and staff members of the Family Justice Centers have attended many of these meetings to address any domestic violence related questions that may arise.

OCDV is currently working with MOIA to establish a domestic violence outreach effort through the Queens Public Library. Through this initiative, we will train library branch managers on existing services and provide brochures and other material that will be displayed in the Queens libraries.

“We Are New York” Adult Education Program

OCDV partnered with the Mayor's Office of Adult Education and the City University of New York to create an episode that addresses domestic violence for the "We Are New York" series. The "We Are New York" show is designed to help immigrants learn to speak English and simultaneously learn about vital city services that they can access. The program focuses on some of the barriers and challenges immigrants may face in reaching out for help and highlights the availability of domestic violence services to everyone regardless of immigration status. This program continues to be aired on New York City Television.

Training Community-Based Organizations

Training for Advocates

As noted in the previous section of this report and detailed in last year’s FRC report, many of the non-domestic violence community-based service providers that participated in the community assessment reported that they themselves are in need of some basic domestic violence education in order to serve victims of domestic violence that they encounter in their programs. Some suggestions of what information would be most useful for non-domestic violence service providers include: how to identify signs of domestic violence, making appropriate referrals, and adequately explaining the services available and potential challenges the client might encounter in accessing those services.

To increase the level of knowledge in the target communities, these organizations have been linked to trainings provided at the Family Justice Centers in the Bronx, Brooklyn and Queens. These trainings include: Domestic Violence 101; Risk Assessment; Family and Criminal Court; Housing Options; Self Sufficiency and Cultural Competency. Since 2012, 235 community-based organizations have participated in this training.

Citywide Initiatives to Assist Victims and Prevent Domestic Violence

In addition to the Committee's work, the City, through its agencies and contact organizations, implements policies, programs and services to address domestic violence through the provision of services, prevention programs and public education. The following provides an overview of the City's focused efforts through the creation or expansion of existing program and the development of new policies and procedures over the last decade:

New Procedures

Department for the Aging

The Department for the Aging now requires that its case management agencies who provide services to homebound clients citywide ask six screening/"trigger" questions related to elder mistreatment of all clients during the initial in-home assessment and at the time of each reassessment. Additionally, the Department's contacted Caregiver programs ask two questions about potential abuse.

Department of Homeless Services

In 2010, the Department of Homeless Services (DHS), with input from the Mayor's Office to Combat Domestic Violence and Human Resources Administration (HRA) Domestic Violence Office, developed and implemented two protocols to codify and improve upon prior practices covering (1) the referral and screening of domestic violence victims at DHS intake centers and (2) response to domestic violence incidents that occur in shelter.

a. Screening

During the intake process at PATH (Prevention Assistance and Temporary Housing) all families are screened for domestic violence issues. During the interview process, adults are interviewed separately and asked:

The next question is about domestic violence. We need to discuss domestic violence with everyone who is applying for shelter. Domestic violence can occur with household members, family members, partners, ex-partners, and involve physical harm such as pushing, kicking, hitting slapping, choking, punching, or sexual assault. Domestic violence can also be harassment such as stalking, sending unwanted phone calls or text messaging, or isolating a person from friends or family, or trying to control them to make them feel scared or unsafe. Has domestic violence contributed to your current housing crisis?

If the questions responses yes to this question, additional questions are asked, allowing more details to be shared. If at any point during the intake process domestic violence is report, or suspected, families are referred to HRA's onsite

Project NoVA (No Violence Again) staff for assessment, services and potential placement in a domestic violence shelter. Even if NoVA cannot place the applicant in a domestic violence shelter, DHS will not place them in a homeless shelter in an area NoVA has deemed not safe for the client.

In 2012, the domestic violence screening questions were incorporated into DHS' electronic case management system, CARES (Client Assistance and Rehousing Enterprise System), which ensures domestic violence questions are asked of every adult entering the system.

b. Domestic Violence Incidents in Shelter

Under the protocol, shelter staff must notify the program administrator and complete a DHS incident report after every domestic violence incident. Staff must contact the New York City Police Department and encourage the victim to seek placement in a domestic violence shelter. If domestic violence shelter cannot be secured, a transfer must be initiated so that the victim is moved to another homeless shelter. Further, the victim is offered non-residential community services through a referral to one of the New York City Family Justice Centers or a HRA community-based program.

New York City Housing Authority

Domestic Violence Applicants

In 2006 NYCHA made significant changes to the documentation requirements for obtaining a VDV priority status of N1 for new applicants to public housing or Section 8 housing. In addition to an expanded list of acceptable documentation, the timeframes for admissible Police Reports and Orders of Protection was extended. NYCHA also changed the policy of having to move out of the borough in which they resided at the time of the abuse, with the exception of Staten Island public housing applicants who must move to another borough. In 2012, 547 domestic violence applicants were given the N1 priority. In 2013 to-date, 527 domestic violence applicants were given the N1 priority.

Violence Against Women Act (VAWA)

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA), passed in 2006, protects tenants who are victims of domestic violence, dating violence, or stalking ("VAWA Incidents") and their immediate family members from being evicted based on those acts, while enabling NYCHA to terminate the tenancy of the perpetrators of criminal acts of physical violence by one household member against another.

August of 2012 NYCHA revised its General Manager memorandum #3741 on the Violence Against Women Act (VAWA), to incorporate Strangulation in the first and second degrees as examples of criminal acts of physical violence against family members or other occupants. Overall, this policy allows NYCHA to terminate the perpetrator's rights to an apartment and to bifurcate a lease to preserve and protect housing for the victim of domestic violence.

