DATA SOURCE: The Illinois Violent Death Reporting System (IVDRS) is a public health surveillance system that collects comprehensive data on homicide, suicide, legal intervention, undetermined and unintentional firearm deaths. Data come from death certificates, coroner/medical examiner, law enforcement, autopsy, and toxicology reports.

IVDRS is part of the National Violent Death Reporting System (NVDRS) coordinated by the Centers for Disease Control and Prevention. Data for this data brief include suicide and homicide deaths that occurred in the context of an IPV incident.

We defined cases as IPV if they had any of the following variables endorsed by coroner/medical examiner or law enforcement reports. Incident involved an intimate partner problem or crisis, incident involved intimate partner violence, incident involved jealousy or a jealousy crisis including distress over a current or former intimate partner's relationship or suspected relationship with another person led to the incident.

Deaths occurring between 2015 and 2019 in an IVDRS participating county were included. The goal of IVDRS is to combine data to provide data on the who, what, where, when, and why of violent death to prevent future deaths.

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Key Points
- IPV is present in homicide and suicide deaths.
- In IPV deaths, men more often die by suicide, women more often by homicide
- Most IPV homicide victims were NH Black, the largest proportion of IPV suicides were NH White suggesting IPV dynamics differ by race.
- Legal problems, firearm use, and acute crises were found more often in IPV vs non-IPV suicides
- This information may help inform IPV and suicide prevention efforts that occur in the context of IPV

Questions or Comments?
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Section One: Overview

We identified 322 deaths between 2015 and 2019 that occurred in the context of an IPV incident and where decedents resided in Chicago. We learned that among deaths involving IPV, suicides outnumbered homicides (62.7% vs. 35.7%). Males had a heavier burden of IPV suicide compared to females (82% vs 36%).

![Pie chart showing distribution of IPV deaths by method and gender]

Section Two: Homicide vs Suicide

In interpersonal violence homicide verses suicide deaths, we found that among suicide, hangings, strangulation and suffocation was the most common weapon (41%), followed closely by firearms (39%). In homicide deaths, firearms were the most common weapon (47.8%), followed by sharp instruments (33.9%).

89.7% of firearm suicides were among men (data not shown, while in homicide deaths, 56.5% were among women.)
A higher proportion of IPV suicide decedents had experienced an acute crisis proximate to their death compared to non-IPV suicide decedents. (28% vs. 14.4%). There were a higher number of non-IPV suicide decedents with physical health problems contributing to their death compared to IPV suicide decedents (12.1% vs. 1%). A greater proportion of IPV suicide decedents experienced a current or past legal issue preceding their death (13% vs. 5.5%).

IPV vs. Non-IPV suicides had statistically significant differences (p<0.5) with regard to: Use of firearms; Physical health problem contributing to the suicide; Current/past legal issue Presence of an acute crisis.

Section Four: Summary

More than 25% of women and 14% of men in the US have experienced interpersonal violence (IPV). National research reveals that corollary victims and intimate partners represented 20% and 80% respectively of homicide victims.

Our goal was to further delineate the characteristics of suicides and homicides involving interpersonal violence. Little is known about the circumstances that may precipitate IPV suicide and homicide events and how these differ from non-IPV related suicide and homicides. Further understanding the attributes of these incidents and those involved may provide insight into interventions to prevent future IPV homicides and suicides. These findings can help inform programs and policies for IPV focused interventions. They suggest a strong need for incorporation of suicide prevention tools and counseling in services for IPV victims and offenders. They also point to the need to consider suicide prevention support at various points in civil and criminal legal processes including arrest, sentencing, bond processing, paper serving, subpoena issuance, court hearings, and settlement negotiations. We look forward to sharing our findings with the Mayor’s Office of Public Safety and others working on violence and suicide prevention in Chicago.
Section Four: Resources

National Domestic Violence Hotline
1.800.799.SAFE(7233)
Online Chat is also available
https://thehotline.org/

Illinois Department of Human Services (IDHS)
Domestic Violence Victim Services
1.877.TO END DV or 1.877.863.6338
https://www.dhs.state.il.us/page.aspx?item=30275
Agencies:
https://www.dhs.state.il.us/page.aspx?item=31886

Illinois Attorney General Kwame Raoul
Advocating for Women
Illinois Domestic Violence Act: Information for Victims
http://www.illinoisattorneygeneral.gov/women/victims.html

Crime Stoppers USA
1800.222.TIPS
https://www.crimestoppersusa.org/contact/submit-a-tip/

Crisis Text Line
Text CONNET to 741741
Text from anywhere in the United States, anytime, about any type of crisis

Chicago Police Department (CPD)
TXT2TIP
Help Fight Crime Anonymously
274637 (CRIMES)
https://home.chicagopolice.org/community/crime-prevention/txt2tip/

Illinois Violent Death Reporting System (IVDRS)
Data Request Form
https://www.luriechildrens.org/ivdrs

The three-digit code 988 has been designated to route callers to the National Suicide Prevention Lifeline. This dialing code will be available to everyone across the United States starting July 16, 2022. (U.S. Air Force graphic by David Perry)

Facebook.com/IVDRS
@IVDRS
https://sites.northwestern.edu/ivdrs/