

Homicide Trends and
Characteristics, Oregon,
2003-2012

*Oregon Health
Authority,
Public Health
Division,
Oregon Violent
Death Reporting
System*

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Executive Summary

Homicide rates in Oregon have been lower than the nation for 30 years.

The most recent available national data show that Oregon's age-adjusted homicide rate of 2.8 per 100,000 in 2012 was 48 percent lower than the national average and Oregon ranked 40th among all US states in homicide incidence.

Homicide rates in Oregon have been decreasing over the past 30 years.

During 1981 to 2012, the peak of age-adjusted homicide rate in Oregon was 6.3 per 100,000 in 1986; the lowest rate occurred in 2007 at 2.1 per 100,000. Overall, homicide rates in Oregon decreased nearly 40 percent over the past 30 years. On average, 104 people died of homicide each year, with a rate of 2.8 per 100,000 during 2003 to 2012.

Males were two times more likely to die by homicide than females.

Seventy percent of homicide victims in Oregon were male. The male homicide rate of 3.8 per 100,000 was more than double the rate for females (1.6 per 100,000).

Children and young adults were at higher risk than adults.

Homicide rates were higher among infants, and young people aged 15 to 34 years. The highest homicide rate occurred among infants.

Young African American males were at highest risk and homicide was the leading cause of death among African Americans aged 1 to 34 years.

African American males aged 25 to 34 years had the highest homicide rate (41.5 deaths per 100,000). This rate was almost 10 times the rate for Non-Hispanic White males of the same age group (4.2 deaths per 100,000).

Approximately one in four homicides were related to intimate partner violence (IPV). Females were more likely than males to be killed by an intimate partner; More than 80 percent of female victims of intimate partner homicide were killed by their current husbands or boyfriends.

Physical abuse by parents or caregivers caused nearly two in three homicides among children. Most deaths occurred among infants due to Shaken Baby Syndrome.

On average, nine homicide-suicide events occurred each year in Oregon.

Homicide-suicide occurred mainly in intimate partner relationships and among family members.

Gunshot wound was the most frequently observed mechanism of homicide.

Comment

While homicide deaths have been decreasing in Oregon, they continue to be a significant public health concern. Homicides disproportionately affect young African American men, infants <1 year, and women in violent relationships with intimate partners.

An emerging body of literature demonstrates that many forms of violence are interconnected; share the same root causes; and can happen concurrently or at different stages of life.¹ Childhood violence and trauma, including abuse, neglect (i.e., Adverse Childhood Experiences) can negatively impact child development and contribute to short and long term health problems, (e.g., alcohol and drug abuse, intimate partner violence, suicide attempts, behavioral health problems).² Community-level factors that contribute to violence include low social cohesion and poverty, among others. Addressing violence will require strong collaborations between public health at federal, state and local levels; nonprofit organizations; community leaders; academic institutions; policy makers; and business leaders. Success in violence prevention will depend on breaking down silos that are focused on single problems, understanding that most violence stems from common root causes, and providing leadership to integrate key practices into clinical settings, schools, families, juvenile justice, child welfare, behavioral health, and public safety.³

Potential strategies include:

- Screening for and treating depression in men of all ages.
- Conducting collaborative homicide death reviews to assess the circumstances surrounding deaths and disseminate guidance to the community.
- Identifying youth at risk for involvement in firearm violence, and targeting wrap around services that address education, employment, mental health, substance abuse, mentoring, skill building, faith community involvement, and health.
- During clinical assessments and law enforcement interventions, including individual and family guidance to remove firearms in high risk situations.

¹ Wilkins N, Tsao B, Hertz M, Davis R, Klevens J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Oakland, CA: Prevention Institute.

² Anda R, Felitti V, Bremner J, et al. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*. 2006;256:174–86.

³ Biglan A, Flay B, Embry D, and Sandler I. The critical role of nurturing environment for promoting human well-being. *Amer Psych* 2012; 67:257–71. DOI: 10.1037/a0026796.

Introduction

Violence is a substantial public health issue and a major ‘upstream’ driver for many very costly and debilitating physical and mental health problems. Homicide is an extreme outcome of interpersonal violence. It not only adversely affects the health of Oregonians, but also drives the need for many other services delivered through the criminal justice, corrections, education and social service systems. To promote Oregonians’ health, primary prevention efforts against violence should be increased.⁴

This report describes homicide trends, patterns and characteristics in Oregon. It includes a series of data tables and figures. The purpose of this report is to provide the most current homicide statistics in Oregon that can inform prevention programs, policy, and planning.

Data Sources and Methods

The data in the report are from Oregon Violent Death Reporting System (ORVDRS), Web-based Injury Statistics Query and Reporting System (WISQARS) of the Centers of Disease Control and Prevention, and the National Center for Health Statistics (NCHS).

The ORVDRS is a statewide, active surveillance system that collects detailed information on all homicides, suicides, deaths of undetermined intent, deaths resulting from legal intervention, and deaths related to unintentional firearm injuries.⁵ ORVDRS obtains data from Oregon medical examiners, local police agencies, death certificates, and the Homicide Incident Tracking System. All available data are reviewed, coded, and stored in the National Violent Death Reporting System. Details regarding NVDRS procedures and coding are available at <http://www.cdc.gov/ncipc/pub-res/nvdrs-coding/V2/default.htm>. WISQARS contains mortality data from death certificates filed in state vital-statistics offices.⁶ The data from NCHS are bridged-race postcensal estimates of population.⁷ The populations of 2007 and 2008, which were at the mid-point of the period from 2003 to 2012, were used to calculate rates. For age-adjusting, the year of 2000 was selected as the standard year.

⁴ Oregon Public Health Division Strategic Plan 2012-2017. Oregon Health Authority.

⁵ Paulozzi LJ, Mercy J, Frazier Jr L, et al. CDC’s National Violent Death Reporting System: Background and Methodology. *Injury Prevention*, 2004;10:47-52.

⁶ CDC. Injury Fatality Report (WISQARS). http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html. Accessed on July. 22, 2014.

⁷ National Center for Health Statistics. U.S. Census Population with Bridged-race Categories (vintage 2010 postcensal estimates): http://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2010 Accessed on June. 20, 2012.

Homicide is a death resulting from the intentional use of force against another. In this report, homicide deaths are identified according to International Classification of Diseases, Tenth Revision (ICD-10) codes for the underlying cause of death on death certificates. Homicide is indicated by codes of X85-X99, Y00-Y09, and Y87.1.² Occasionally, there are differences on manner of death among different data sources. For example, sometimes, a death due to legal intervention may be coded as a homicide on a death certificate.

This report documents the biological sex of victims as determined by secondary sex characteristics reported by examination at the death scene or autopsy performed by the medical examiner. There were no reported cases of transsexual or transgender homicide suspects or victims.

Homicide trends in Oregon

Homicide rates in Oregon have decreased over the past 30 years.

The age-adjusted homicide rate in Oregon varied substantially between 1981 and 2012. The peak was 6.3 per 100,000 in 1986; the lowest rate during this period occurred in 2007 at 2.1 per 100,000 (Figure 1).

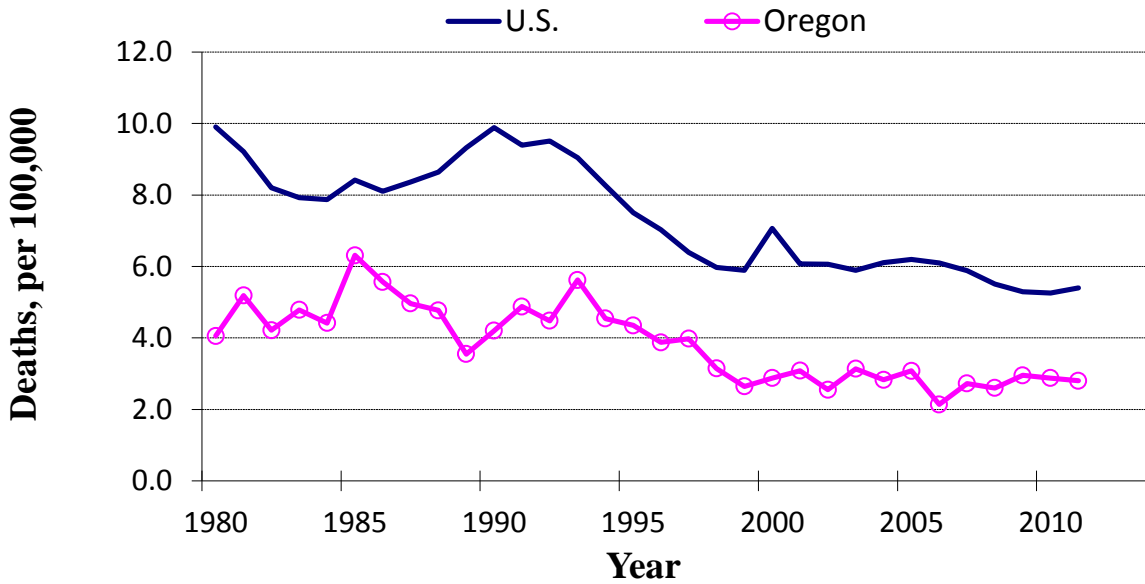
In the past 30 years, homicide rates in Oregon decreased nearly 40 percent, from an average of 4.5 per 100,000 in the early 80's to 2.8 per 100,000 in recent years. Rates decreased sharply in the late 80s, and from 1994 to 2000, as rates fell from 5.6 per 100,000 in 1994 to 2.6 in 2000.

