



Violence Policy Center

SEVENTH EDITION

JULY 2020

# American Roulette

## MURDER-SUICIDE IN THE UNITED STATES

Road Trip Takes Tragic Turn

**Murder/suicide leaves  
city stunned on Sunday**

**Believe officer killed girlfriend,  
then turned gun on himself**

**GOP IN  
MURDER  
SUICIDE**

Man kills wife, self at tag agency

Trip Takes Detour Into Murder And Suicide

**Father kills son, self**

Maumelle mom killed child, then herself, police say

**HORROR AT  
THE RANGH**

Mother of three kills  
two children, herself

## **COPYRIGHT AND ACKNOWLEDGMENTS**

Copyright © July 2020 Violence Policy Center

### **Violence Policy Center**

1025 Connecticut Avenue, NW Suite 1210

Washington, DC 20036

202-822-8200

The Violence Policy Center (VPC) is a national nonprofit educational organization that conducts research and public education on violence in America and provides information and analysis to policymakers, journalists, advocates, and the general public.

This study was authored by VPC Senior Policy Analyst Marty Langley. Additional research assistance was provided by Nicholas Hannan.

American Roulette was supported in part by a generous gift from David and Ellen Berman.

For a complete list of VPC publications with document links, please visit <http://www.vpc.org/publications>.

**To learn more about the Violence Policy Center, or to make a tax-deductible contribution to help support our work, please visit [www.vpc.org](http://www.vpc.org).**

## INTRODUCTION

Murder-suicide is “a dramatic, violent event” in which a person commits one murder or multiple murders, and then shortly after commits suicide.<sup>1</sup> What makes these acts particularly disturbing is that they affect more than one person and often involve a family. They almost always are committed by a man armed with a firearm. Yet outside of high-profile mass shootings, the phenomenon of murder-suicide usually garners little public attention as a significant contributor to gun-related death and injury. This is despite the fact that, as one medical professional has observed, “because many murder-suicides result in the death or injury of family members and sometimes mass murder, they cause countless additional morbidity, family trauma, and disruption of communities.”<sup>2</sup>

Currently, no comprehensive national database or tracking system exists to systematically document the toll in death and injury of murder-suicide in the United States.<sup>A</sup> In order to more fully understand the human costs of murder-suicide, in 2002 the Violence Policy Center (VPC) began collecting and analyzing news reports of murder-suicides, resulting in a series of studies titled *American Roulette: Murder-Suicide in the United States*. This is the seventh edition of the study.<sup>B</sup> For each analysis, the VPC tracked murder-suicide incidents over a six-month period using Internet news reports. For this most recent edition of the report, news reports of murder-suicides were collected for the period January 1, 2019 through June 30, 2019. To be included in the study, both the murder and subsequent suicide had to occur within 72 hours of each other and within this six-month time period. Recognizing the lack of a comprehensive national data system which would ensure that all incidents that actually occurred were included, this study provides the most accurate portrait possible of murder-suicide in America and is most likely the largest and most comprehensive analysis currently available.

Medical studies estimate that between 1,000 and 1,500 deaths per year in the United States are the result of murder-suicide.<sup>3</sup> This VPC analysis reveals that in the first half of 2019:

- There were 280 murder-suicide events resulting in 620 murder-suicide deaths, of which 280 were suicides and 340 were homicides.
- Using these figures, nearly 11 murder-suicide events occurred in the United States each week during the study period.
- Of the 280 murder-suicide events, 248 were known to involve a firearm (89 percent).
- Of the 280 suicides, 255 were male, 23 were female, and two were not identified by sex.

A The Centers for Disease Control and Prevention’s (CDC) National Violent Death Reporting System (NVDRS) compiles and combines data from medical examiners, coroners, police, crime labs, and death certificate registrars and includes such information. Originally started as a pilot project by the Harvard University School of Public Health with the support of six foundations, the National Violent Death Reporting System is now overseen by the CDC. States that are funded for NVDRS operate under a cooperative agreement with CDC to which all violent deaths are voluntarily reported. In 2018, NVDRS was expanded to include data collection from all 50 states, Puerto Rico, and the District of Columbia. For more information, see <https://www.cdc.gov/violenceprevention/pdf/NVDRS-factsheet508.pdf>.

