

**Narcotics-Related Crime-Precipitated Homicide**  
**An Examination of Lancaster City, PA**

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## **ABSTRACT**

Homicides that occurred in Lancaster City between 1969 and 2003 (n=109) were examined in order to determine the extent to which the victim played a role in his or her own homicide.

Cases were labeled crime-precipitated when the victim was known to have played a role in their homicide while engaging in drug-related behavior. All recorded homicides were disaggregated into categories of drug-related, dispute, domestic, infanticide, felony and other. Characteristics about the homicide event, victim, offender and criminal histories are discussed. Frequency tests and tests of proportions were conducted in SPSS. Results show that drug-related homicides are the most frequent type of homicides in Lancaster City.

## **PURPOSE**

Over the course of time, the nature of homicides has changed in various ways, as well as the public's perception of homicides. Since the mid-1980's, the type of homicides committed in Lancaster City, PA have changed. Before the mid-1980's, there were no recorded drug-related homicides in Lancaster. However, around this time, crack-cocaine appeared on the streets of Lancaster, changing many things. Drug-related motives began to become more frequent than disputes and domestic homicides. Guns and firearms were now used widely in comparison to knives and fists, and many victims were becoming an influencing factor in their own homicide.

The increase of drugs also brought about many gangs and posses from Lancaster and other cities, like New York and Philadelphia. As drug-related homicides began to increase, so did the public's fear. Many people began to believe that they would become a homicide victim, just by walking down a street in Lancaster. As time progressed, many victims of drug-related homicides were beginning to be known drug offenders by Lancaster City Police Officers, as well as in other cities. Researchers began to investigate drug-related homicides, and more specifically, the victims in these homicides.

With statistical findings supporting the belief that victims of drug-related homicides were playing a role in their homicide, a trio of researchers created what is known as crime-precipitated homicide. These researchers, Copes, Kerley & Carroll (2002), conducted their study in the large city of Chicago. The study I am presenting here is only the second known scholarly research conducted on crime-precipitated homicide. The city in which my research is focused on is Lancaster City, PA. Lancaster is a small city, with roughly 75,000 residents, which makes this the first small-city crime-precipitated homicide study. In my research, I will illustrate through

my data that the most frequent types of homicides in Lancaster City, PA are narcotics-related crime-precipitated homicides.

## LITERATURE REVIEW

The research that I have adopted as the framework for my study was conducted by Copes, Kerley and Carroll (2002). Copes et al. (2002) were the first researchers to term “crime-precipitated homicide”. Unlike previous studies that focused exclusively on the offender in a homicide, crime-precipitated homicides focus on homicides in which the victim was killed in the process of participating in illegal behaviors including predatory crimes, vice crimes and narcotics offenses (Copes, Kerley & Carroll 2002:242). In essence, the victim played a vital role in their own homicide by engaging in behaviors and activities that would make them vulnerable to such an outcome.

Copes et al. (2002) used the data set from the *Homicides in Chicago* study because it was one of the largest and most detailed police homicide databases in the United States. Out of the 23,817 homicides in Chicago between 1965-1995, 645 were found to be crime-precipitated homicides. Of those cases classified as crime-precipitated, the researchers examined offender and victim characteristics (age, race, sex and prior criminal record), as well as information about the homicide (weapon, location, day, time, and victim-offender relationship) (Copes et al. 2002:244).

Results showed that 148 individuals were killed in the process of committing a predatory crime (23% of all crime-precipitated homicides), 53 individuals were killed while engaging in gambling or prostitution (8 %), and 444 individuals were killed while committing narcotics offenses (69%) (Copes et al. 2002:245). Offenders who committed murder while participating in

a predatory or narcotics crime tended to be between the ages of 15-19 years old, while the victim tended to be 20-24 years old. An overwhelming majority of offenders and victims tended to be black males in predatory, vice and narcotics offenses (an exception being a majority of female victims killed while committing vice crimes). Offenders in predatory and narcotics offenses were more likely to have violent prior records than other homicide offenders. Nearly three-fourths of victims had prior records (Copes et al. 2002:249). Narcotics-related crime-precipitated homicides typically occurred in the evening on weekdays and involved firearms. The victim-offender relationship tended to be acquaintance (Copes, Kerley & Carroll 2002:254). The researchers concluded in saying that the disaggregation of homicides is extremely important, especially with the findings of their crime-precipitated homicides study. Based on their results it is safe to say that crime-precipitated homicides are influenced by different factors than felony homicides.

Copes et al. (2002) framed their study off Marvin Wolfgang's (1958) research in Philadelphia, PA during the 1950's. Wolfgang (1958) termed and studied what is known as victim-precipitated homicide. With victim-precipitated homicide, the victim is noted as playing a contributing factor in their homicide, much like crime-precipitated homicide. However, victim-precipitated homicide focuses more on whether the victim or offender initiated the homicide event. This classification of homicides has been expanded to include long-term domestic and child abuse, alcohol and drug abuse, accomplices in deviant situations, threats to reputation and provocation by vile language (C.R. Block & Block, 1991; Copes et al., 2002; Decker, 1996; Rasche, 1990; Sobol, 1997).