Since 2000, homicide rates have remained stable. On average, 104 people died of homicide each year, with a rate of 2.8 per 100,000 during 2003 to 2012.

Compared to the national average, Oregon homicide rates have been lower for three decades (Figure 1).

The most recent available national data show that Oregon's age-adjusted homicide rate of 2.8 per 100,000 in 2012 was 48 percent lower than the national average; Oregon ranked 40th among all US states in homicide incidence in 2012.

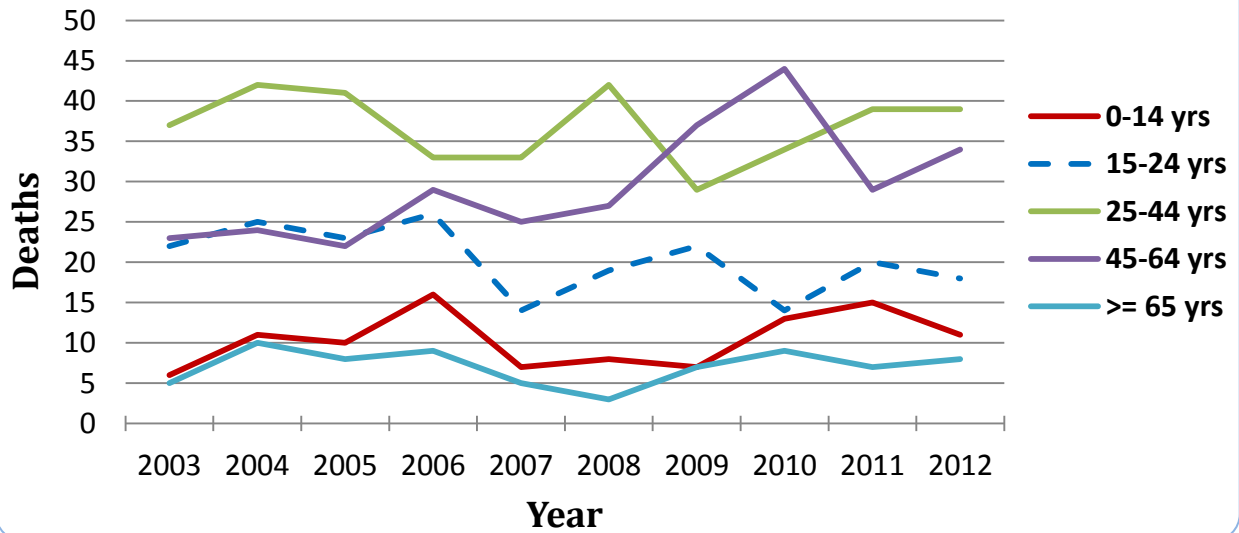
Figure 1. Age-adjusted homicide rates, 1981-2012



Source: CDC WISQARS

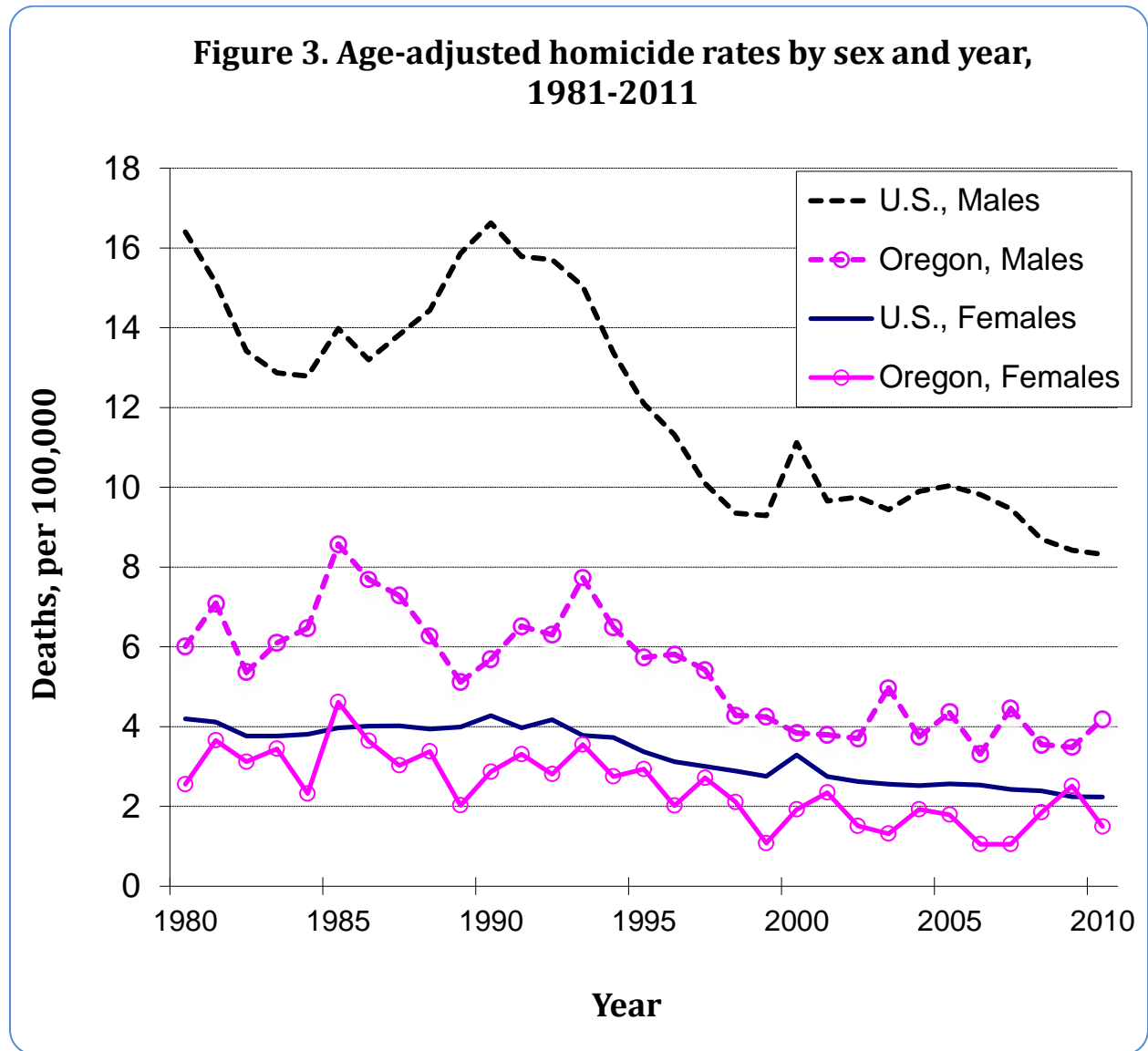
Since 2003, the number of homicides in Oregon have decreased slightly among those aged 15 to 24 years and increased slightly among those aged 45 to 64 years (Figure 2).

Figure 2. Homicides among different age groups by year, Oregon, 2003-2012



Source: ORVDRS

The difference in homicide rates between Oregon and the nation are more evident among males than among females (Figure 3).



Source: CDC WISQARS

Demographic characteristics of homicide victims

Males were two times more likely to die by homicide than females.

During 2003 to 2012:

- Seventy percent of homicide victims in Oregon were male (Table 1).
- The male homicide rate of 3.8 per 100,000 was more than double the rate for females (1.6 per 100,000) (Figure 4).

Table 1. The demographic characteristics, frequency, and percentage of total homicide victims, Oregon, 2003-2012

	Deaths	% of total
Age		
0-<1 year	27	3%
1-14 years	77	7%
15-24 years	203	20%
25-44 years	369	35%
45-64 years	294	28%
>=65 years	71	7%
Sex		
Male	728	70%
Female	313	30%
Race/Ethnicity		
Non-Hispanic White	850	82%
African American	95	9%
Am. Indian/Native Alaskan	26	2%
Asian/Pacific Islander	32	3%
Multirace	26	2%
Unknown/other race	12	1%
Hispanic	174	17%

