Female Homicide in the United States
A Translation of CDC Research

In July 2017, the Centers for Disease Control and Prevention (CDC) released an analysis of data on female homicide in the US. Below are the study’s key findings and related prevention and intervention strategies adapted from the authors’ discussion of the research and its impacts. See the CDC report for a complete discussion on these topics.

About the Study
CDC analyzed homicide data spanning 2003-2014 from the National Violent Death Reporting System on 10,018 women aged ≥18 years in 18 states.

Non-Hispanic Black and American Indian/Alaska Native women are killed at nearly three times the rate of non-Hispanic white women.

Rates of female homicide by race/ethnicity (number of homicides for every 100,000 females in each racial/ethnic category):
- Non-Hispanic black: 4.4/100,000
- American Indian/Alaska Native: 4.3/100,000
- Hispanic: 1.8/100,000
- Non-Hispanic white: 1.5/100,000
- Asian/Pacific Islander: 1.2/100,000

Over half of all female homicides (55.3%) are Intimate Partner Violence (IPV) related
- In IPV-related cases, >90% of victims were killed by their current or former intimate partner.
- Approximately 1 in 10 IPV-related homicide victims experienced some form of violence in the month preceding their death. This presents possible opportunities for intervention, including bystander intervention via training programs such as Green Dot.
- Argument and jealousy were common factors preceding IPV-related homicides. Teaching safe and healthy relationship skills (including communication, and emotional and relationship conflict-management) is an evidence-based prevention approach for IPV.
- Additional evidence-based IPV intervention strategies include: first responders’ IPV lethality risk assessments, safety planning, crisis intervention, and connection to services such as counseling, housing, medical and legal advocacy, and access to other community resources.

Firearms are the most common type of weapon used in female homicides
- Firearms were used in over half of female homicides (53.9%), most commonly among non-Hispanic black victims (57.7%).
- State statutes limiting access to firearms for persons under a domestic violence restraining order can serve as another preventive measure associated with reduced risk for intimate partner homicide and firearm intimate partner homicide.
Additional Findings

**Suspected perpetrators of female homicides are overwhelmingly male:**
98.2% of IPV-related female homicides were perpetrated by male suspects.
88.5% of non-IPV-related homicides were perpetrated by male suspects.

**Female homicide victims are disproportionately young:**
~30% of female homicide victims were 18–29 years.
~40% of non-Hispanic black, Hispanic, and American Indian/Alaska Native female homicide victims were 18-29 years.

**Pregnancy and postpartum may or may not be high-risk periods; more research is needed:**
~15% of women of reproductive age (18–44 years) were pregnant or ≤6 weeks postpartum. This may or may not be higher than the general population.

Community- and system-level interventions address risk factors for IPV (and gun violence)

- Community factors, such as high neighborhood disorder, disadvantage, and poverty and low social cohesion, are associated with increased risk of IPV. Additionally, barriers in language, geography, and cultural familiarity cause health inequities and may contribute to homicides. These risk factors indicate areas of opportunity for community-level interventions.
- Many risk factors for IPV are also risk factors for gun violence; correspondingly, opportunities for prevention align well. Effective strategies for gun violence prevention in impacted communities are detailed in a joint research report by the Urban Institute, the Joint Center for Political and Economic Studies, and the Joyce Foundation, *Engaging Communities in Reducing Gun Violence: A Road Map for Safer Communities.* The Educational Fund to Stop Gun Violence applies these strategies through *Education to Action* workshops and other programs.

Selected Media Coverage on CDC Study


Contact Information – Educational Fund to Stop Gun Violence

- For more on this research, contact the Director of Public Health Programs Vicka Chaplin (vchaplin@csgv.org; 202-408-0061 x1020) or the Director of Public Health Research Adelyn Allchin (aallchin@csgv.org; 202-408-0061 x1022).
- For information on advocacy and engagement in impacted communities, including the Education to Action program, contact Director of African American and Community Outreach, Kayla Hicks, (khicks@efsgv.org; (202) 408-0061 x1019).

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