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A Comparison of Firearm Related Intimate Partner Homicide in Texas and Maryland: Prevalence, Identification of Those at Risk, and the Effect of Firearm Regulations

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Intimate partner homicide (IPH) accounts for one-fifth of U.S. homicides (Jack et al., 2018). Women and, in particular, marginalized women are at high risk for homicide with nearly half of all female homicide victims killed by a current or former intimate partner (Fridel & Fox, 2019; Jack et al., 2018). While much is known about the frequency by which IPH is committed by firearm, research is far more limited regarding how victim/perpetrator firearm access, ownership, and behaviors affect IPH and IPH-Suicide risk. We have assembled a transdisciplinary team of social workers, criminologists, and public health professionals, experienced in studying IPV, homicide, and multi-state investigations to replicate Jacquelyn Campbell's groundbreaking 2003 study on IPH risk (Campbell et al., 2003) in Arizona, Maryland, Missouri, New Jersey, Oregon, and Texas.

In Texas, we are conducting a case-control study to examine intimate partner homicides. Texas has an average of 153 IPH per year of women killed by male partner, with on average 7 children also killed. We propose to collect case file (medical examiner, police, prosecutor) and interview data on intimate partner homicides and compare the histories of IPH victims (cases) to those of a random sample of individuals who experienced non-fatal physical intimate partner violence in the past two years (controls). This is the approach that was used in Dr. Campbell's IPH study, which created the Danger Assessment (www.dangerassessment.org), the only risk assessment intended to be used in collaboration with IPV survivors to prevent homicide. Data from this study will be used to update the Danger Assessment.

This study will examine the following:

1. **Frequency:** Obtain a count of firearm-related IPH and IPH-Suicide across multiple subgroups (e.g., rural, military) through triangulation of data from multiple sources.

2. **Nature and context:** Describe the context of IPH and IPH-Suicide, including precipitating events, relationship history, and perpetrator characteristics.

3. **Risk Factors:** Examine the risk factors that are associated with IPH and IPH-Suicide, including risk factors at the family (e.g., abuse history), community (e.g., community violence), social and environmental levels (e.g., state firearm policies).

4. **Predictive Validity:** Understand whether current IPV risk assessments predict IPH and IPH-Suicide. This investigation includes risk factors from 7 IPV risk assessments (Campbell et al., 2009; Hilton et al., 2004; Jung & Buro, 2016; Kropp & Hart, 2000; McEwan et al., 2017; Ringland, 2018; Williams & Grant, 2006) and novel risk factors, such as technology-facilitated stalking (Brady & Hayes, 2018; Rai et al., 2020) and financial abuse (Postmus et al., 2012).

5. **Geographic & Demographic Diversity:** What are the differences in patterns of IPH based on: (A) geography (e.g., interstate differences, rurality) and (B) demography (e.g., race /ethnicity)? We will investigate patterns across geography by comparing findings across states and types of place (e.g., rural, urban).

This study will significantly increase our understanding of IPH and IPH-Suicide through the collection and analysis of contemporary primary data from investigation case files and interviews. Findings will inform future evidence-based, multiple-level prevention interventions and allow policy makers and practitioners to develop and refine risk-informed approaches, such as the Lethality Assessment Program (LAP), to reduce and prevent lethal intimate partner violence in Texas.

Data Request

We are requesting access to closed and exceptionally cleared intimate partner homicide case files from 2016-2020 investigated by law enforcement agencies in Texas. We are specifically interested in relationship history between the victim and offender, situational characteristics of the homicide event, and prior history of victim/offender documented abuse and protective orders. Based on data obtained from the Texas Council on Family Violence (TCFV), we estimate that during our study period approximately 900 intimate partner homicides occurred in Texas. We can identify those cases that are intimate partner-related from general homicide case files or allow the police department to do so. We can also provide a list of known incidents compiled by the TCFV, which is partnering with us in this endeavor. Ideally, we would work with the police department (potentially the homicide detectives or Victim Services staff) to identify the next-of-kin of the homicide victim in order to ask if the person would be willing to participate in a voluntary, confidential, trauma-informed interview for research purposes.

We understand that the police department's first priority is policing, and it is important to emphasize that we want the data collection process to be as easy to the department as possible. As such, we are willing to work with law enforcement agencies to collect data in the easiest and most efficient way. Two methods that partnering jurisdictions have used are outlined below. We are happy to use or adapt these methods, or develop another method that meets the department's needs.

The first method that we have used is for us to send Research Assistants (who can complete background checks through your department) to work within the department to collect data. If

the needed data is in paper form, we have equipment to scan that information and securely transfer it for data entry. We can also capture electronic data by collecting it in person at the department. Generally, our Research Assistants have made between two and four 1-week-long trips to collect data at various departments. One department requested that we hire a local Research Assistant who was previously an intern/employee at the department to assist our Research Assistants with data collection. This was an excellent idea as the person had a wealth of knowledge regarding files and systems. We have had great success with data collection involving our Research Assistants, aiming to lessen the burden on Police Department staff. The second method that we have used is to collaborate with personnel in your department to extract the data and securely transfer it to the research team. If the police department prefers this, we will happily compensate personnel for their time (including through overtime pay). We are also willing to compensate homicide detectives for their time providing us information about the cases as outlined above.

Confidentiality

We have received approval from the Arizona State University and Johns Hopkins University Institutional Review Boards, which ensure the ethical and confidential treatment of data collected. All data that is collected is confidential and will be reported only in aggregate form. We have received a Certificate of Confidentiality from the National Institutes of Health, which protects our data from subpoena; researchers cannot release or use information, documents, or samples that may identify participants in any action or suit in federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Once we have confirmed a partnership with a police department, we will draft a Memorandum of Understanding to be signed by the department and the appropriate university officials.