Source: ORVDRS

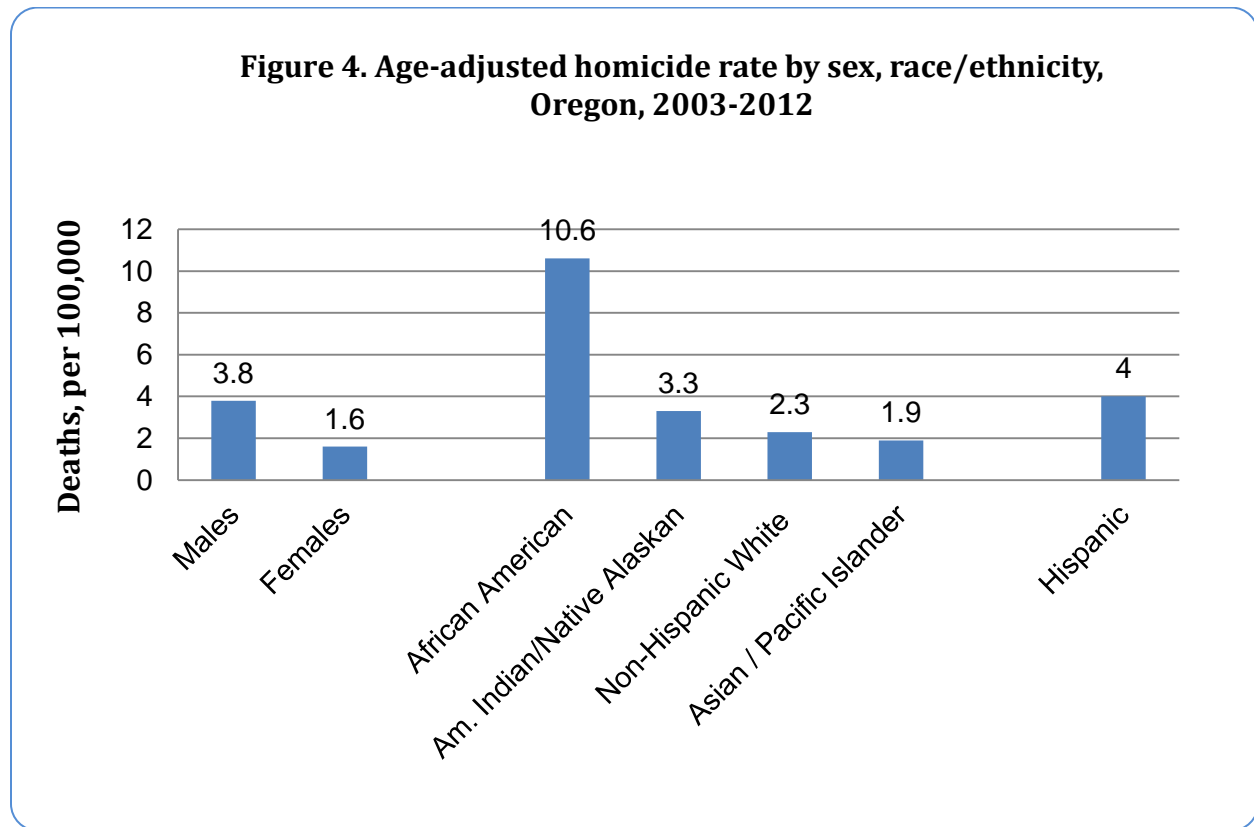
Young African Americans males were at highest risk of homicide.

During 2003 to 2012:

- The majority of homicide victims were non-Hispanic Whites (82%). However, the highest age-adjusted homicide rate was among African Americans, followed by people of Hispanic ethnicity, and American Indians/Native Alaskans (Table 1 and Figure 4).
- African American males aged 25 to 34 years had the highest homicide rate (41.5 deaths per 100,000). This rate was almost 10 times the rate for Non-Hispanic White males of the same age group (4.2 deaths per 100,000).

Homicide was the leading cause of death among African Americans aged 1 to 34 years during 2003-2011.⁸

Due to the small number of homicides among specific age/race groups, this report could not provide trends by age group and race/ethnicity.

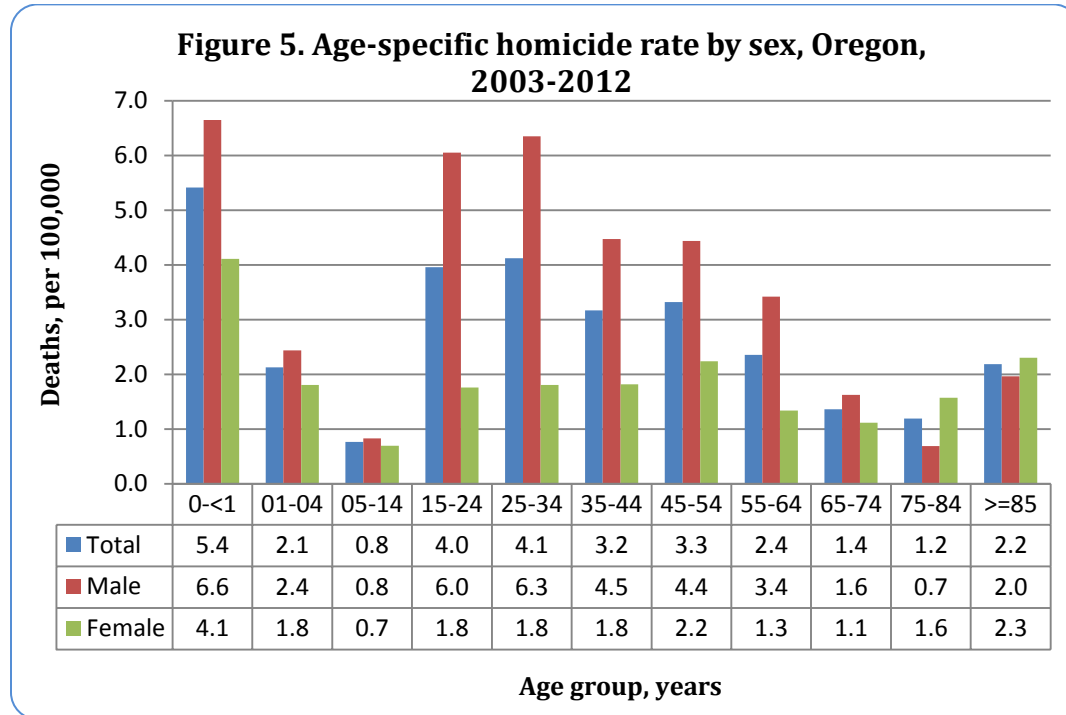


Source: ORVDRS

⁸ CDC WISQARS.

Children and young adults were at higher risk of being homicide victims.

During 2003 to 2012, the homicide rates were higher among infants, and young people aged 15 to 34 years. The highest homicide rate occurred among infants (Figure 5). The mechanism of injury among infants who died by homicide was predominately shaken baby syndrome.



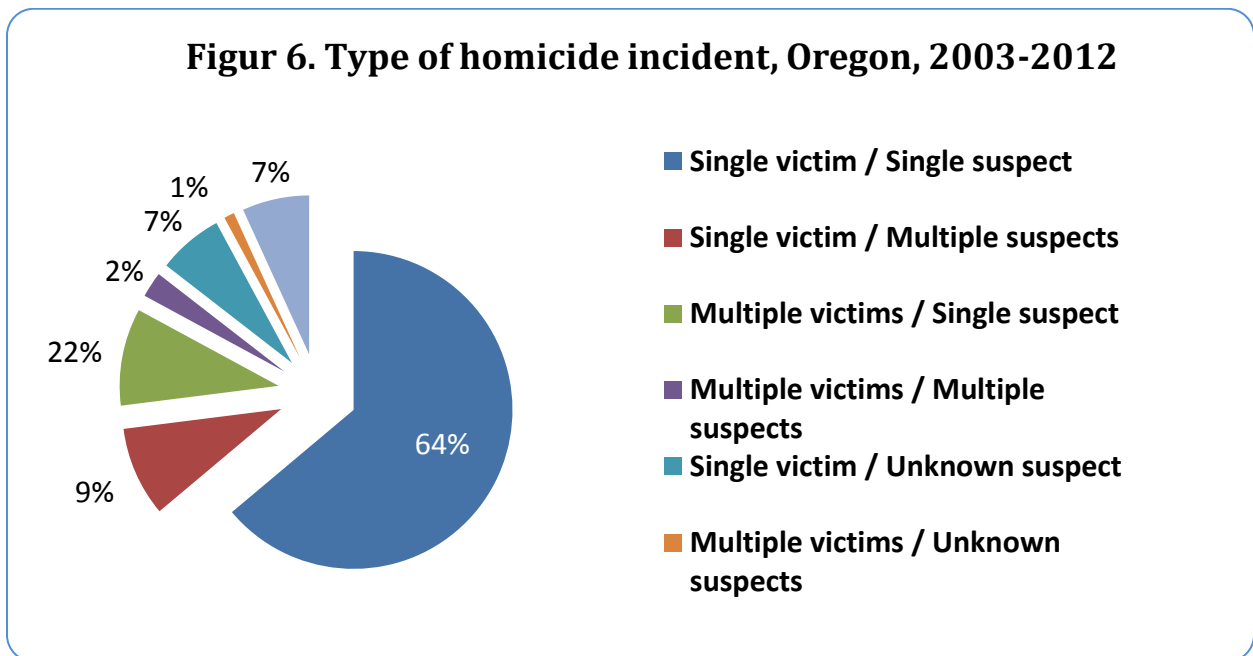
Source: ORVDRS

Characteristics of homicide incidents

A lone suspect killed most homicide victims (Figure 6).