B Prior editions of the VPC study *American Roulette* were issued in April 2002 (<http://www.vpc.org/studies/amerintr.htm>), May 2006 (<http://www.vpc.org/studies/amroul2006.pdf>), April 2008 (<http://www.vpc.org/studies/amroul2008.pdf>), May 2012 (<http://www.vpc.org/studies/amroul2012.pdf>), October 2015 (<http://www.vpc.org/studies/amroul2015.pdf>), and June 2018 (<http://www.vpc.org/studies/amroul2018.pdf>). For a chart comparing the key findings of each of these six editions as well as this most recent edition, please see page six.

- Of the 340 homicides, 242 victims were female, 94 victims were male, and four victims were not identified by sex.
- Sixty-five percent of all murder-suicides involved an intimate partner. Of these, 95 percent were females killed by their intimate partners. Of these, 92 percent involved a gun.
- Fifty-one of the homicide victims were children and teens less than 18 years of age.
- Sixty-seven children and teens less than 18 years of age were survivors who witnessed some aspect of the murder-suicide.
- Sixty percent of murder-suicides involving a male murderer and three or more victims were perpetrated by family annihilators.

By doubling the total number of fatalities during the six-month period for a yearly estimate, there were an estimated 1,240 murder-suicide deaths in 2019. This is within the standard range of estimates for murder-suicides. Due to the necessary limitations of our incident-collection method, this is most likely an underestimate. Anecdotal evidence suggests that our study may have missed a small percentage of murder-suicides. This could be the result of an incident not being reported, not being reported as a murder-suicide, not falling within our self-imposed time frame, or not being published in an online format. In the absence of a comprehensive national surveillance system, there is no means available for a complete and accurate count. However, once again, the VPC study is most likely the most recent, complete, accurate, and detailed accounting available.

## TRENDS IDENTIFIED FROM THE STUDY

Listed below are murder-suicide trends and characteristics as identified from the VPC analysis. Following each subsection is an incident taken from the news reports collected for the study illustrating the subsection's findings. At the end of this section, on page six, is a chart comparing key findings of this study with those from the six prior editions.

Following this section is an appendix that lists the number of murder-suicides by state. States with no reported murder-suicides during the six-month period are also listed in the appendix.

Seven states had 10 or more murder-suicides in the six-month period of the study. In order, these states were: California (33); Texas (30); Florida (27); Georgia (11); Ohio (11); Michigan (10); and, Virginia (10).

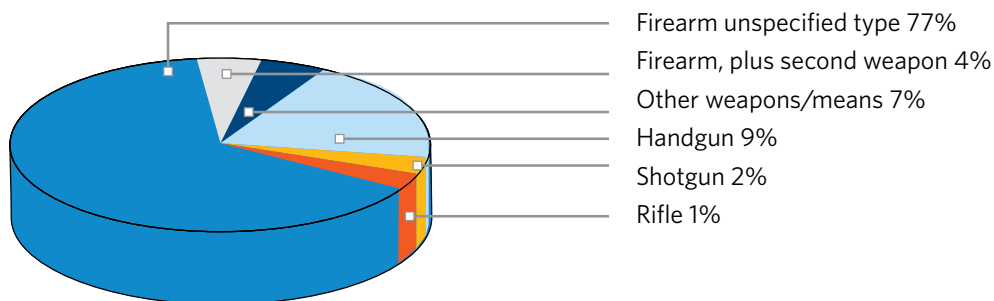
### MOST MURDER-SUICIDES INVOLVE A FIREARM

In the analysis, 89 percent (248 of 280) of murder-suicide incidents were known to involve a firearm. For *all* murder-suicides where the weapon used could be determined:

- 9 percent involved solely a handgun;
- 1 percent involved solely a rifle;
- 2 percent involved solely a shotgun;
- 77 percent involved only a firearm which was not identified more specifically than "a gun" or multiple firearm types;
- 4 percent involved more than one weapon, but one of the weapons was a firearm; and,
- 7 percent involved other weapons/means.<sup>C</sup>

The chart below illustrates the weapons used from the VPC analysis of incidents in which the weapon(s) could be identified, including a distribution of firearm murder-suicides in regard to firearm type.

### WEAPONS USED IN MURDER-SUICIDES



<sup>C</sup> The seven percent involving other weapons/means consisted of 18 incidents in which the weapons/means could be identified. For these 18 incidents, the weapons/means used were: blunt force (2); bodily force (1); carbon monoxide poisoning (1); drowning (3); fire (3); hanging (2); jumping (6); knife or cutting instrument (8); poison (1); and, strangulation (1). The total number of murder weapons/means exceeds the number of incidents because multiple weapons/means were used in 12 of the 18 incidents. The means were not identified in 14 incidents.