NYCHA Employees who are Domestic Violence Victims in the Workplace

In November of 2011, NYCHA issued a Standard Procedure (Index #001:11:1) on the subject of “Workplace Domestic Violence Policy”. This agency procedure provides guidance to promote the safety and provide support to NYCHA employees who are victims of domestic violence in the workplace.

New York City Police Department

In 2012, the New York City Police Department implemented a new procedure and created a new form entitled, “Domestic Violence Home Visit Checklist” to provide Domestic Violence Prevention Officers with a standardized format to document actions taken during home visits. Domestic Violence Prevention Officers will prepare this form upon conclusion of a successful home visit (i.e., contact was made with the victim and/or offender). This standardized process will allow the Department to analyze and track actions taken by Domestic Violence Prevention Officers conducting home visits. The Police Academy produced a training video entitled, “Building A Successful Domestic Violence Case” to educate police officers on the importance of gathering evidence at the scene of a domestic incident. Evidence Based Prosecution is a technique utilized by prosecutors in domestic violence cases to convict abusers without cooperation of a victim. Prosecutors rely on utilizing a variety of evidence to prove guilt with limited or no participation by the victim. This can be done successfully ONLY if police officers responding to domestic violence incidents take proper steps to document and record all forms of evidence related to the incident.

The New York City Police Department created a new Domestic Violence Inspection Unit to provide increased oversight and ensure the highest degree of integrity and quality of service being provided by the Department in its response to issues of domestic violence. The inspections performed by this Unit include quality control analyses of domestic violence crime reports; response to 911 calls, Domestic Incident Reports, DV related arrests and Orders of Protection among others.

New Programs and Expansion of Existing Programs

Administration for Children’s Services

Domestic Violence Policy and Planning Unit

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

In 2010, DVPP worked with ACS' Satterwhite Training Academy and the Division of Child Protection to update the three-day domestic violence training curriculum that is provided to all Child Protective Specialists. This effort ensured that the training reflects the agency's current domestic violence-related policies and practices, and provides staff with guidance on how to address domestic violence in the context of new child welfare initiatives such as child safety conferences.

Clinical Consultation Program

In 2002, ACS launched the Clinical Consultation Program, which placed 12 domestic violence consultants in the Children's Services child protective borough offices throughout the city. The program has since grown to include 15 domestic violence consultants. These consultants work as part of a multidisciplinary team that also includes mental health and substance abuse specialists and a team coordinator and a Medical Services Consultant. The domestic violence consultants, with other team members when needed, provide case specific consultation, office based training, and assistance with referrals for community-based resources. Consultations are available to caseworkers, supervisors, and managers to help assess the client for the presence of domestic violence and plan appropriately. In addition, consultants may attend case conferences or have direct contact with clients to provide a more informed consultation and model intervention strategies.

A further enhancement of efforts to address domestic violence has been the collaboration of the Domestic Violence Consultants with the agency's Investigative Consultants and Family Court Legal Services. A continuing aspect of the Clinical Consultation Program's development has been its close relationship with the Domestic Violence Policy and Planning Unit within the Office of Child and Family Health under Family Support Services. These partnerships and linkages have resulted in even more capacity building that helps to strengthen the agency's response.

Consultants also provide specific office based trainings related to domestic violence and best practices are developed depending on the training needs of a location. Lastly, the domestic violence consultants identify and develop connections to domestic violence related neighborhood-based resources to facilitate referrals.

Department for the Aging

Community-Based Service Providers

The New York City Department for the Aging (DFTA) contracts with 9 community-based service providers to provide direct services to victims of elder abuse, as well as develop prevention activities. Service providers provide long-term case management services, including: securing orders of protection; providing long-term counseling; accompanying victims to court; examining powers of attorney and other legal documents; working with police to place victims on high propensity lists; and working closely with district attorneys to aid in prosecution of cases.

New Data System

While DFTA's new web-based client and service tracking system (Star's) has been rolled out to senior centers, staff, contractors and Peer Place continue work on other services, case management, home care, home delivered meals, and caregiver providers, DFTA staff, Elder Abuse contractors and Peer Place (data base developers) continue to work on the elder abuse module. In particular, the database that DFTA is creating for elder abuse will mark a real advance in identifying incidences of abuse. Based on a comprehensive set of questions DFTA developed in consultation with elder abuse providers and criminal justice agencies, it will be more sophisticated than any currently in existence, and will lead to the development of a risk assessment tool for elder abuse.

Mental Health Services

Emotional difficulties are considered risk factors for abuse and are found to be negative consequences of abuse. To bridge the gap in services our collaboration between the Weill Cornell Institute of Geriatric Psychiatry of Weill Cornell Medical College and the New York City Department of Aging (DFTA) Elderly Crime Victims Resource Center (ECVRC) aims to integrate a skills-based mental health intervention into elder abuse services in order to improve mental health and promote abuse resolution for older adults in crisis. The staff of the Elderly Crime Victims Resource center have been trained how to screen for depression and anxiety using the PHQ-9 and GAD-7 and how to integrate the screening into the services rendered. Individual victims who screen positive for depression or anxiety are offered a specifically designed short term mental health treatment called Problem Solving Treatment (PST). This type of treatment is used to address depression. It is our belief that seniors who are victims of elder abuse often times experience stages of depression which prevent them from taking action in stopping the abuse.