Other studies have been conducted that focus mainly on the connection between homicide rates and the illicit drug market (Ousey & Lee, 2002; Tardiff et al. 1986). In 1986,

Tardiff, Gross and Messner (1986) conducted a study on Manhattan's homicide rate for the year of 1981, focusing mainly on the presence of drug-related homicides (p.139). Their findings suggested that young, non-white males were more likely to be involved in drug-related homicides than any other group (p.142). In a study more specifically focused on homicides involving crack-cocaine, Ousey and Lee (2002) showed that the illicit drug distribution activity is positively associated with within-city variation in homicide rates for 122 large U.S. cities during the 1984-1997 time period (p.93).

## **METHODOLOGY**

### **DATA**

Data for this analysis were taken from 104 of the 106 homicides that occurred in Lancaster City, PA, from 1969 to 2003. Information on two open cases was completely unavailable, due to the sensitive status of the cases. Currently, the Lancaster City Police Department does not have a database containing specific information on their homicides. In order to get the necessary information regarding the homicide, victim(s), and offender(s), I examined every case individually. All cases were included in my study, regardless of the number of victims and offenders. The highest number of victims in a single homicide was 5, while the highest number of offenders in a single homicide was 7. The number of homicide victims in Lancaster from 1969-2003 that I could collect information on was 121, while the number of offenders that I could collect information on was 132. Aside from the two open cases where no information could be obtained, there are also other unsolved homicides from 1969 to 2003, which only provided partial information. From the available information, there were at least 123 victims and 147 offenders in Lancaster from 1969-2003. I created a homicide case

listing from all of the cases I found listed in the Lancaster City Police Department's yearly reports, interviews with detectives, and cleared cases located in Records. Any case I found in the yearly reports was located either with a detective or in Records. In Records, each homicide is stored in its own box, which includes documents such as original reports, supplemental reports, autopsy reports and arrest/booking information.

The original and supplemental reports, written by detectives and police officers, provided information on where and when the homicide occurred, as well as demographic information about the victim, and witness and suspect statements. From the original and supplemental reports, I could gather information on the circumstances surrounding the homicide, the relationship between the victim and offender, and in most cases, the motive behind the homicide. Autopsy reports, completed by the forensic pathologist, provided information on the cause of death and toxicology results. The arrest/booking documents contained demographic information about the offender, the date they were arrested, and their most serious charge.

## **VARIABLES**

The codebook I created consisted of original values and variables, as well as those from other researchers. Variables related to the actual homicide included year, month, weekday, date, time, block, street, type of homicide and victim-offender relationship. After initial data input, *month* was then clustered by season to exemplify seasonal variations in homicide rates. Summer included June, July and August; fall included September, October and November; winter included December, January and February; and spring included March, April and May. *Weekday* was also separated into week (Monday-Thursday) and weekend (Friday-Sunday). *Time* was further grouped from 119 minutes (one hour, 59 minutes) to 357 minutes (four hours, 59 minutes). The intervals were 11:00pm-4:59am, 5:00am-10:59am, 11:00am-4:59pm and 5:00pm-

10:59pm. Streets were divided into four sections, resembling the four sections of Lancaster City. West and East King Streets and North and South Queen Streets served as the axis of separation.

The type of homicide was based on Tardiff et al.'s (1986) homicide classification and expanded upon. Homicides were classified as eleven types: drug-related, domestic, infanticide, robbery, sexual, justifiable, dispute, victim not intended, accidental, arson or drunk driver. The drug-related classification was based on Varano and Cancino's (2001) DRUGRELA variable. In order to be considered drug-related, at the time of the homicide, the victim had to be either selling or buying drugs; involved in an argument over possession, use, quality or cost of drugs; getting money for drugs or acquiring drugs for personal use; and other drug involvement (2001:25). Domestic included homicides where the victim was killed by a current or past intimate partner, boyfriend, girlfriend, husband, wife, family member, or marriage-related family member. Infanticide homicides were those where the victim was an infant to three years old.

The robbery classification required that the victim was killed before, during or after they were being robbed. Sexual homicides included those where the primary intention of the offender was to rape, sexually assault, or sexually mutilate the victim, before or after the homicide. Justifiable homicides were those that were committed in self-defense or by Lancaster City Police Officers. Homicides classified as "dispute" were those where the victim was involved in a non-drug related dispute with someone other than a family member or significant other. Victim not intended were homicides where the offender intended to kill someone else, but killed the victim instead. Accidental homicides were those where there was no intention of anyone being killed, but due to some external factor, a person was killed.

Arson included homicides where the main intention of the offender was to burn their victim(s) to death. Drunk-driver homicides were those where the victim's homicide was the

result of an automobile accident where the offender was operating a vehicle with a blood alcohol level over the legal limit. All homicides were coded as a single type, which lead to a limitation of classifying a homicide as two types, when applicable. In cases of two types (e.g. domestic and arson), the most prevalent motivating factor was considered the dominant type in which to classify the homicide.