All major murder-suicide studies in the United States completed since 1950 have shown that firearms are by far the most common method of committing homicide, with the offender choosing the firearm for suicide as well.<sup>4</sup> Estimates of firearms being used range from 80 percent to 94 percent of cases, but other weapons, including aircraft, have been used. As one expert on a National Institute of Justice panel focusing on murder-suicide noted, guns are the “low-hanging fruit.”<sup>5</sup>

### **MOST MURDERERS IN MURDER-SUICIDES ARE MALE**

In this study, 91 percent of the offenders were males who acted alone. Other studies analyzing murder-suicide have found that most perpetrators of murder-suicide are male—more than 90 percent in recent studies of the United States.<sup>6</sup> Another study, which only looked at murder-suicides involving couples, noted that more than 90 percent were perpetrated by men.<sup>7</sup> This is consistent with homicides in general, in which 91 percent of homicides are committed by male offenders. However, most homicides involve male victims killed by male offenders (69 percent), whereas a male victim being specifically targeted by a male offender in a murder-suicide is relatively rare.<sup>8</sup>

**FLORIDA:** In April, Jonathan P. Restey, 48, shot and killed a 49-year-old woman before turning the gun on himself. Police were called to a home at approximately 9:30 a.m. after reports of gunfire and found the two residents of the home dead. Restey had been arrested twice in 2008 after a woman accused him of physical and verbal abuse. In December 2008, he was arrested for aggravated battery of a pregnant person. In a petition for a domestic violence injunction, the woman said he had punched her in the face and yelled profanities at her. Two days after the petition was submitted, Restey was arrested again for violating a temporary injunction.

### **MOST MURDER-SUICIDES INVOLVE AN INTIMATE PARTNER**

The most prevalent type of murder-suicide was between two intimate partners,<sup>D</sup> with a man killing his wife or girlfriend. Such events are commonly the result of a breakdown in the relationship.<sup>9</sup> The average age difference between the offender and primary victim was 4.3 years. Overall, the age difference ranged from zero to 33 years. (Other studies on fatal violence for spouses have found that there is a greater risk of homicide victimization as the age difference between the husband and wife increases.<sup>10</sup>) In this study, 65 percent of all murder-suicides involved an intimate partner. Of these, 95 percent were females killed by their intimate partners. Of these, 92 percent involved a gun.<sup>E</sup>

D For the purposes of this study, an intimate partner or intimate acquaintance is defined as a spouse, common-law spouse, ex-spouse, girlfriend/boyfriend, or ex-girlfriend/boyfriend.

E In comparison, in 2017—the most recent data available at time of writing—for all homicides (where the relationship could be determined) 17 percent of homicide victims were killed by an intimate partner. Of these, 76 percent were females killed by their intimate partners (data from the 2017 FBI Supplementary Homicide Report, analysis by the Violence Policy Center).

**CALIFORNIA:** In January, Caleb Anderson, 41, shot and killed his wife, Toby Celeste Anderson, 38, before killing himself. Caleb Anderson's mother discovered her son and his wife dead in their home and called police. When deputies arrived they found the couple dead from "obvious fatal gunshot wounds." A 9mm semiautomatic handgun believed to be used in the shooting was found at the scene. The Andersons' 12-year-old son was not home at the time of the shooting.

## **MANY MURDER-SUICIDES WITH THREE OR MORE VICTIMS INVOLVE A MALE "FAMILY ANNIHILATOR"—A SUBCATEGORY OF INTIMATE PARTNER MURDER-SUICIDE**

Many multiple-victim murder-suicides involving a male murderer and a large number of victims (three or more) are perpetrated by family annihilators. In this report, 60 percent (six of 10) of murder-suicides involving a male murderer and three or more victims were perpetrated by family annihilators. Family annihilators are murderers who kill their intimate partners and children, as well as other family members, before killing themselves. In many cases, a family annihilator is suffering from depression and has financial or other problems and feels the family is better off dying with him than remaining alive to deal with the problems at hand.<sup>11</sup>

**IOWA:** In June, concealed handgun permit holder Chandrasekhar Sunkara, 44, shot and killed his wife Lavanya Sunkara, 41, and their two sons Prabhas, 15, and Suhas, 11, before taking his own life in their home in Des Moines, Iowa. A family friend told reporters, "We are told that Chandrasekhar (Chandu) had purchased the gun 10 to 15 days ago when he apparently planned the homicide." A family member said Sunkara had been depressed due to the ill health of his older son. Four other family members, two adults and two children, were staying in the home as guests, but none were injured.