Department of Health and Mental Hygiene

Data to Inform Programs and Policy

In 2008, the New York City Department of Health and Mental Hygiene (DOHMH) released a comprehensive report chronicling the tragic and persistent problem of intimate partner violence. By analyzing data from city hospitals, medical examiner records, and surveys by the health and police departments, the agency found that this kind of abuse affects thousands of women in New York City, with poor women and black and Hispanic women suffering the highest rates. The report also underscores intimate partner violence as a health concern, as it is closely associated with other mental and physical health problems. Teenage girls who experienced dating violence also reported high rates of risky sex and attempted suicide. Among adult women, those who feared their partners were more likely to report binge drinking, risky sex and psychological distress, as well as asthma and diabetes. *Intimate Partner Violence Against Women in New York City* is available at <http://www.nyc.gov/html/doh/downloads/pdf/public/ipv-08.pdf>.

Human Resources Administration

Domestic Violence Shelters

Domestic violence shelters provide temporary emergency housing and supportive services designed to stabilize families in a safe environment. During the Bloomberg Administration the New York City Human Resources Administration (HRA) expanded the capacity of the emergency domestic violence shelters by 45% to the current total of 2,228 beds. HRA also increased the Tier II domestic violence shelter system capacity by 57% to the current 243 units.

HRA Emergency Intervention Services-Office of Domestic Violence (EIS-ODV) Project NoVA (No Violence Again) assists domestic violence victims seeking emergency housing from the NYC Department of Homeless Services. Located at PATH (DHS family intake center), Project NoVA staff provide assessment, crisis counseling, shelter referral and placement to eligible clients. Each year for the past four years, Project NoVA has received an average of 700 referrals from DHS. Project NoVA achieved an 80% domestic violence shelter placement rate for eligible clients in 2012.

Non-Residential Community-Based Programs

Community based, or non-residential, domestic violence services are implemented by 15 HRA-contracted programs offering counseling, advocacy, and legal assistance. Services are culturally specific and language specific to meet the needs of the populations served. Specific services are provided for LGBTQ, disabled and immigrant families affected by domestic violence. Each month the providers serve an average of 3,000 families and offer legal services to an average of 1,000 families each month. In 2003, HRA expanded the number of non-residential programs from nine to 15.

Teen Relationship Abuse Prevention Program (Teen RAPP)

The HRA Teen Relationship Abuse Prevention Program (Teen RAPP) is a nationally recognized domestic violence primary prevention program providing a comprehensive curriculum to students in collaboration with the NYC Department of Education to recognize and change destructive patterns of behavior before they are transferred to adult relationships. During the Bloomberg administration, Teen RAPP increased from 10 high schools to 57 high schools and middle schools, and enhanced the curriculum to address issues of pregnancy prevention and bullying. Teen RAPP serves the entire school and, as a result, the program's messages have been delivered to over 50,000 students each year. Over the past eight years, Teen RAPP has provided direct primary prevention and intervention services to 91,000 students.

Financial Development Initiative

During the period of 2010-2012, HRA EIS-ODV launched a Financial Development initiative to embed financial development principles into domestic violence shelter and community based case management. Case management staff discuss asset building, encourage clients to set up bank accounts and shore up credit, assist with debt reduction, and encourage effective use of tax credits. These efforts will help clients maximize self-sufficiency and independence.

Mayor's Office to Combat Domestic Violence

The Family Justice Centers

The New York City Family Justice Center Initiative is an initiative of OCDV in partnership with the District Attorney's Offices. The Centers are located in the Bronx, Brooklyn, and Queens. With public and private funding, these innovative Centers help domestic violence victims break the cycle of violence by streamlining the process of receiving supportive services. Clients receive their choice of services that are made available in their language, while their children play in the next room. Since opening in July 2005 through September 2013, the New York City Family Justice Center in Brooklyn has served 55,932 new clients seeking domestic violence services and 11,116 children made use of the Center's Children's Room, Margaret's Place. There have been 126,811 adult client visits to the Center since it opened. Since opening in July 2008 through June 2013, the New York City Family Justice Center in Queens has served 19,466 new clients seeking domestic violence services and 3,828 children were supervised in the Center's Children's Room. There have been 51,829 client visits to the Center since it opened. Since opening in April 2010 through June 2013, the New York City Family Justice Center in the Bronx has served 15,305 new clients seeking domestic violence services and 3,710 children were supervised in the Center's Children's Room. There have been 41,868 client visits to the Center since it opened.

The Manhattan Family Justice Center is currently under construction and is scheduled to open before the end of December 2013. In addition, OCDV has started the initial planning for the New York City Family Justice Center in Staten Island.

New York City Family Justice Center, Brooklyn, Early Victim Engagement (BKFJC EVE) Project

In April 2008, the New York City Family Justice Center in Brooklyn launched the Early Victim Engagement Project in collaboration with the Kings County District Attorney's Office, two nonprofit organizations and three government agencies. The BKFJC EVE Project is funded by the U.S. Department of Justice, Office on Violence Against Women. The goal of the BKFJC EVE Project is to have effective, early engagement with domestic violence victims whose abusive partners have interacted with the criminal legal system. The purpose of this contact is to provide them with timely, reliable information about the criminal justice system in their language and allow them to make informed decisions about their safety. In fiscal year 2013, over 3,081 domestic violence victims were assisted.