Varano and Cancino's (2001) VREL1 variable was used to disaggregate victim-offender relationship. The six different classifications were stranger, acquaintance, friends, relative, romantic link and other/unknown (2001:25). A detailed description of these categories can be found in Appendix 1. The type of weapon used to kill the victim was also included in this analysis. The eight different weapons that were coded were: gun/firearm, knife/sharp object, hands/feet/body, rope/cloth, blunt object, fire, unknown/undetermined and car.

Cause of death was also separated into the following eight categories: gunshot wound, stabbing wound, strangulation, blunt force injuries, shaken baby syndrome, burn wounds, drowning and dehydration/starvation. Geberth's (1996) definition of blunt force injuries was applied to this study. Blunt force injuries are "clubbing, kicking and/or hitting that results in contusions, abrasions, lacerations, fractures, rupture of vital organs, and/or subdural hematomas" (blood clots). Other variables that were examined were the victims' and offenders' age, race, sex, and last known address.

Criminal histories for all victims (unless 10 years of age and younger) and offenders of drug-related homicides, regardless of age, were collected and evaluated. I did not collect criminal histories for victims and offenders of all other types of homicides since my focus was primarily on drug-related homicides. The reasoning behind collecting criminal histories was to determine if the victims and offenders were predisposed to crime. For example, it was essential to note

previous drug-related arrests, as well as all other offenses. Criminal histories were broken down into 5 categories: violent offenses, property offenses, weapons offenses, Violation of Controlled Substance, Drug, Device and Cosmetic Act (VCSDDA&CA), and other offenses. All listed arrests in a person's criminal history were counted, including juvenile and adult offenses. The Pennsylvania Criminal Code was used to determine what offense was considered for each category. It should be noted that not all criminal offenses are present in a criminal history. No one is arrested for every crime they commit, but the list of arrests in a person's criminal history is a good indicator of the type of life the person engaged in prior to the homicide.

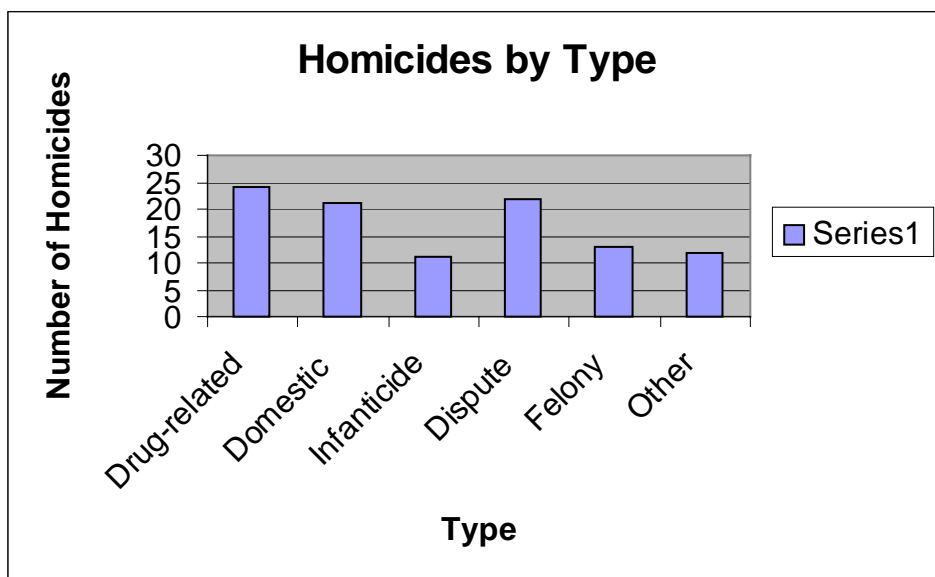
## **FINDINGS**

After analyzing all of the collected data in SPSS 12.0, for Windows, my findings mirrored what many law enforcement officers have come to know, and what researchers are starting to study. Frequency tests and crosstabs were run in SPSS to determine my results. Because I did not randomly sample the homicides committed in the city of Lancaster from 1969-2003, statistical significance tests were unnecessary. In order to properly show the change in homicide rates from 1969-2003, a large graph was necessary. Table 1, on the following page, is a line graph tracing the rates of homicides in Lancaster from 1969-2003.

**Table 1: Homicides by Year**

**Table 2: Homicides by 3-Year Intervals**

Table 2 illustrates the increase in Lancaster City homicides from the 1970s to the 1980s, and then a decline from the latter half of the 1990's to 2003. Three percent of all of the homicides committed in Lancaster were between 1969 and 1973 (n=3). 1974 to 1978, and 1979 to 1983, accounted for 4% of all homicides each (n=4). Fourteen percent of all homicides in Lancaster (n=15) were committed between 1984 and 1988, and 17% were committed between 1989 and 1993 (n=18). The number of homicides in Lancaster peaked between 1994 and 1998, when 31% of the homicides (n=33) were committed. Homicides began to decline between 1999 and 2003, when 27% of all homicides (n=28) were committed. In order to get a clearer understanding of Lancaster's homicides, I broke each one down by type. Table 3 demonstrates the different types of homicides in Lancaster from 1969-2003.