During 2003 to 2012:

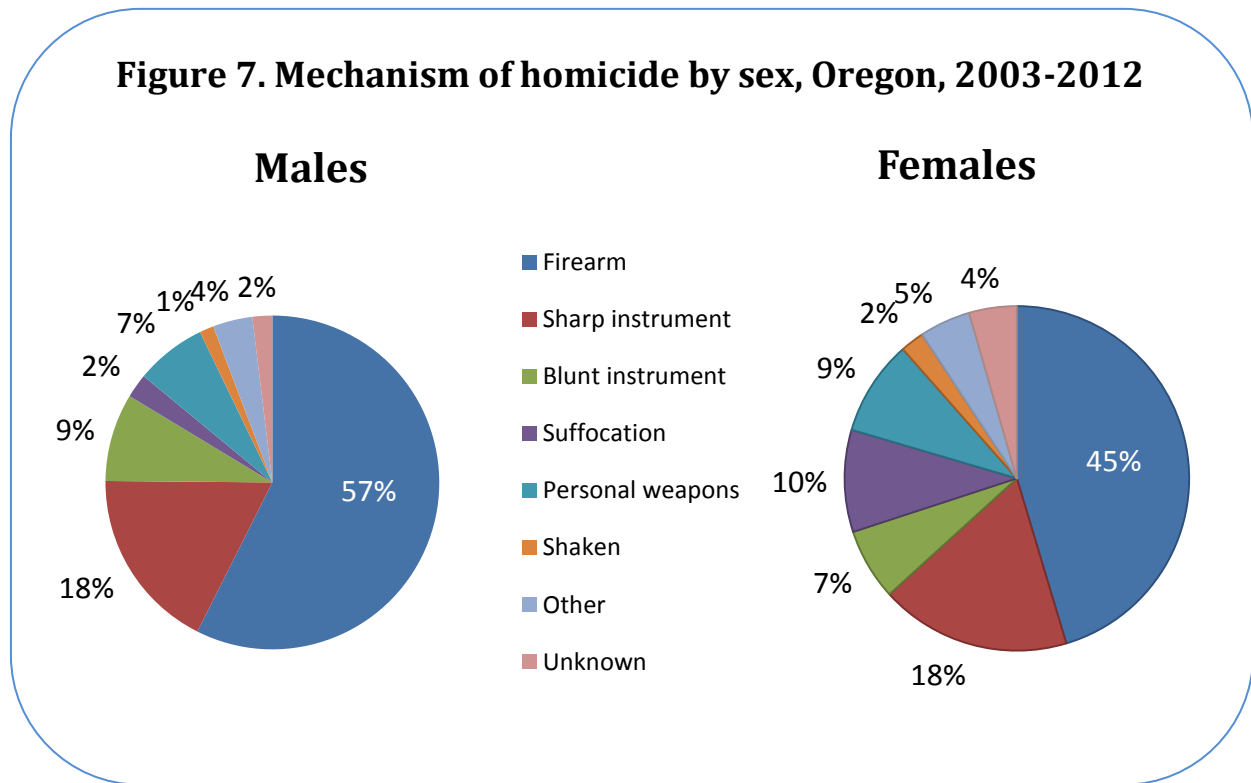
- At least 86 percent of homicide victims were killed by a single suspect. Among them, 64 percent of homicide victims died in an incident with one victim and one suspect.
- 31 percent of homicide victims died in an incident that involved multiple victims.
- 22 percent of homicides involved multiple victims killed by a single suspect.



Source: ORVDRS

Gunshot wound was the most frequently observed mechanism of homicide death.

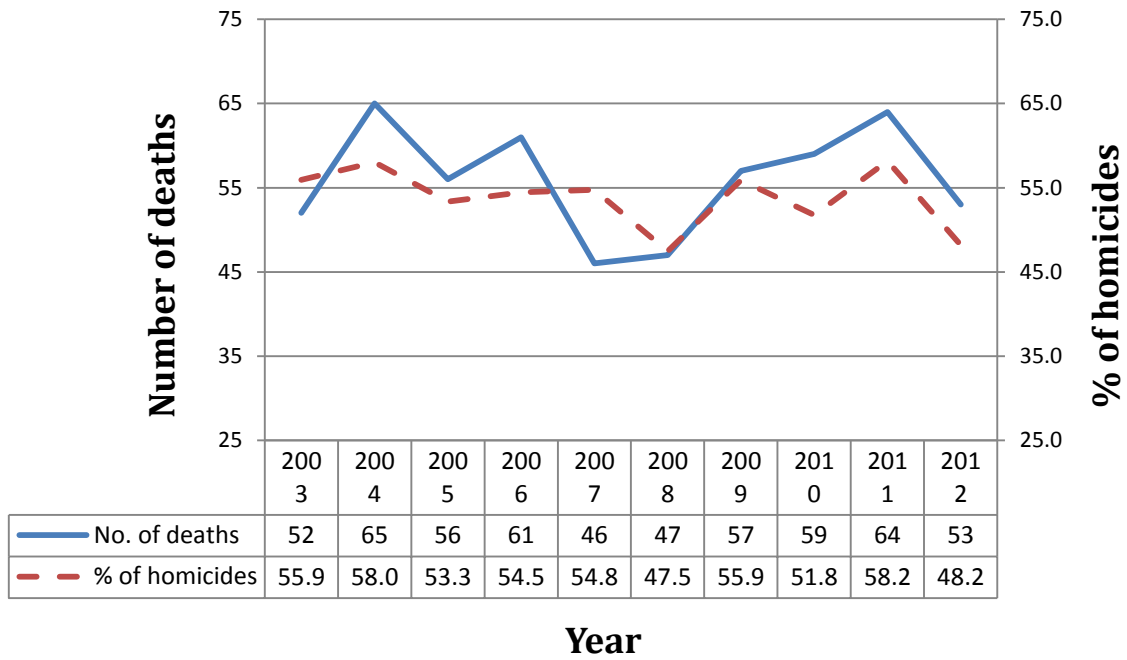
During 2003 to 2012, firearms were the mechanism used by suspects to kill 57 percent of male homicide victims and 45 percent of female homicide victims (Figure 7).



Source: ORVDRS

During 2003 to 2012, the number of homicides due to gunshot varied by year; the proportion of homicide due to gunshot remained relatively stable. On average, there were 56 homicides by gunshots per year, which accounted for approximately 54 percent of all homicides (Figure 8).

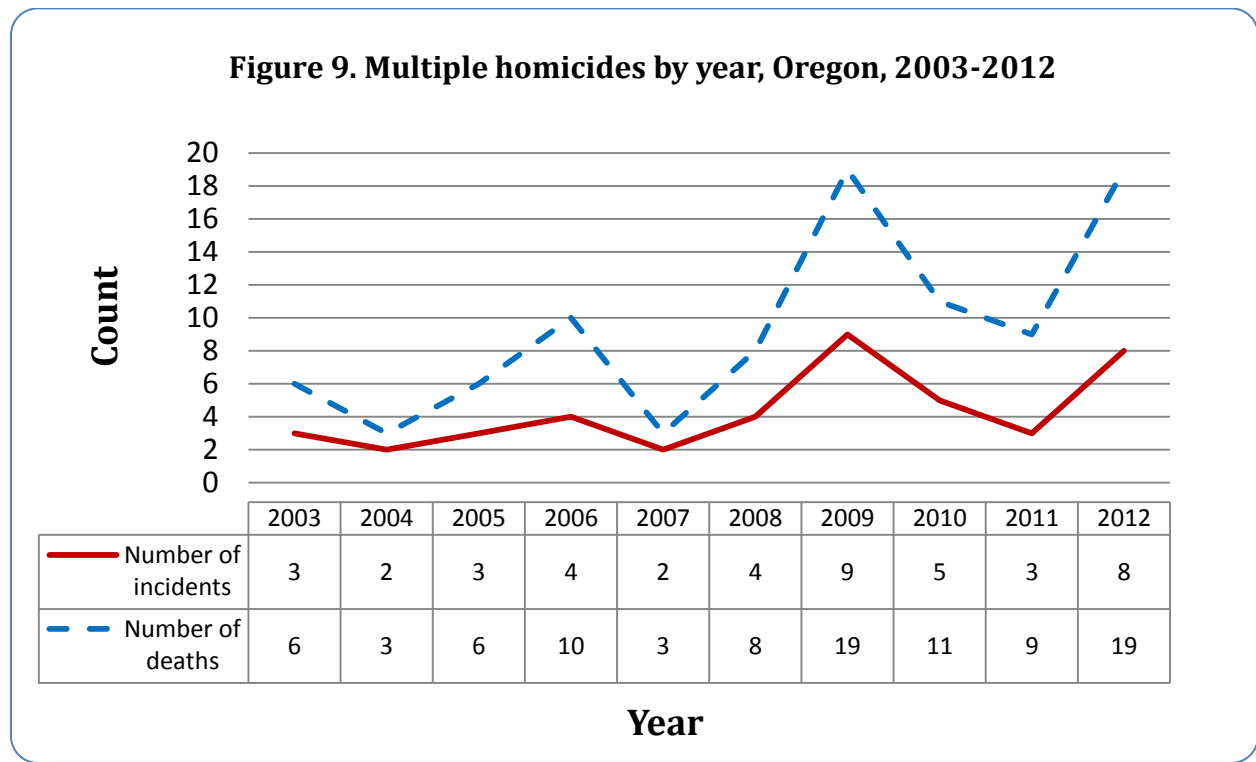
Figure 8. Number and proportion of homicides due to gunshot wound by year, Oregon, 2003-2012



Source: ORVDRS

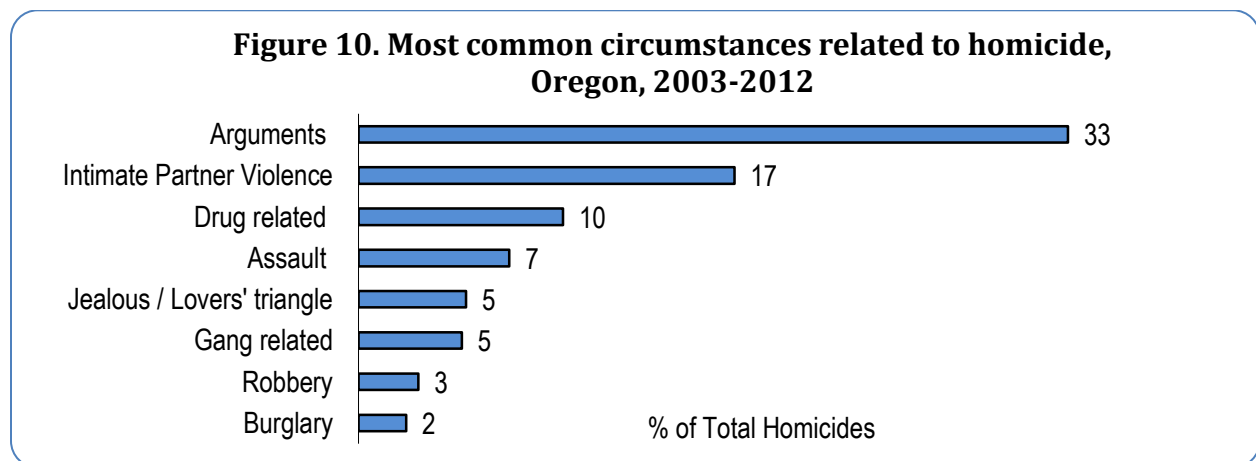
Multiple homicides incidents occurred each year from 2003 to 2012 (Figure 9).