Self-Sufficiency Mentoring Program

In October 2012, the New York City Mayor's Office to Combat Domestic Violence ("OCDV"), through the Mayor's Fund to Advance New York City ("Mayor's Fund"), received a most generous grant of \$95,000 from the Avon Foundation for Women to create and launch the pilot of a new initiative, the Advanced Volunteer Opportunity Network A.V.O.N. Mentoring Program ("Mentoring Program").

The goal of the Mentoring Program is to increase the professional development and career opportunities for victims of domestic violence engaged in intensive self-sufficiency services at the Avon Foundation-supported economic empowerment Self-Sufficiency Program at the Family Justice Centers (“FJCs”) in Brooklyn, Queens, and the Bronx³¹. Through mentoring, clients increase their self-esteem, obtain support in planning and reaching work-readiness goals, and learn and benefit from the invaluable skill of networking.

The Advanced Volunteer Opportunity Network (A.V.O.N.) Mentoring Program’s mission is to provide a critical next step towards employment for clients who are already working on establishing their economic independence through the existing Self-Sufficiency Programs or other resources at the FJCs. Through ongoing one-on-one support and guidance from an experienced professional, clients improve their skills and increase their confidence, two steps that will increase their job and education prospects. Regardless of a client’s immigration status, work history, or level of educational attainment, the Mentoring Program aims to address not just the client’s current situation, but also the goals s/he hopes to attain.

Staten Island Domestic Violence Response Team

In 2011, OCDV launched the Staten Island Domestic Violence Response Team (DVRT), a coordinated model of services for high-risk domestic violence victims to receive efficient and effective services in a prompt manner. The DVRT Team, which consists of City and State agencies and community based organizations, meets monthly to assess the service and safety needs of DVRT clients and develop a plan for each client to ensure they are receiving the appropriate services. Based on the DVRT Team discussions, recommendations will be developed to enhance the delivery of services to domestic violence victims Citywide.

The DVRT Team also frequently participates in public education activities across Staten Island to raise awareness of the services available to domestic violence victims. The public education activities include handing out pamphlets, palm cards, and brochures at local retail locations, public transportation hubs, and festivals. During fiscal year 2013, the DVRT Team distributed more than 10,000 pieces of public education material.

Domestic Violence Prevention: New York City Healthy Relationship Academy

In 2005, OCDV established the NYC Healthy Relationship Training Academy in partnership with the Department of Youth and Community Development and the Avon Foundation through the Mayor’s Fund to Advance New York City. The Academy offers educational workshops and training sessions on topics concerning domestic violence for young people ages 11 to 24 of especially vulnerable populations, their parents, and organizational staff. Since its inception in 2005 through June 2013, the Academy reached 32,874 young people through 1,689 peer education workshops. These have proven to be highly successful based on data from pre- and post-workshop questionnaires.

New York City Housing Authority

Emergency Transfer Program (ETP)

This Program processes expeditiously transfers for public housing residents who qualify as Victims of Domestic Violence, Intimidated Victims, Intimidated Witnesses, and Child Sexual Victims in order to confidentially relocate from their present development to another NYCHA development. In 2012, NYCHA approved 460 domestic violence transfer request; and in 2013, 442 cases year to date.

NYCHA partners with the NYC Human Resources Administration (HRA) to Provide Domestic Violence Aftercare services to NYCHA Residents

NYCHA also works closely with the NYC (HRA) to ensure domestic violence victims who are approved for an Emergency Transfer transition smoothly into the HRA Domestic Violence Aftercare Program. The integration of this program into the HRA Office of Domestic Violence which also includes the Alternative to Shelter Program presents a unique opportunity to provide a continuum of services that strengthen stability for victims of domestic violence within NYCHA developments.

Domestic Violence Intervention, Education, and Prevention Program (DVIEP)

NYCHA, NYPD, and Safe Horizon partners to provide outreach, intervention, education, and prevention services to public housing residents who report domestic violence. The DVIEP Team made up of Domestic Violence Police Officers and Safe Horizon Case Managers conducts joint home visits to families living in public housing who report domestic violence. The DVIEP program reached out to over 22,153 families in 2012, and, 18,023, in 2013 year to date.

New York City Police Department

The New York City Police Department maintains a Domestic Violence High Propensity List, which identifies households with demonstrated history of domestic violence. Domestic Violence Prevention Officers visit residences on the Domestic Violence High Propensity List to maintain contact with the domestic violence victim. New guidelines were established to monitor those individuals placed on both the High Propensity and Child At-Risk List. Home visits remain the cornerstone of the Department's effort in keeping families safe. The Department conducts approximately 70,000 successful home visits each year.

Employee Training and Public Education Programs

Department for the Aging

Multidisciplinary Teams and Taskforces

DFTA staff continued attending the Enhanced Manhattan MDT/Brooklyn MDT/Queens MDT and the District Attorney's taskforce teams highlighting financial, physical, sexual and emotional abuse cases in a forum with bank, HRA/APS and District Attorney Staff being present alongside community providers. DFTA continues to promote coordinated efforts to aid crime victims by working closely with other agencies and aging service providers throughout the five boroughs. In this case discussion forum representatives from the fields of medicine, law, social work and social services can present cases and have active feedback and assistance from other team members on a case by case basis. This forum will also identify research needs as well as systemic and resource problems which face service providers in addressing elder abuse and victimization.