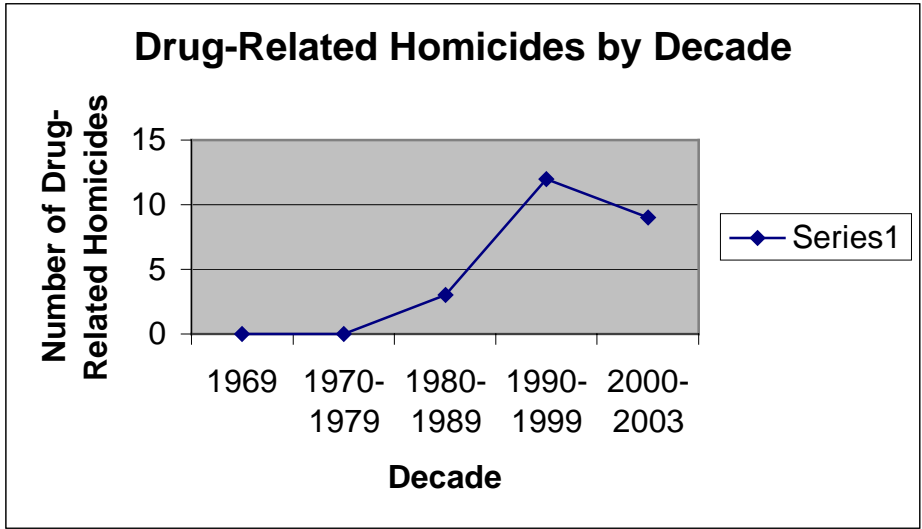
**Table 3: Homicides by Type**

The most common type of homicides committed in Lancaster between 1969-2003 were drug-related. Overall, drug-related homicides accounted for 23% of all homicides (n=24), dispute-related homicides accounted for 21% of all homicides (n=22) and domestic homicides accounted for 20% of all homicides (n=21). All felonious homicides (robbery, sexual, arson and drunk driver) were grouped together and resulted in 13% of all homicides (n=13). Homicides that were considered as “other” included those that were justifiable, victim not intended, accidental and unidentified. Twelve percent of all of Lancaster’s homicides were considered to be “other” (n=12). Infanticide was the least frequent type of homicide, which accounted for 10% of all homicides (n=11).

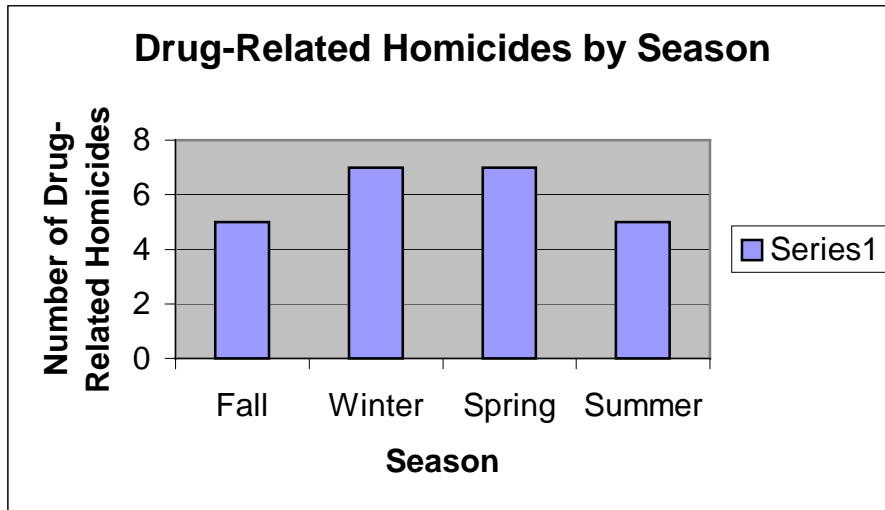
Because this study focused mainly on narcotics-related homicides, the rest of my findings will focus only on those homicides that involved drugs. For the remainder of this study, drug-related homicides will be referred to as “d.r. homicides.” Tables and brief narrations of the rest of my general findings for all homicides can be found in Appendix 2. Table 4, below illustrates the frequency of d.r. homicides by year.

**Table 4: Drug-Related Homicides by Year**

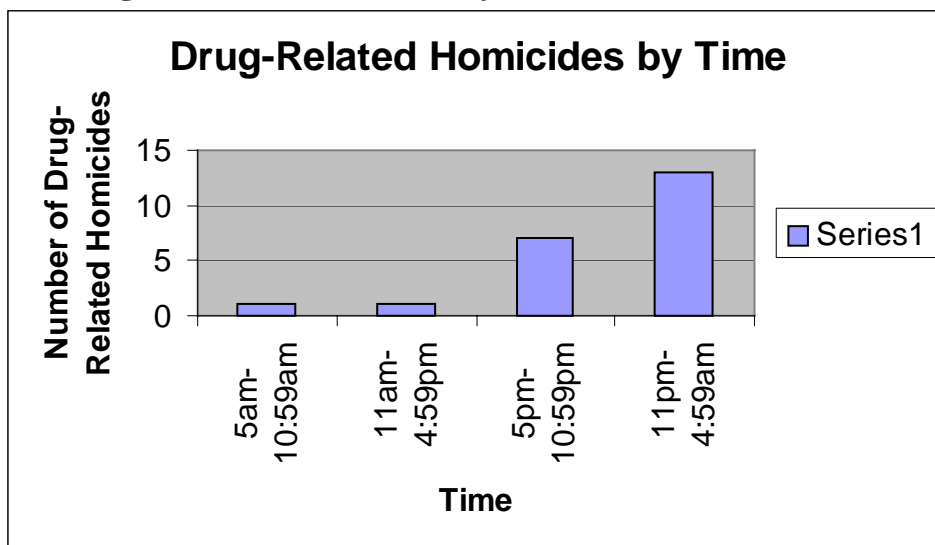
**Table 5: Drug-Related Homicides by Decade**



