



Not in Vain: Improving Data Collection in Massachusetts to Drive Systemic Change and Prevent Intimate Partner Homicides

Every life taken as a result of intimate partner homicide (IPH) is more than just another statistic—it is a profound tragedy that devastates families, shatters communities, and leaves behind the same urgent question: *What could have prevented this?* Intimate partner homicides are rarely random. They are most often preceded by established, escalating patterns of abuse, making many of these homicides not only predictable but preventable.

These deaths should serve as powerful catalysts for change, driving improvements in how we respond to all survivors. Each life taken represents a missed opportunity for intervention and a critical reminder to examine and strengthen our policies, practices, and coordination across systems. By learning from these tragedies, we can build a stronger and more coordinated safety net to protect survivors and save lives.

A statewide, structured approach to data collection is a critical step in our ability to prevent intimate partner homicides in Massachusetts. Current data efforts remain insufficient and fragmented, often lacking key information about the race and ethnicity of victims as well as critical details about system involvement prior to the homicide. Without a more complete and consistent picture of these cases, opportunities to identify patterns, gaps in response, and potential points of intervention are missed.

Strengthening data collection would also allow for a more integrated process of analysis. Bringing together stakeholders from across systems to review and interpret this data would provide a more comprehensive understanding of how and why these homicides occur. Importantly, this process would ensure that data is examined through the perspectives of the communities most impacted by intimate partner violence, providing critical context to inform prevention strategies and policy reform.

In Massachusetts, several groups are actively working to prevent IPH. Jane Doe Inc. (JDI), the Massachusetts Coalition Against Sexual Assault and Domestic Violence, leads policy, education, prevention, and systems advocacy efforts to improve outcomes for survivors. The Massachusetts Women of Color Network has long led prevention centered on the experiences of communities of color, particularly Black victims and survivors. The Governor's Council to Address Sexual Assault, Domestic Violence, and Human Trafficking has identified system gaps and developed best practices related to IPH¹. The Massachusetts Domestic Violence Fatality Review Team has issued critical findings and recommendations aimed at reducing these homicides.

Massachusetts is also home to more than twenty-five Domestic Violence High Risk Teams (DVHRTs) which work collaboratively to respond to some of the most dangerous domestic violence cases in the Commonwealth. These teams hold deep knowledge about risk factors

¹ The Governor's Council includes victim service providers, such as Jane Doe Inc. (JDI), as well as state agency partners including the Executive Office of Public Safety and Security (EOPSS), the Department of Public Health (DPH), the Massachusetts Office for Victim Assistance (MOVA), the Department of Children and Families (DCF), the Department of Transitional Assistance (DTA), and others, working together to create coordinated policy solutions to address sexual assault, domestic violence and human trafficking.



for lethality and regularly identify systemic barriers that impact survivor safety. The 2024 Massachusetts Fatality Report stated that counties with high-risk teams saw a decrease in repeat incidents of intimate partner violence compared to those without such specialized teams. With modest investment, DVHRTs could also serve as important sources of data, helping to identify what is working and which communities are being overlooked from current prevention efforts.

JDI is committed to leveraging its statewide reach, sixty-seven member programs, and extensive network of partners to help bridge these efforts and advance a more connected, data-informed approach to prevention.

Despite these important initiatives, much of this work is happening in separate spaces, with limited coordination or continuity across systems. The fragmentation of efforts, particularly those addressing the needs of communities most impacted by intimate partner violence, creates significant gaps in our ability to fully understand and prevent these homicides. A coordinated, statewide effort to collect and analyze intimate partner homicide data could unite these initiatives, guide policy reform, and strengthen prevention strategies, ensuring that every insight gained leads to meaningful action to protect survivors.

The Value of Tracking IPH Data

Comprehensive data allows us to:

- Identify system gaps and opportunities for improvements
- Develop targeted, data informed interventions
- Pinpoint geographic hotspots
- Understand survivor engagement with formal systems
- Frame IPH as both a public safety and public health issue

1. Identifying System Improvements

Systems responding to intimate partner violence are often fragmented, uncoordinated, and difficult for survivors to navigate. Without thorough data, it is nearly impossible to determine where breakdowns occur. Tracking IPH data enables policymakers and advocates to push for specific, evidence-based reforms that improve coordination, accountability, and safety outcomes for survivors.

2. Developing Targeted Interventions

Collecting and analyzing data reveals patterns in IPH—who is being killed, where, when, and how. These insights are essential for designing targeted prevention strategies.

For example, an analysis of intimate partner homicide (IPH) cases in Massachusetts from 2018 to 2024 found that 28% of cases ended in homicide-suicide², where the perpetrator killed their partner and then killed themselves. This alarming pattern, present in nearly one-

² Jane Doe Inc. publishes yearly domestic-violence homicide reports. The author analyzed reports from 2018–2024 to produce this percentage.

third of all IPH cases, has devastating ripple effects on families, children, and communities, and demands a focused, strategic response.