Department of Health and Mental Hygiene

Medical Provider Outreach

Based on recommendations featured in the report *Intimate Partner Violence Against Women in New York City* in February 2009, the Department of Health and Mental Hygiene launched an 11-week program focused on supporting primary care providers in screening patients for intimate partner violence. During this program, staff conducted over 2,000 one-on-one interactions with health care providers and their staff in nearly 200 practices. Through these interactions, health care providers and staff enhanced their understanding of their position as a trusted resource. An Intimate Partner Violence Action Tool Kit provided strategies to facilitate communicating with patients around intimate partner violence, including ways of applying clinical tools, provider resources and patient educational materials into the medical provider's practice. Guidance for physicians is available in this issue of *City Health Information (CHI)* for health care providers. <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi27-suppl2.pdf>

The DOHMH has continued to reach out to physicians as speakers at various CME trainings on Domestic Violence and Domestic Violence Screenings. Annually, the agency gives two to four presentations. And, some of these have been in collaboration with OCDV. For instance in October of 2010, collaborated provided training entitled "Domestic Violence Screening and Referral: Training for Medical Providers" to Bronx medical providers and their staff. The training provided medical providers with skill-building tools for responding to domestic violence issues during health care encounters. Additional outreach and training is planned for communities in the Bronx and Brooklyn that have been identified as experiencing a high concentration of family-related homicides.

Community Outreach

The DOHMH provides information on domestic violence and health to New York City residents online at <http://www.nyc.gov/html/doh/html/living/violence-health.shtml> and in its publication called a Health Bulletin.

<http://www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-07.pdf>

Department of Homeless Services

Beginning in 2008, DHS and OCDV partnered to develop a domestic violence awareness and referral training program for employees of DHS homeless shelters. The training covered the following topics: (1) prevalence of domestic violence in New York City (2) power and control dynamics of domestic violence (3) potential barriers to leaving a domestic violence situation (4) intersection of mental health, physical disabilities, substance abuse and immigration issues which arise in domestic violence cases (5) identification of potential signs of domestic violence and (6) domestic violence resources in New York City. In 2011, a similar training lesson was developed for new DHS Police Officer and provided during their new officer training. In 2012, the domestic violence lesson became a mandatory part of new officer training.

In 2009, DHS entered into a partnership with the New York State Office for the Prevention of Domestic Violence to develop a domestic violence training curriculum for semi-annual training of Family with Children, Adult Family and Single Adult shelter staff.

Acknowledgements

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Appendix A: Family-Related Homicides Data by Year: 2002-2012

Years/Characteristics	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total
Total Family-Related Homicides	76	74	67	68	73	52	71	63	77	92	76	789
Victims by Gender												
Child Female	8	11	5	4	18	9	6	1	16	6	8	92
Adult Female	43	40	37	38	32	25	30	34	36	48	40	403
Child Male	9	6	8	13	9	8	10	7	9	9	10	98
Adult Male	16	17	17	13	14	10	25	21	16	29	18	196
Victim by Age												
<1	8	9	7	6	5	11	8	4	8	7	4	77
1-10	8	8	5	9	17	5	5	3	13	7	12	92
11-17	1	0	1	2	5	1	3	1	4	1	2	21
18-24	8	11	8	11	3	2	7	6	4	17	8	85
25-45	37	28	31	25	27	20	31	25	25	31	27	307
46-59	5	10	8	12	7	7	10	21	15	16	15	126
60+	9	8	7	3	9	6	7	3	8	13	8	81
Victims by Race												
Black	41	38	32	28	30	26	29	29	49	42	37	381
Hispanic	25	18	20	22	35	10	24	21	12	29	18	234
White	3	10	9	9	6	12	15	8	12	17	14	115
Asian/Indian	7	7	5	9	2	4	3	5	4	4	7	57
Other/Unknown	0	1	1	0	0	0	0	0	0	0	0	2
Perpetrators by Age												
<1	0	0	0	0	0	0	0	0	0	0	0	0
1-10	0	0	0	0	0	0	0	0	0	0	0	0
11-17	2	2	1	1	7	3	2	0	2	2	1	23
18-24	14	17	13	12	12	13	14	11	14	23	13	156
25-45	52	43	44	43	49	31	48	37	43	47	44	481
46-59	5	10	4	11	10	8	13	11	14	18	11	115
60+	3	4	4	3	1	2	3	6	2	5	6	39
Unknown	0	2	2	0	0	0	0	1	2	0	2	9
Perpetrator to Victim Relationship												
<i>Intimate Partner</i>												
Spouse/Live-In	17	14	19	16	9	13	16	11	9	9	16	148
Common Law	17	14	15	14	11	8	10	6	4	11	6	117
Child in Common	7	7	7	6	4	2	9	9	6	3	0	60
Boyfriends/Girlfriend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16	15	20	16	67
Same Sex	0	1	1	0	1	0	3	1	0	4	2	13
<i>Other</i>												
Parent	17	20	15	17	27	21	15	8	21	23	15	199
Child	8	4	6	3	11	7	7	3	9	12	5	75
Other Family	10	15	5	14	16	6	20	11	11	13	9	130
Other/Unknown	0	3	0	0	0	0	0	1	2	0	8	14