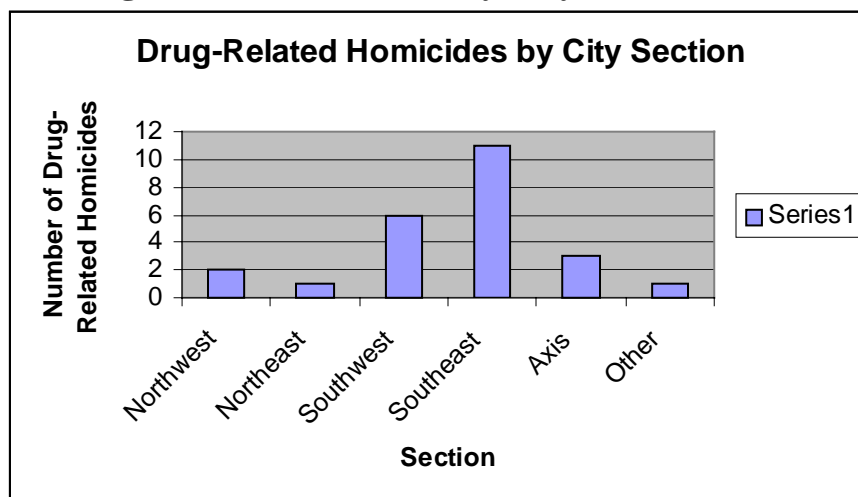
During 1969 and the 1970s, there were zero d.r. homicides in Lancaster City. D.r. homicides started to occur in the 1980s when crack cocaine became a major street drug. For a period of time in the 1980s, the city of Lancaster was actually the center for all of the major cocaine dealing and transporting on the east coast. The 1980s accounted for 13% of all d.r. homicides (n=3), while the 1990s represented the largest percentage of d.r. homicides at 50% (n=12). Although the 2000s represent 37% of all d.r. homicides (n=9), it is the only decade thus far to have at least one d.r. homicide every year. The season in which d.r. homicides occurred is not what some would expect. Many people associate higher crime rates with warmer weather because people are outside and interact with each other much more than in the colder weather. Table 6, below, illustrates the seasonal difference in d.r. homicides.

**Table 6: Drug-Related Homicides by Season**

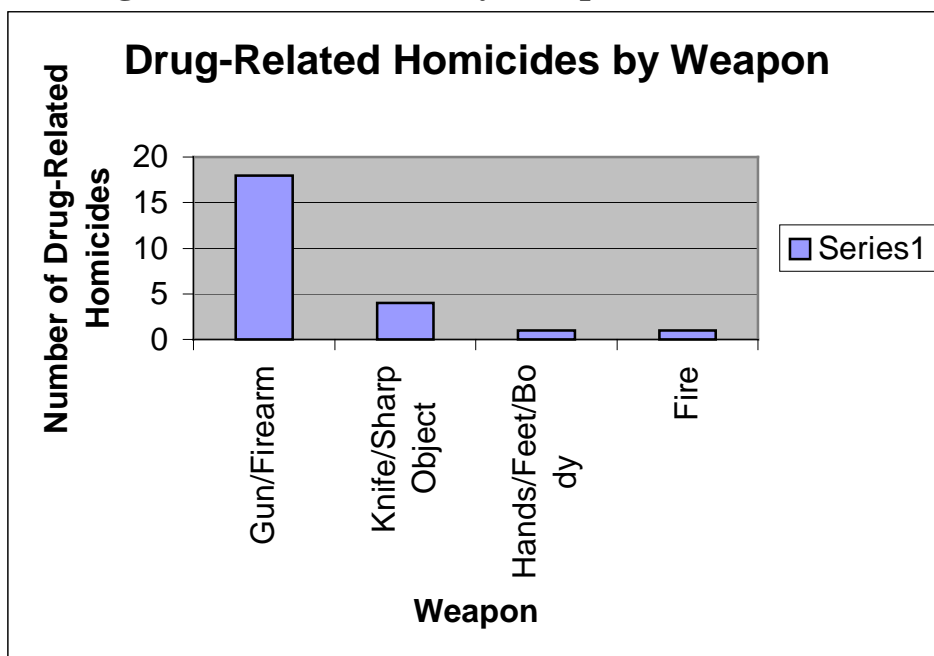
As shown in this bar graph, higher numbers of d.r. homicides are not confined to warm weather seasons. In the fall (September, October and November) 21% of d.r. homicides (n=5) occurred. The percentage of homicides in the winter (December, January and February) and spring (March, April and May) were both equally high, accounting for 29% of all d.r. homicides each (n=7). The percentage of d.r. homicides in the summer (June, July and August) decreased to 21% (n=5), the same level as the fall. The greatest number of d.r. homicides that occurred in a single month were in December (n=5). The time of day when d.r. homicides were committed also varied. Table 7, below, demonstrates this finding.