## **MOST MURDER-SUICIDES OCCUR IN THE HOME**

In this study, 81 percent of murder-suicides occurred in the home. Though not specified in most studies, available data confirm that the home of the offender and/or victim is the most likely place for a murder-suicide. Studies show that within the home, more murder-suicides are committed in the bedroom than any other room.<sup>12</sup>

**MAINE:** In March, Matthew Leavitt, 35, shot and killed his 14-month-old son, Quinten Leavitt, before killing himself. Police were called to Leavitt's home where a standoff ensued. After entering the home, a tactical team found the bodies of Leavitt and his son. Autopsies revealed that both died from single gunshot wounds, with Matthew shooting Quinten before turning the gun on himself.

## **CHILDREN ARE OFTEN VICTIMS OF, AND WITNESSES TO, MURDER-SUICIDE**

Fifty-one of the homicide victims were children and teens less than 18 years of age. Sixty-seven children and teens less than 18 years of age were survivors who witnessed some aspect of the murder-suicide.<sup>13</sup>

**OHIO:** In April, Demetrius T’Juan Butler, 35, shot and killed his fiancé, 35, before fleeing her home. When police investigated, they found Butler standing in the driveway of his residence with a handgun in his hand. As they approached, Butler fatally shot himself in the chest. The woman’s 11-year-old daughter and seven-year-old son were at the fiancé’s home at the time of the shooting. The daughter had called 911 after her mother and Butler began arguing.

### UNIQUE FACTORS MAY DRIVE MURDER-SUICIDE AMONG THE ELDERLY

In this study, 23 percent of murder-suicides involved a murderer 55 years of age or older. Older people rarely commit homicide. If most murder-suicides involve family turmoil, a smaller, discrete category involves older people where the declining health of either the victim, the offender, or both is an issue.<sup>14</sup> In 2017, only eight percent of known homicide offenders were 55 years of age or older.<sup>15</sup> Suicide, however, is disproportionately represented in this age group, with 36 percent of suicide victims being 55 years of age or older.<sup>16</sup>

**OREGON:** In May, Fredric Farrow, 76, shot and killed his wife Donna, 73, called 911, and then shot himself before police arrived at their home. According to a neighbor, police found paperwork laid out indicating that the murder-suicide was premeditated. The neighbor also reported that Donna Farrow was suffering from dementia which may have been a factor leading to the murder-suicide.

### AMERICAN ROULETTE: SELECT COMPARISONS FOR THE YEARS 2001, 2005, 2007, 2011, 2014, 2017, AND 2019

Category	2001	2005	2007	2011	2014	2017	2019
Murder-suicide incidents involving a firearm	95%	92%	89%	90%	93%	91%	89%
Murder-suicide incidents in which the killers were male	90%	94%	95%	90%	89%	89%	91%
Murder-suicide incidents that involved intimate partners	74%	74%	73%	72%	72%	65%	65%
Average age difference in intimate partner killings	6.6 yrs	6.3 yrs	6.0 yrs	3.3 yrs	3.8 yrs	3.1 yrs	4.3 yrs
Murder-suicide incidents that occurred in the home	76%	75%	75%	80%	81%	82%	81%
Number of children killed in murder-suicides	N/T*	47	45	55	45	42	51
Number of children who witnessed murder-suicides	N/T	N/T	44	66	63	52	67
Murder-suicide incidents among the elderly as a percentage of the total number of murder-suicides	21%	23%	27%	25%	33%	29%	23%

\* N/T = Not Tabulated



## CONCLUSION

Most people think of suicide as a solitary act, affecting only one person. Yet, the effects of murder-suicide go far beyond the shooter: family, friends, co-workers, and absolute strangers are among those who are killed as a result of these acts of desperation. Moreover, murder-suicide often leaves children parentless. During the six-month period tallied in this study, there were 280 suicides—yet the *total* number of deaths was 620. More people died from murders associated with the suicide—340—than from the suicides themselves. These numbers call into grave question the common belief that suicide, especially firearms suicide, is a solitary act that affects only the shooter.