**Appendix A: Family-Related Homicides Data by Year: 2002-2012
(Continued)**

Years/Characteristics	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total
Total Family-Related Homicides	76	74	67	68	73	52	71	63	77	92	76	789
Total Family-Related by Borough												
Brooklyn	37	28	24	19	27	18	25	19	28	31	24	280
Bronx	15	10	18	23	23	9	18	11	18	27	24	196
Manhattan	9	12	10	12	12	4	7	10	8	15	10	109
Queens	15	23	13	10	8	15	18	20	15	16	15	168
Staten Island	0	1	2	4	3	6	3	3	8	3	3	36
Homicide Method/Weapon												
Cutting/Knife	26	19	23	19	31	6	32	29	30	38	28	281
Firearm	22	16	20	21	13	19	13	18	9	16	15	182
Blunt Trauma	11	9	9	10	11	16	13	9	18	17	13	136
Asphyxiation/Strangulation	9	13	9	10	6	5	6	5	11	11	7	92
Other/Known	8	17	6	8	12	6	7	2	9	10	13	98

Appendix B: Comparing Family-Related Homicides under Previous and Expanded Definitions: 2009-2012

	Previous Family-Related Definition	Expanded Family-Related Definition
Total Family-Related Homicides:	241	308
Victims by Gender		
Child Female	31	31
Child Male	32	34
Adult Female	109	158
Adult Male	69	85
Total:	241	308
Victim by Age		
<1	23	23
1-10	35	35
11-17	7	8
18-24	22	35
25-45	73	108
46-59	50	67
60+	31	32
Total:	241	308
Victim by Race		
Black	132	157
Hispanic	58	80
White	37	51
Asian/Indian	14	20
Unknown	0	0
Total:	241	308
Borough of Occurrence		
Brooklyn	71	98
Bronx	70	84
Queens	52	66
Manhattan	32	43
Staten Island	16	17
Total :	241	308
Weapon/Method		
Cutting/Knife	94	125
Firearm	45	58
Blunt Trauma	42	57
Asphyxiation/Strangulation	28	34
Other/Unknown	32	34
Total :	241	308
By Relationship		
<i>Intimate Partner</i>		
Spouse/Live-In/Common Law	66	66
Child in Common	24	24
Same Sex	7	7
Boyfriends/Girlfriend	0	67
Total :	97	164
<i>Other Family Relations</i>		
Parent	67	67
Child	29	29
Other Family Members	44	44
Unknown	11	11
Total :	151	151

**Appendix C: Family-Related Homicides in New York City by Community District
Ranked by SES Index: 2004-2012**

Community District			SES Index Rankings				
Borough	District #	# Homicides	Education Attainment	Poverty	Median Income	Unemployment	SES Composite
Bronx	1&2	16	VL	VL	VL	VL	VL
Bronx	3&6	30	VL	VL	VL	VL	VL
Bronx	4	24	VL	VL	VL	VL	VL
Bronx	5	28	VL	VL	VL	VL	VL
Bronx	7	15	VL	VL	VL	VL	VL
Brooklyn	4	6	VL	VL	VL	L	VL
Manhattan	11	12	VL	VL	VL	L	VL
Brooklyn	3	27	L	VL	VL	VL	VL
Brooklyn	16	29	L	VL	VL	VL	VL
Bronx	9	24	VL	L	VL	L	VL
Manhattan	10	10	M	VL	VL	VL	VL
Manhattan	12	10	VL	L	L	L	VL
Brooklyn	5	28	L	VL	VL	M	VL
Brooklyn	7	6	VL	L	L	L	VL
Bronx	11	8	L	L	L	L	L
Bronx	12	20	L	M	L	VL	L
Brooklyn	9	14	M	L	L	VL	L
Brooklyn	12	4	L	VL	VL	H	L
Brooklyn	13	9	L	L	VL	M	L
Manhattan	9	12	L	VL	L	M	L
Brooklyn	1	3	L	VL	L	H	L
Brooklyn	8	11	M	L	L	L	L
Brooklyn	14	13	M	L	L	L	L
Brooklyn	17	9	M	M	L	VL	L
Manhattan	3	9	VL	VL	L	M	L
Queens	9	9	L	M	M	VL	L
Queens	12	25	L	M	M	VL	L
Brooklyn	11	7	VL	M	L	H	L
Queens	1	9	M	L	M	L	L
Queens	7	8	L	M	M	M	L
Queens	14	10	M	L	M	L	L
Bronx	8	8	M	M	M	L	M
Bronx	10	9	M	M	M	L	M
Queens	3	3	VL	L	M	M	M
Brooklyn	10	2	M	M	M	M	M
Queens	2	7	L	H	M	H	M
Queens	4	6	M	L	L	M	M
Queens	8	8	H	M	M	L	M
Staten Isl.	1	18	M	L	H	M	M
Brooklyn	2	7	H	M	H	L	M
Brooklyn	15	13	M	M	M	H	M
Queens	6	3	L	H	H	H	M
Queens	11	2	L	H	H	M	M
Queens	13	18	L	H	H	M	M
Manhattan	4&5	8	H	M	H	M	H
Queens	5	10	H	M	M	H	H
Queens	10	5	M	M	H	M	H
Brooklyn	6	5	H	H	H	M	H
Brooklyn	18	17	H	H	H	M	H
Manhattan	6	2	H	H	H	M	H
Staten Isl.	2	9	H	H	M	H	H
Manhattan	1&2	3	H	H	H	H	H
Manhattan	7	7	H	H	H	H	H
Manhattan	8	5	H	H	H	H	H
Staten Isl.	3	6	H	H	H	H	H