We see this as a collaboration where we would share our findings with the departments and answer research questions of interest. For example, given the use of the Lethality Assessment Program in many Texas jurisdictions, we plan to collect data on the ability of the 11 items on the Lethality Screen used in the Lethality Assessment Program, as well as the 20 items on the Danger Assessment, to predict IPH in Texas. Additionally, this research can inform risk assessments and practices of Domestic Violence High Risk Teams. Understanding risk for homicide specific to Texas would help police officers maintain their own safety as well as the safety of victims of domestic violence throughout the state. We would be pleased to provide any necessary technical assistance in order to modify currently used risk assessment tools, answer research questions that your department has, and develop best practices for the reduction of intimate partner homicides. We would also be happy to collaborate with your department and other departments in the state to write proposals for funding from the Department of Justice and prepare materials with you for you to present our data in reports to agencies.

This study is supported by Texas Council on Family Violence, the National Family Justice Center Initiative, and multiple other partners. Our collaborative partners at TCFV area already working extensively with family violence service providers across the state. This study can be a natural extension of the work already being done in Texas to combat family violence. Our goal is to work collaboratively to save the lives of Texans, and we hope that you will join us in this effort.

Investigator Bios

Jacquelyn Campbell, PhD, RN is Anna D. Wolf Chair and Professor in the Johns Hopkins University School of Nursing. Dr. Campbell has published more than 300 articles, seven books and been Principal Investigator of more than 15 major NIH, CDC and NIJ grants in her decades of advocacy policy work collaborating with domestic violence survivors, advocates, health care professionals and marginalized communities. She is particularly known for her research on domestic violence homicide and the development and validation of the Danger Assessment (DA) that helps IPV survivors more accurately assess their risk of being killed or almost killed by their abusive partner. The DA is being used widely in Maryland as well as the US and globally and has several adaptions for use in the health care and criminal justice system, such as the LAP. She is an elected member of the National Academy of Medicine, the American Academy of Nursing, is on the Board of Futures Without Violence and was on the boards of 4 domestic violence shelters. Dr. Campbell has consulted for DHHS, CDC, NIH, DOJ, and the Office on Violence Against Women, the Department of Defense and multiple advocacy organizations on the intersection of gender-based violence and physical and mental health outcomes. https://nursing.jhu.edu/faculty_research/faculty/faculty-directory/jacquelyn-campbell

Jill Theresa Messing, MSW, PhD is a Professor in the School of Social Work and the Director of the Office of Gender-Based Violence at Arizona State University. Dr. Messing specializes in the development and testing of intimate partner violence risk assessments, and is particularly interested in the use of risk assessment in collaborative, innovative interventions and as a strategy for reducing intimate partner homicide. Her intervention-focused research has been funded by the U.S. Department of Justice and the National Institutes of Health. As a social worker, Dr. Messing is particularly interested in the integration of the social service and criminal justice responses to intimate partner violence and in bringing technology-based interventions to domestic violence survivors. Dr. Messing has published over 70 articles and book chapters and is the co-editor of the 3rd edition of Assessing Dangerousness: Domestic violence offenders and child abusers. https://socialwork.asu.edu/content/jill-messing

Jesenia M. Pizarro, Ph.D. is an Associate Professor in the School of Criminology and Criminal Justice in Arizona State University. Her research focuses on the importance of understanding the proximal event and situational factors that result in violence (i.e., the who, where, when, and why), and the effect the homicide situational context has on the social reaction of practitioners and other social actors. Dr. Pizarro is currently a member of the Firearm Safety Among Children and Teens Consortium (FACTS), and the Homicide Research Working Group (HRWG). She has worked with various police departments and agencies throughout the country in joint efforts to curb violence in some of the most violent cities in the country (i.e., Detroit, MI; Flint, MI; and Newark, NJ), and has managed federally funded grants that focus on urban violence and intimate partner homicide prevention, awarded by the Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, National Institute of Health, and the Center for Disease Control in various capacities and roles. She has published over 50 articles, book chapters, and research reports and is the incoming editor of *Homicide Studies: An Interdisciplinary and International Journal*. https://isearch.asu.edu/profile/2850890

Mikisha Hooper is a leader in the domestic violence services movement and thought leader and technical expert in crisis intervention with over 17 years of domestic violence advocacy within local,

state, and national organizations. She brings a solid trauma-informed, survivor-centered approach to advocacy and a high degree of collaborative skills to enhance coordinated community response (CCR) to domestic violence. For the last six years, Hooper has led the research and development of an annual fatality report for Texas Council on Family Violence, documenting victims of Intimate Partner Homicides (IPH) in Texas, titled Honoring Texas Victims Report. In her role at TCFV, Hooper consults and trains Texas communities to implement the Lethality Assessment Program (Maryland Model) under an MOU with the Maryland Network Against Domestic Violence. Hooper co-facilitates a project to guide shelters in reducing rules-based service provision and enhancing trauma-informed services and healing environments. Additionally, Hooper manages TCFV's technical assistance and training for battering intervention and prevention programs (BIPPs), audits BIPPs funded by the Texas Department of Criminal Justice, Community Justice Assistance Division, and distributes grants to six Texas communities annually to enhance their CCR efforts. Previously, Hooper collaborated with the National Center on Domestic Violence, Trauma, and Mental Health and Futures Without Violence to develop surveys of callers to the National Domestic Violence Hotline (NDVH) to understand the unique coercive behaviors related to mental health, substance use and reproductive health. The findings from these caller surveys significantly advanced the understanding of survivor experiences and perpetrator tactics in the field and had implications for healthcare providers, mental healthcare providers, courts and child welfare systems.

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