Domestic violence is associated with a significant number of murder-suicides. Therefore, stronger domestic violence legislation may be one avenue of intervention, including programs that assist men with coping with issues of anger, control, and separation. In addition, experts have suggested that more research should be focused on the impact that domestic violence murder-suicides have on the families in which they occur. The establishment of state-level domestic violence task forces to examine the particular circumstances of domestic murder-suicide—including cultural, social, economic, and geographic issues—should be encouraged. State and local authorities should evaluate and establish best practices for domestic violence prevention and intervention for governmental and non-governmental efforts.

Depression and the strain of providing care for a spouse in failing health have been cited by experts as a significant contributing factor to murder-suicide among older persons.<sup>17</sup> Health care options that provide aid to older caregivers and that aim to monitor and treat depression in such cases may be one useful intervention.

The most common catalytic component in murder-suicide is the use of a firearm. Guns allow killers to act on impulse. Every major murder-suicide study ever conducted has shown that a firearm—with its unmatched combination of high lethality and easy availability—is the weapon most often used to murder the victims, with the offenders then turning the gun on themselves.<sup>18</sup> In this study, access to a gun was the critical component for almost all of the murder-suicides. Of the 45 murder-suicides with more than one homicide victim, 41 were known to be firearm-related. The presence of a gun allows the offender to quickly and easily kill a greater number of victims. If there had not been easy access to a firearm, these deaths may simply have been injuries or may not have occurred at all. Efforts should be made to restrict access to firearms where there is an increased risk of murder-suicide, for example where an individual has a history of domestic violence and/or has threatened suicide. State and local officials, including judges, should aggressively enforce laws that currently prohibit individuals with a misdemeanor domestic violence conviction or who are the subject of a restraining order for domestic violence from purchasing or possessing a firearm. Research shows that state laws restricting those under domestic violence restraining orders from accessing firearms, and laws allowing the warrantless arrest of those in violation of domestic violence restraining orders, are associated with reductions in intimate partner homicide.<sup>19</sup>

Finally, a comprehensive nationwide database to track murder-suicide should be established or integrated into existing data collection mechanisms. In order to better understand the phenomenon and develop effective prevention strategies, the data collected should be detailed and include: the sex, age, ethnicity, and profession of the perpetrator and victim(s); the type of weapon used, including the make and model of firearm; the specific location of the event, e.g. workplace, specific room in residence; and, any available information regarding the motivation of the murderer.

## APPENDIX: MURDER-SUICIDES BY STATE AND THE DISTRICT OF COLUMBIA

This appendix lists murder-suicides by state and the District of Columbia. This chart includes the number of murder-suicide incidents recorded during the six-month study period, as well as the total number of people who died. It is important to note that lack of a murder-suicide during the first half of the year is in no way an indicator of whether or not there will be any reports of murder-suicide in the second half of the year.

State	Number of Murder-Suicide Events in the First Half of 2019	Number of People Dead from Murder-Suicide Events in the First Half of 2019
Alabama	7	15
Alaska	1	2
Arizona	8	16
Arkansas	4	9
California	33	76
Colorado	6	12
Connecticut	1	2
Delaware	0	0
District of Columbia	1	2
Florida	27	56
Georgia	11	25
Hawaii	2	4
Idaho	1	3
Illinois	5	12
Indiana	5	12
Iowa	2	6
Kansas	3	6
Kentucky	2	5
Louisiana	5	11
Maine	3	6
Maryland	2	4
Massachusetts	3	9
Michigan	10	23
Minnesota	4	10
Mississippi	6	12
Missouri	7	14
Montana	1	2
Nebraska	4	8
Nevada	2	4

State	Number of Murder-Suicide Events in the First Half of 2019	Number of People Dead from Murder-Suicide Events in the First Half of 2019
New Hampshire	3	7
New Jersey	2	4
New Mexico	2	4
New York	9	18
North Carolina	6	14
North Dakota	2	4
Ohio	11	22
Oklahoma	3	8
Oregon	2	4
Pennsylvania	9	23
Rhode Island	0	0
South Carolina	7	15
South Dakota	0	0
Tennessee	6	12
Texas	30	71
Utah	4	8
Vermont	0	0
Virginia	10	24
Washington	3	6
West Virginia	1	2
Wisconsin	4	8
Wyoming	0	0
<b>U.S. Total</b>	<b>280</b>	<b>620</b>