Appendix D: Family-Related Violence Index: 2002-2012

Police Precinct		FRVI Index Rankings		FRVI
Precinct	Borough	Family-Related Homicide	Domestic Incident Report	
43	Bronx	H	H	H
44	Bronx	H	H	H
46	Bronx	H	H	H
47	Bronx	H	H	H
48	Bronx	H	H	H
52	Bronx	H	H	H
67	Brooklyn	H	H	H
70	Brooklyn	H	H	H
73	Brooklyn	H	H	H
75	Brooklyn	H	H	H
77	Brooklyn	H	H	H
79	Brooklyn	H	H	H
105	Queens	H	H	H
113	Queens	H	H	H
120	Staten Island	H	H	H
69	Brooklyn	H	M	M
71	Brooklyn	H	M	M
81	Brooklyn	H	M	M
103	Queens	H	M	M
32	Manhattan	M	H	M
40	Bronx	M	H	M
42	Bronx	M	H	M
83	Brooklyn	M	H	M
25	Manhattan	M	M	M
60	Brooklyn	M	M	M
102	Queens	M	M	M
104	Queens	M	M	M
110	Queens	M	M	M
114	Queens	M	M	M
115	Queens	M	M	M
122	Staten Island	M	M	M
24	Manhattan	L	M	L
30	Manhattan	L	M	L
34	Manhattan	L	M	L
41	Bronx	L	M	L
45	Bronx	L	M	L
49	Bronx	L	M	L
50	Bronx	L	M	L
61	Brooklyn	L	M	L
90	Brooklyn	L	M	L
101	Queens	L	M	L
106	Queens	L	M	L
107	Queens	L	M	L
109	Queens	L	M	L
33	Manhattan	L	L	L
66	Brooklyn	L	L	L
68	Brooklyn	L	L	L
72	Brooklyn	L	L	L
88	Brooklyn	L	L	L
100	Queens	L	L	L
108	Queens	L	L	L
7	Manhattan	L	VL	VL
19	Manhattan	L	VL	VL
26	Manhattan	L	VL	VL
62	Brooklyn	L	VL	VL
63	Brooklyn	L	VL	VL
123	Staten Island	L	VL	VL
23	Manhattan	VL	L	L
28	Manhattan	VL	L	VL
9	Manhattan	VL	L	VL
1	Manhattan	VL	VL	VL
5	Manhattan	VL	VL	VL
6	Manhattan	VL	VL	VL

Appendix D: Family-Related Violence Index: 2002-2012

10	Manhattan	VL	VL	VL
13	Manhattan	VL	VL	VL
14	Manhattan	VL	VL	VL
17	Manhattan	VL	VL	VL
18	Manhattan	VL	VL	VL
20	Manhattan	VL	VL	VL
22	Manhattan	VL	VL	VL
76	Brooklyn	VL	VL	VL
78	Brooklyn	VL	VL	VL
84	Brooklyn	VL	VL	VL
94	Brooklyn	VL	VL	VL
111	Queens	VL	VL	VL
112	Queens	VL	VL	VL

Endnotes

¹ For the purposes of this report, “family-related homicide” is defined as a homicide involving persons related by marriage; persons related by blood; persons legally married to one another; persons formerly married to one another regardless of whether or not they still reside in the same household; persons who have a child in common regardless of whether or not such persons have been married or have lived together at any time; persons not legally married, but living together in a family-type relationship; persons not legally married, but who have formerly lived together in a family-style relationship; and persons who are not related by blood or marriage and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time. This definition includes same sex partners. A subset of “family-related” is intimate partners which include: spouses, ex-spouses, common law partners as identified by the New York City Police Department, individuals with a child in common, boyfriend and girlfriends and same sex partners.

² Local Law Number 61 of 2005, Section 2.

³ The New York City Fatality Review Committee Annual Reports for 2006, 2007, 2008, 2009, 2010, 2011 and 2012 can be obtained through the Mayor’s Office to Combat Domestic Violence website at <http://www.nyc.gov/html/ocdv/html/statistics/statistics.shtml>.

⁴ Local Law Number 61 of 2005, Section 5. For a definition of “family-related” homicides see endnote 1.

⁵ Both the number of total citywide homicides and homicides designated as family-related homicides were obtained from the NYPD. In compiling annual figures for family-related homicides, the NYPD counts the actual family-related homicides that occurred during that year and any other homicides that have been reclassified as “family-related” homicides from previous years. The NYPD reclassifies homicides as family-related because, on occasion, it is not immediately known to the NYPD that the perpetrator was a person who falls within the definition of “family-related.” Since the FRC is charged with reviewing access by victims to services, the FRC chose to review data on homicides that actually occurred during calendar years 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011 and 2012.

⁶ Nonprofit agencies contracting with the Human Resources Administration (HRA) to provide domestic violence services include: (1) Anti Violence Project, (2) Barrier Free Living, (3) Edwin Gould Services for Children and Families, (4) FECS Health and Human Services System, (5) HELP Social Services, (6) Jewish Board of Family and Children’s Services, (7) New York Asian Women’s Center, (8) Queens Legal Services Corporation, (9) Safe Horizon, (10) Sanctuary for Families, (11) Seaman’s Society for Children and Families, (12) Urban Justice Center, Legal Services, and (13) Violence Intervention Program.

⁷ ACS did not provide the time frame during which the contact occurred relative to the homicide for 2004 through 2008 cases. This information was provided for the 2009 and later cases.