IPV-related murders account for increases in deaths in 2009 and 2012.



Source: ORVDRS

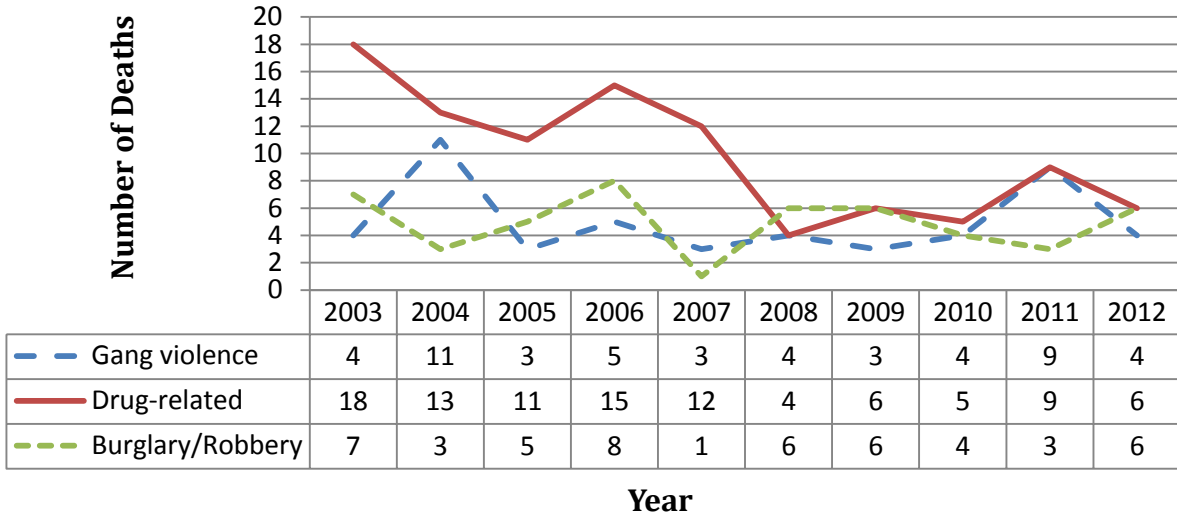
Arguments, intimate partner violence, and drug related crime were common circumstances surrounding homicide incidents in Oregon (Figure 10).



Source: ORVDRS

During 2003 to 2012, homicides related to drug crime decreased. Homicides related to gang violence and burglary/robbery did not change much from 2003 to 2012 (Figure 11).

Figure 11. Number of deaths by type of violence, Oregon, 2003-2012



Source: ORVDRS

Characteristics of homicide suspects

Males, young people, African Americans, and people of Hispanic ethnicity were most likely to be homicide suspects (Table 2).

During 2003 to 2012, over 80 percent of the suspects were male; African Americans accounted for about two percent of the Oregon population, but at least 7 percent of the suspects were African Americans. Young people (15 to 44 years old) were disproportionately involved in homicides compared to their proportion of the population.

Table 2. Demographics of suspects, Oregon, 2003-2012

	Single Suspect		Multiple Suspects		Oregon population	
	No.	%	No.	%	%	
Sex						
Male	688	80	174	81	49.6	
Female	66	8	28	13	50.4	
Unknown	109	13	13	6		
Race						
White	510	59	120	56	91.6	
African American	60	7	20	9	2.3	
Asian	20	2	1	<1	4.3	
Am. Indian/Native Alaskan	17	2	6	3	1.8	
Other/Unknown	256	30	68	32		
Ethnicity						
Hispanic	108	13	46	21	10.8	
Hispanic, Unknown	278	32	63	29		
Age Group						
<10 years	3	<1	0	0	12.7	
10-14 years	4	<1	3	1	6.3	
15-19 years	61	7	33	15	6.8	
20-24 years	119	14	54	25	6.9	
25-29 years	104	12	30	14	7	
30-34 years	55	6	22	10	6.5	
35-44 years	120	14	23	11	13.4	
45-54 years	88	10	3	1	14.7	
55-64 years	44	5	3	1	12.4	
≥65 years	38	4	1	<1	13.3	
Unknown	227	26	43	20		

Source: ORVDRS

Violence does not happen randomly. Most homicide suspects knew their victims (Table 3).

Based on available data from 2003 to 2012, there were 854 suspects in cases where there was information available on the relationship between suspect and the victim.

- 42 percent of suspects either were a victim’s friend or somehow knew their victims.
- 19 percent of suspects were victims’ intimate partners.
- 18 percent of suspects were victims’ family members.
- 11 percent of suspects (95 suspects) did not know their victims.

Table 3. Relationship between victim and suspect, Oregon, 2003-2012

Type of Relationship Victim to suspect	Single Suspect		Multiple Suspects	
	No.	%	No.	%
Spouse or ex-spouse	89	10	1	<1
Girlfriend / Boyfriend or Ex	68	8	3	1
Parent	27	3	2	1
Child	59	7	6	3
Other family member	55	6	3	1
Foster child/parent	2	<1	0	0
Babysitter	3	<1	0	0
Child of suspect's partner	16	2	4	2
Intimate partner of suspect's parent	4	<1	0	0
Rival gang member	14	2	24	11
Acquaintance / Known to victim	210	24	70	33
Friend	36	4	9	4
Roommate (not intimate partner)	29	3	2	1
Co-worker/Schoolmate	3	<1	0	0
Stranger	60	7	35	16
Victim was injured by police officer	4	<1	10	5
Police officer was injured in the line of duty	2	<1	4	2
Unknown	182	21	42	20

Source: ORVDRS

Homicides related to intimate partner violence (IPV)

Homicide most often occurs in the context of intimate relationships where there is violence. Intimate partner violence (IPV) is actual or threatened physical aggression, sexual assault, and psychological / emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or former dates.⁹ IPV-related homicides are homicides that occurred in the context of IPV, which include an intimate partner homicide (IPH) and a homicide related to IPV. For example, a husband killed his wife and their child. The death of his wife was IPH, and the death of child was a homicide related to IPV.

Approximately one in four homicides were related to IPV. Intimate partners committed more than half of the homicides among females aged 15 years and older.

During 2003 to 2012:

- Among 1,041 homicides, 243 deaths (excluding 13 deaths due to legal intervention) were IPV-related homicides, which accounted for 23 percent of total homicides.
- Among 270 homicides among females aged 15 years and older, 141 victims (52%) were killed by their current/ex intimate partners.

⁹ Saltzman LE, Fanslow JL, McMahon PM, & Shelley GA. (1999). Intimate partner violence surveillance: uniform definitions and recommended data elements, Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

IPV-related homicides occur among all races / ethnicities and all ages (Table 4).

Table 4. Demographic characteristics of IPV-related homicide victims, Oregon, 2003-2012

	Killed by an intimate partner		Killed by other	
	Deaths	% of total	Deaths	% of total
Age				
Under 15 years	1	0.6%	15	17.9%
15-24 years	24	14.0%	11	13.1%
25-44 years	66	38.4%	38	45.2%
45-64 years	56	32.6%	18	21.4%
>=65 years	25	14.5%	2	2.4%
Sex				
Male	31	18.0%	72	85.7%
Female	141	82.0%	12	14.3%
Race/Ethnicity				
Non-Hispanic White	140	81.4%	63	75.0%
African American	10	5.8%	7	8.3%
Am. Indian/Native Alaskan	4	2.3%	1	1.2%
Asian/Pacific Islander	3	1.7%	3	3.6%
Other / More than one race	2	1.2%	4	4.8%
Hispanic, including all races	16	9.3%	10	11.9%

Source: ORVDRS

Females were more likely than males to be killed by an intimate partner; more than 80 percent of female victims of intimate partner homicide were killed by their current husbands or boyfriends (Table 5).

Males in the incidents of IPV-related homicide were far more likely than females to be killed by someone other than an intimate partner (Table 5).