**Table 7: Drug-Related Homicides by Time**

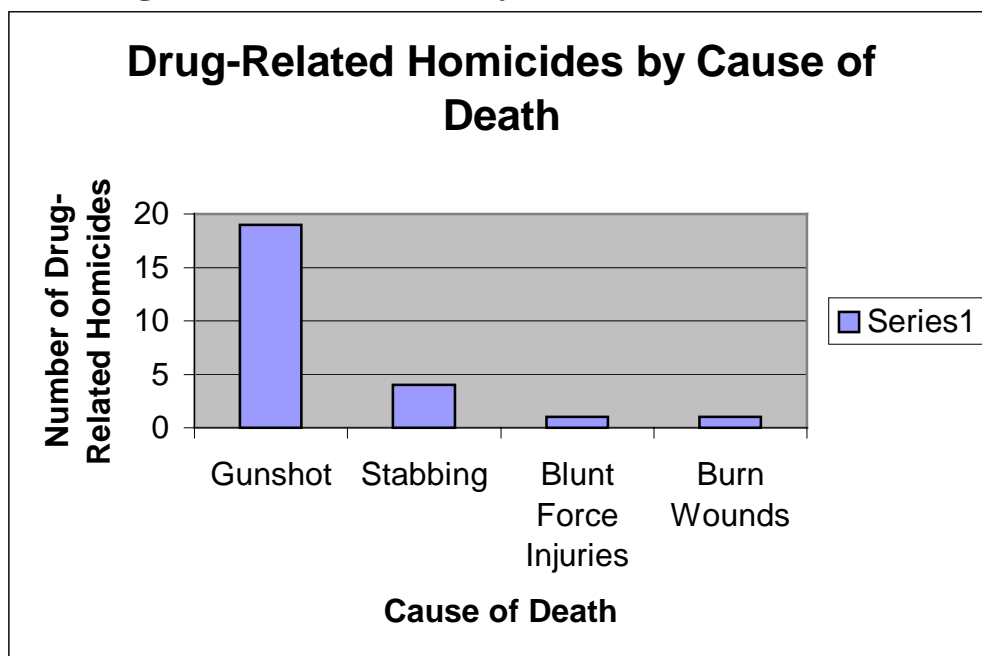
The least number of d.r. homicides occurred in the daylight hours. From 5am-10:59am, 1% of the d.r. homicides were committed (n=1), just as well as from 11am-4:59pm (n=1). The nighttime hours generally resulted in the majority of d.r. homicides. From 5pm-10:59pm, 29% of the homicides were committed (n=7). The late night and early morning represented the largest time interval of d.r. homicides. From 11pm-4:59am, 55% of the d.r. homicides were committed (n=13). More specifically, the most number of d.r. homicides occurred between 1:00am-2:59am (n=10). D.r. homicides also differed in what part of the city they occurred in. Table 8, below, provides an illustration of this finding.

**Table 8: Drug-Related Homicides by City Section**

The four main sections of the city (not including W. and E. King St. and N. and S. Queen St.) represented the majority of where the 24 d.r. homicides occurred. Out of the four sections, the southeast section had 46% of all d.r. homicides (n=11) between 1969 and 2003. The next section with a high percentage of d.r. homicides was the southwest at 25% (n=6). The northwest and northeast had a relatively low number of d.r. homicides. Between 1969 and 2003, 8% of the d.r. homicides were committed in the northwest section (n=2) while 4% of the homicides were committed in the northeast section (n=1). The axis, known as W. and E. King St. and N. and S. Queen St. accounted for 13% of all d.r. homicides (n=3). The category labeled as other included areas that are not within the immediate city of Lancaster, but are still within the jurisdiction of the Lancaster City Police. This section represented 4% of all d.r. homicides (n=1). Of all the streets represented in this study, Green St. (in the southeast section) recorded the most number of d.r. homicides (n=3). Further, the 100 block of Green St. was the location for all three homicides between 1969 and 2003. The type of weapon used in d.r. homicides largely resembles most other cities, regardless of size. Table 9, below, illustrates this point.

**Table 9: Drug-Related Homicides by Weapon**

Guns/Firearms represented the large majority of weapons used in the 24 d.r. homicides. In 75% of the d.r. homicides, a gun or firearm was used to kill the victim (n=18). A knife or sharp object was also used, although not as frequently. Seventeen percent of all d.r. homicides involved a knife or sharp object as the weapon used to kill the victim (n=4). Hands/feet/body and fire were each used once, accounting for 4% of the d.r. homicides each. The victim's cause of death mirrored the same distribution as shown in the type of weapon used in d.r. homicides. This distribution is shown below, in Table 10.