⁸ Burke, J. O’Campo, P. and Peak, G., *Neighborhood Influence and Intimate Partner Violence: Does Geographic Setting Matter*, Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 83 (2): 182-194 (March 2006); O’Campo P., Gielen A.C., Faden R.R., Xue X., Kass N., Wang M.C., *Violence by Male Partners Against Women During the Childbearing Years: A Contextual Analysis*, American Journal of Public Health, Vol. 85(8): 1092-1097 (August 1995); O’Campo, P. Burke, J., Peak, G., McDonnell, K. and Gielen, A., *Uncovering Neighborhood Influence on Intimate Partner Violence Using Concept Mapping*, Journal of Epidemiol Community Health, Vol. 59: 603-608 (2005) and Miles-Doan, R., *Violence Between Spouses and Intimates: Does Neighborhood Context Matter?*, Social Forces, December 1, 1998.

⁹ “Intimate partner homicides” is defined as all relationships in endnote, 1 *supra*, except other family members, such as parents, brothers, sisters, uncles, cousins, nieces, nephews, children and grandparents.

¹⁰ New York City Planning, 2010 Census, Table PL-P2A NYC: Total Population by Mutually Exclusive Race and Hispanic Origin New York City and Boroughs, 1990 to 2010. *See* http://www.nyc.gov/html/dcp/pdf/census/census2010/t_pl_p2a_nyc.pdf

¹¹ Ibid.

¹² New York City Planning, 2010 Census, Table PL-P1 NYC: Total Population New York City and Boroughs, 2000 and 2010.

¹³ New York City Planning, 2010 Census, Table SF1-P3 NYC: Total Population 60 Years of Age and Over by Selected Age Groups, New York City and Boroughs 2010.

¹⁴ In 2010 four children were murdered by their mother in Staten Island.

¹⁵ Need proper citation.

¹⁶ New York City Planning, 2010 Census, Table SF1-P6 NYC: Total Population by Single Years of Age and Sex New York City and Boroughs, 2010.

¹⁷ 2005 is the first year for which agency contact data is available.

¹⁸ For family-related homicides between 2005 and 2008, ACS could not be included because it did not provide information regarding contacts that occurred within one year of the homicide; it was therefore excluded from the time analysis. ACS provided case specific information for 2009 and later family-related homicides.

¹⁹ *See*, endnote 11, *supra*.

²⁰ The Department of City Planning reports American Community Survey results by Community Districts. However, the Census Bureau requires that no American Community Survey area have less than 100,000 people; to meet this requirement, several of the City’s 59 Community Districts are combined for reporting purposes into 55 Public Use

Microdata Areas (PUMA). Bronx Community District 1 and 2 are combined into one PUMA, as are Bronx Community Districts 3 and 6, Manhattan Community Districts 1 and 2, and Manhattan Community Districts 4 and 5.

²¹ New York City Planning, 2009-2011 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Poverty (All People). *See* . http://www.nyc.gov/html/dcp/pdf/census/puma_econ_09to11_acs.pdf

²² Household income includes the income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder. The median household income is the point that divides the household income distribution into halves, one half with income above the median and the other with income below the median. The median is based on the income distribution of all households, including those with no income. For further information, see, *Income, Earnings, and Poverty Data from the 2007 American Community Survey*, United States Census Bureau, U.S. Department of Commerce, Economics and Statistics Administration. (August 2008).

²³ New York City Planning, 2009-2011 American Community Survey 3-Year Estimates, Selected Economics Characteristics: Median Household Income. *See* http://www.nyc.gov/html/dcp/pdf/census/puma_econ_09to11_acs.pdf

²⁴ According to the United States Census, “unemployed” includes all civilians 16 years old and over if they were neither “at work” nor “with a job but not at work.” Information was obtained from the New York City Department of City Planning.

²⁵ New York City Planning, 2009-2011 American Community Survey 3-Year Estimates, Citywide, Selected Economics Characteristics: Employment Status. *See* http://www.nyc.gov/html/dcp/pdf/census/puma_econ_09to11_acs.pdf

²⁶ New York City Planning, 2009-2011 American Community Survey 3-Year Estimates, Selected Social Characteristics: Education Attainment. *See*, http://www.nyc.gov/html/dcp/pdf/census/puma_socio_09to11_acs.pdf

²⁷ New York City Planning, 2009-2011 American Community Survey 3-Year Estimates, Citywide, Selected Social Characteristics: Education Attainment. *See*, http://www.nyc.gov/html/dcp/pdf/census/boro_socio_09to11_acs.pdf

²⁸ This analysis excluded thirteen family-related homicides recorded by the New York City Police Department from January 1, 2004 through December 31, 2012. Two cases were excluded because the victims’ address was not known; seven other cases were excluded because the victims’ residences were not within New York City; and four cases were excluded because they occurred in previous years but were reclassified this year by the NYPD as family-related homicides.

²⁹ *Ibid*.

³⁰ While previous analysis have utilized Community Districts, family-related homicide and domestic incident report data is only available by precinct.

³¹ The first Self Sufficiency Program began at the FJC in Brooklyn in 2007, after it became clear that survivors of domestic violence were seeking support and services not just for their immediate crisis but also to rebuild their lives. Now at all three NYC FJCs, the Self Sufficiency Program assists nearly 1,300 clients a year. Clients take critical steps toward job readiness while simultaneously addressing collateral issues that can hinder achieving economic independence, such as obtaining affordable childcare, assistance with accessing public benefits, and financial literacy.

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