In 2024, nearly 69% of IPH victims in Massachusetts were under the age of 35³, a noticeable shift toward younger victims compared to prior years. This emerging trend may signal a broader pattern that warrants closer examination and the need for prevention efforts that focus on younger populations.

Massachusetts data also reveals stark racial and ethnic disparities. Black survivors are four times more likely to be killed by an intimate partner than White individuals⁴, exceeding the national average. Hispanic, Asian, and foreign-born individuals also face disproportionately high risks and are twice as likely to be victims compared to their White or U.S.-born counterparts⁵. Disaggregated data by race, ethnicity, gender identity, and socioeconomic status is essential to uncover these inequities and ensure prevention strategies are targeted, effective, and equitable.

3. Pinpointing Geographic Hotspots

Geographic analysis of IPH data can reveal regions with disproportionately high homicide rates. These hotspots often overlap with areas of higher poverty and may indicate local systemic gaps—such as limited resources, inadequate law enforcement response, or barriers to services. Identifying these areas allows for targeted investments in prevention, training, policy reform and resources where they are most urgently needed.

4. Understanding System Involvement

Robust data collection is vital to understanding whether victims had contact with any systems before their deaths. Leaving an abusive partner, often the period of highest danger for survivors, frequently coincides with involvement in the criminal justice system. This data reveals gaps in current responses and highlights opportunities to identify high-risk victims through evidence-based risk assessment tools.

Equally important is understanding the absence of system involvement. Some communities are less likely to access formal supports due to systemic barriers, prior negative experiences with law enforcement or courts, or a lack of culturally responsive services. Collecting this information helps expand outreach, ensure services are inclusive, and develop safe pathways for survivors who are disconnected from formal systems.

5. Framing IPH as a Public Safety & Public Health Issue

³ This percentage reflects the author's analysis of data presented in Jane Doe Inc.'s Details: Domestic Violence Homicides in Massachusetts — January 1, 2024 through December 12, 2024 report (December 31, 2024), available at https://www.janedoe.org/wp-content/uploads/2024_YTD_DV-Homicides-Public-Facing_12.31.24-1.pdf

⁴ Sabria, B., Greene, M. C., Dang, Q., Wiener, J., & Stack, C. (2021). *Characteristics, incidence, and trends of intimate partner homicides in Massachusetts: Patterns by birthplace, race, and ethnicity*. Journal of Family Trauma, Child Custody & Child Development, 18(4), 353–371.

⁵ I.d.



IPH affects more than the immediate victim. In 25% of Massachusetts cases, others—often children, family members, or bystanders—were also killed⁶. These ripple effects illustrate that IPH is not only a personal tragedy, but also a very dangerous public safety issue and a public health issue with generational consequences. Accurate data helps policymakers and the public understand the full impact of intimate partner homicides.

Conclusion

Massachusetts has one of the lowest overall homicide rates in the country (about 2.1 per 100,000 in 2022)⁷, yet intimate partner homicides remain a persistent and preventable portion of those deaths. Between 2020 and 2024, domestic violence–related homicides accounted for an average of 17% of total statewide homicides, reaching as high as nearly 24% in 2024⁸.

Unlike other homicides, IPH is often preceded by warning signs, identifiable risk factors, and opportunities for system intervention—making it uniquely preventable. Tracking these deaths is essential to drive systemic reform, improve services for survivors, hold offenders accountable, and prevent future tragedies. Each life lost reflects a failure in the system, and each must serve as a call to action.

We cannot prevent what we do not measure. Without consistent, statewide data collection and integrated analysis, Massachusetts will continue to miss critical opportunities for intervention. To save lives, we must strengthen our data collection efforts, bring together stakeholders for collaborative analysis, and use the insights to develop data-driven, community-informed strategies that protect survivors and prevent future homicides.

⁶ Based on Jane Doe Inc., *Not One More...* (2003-2012) which shows 66 of 256 victims ($\approx 25.8\%$) were ‘other’ victims.

⁷ According to the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Massachusetts had a homicide rate of 2.1 per 100,000 people in 2022, among the lowest in the United States (WONDER: Underlying Cause of Death, 1999–2022, 2023, <https://wonder.cdc.gov/>).

⁸ Based on NIBRS incident data from the State Domestic Violence Fatality Review Team 2025 Annual Report and total statewide homicide counts from the FBI Crime Data Explorer (CDE), domestic violence–related homicides accounted for an average of 17.0% of total homicides in Massachusetts between 2020 and 2024, reaching a high of 23.8% in 2024.