## ENDNOTES

1. Scott Eliason, "Murder-Suicide: A Review of the Recent Literature," *The Journal of the American Academy of Psychiatry and the Law* 37, no. 3, (September 2009): 371-376; Peter M. Marzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267, no. 23 (June 1992): 3179-3183.
2. Peter M. Marzuk et al., "The Epidemiology of Murder Suicide," *Journal of the American Medical Association* 267, no. 23 (June 1992): 3179-3183.
3. Yekeen A. Aderibigbe, "Violence in America: A Survey of Suicide Linked to Homicides," *Journal of Forensic Sciences* 42, no. 4 (1997): 662-665.
4. Scott Eliason, "Murder-Suicide: A Review of the Recent Literature," *The Journal of the American Academy of Psychiatry and the Law* 37, no. 3, (September 2009): 371-376; J. Logan, Holly A. Hill, Michele Lynberg Black, Alex E. Crosby, Debra L. Karch, Jamar D. Barnes, and Keri M. Lubell, "Characteristics of Perpetrators in Homicide-Followed-by-Suicide Incidents: National Violent Death Reporting System—17 US States, 2003-2005," *American Journal of Epidemiology* 168, no. 9 (September 15, 2008); Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.
5. Bernie Auchter, "Men Who Murder Their Families: What the Research Tells Us," *NIJ Journal* 266 (June 2010).
6. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.
7. Peter M. Marzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267, no. 23 (June 1992): 3179-3183.
8. Alexia Cooper and Erica L. Smith, *Homicide Trends in the United States, 1980-2008: Trends by Sex*, Bureau of Justice Statistics, U.S. Department of Justice (November 2011).
9. Yekeen A. Aderibigbe, "Violence in America: A Survey of Suicide Linked to Homicides," *Journal of Forensic Sciences* 42, no. 4 (1997): 662-665.
10. Donna Cohen et al., "Homicide-Suicide in Older Persons," *American Journal of Psychiatry* 155 (March 1998): 390-396.
11. Doug Abrahms, "Finances, Depression Often Issues for 'Family Annihilators,'" *The Desert Sun*, 12 May 2005; Oliffe, J.L., Han, C.S., Drummond, M., Sta Maria, E., Bottorff, J.L., and Creighton, G., "Men, Masculinities, and Murder-Suicide," *American Journal of Men's Health* (November 2015): 473-485.
12. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.

13. One study noted that children of the victim and/or perpetrator witnessed the murder-suicide, were in the immediate vicinity, found their parents' bodies, or were killed in 43 percent of the cases studied. E. Morton, C.W. Runyan, K.E. Moracco, J. Butts, "Partner homicide-suicide involving female homicide victims: a population-based study in North Carolina, 1988-1992," *Violence and Victims* 13, no. 2 (1998): 91-106.
14. Dominique Bourget, Pierre Gagné, and Laurie Whitehurst, "Domestic Homicide and Homicide-Suicide: The Older Offender," *Journal of the American Academy of Psychiatry and the Law* 38 (November 3, 2010): 305-311; Carl C. Bell and Dominica F. McBride, "Commentary: Homicide-Suicide in Older Adults—Cultural and Contextual Perspectives," *Journal of the American Academy of Psychiatry and the Law* 38 (November 3, 2010): 312-317.
15. Data from the 2017 FBI Supplementary Homicide Report. Analysis by the Violence Policy Center.
16. Data for 2018 from the CDC National Center for Injury Prevention and Control WISQARS program (<https://www.cdc.gov/injury/wisqars/index.html>). Downloaded May 5, 2020.
17. J.E. Malphurs and Donna Cohen, "A statewide case-control study of spousal homicide-suicide in older persons," *American Journal of Geriatric Psychiatry* 13, no. 3 (2005): 217.
18. R.D. Comstock, S. Mallonee, E. Kruger, K. Rayno, A. Vance, and F. Jordan, "Epidemiology of homicide-suicide events: Oklahoma, 1994-2001," *American Journal of Forensic Medicine and Pathology* 26, no. 3 (2005): 229-235; Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.
19. April Zeoli and Daniel Webster, "Effects of domestic violence policies, alcohol taxes and police staffing levels on intimate partner homicide in large US cities," *Injury Prevention* 16 (2010): 90-95.



**Violence Policy Center**

1025 Connecticut Avenue, NW

Suite 1210

Washington, DC 20036

[WWW.VPC.ORG](http://WWW.VPC.ORG)