Table 5. Relationship of victim and suspect among IPV-related homicides by sex, Oregon, 2003-2012

Homicide victim was killed by	IPV-related homicide victims		
	Female	Male	Total
Current spouse	79	12	91
Ex-spouse	6	1	7
Current boy/girl friend	41	9	50
Ex-boy/girl friend	14	4	18
Couple (same sex)	3	3	6
<i>Total homicide victims killed by an intimate partner</i>	<i>143</i>	<i>29</i>	<i>172</i>
Partner's ex-partner	3	15	18
Ex-partner's or lover's current partner	0	17	17
Police officers	0	13	13
Other	10	26	36
<i>Total homicide victims killed by someone other than a partner</i>	<i>13</i>	<i>71</i>	<i>84</i>
Homicides related to IPV	156	100	256

Source: ORVDRS

Approximately two thirds of victims who were killed by an intimate partner were living with their perpetrators when the incident occurred.

Nearly 40 percent of the incidents of intimate partner homicide were followed by a suicide or suicide attempt by the homicide suspect.

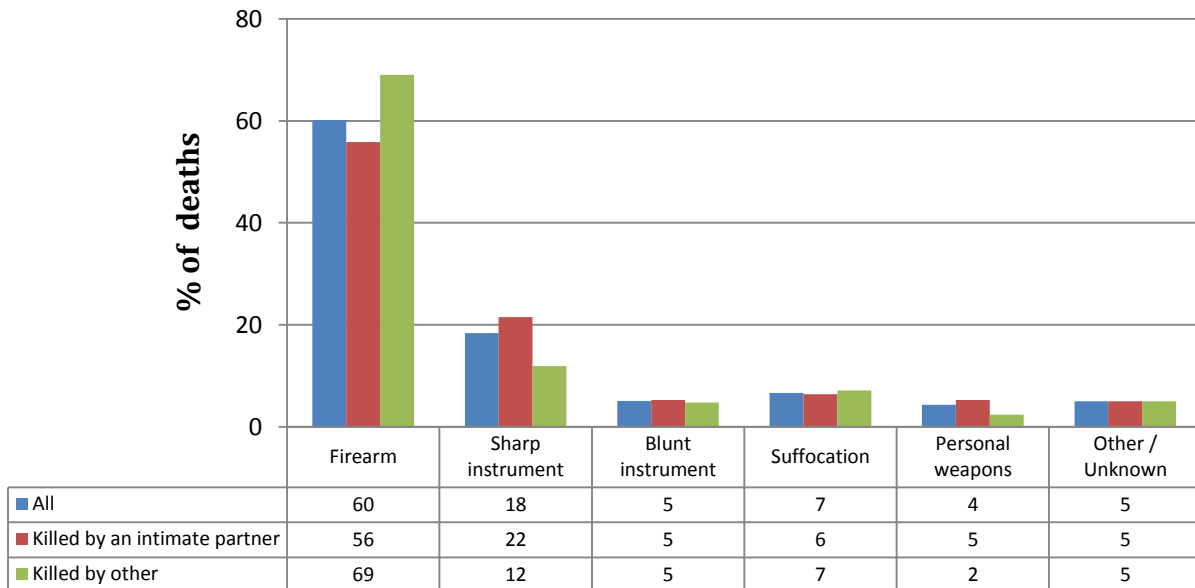
Three in four homicide-suicide events were related to IPV.

Gunshot wound was the most common mechanism of death in the incidents of IPV-related homicide (Figure 12).

During 2003 to 2012:

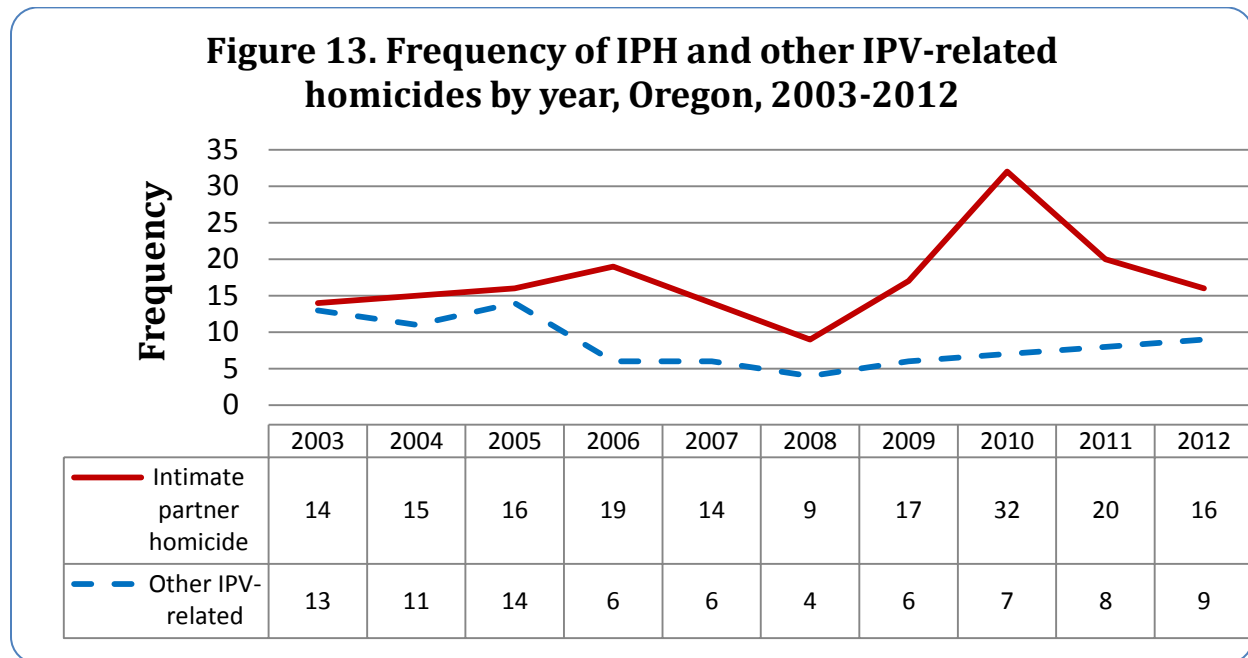
- 60 percent of IPV-related homicides involved a firearm as the mechanism of death.
- 18 percent of IPV-related homicides involved a sharp instrument (e.g. knife) as the mechanism of death.
- 7 percent of IPV-related homicides involved suffocation/strangulation as the mechanism of death.

Figure 12. Mechanism of death among IPV-related homicides, Oregon, 2003-2012



Source: ORVDRS

During 2003 to 2012 the largest number of IPH in Oregon occurred in 2010 (Figure 13). On average, there were 17 deaths a year.



Source: ORVDRS

Homicides due to physical abuse among children

Child physical abuse is defined as the intentional use of force against a child less than 18 years old by a parent or a caregiver that results in, or has the potential to result in, physical injury.¹⁰

Nearly two in three homicide deaths among children were due to physical abuse.

133 homicides occurred among children less than 18 years old during 2003 to 2012; among those, 88 children died due to physical abuse. Approximately 70 percent of homicides due to physical abuse were among children under the age of 5 years (Table 6).

¹⁰ Leeb RT, Paulozzi L, Melanson C, et al. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention; 2008.

Table 6. The characteristics of child deaths due to physical abuse, Oregon, 2003-2012

	Deaths	% of total	% of Oregon Children
Age			
0-<1 year	25	28%	6%
1-4 years	39	44%	22%
5-9 Years	18	20%	27%
10-14 Years	5	6%	27%
15-17 Years	1	1%	17%
Sex			
Male	50	57%	51%
Female	38	43%	49%
Race/Ethnicity			
Non-Hispanic White	51	58%	71%
African American	8	9%	4%
Am. Indian/Native Alaskan	2	2%	2%
Asian/Pacific Islander	6	7%	5%
Hispanic, including all races	22	25%	19%
More than one race/other	3	3%	N/A
Homicide victim was killed by			
Parent	54	61%	N/A
Step parent	3	3%	N/A
Foster parent	2	2%	N/A
Boyfriend/girlfriend of child's mother/father	20	23%	N/A
Babysitter	3	3%	N/A
Other family member (e.g. uncle, cousin)	6	7%	N/A

Source: ORVDRS

African Americans, Asians/pacific Islanders, and Hispanic populations have a disproportionate percentage of homicide due to physical abuse compared to their proportion of the state population (Table 6).

