

# Review: one in seven homicides worldwide is perpetrated by an intimate partner

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## QUESTION

**Question:** What is the global prevalence of intimate partner homicide (IPH)?

**Outcomes:** Estimate of median prevalence of IPH per country.

## METHODS

**Design:** Systematic review.

**Data sources:** MEDLINE, EMBASE, Web of Science, Global Health and Social Policy were searched from January 1990 to December 2011. Reference lists of identified studies were hand searched. WHO countries with websites containing relevant information were screened; police headquarters, national statistics offices or government offices were emailed for further information if data was missing or incomplete. Experts in IPH were contacted for information about unpublished studies.

**Study selection and analysis:** Prevalence studies providing quantitative data (from national representative studies, national databases or from samples based on data from courts, prisons, mortuaries or police) on IPH. Intimate partners were defined as former or current partners and included same-sex couples. Two reviewers rated study quality and, for each country, extracted data on the total number of homicides, number of homicides perpetrated by an intimate partner and number of homicides where data about the perpetrator was missing. Country statistics were used if studies did not report total homicide rate. Reviewers selected one estimate of the rate of IPH per county per year. Median prevalence rates of IPH were calculated for each country and for women and men.

## MAIN RESULTS

A total of 227 studies and databases met inclusion criteria providing 1122 estimates on prevalence of IPH for 66

countries. After selecting one estimate per country-year, 198 estimates of IPH were used. Most countries with data were high-income countries. Data were compiled for 492 340 homicides. Total male homicides were higher than female. Overall, 13.5% of homicides were IPH (IQR 9.2–18.2). More female homicides were IPH (38.6%, IQR 30.8–45.3) than male homicides (6.3%, IQR 3.1–6.3%). IPH among women was higher in all countries except Brazil and Panama where prevalence was roughly equal. For women, IPH was highest in southeast Asia (58.8%), high-income countries (41.2%), the Americas (40.5%) and Africa (40.1%); and lowest in the eastern Mediterranean (14.4%); western Pacific (19.1%) and low-income and middle-income European regions (20%; see online table 1). For men, IPH was highest in high-income countries (6.3%), Africa (4.1%) and low-income and middle-income European regions (3.6%). Rates in other regions were less than 2% (see online table 1). Data on the relationship between the perpetrator and victim were missing in over 20% of homicides; adjusting for this increased the estimated prevalence of IPH to 47.7% (IQR 38.5–59.6) for women and 6.5% (IQR 5.3–7.3) for men.

## CONCLUSIONS

One in seven homicides worldwide is perpetrated by an intimate partner. While men are at greater risk of homicide overall, the proportion of murdered women killed by an intimate partner is six times higher than for murdered men.

## NOTES

Differences in homicide rates between regions may be a reflection of differences in, and completeness of, data collection.

## ABSTRACTED FROM

**Stöckl H, Devries K, Rotstein A, et al.** The global prevalence of intimate partner homicide: a systematic review. *Lancet* 2013;**382**:859–65.

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Stöckl and colleagues' study emphasises that intimate partner violence (IPV), a health and human rights issue, can also be a matter of life or death. Evidence shows women are more likely to be murdered by a partner or ex-partner than a stranger, are at considerably higher risk of intimate partner homicide (IPH) than men, and that the most consistent risk factor is prior IPV.<sup>1</sup> This has largely been based on US and UK data; Stöckl and colleagues' work represents the first major systematic review of the prevalence of IPH globally. While subject to regional variations as well as limited data availability and variable data quality in some locales, the study's methodology is rigorous, clearly described, and conservative, providing convincing evidence that intimate partners are responsible for more than one in three murders of women around the world.

These findings underscore the urgency of improving healthcare practitioners' response to IPV. Globally,

nearly one in three women experience IPV; well-documented sequelae include depression, post-traumatic stress disorder, sleep disruption, suicidality and self-harm behaviours and/or alcohol and other substance use.<sup>1</sup> Therefore, mental health practitioners are critical first-line responders, who may be the first (and perhaps only) professional an abused woman encounters. Evidence-based, broadly applicable guidelines strongly recommend training all healthcare practitioners to recognise and respond effectively to IPV; all practitioners should assess for IPV, document it and treat its consequences, offer validation and non-judgemental support and provide resources and safety information.<sup>2</sup>

This study's findings also underscore the need to integrate evidence-based risk assessments into practice. The Danger Assessment (<http://www.dangerassessment.com>) assesses lethality risk in abusive relationships and is well validated in the first

world. This study demonstrates the urgency of also testing risk assessment tools and IPV interventions in low-income and middle-income countries, so practitioners everywhere can effectively identify the most dangerous abusive relationships and support women in planning for safety.

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**Competing interests** None.

## REFERENCES

1. **Campbell JC, Glass N, Sharps PW, et al.** Intimate partner homicide: review and implications of research and policy. *Trauma Violence Abuse* 2007;**8**:246–69.
2. World Health Organization. *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva: WHO, 2013.