**Table 10: Drug-Related Homicides by Cause of Death**

Gunshot wounds were the primary cause of death in d.r. homicides from 1969 to 2003. Nineteen victims (76% of all d.r. homicide victims) died as a result of gunshot wounds. Stabbing wounds were the cause of death for 4 victims of d.r. homicides (16% of all victims), and blunt force injuries and burn wounds were the causes of death for 1 victim each (4% of all victims each).

Victim and offender characteristics for those involved in d.r. homicides were similar. Table 11 illustrates the age, race, sex and city section residence data of all victims and offenders in d.r. homicides.

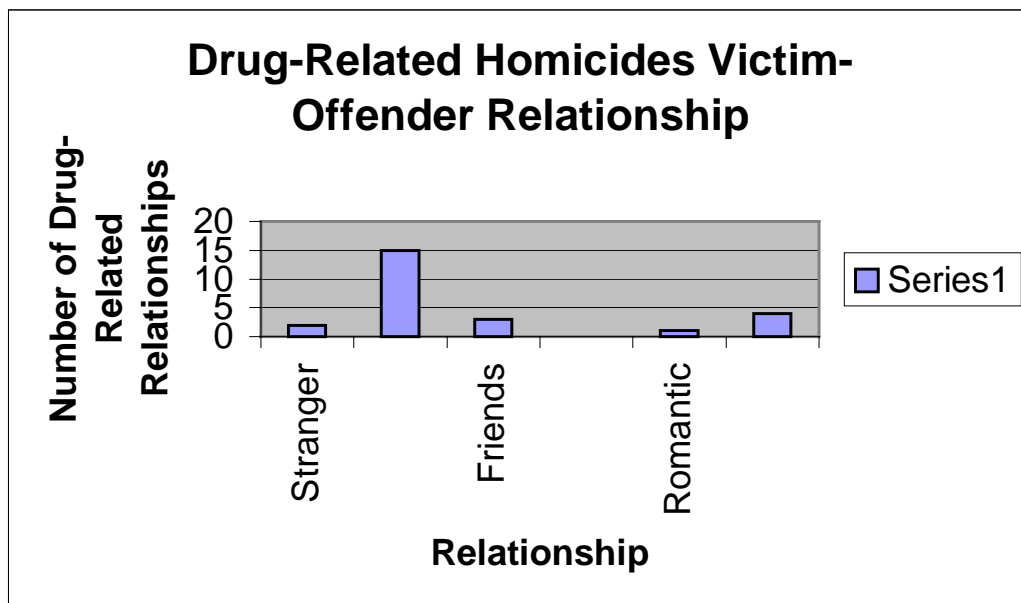
**Table 11: Drug-Related Homicide Victim and Offender Characteristics**

	<u>Victim</u>		<u>Offender</u>	
	n	%	n	%
<u>Age</u>				
Infant-19	4	16	6	16
20-39	20	80	27	71
40-59	1	4	1	3
Unknown	0	0	4	10
Total	25	100	38	100
<u>Race</u>				
White	1	4	0	0
Black	15	60	18	47
Hispanic	9	36	17	45
Unknown	0	0	3	8
Total	25	100	38	100
<u>Sex</u>				
Male	24	96	35	92
Female	1	4	0	0
Unknown	0	0	3	8
Total	25	100	38	100
<u>Residence Location</u>				
Lancaster City	12	48	20	52
Outside L.C.	6	24	9	24
Unknown	6	24	6	16
Homeless	1	4	1	3
Other	0	0	2	5
Total	25	100	38	100
<u>City Section</u>				
Northwest	3	25	2	10
Northeast	2	17	3	15
Southwest	3	25	3	15
Southeast	3	25	7	35
Axis	1	8	5	25
Total	12	100	20	100

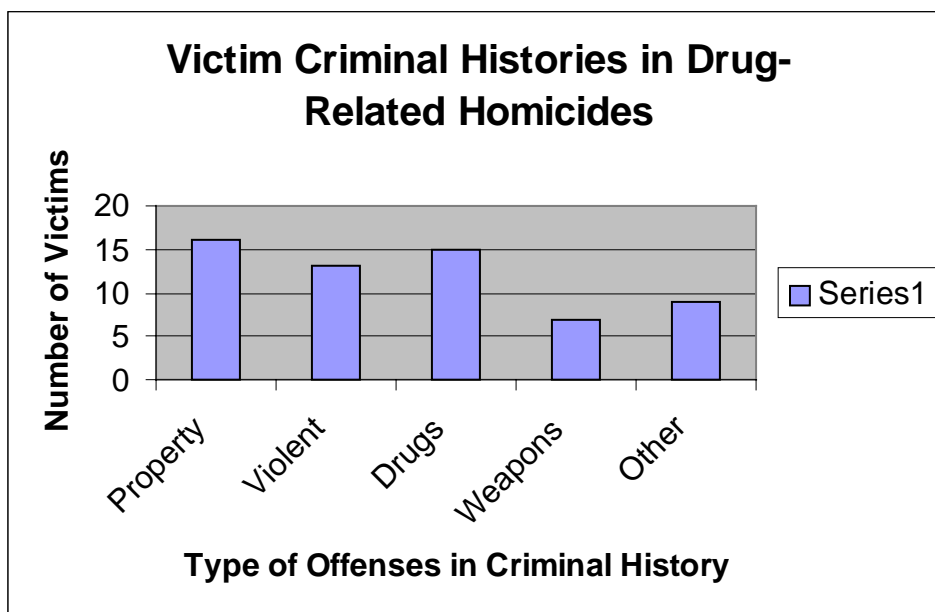
The age of the victims and offenders are similar in d.r. homicides. A majority of 80% of victims (n=20) and 71% of offenders (n=27) in d.r. homicides were 20-39 years old. More specifically, victims tended to be 20-24 years old (n=7) and offenders tended to also be 20-24 years old (n=16). Both victims and offenders tended to be Black. Sixty percent of victims