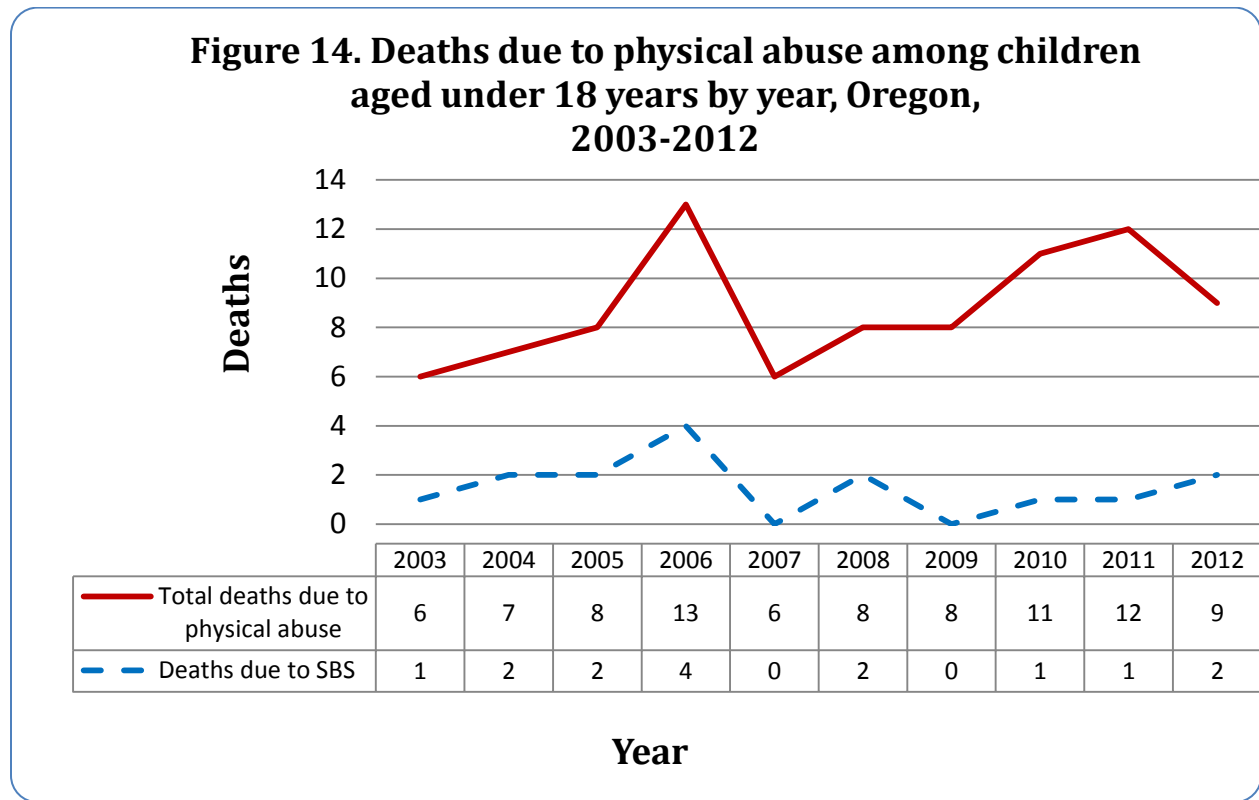
The majority of children who died by homicide were killed by their parents and parents' intimate partners (Table 6).

- 61 percent were killed by a parent —74 percent of them were killed by their fathers
- 23 percent were killed by a boyfriend/girlfriend of child's parent —85 percent of them were killed by her/his mother's boyfriend.

Fifteen children died from shaken baby syndrome (SBS).

- 10 of them were infants aged less than 6 months.
- 12 of them were killed by their fathers or their mothers’ boyfriend.

The number of deaths due to physical abuse among children in Oregon varied during 2003 to 2012, on average, there were nearly nine deaths a year (Figure 14).

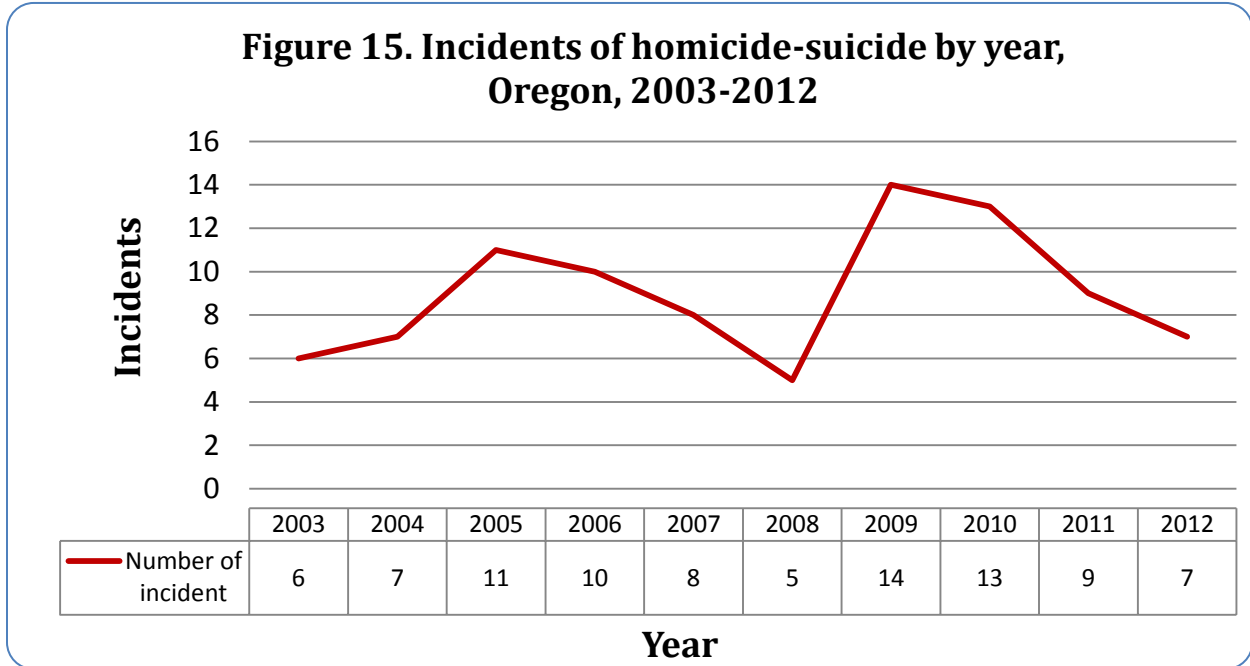


Source: ORVDRS.

Note: SBS is Shaken Baby Syndrome. The total deaths include deaths due to SBS.

Homicide-suicide¹¹

On average, nine homicide-suicide events occurred in Oregon each year (Figure 15).



Source: ORVDRS

¹¹ A homicide-suicide is one or more homicides with the subsequent suicide of the suspect/perpetrator in 24 hours. Centers for Disease Control and Prevention. National Violent Death Reporting System (NVDRS) Coding Manual (Online). (2008). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from: URL: www.cdc.gov/injury.

Most homicide victims in homicide-suicide incidents were females and children (Table 7).

- 75 percent were female.
- 21 percent were children aged less than 18 years.
- 88 percent were Non-Hispanic white.

Most suspects/suicides in homicide-suicide incidents were males (Table 7).

- 94 percent of them were male.
- 78 percent were under 65 years of age.

Table 7. Demographics of victims and suspects, Oregon, 2003-2012

	homicide Victims	% of total	Suspects/suicides	% of total
Total	107		90	
Gender				
Male	27	25%	85	94%
Female	80	75%	5	6%
Race / Ethnicity				
Non-Hispanic White	94	88%	79	88%
African American	2	2%	1	1%
Asian/Pacific Islander	4	4%	2	2%
Am. Indian / Native Alaskan	1	1%	2	2%
Other / Unknown	3	3%	1	1%
Hispanic	6	6%	5	6%
Age group				
0 - 17	22	21%	0	0%
18 - 24	6	6%	7	8%
25 - 44	31	29%	30	33%
45 - 65	25	23%	33	37%
65 and over	23	21%	20	22%
Marital status				
Married	53	50%	29	32%
Divorced	13	12%	13	14%
Widowed	6	6%	29	32%
Single, never married	35	33%	19	21%

Source: ORVDRS

Table 8. Relationship characteristics among homicide-suicide events, Oregon, 2003-2012

Relationship to homicide victim	Victims	%
I. Intimate partner		
Spouse (current or former)	49	46%
Boy/Girl friend (current or former)	14	13%
Same sex	1	1%
II. Family member		
Mother/Stepmother	2	2%
Father/Stepfather	17	16%
Child/Stepchild	4	4%
Other family member or relative	3	3%
III. Other		
Someone related to intimate partner (Ex-Boy/Girl friend of boy/girl friend)	8	7%
Stranger	5	5%
Other	3	3%
Unknown	1	1%
<i>Total</i>	107	100%

Homicide-suicide occurred mainly in intimate partner relationships and include family members (Table 8).

- Nearly 85 percent of the victims were killed by an intimate partner or family member.
- 77 percent of females were killed by their current / former spouse or boyfriend.
- 76 percent were related to intimate partner violence.

Gunshot wound was the most common mechanism of death in the incidents of homicide-suicide.

During 2003 to 2012:

- 87 percent of deaths in homicide-suicide events involved a firearm as the mechanism of death.
- 6 percent of deaths in homicide-suicide events involved a sharp instrument (e.g. knife) as the mechanism of death.

Homicide location and place

Homicide incidents often take place at a home.

Homicide incidents can take place anywhere. Most homicide occurs in a house/apartment. Nearly four in five female homicides and more than half of homicides among males occurred in a house/apartment during 2003 to 2012 (Table 9).

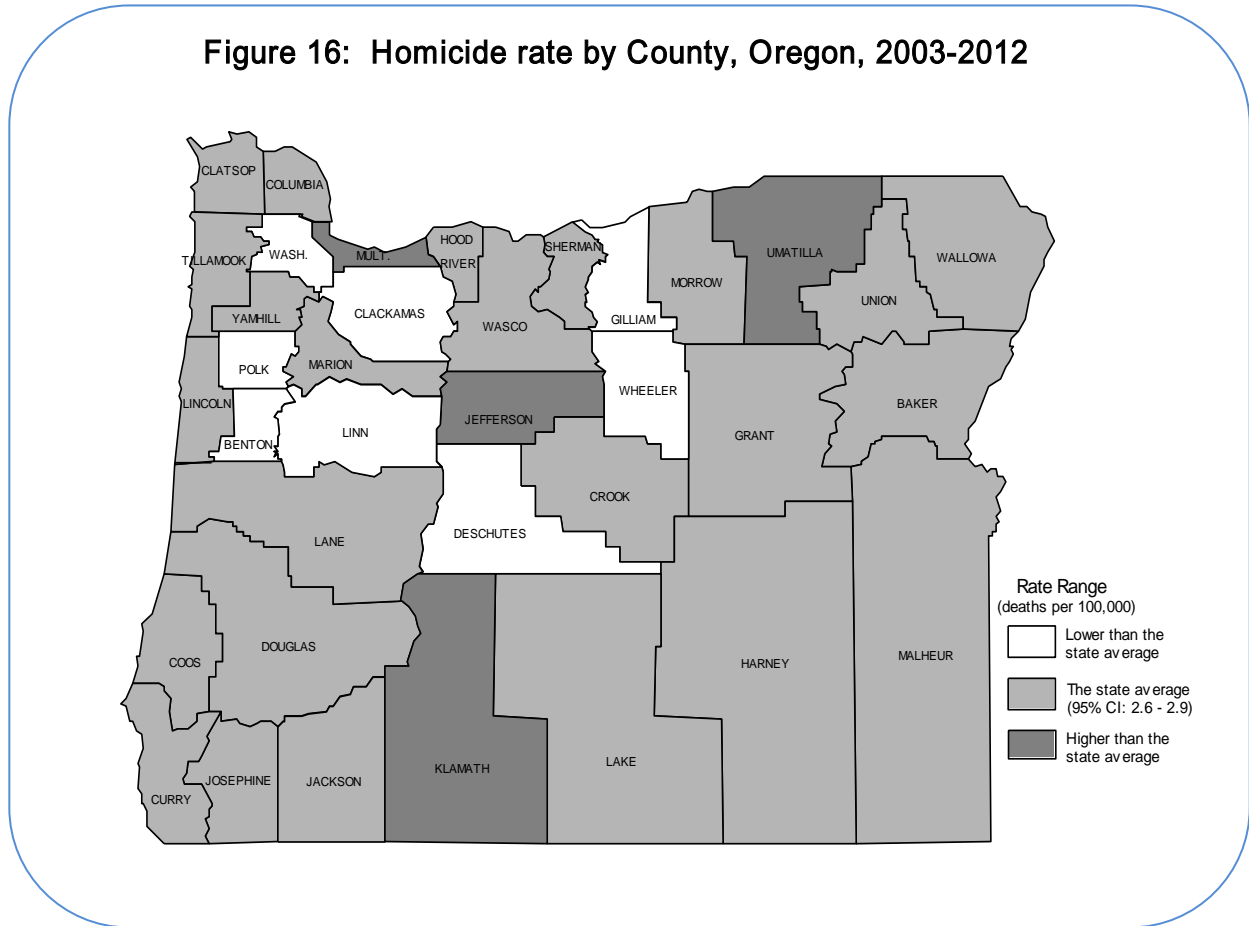
Table 9. Location of Homicide incidents by sex, Oregon, 2003-2012

Type of location	Males	%	Females	%
House / Apartment	385	53	242	77
Street / Road	130	18	11	4
Parking lot / Garage	35	5	2	<1
Natural Area (e.g. field, river, woods)	34	5	17	5
Park / Public use area	30	4	6	2
Bar / Nightclub	14	2	3	<1
Commercial area	13	2	6	2
Jail / Prison	10	1	0	<1
Motor Vehicle	8	1	1	<1
Motel / Inn /Hotel	6	<1	3	1
Highway	5	<1	4	1
Supervised residential facility	3	<1	2	<1
Synagogue, Church, Temple	3	<1	0	<1
Hospital	2	<1	0	<1
Service station	2	<1	0	<1
Bank / Office building	2	<1	1	<1
Industrial or construction areas	2	<1	0	<1
Public transportation or station	1	<1	0	<1
Abandoned house, building	1	<1	0	<1
Farm	1	<1	0	<1
Other	21	3	2	<1
Unknown	20	3	13	4

Source: ORVDRS

Homicide incidents vary by county compared to the state rate.

Homicide rates are higher than the state rate in four counties (Multnomah, Jefferson, Klamath and Umatilla) during 2003 to 2012 (Figure 16).



Source: ORVDRS

Glossary

The following definitions refer to terms identified in this report from The State Violent Death Reporting System Workgroup¹², NVDRS coding manual¹³.

Acquaintance: Someone with or about whom the victim had prior interaction or knowledge.

Age-adjusted mortality rate: A mortality rate statistically modified to eliminate the effect of different age distributions in the different populations.

Age-specific mortality rate: A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the population in that age group.

Blunt instrument: Clubs, bats, boards, or other objects that can be used to inflict an injury.

Child physical abuse: It is defined as a parent or a caregiver intentionally uses physical force against a child that results in, or has the potential to result in, physical injury.

Crude mortality rate: The mortality rate from all causes of death for a population. It is calculated by dividing the number of deaths in a population in a period by resident population.

Drowning: A mechanism of death resulting from submersion in water or other liquid.

Drug involvement: A homicide circumstance in which drug dealing, illegally trafficking a controlled substance, or illegal drug use is suspected to have played a role.

Falls: A mechanism of death resulting from a fall, push or jump from a high place.

Firearm: Any weapon (including a starter gun) which is designed to or may readily be converted to expel a projectile by the action of an explosive (e.g., gun powder).

Gang-related: A homicide circumstance in which the victim or suspect is a member of an association or organization that has the commission of crime as one of its reasons for existence, and the homicide resulted from gang rivalry or gang activity.

Hanging/suffocation/strangulation: Mechanisms of injury resulting in airway obstruction in which the victim died from lack of oxygen.

¹² Sanford C and Hedegaard H (editors). Deaths from Violence: A Look at 17

States -- Data from the National Violent Death Reporting System. December 2008

¹³ . Centers for Disease Control and Prevention. National Violent Death Reporting System (NVDRS) Coding Manual (Online). (2008). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Available from: URL: www.cdc.gov/injury.

Homicide: A death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A preponderance of evidence must indicate that the use of force was intentional.

Homicide-suicide: It is defined as one person killing one or more others then taking his/her own life within 24 hours.

Incident: All victims and suspects associated with a given incident are in one record. A violent death incident can be made up of any of the following: a) One isolated violent death. b) Two or more homicides, including legal interventions, when the deaths involve at least one person who is a suspect or victim in the first death and a suspect or victim in the second death. c) Two or more suicides or undetermined manner deaths, when there is some evidence that the second or subsequent death was planned to coincide with or follow the preceding death. d) One or more homicides or unintentional firearm deaths combined with one or more suicides, when the suspect in the first death is the person who commits suicide. e) Two or more unintentional firearm deaths when the same firearm inflicts two or more fatal injuries and the fatal injuries are inflicted by one shot or burst of shots. For categories (b), (c) and (d), the fatal injuries must occur within 24 hours of each other.

Intimate partner: A current or former girlfriend, boyfriend, date or spouse. The definition of intimate partner includes first dates.

Intimate partner problem/violence: A suicide or homicide circumstance in which the victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord.

IPV-related homicide: A homicide occurred in the context of intimate partner violence (IPV). IPV is actual or threatened physical aggression, sexual assault, and psychological / emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or former dates. IPV-related homicides include but not limited to intimate partner homicide. For example, when a boyfriend killed his girlfriend and her child, the incident is defined as IPV-related homicide and both the girlfriend and the child are considered as IPV-related homicide victims.

Jealousy: A homicide circumstance in which the incident involved sexual rivals.

Legal intervention death: A death in which the decedent was killed by a police officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty.

Lover's triangle: See Jealousy.

Mechanism: The primary instrument used by a victim or suspect that contributed to someone's death.

Motor vehicle: A mechanism of death resulting from a crash involving a motorized vehicle.

Personal weapon: Injury inflicted on another person using fists, feet, hands, or other body parts.

Reliability of rates: Some rates in this report are based on a small number of deaths. Chance variation is a common problem when the numbers being used to calculate rates are extremely small. From year to year, large swings can occur in rates, which do not reflect real changes. The rates based on small numbers (less than 20) may be unstable due to random chance factors, and should be used with caution.

Resident: The decedent was an official inhabitant of the state (or territory) including those portions of a Native American reservation within the state at the time of injury, according to the death certificate.

Sharp instruments: Objects that can be used to inflict a penetrating injury, such as knives, razors, machetes or pointed instruments such as a chisel or broken glass.

Stranger: Someone with whom the victim has had no prior interaction before the event that culminated in the violent injury.

Suspect (Perpetrator): Person or persons suspected of having killed another person in an incident, whether intentionally (any method/weapon) or unintentionally (firearm only) or assisted in the homicide.

Terrorism-related death: Homicide or suicide deaths that result from events that are labeled by the Federal Bureau of Investigation as acts of terrorism. Terrorism is a mechanism of death rather than a manner of death. The manner of death is either homicide or suicide. Terrorism-related deaths include ICD-10 codes U01 and U03.

Victim: Person or persons who died in a suicide, violence-related homicide, legal intervention, as the result of a firearm injury, or from an undetermined manner.