(n=15) were Black, whereas 36% tended to be Hispanic (n=9). Forty-seven percent of offenders were Black (n=18), while 45% were Hispanic (n=17). Males overwhelmingly represented the majority of victims and offenders in d.r. homicides. Ninety-six percent of victims were males (n=24) while 92% of offenders were also males (n=35). Interestingly, there was only one female victim and no female offenders in d.r. homicides. The city section of residence is of particular importance for victims and offenders. Forty-eight percent of d.r. homicide victims (n=12) came from Lancaster City. Other victims (n=6), tended to come from outside of Lancaster City, or had an unknown address (24% of all d.r. homicides each). However, within the city of Lancaster, there was an equal representation of victims (n=3) from the northwest, southeast and southwest sections of the city (25% each).

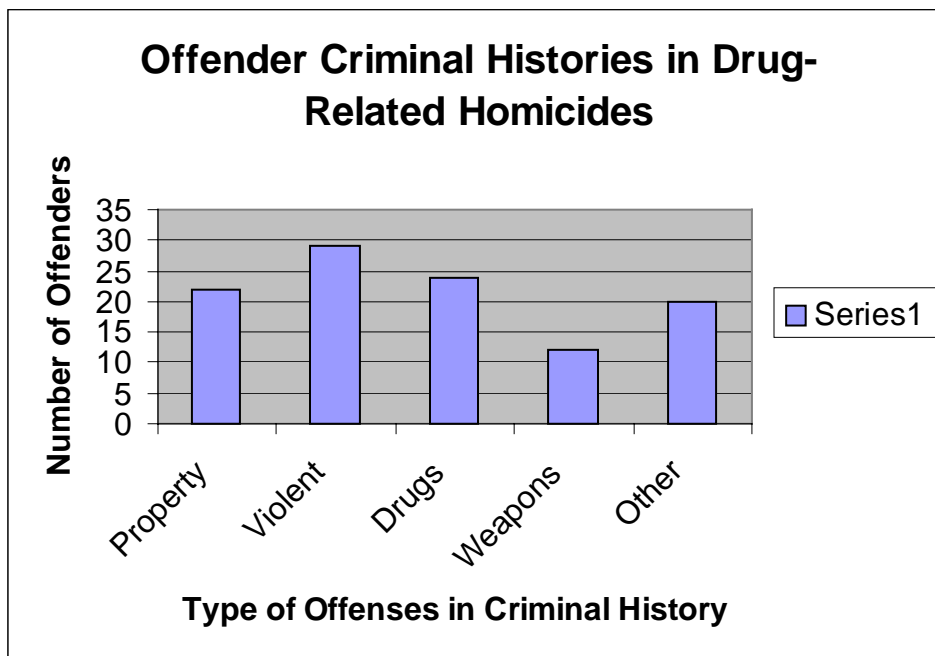
Nine offenders (24%) had residence addresses for places such as Bronx, NY, Brooklyn, NY and Philadelphia, PA. However, the majority of offenders, 52%, tended to have Lancaster City addresses (n=20). The southeast represented the largest number of offenders in d.r. homicides. Seven offenders from the southeast accounted for 35% of all d.r. homicide offenders from Lancaster City between 1969 and 2003. The specific street that three offenders lived on was S. Queen St. The greater majority of victims and offenders were from Lancaster City. Only a very small amount of people came from outside of Lancaster. The relationship between the victim and offender was also examined. Table 12, below, illustrates the findings.

**Table 12: Drug-Related Homicides Victim-Offender Relationship**

The data shows that in the majority of cases, the victim and offender knew each other and were considered acquaintances. In all of the d.r. homicides, the victim and offender were acquaintances in 60% of the cases (n=15). The next largest classification, unknown, accounts for 16% of all d.r. homicide cases (n=4). Because of the number of open cases, the unknown victim-offender relationship is greater than normally expected. A victim-offender relationship of friends represented 12% of all d.r. homicide cases (n=3), while stranger represented 8% of all d.r. homicides (n=2) and romantic represented 4% (n=1). Between 1969 and 2003, there were no d.r. homicides involving a victim-offender relationship of relatives. The next graph, Table 13, illustrates the findings on victim and offender criminal histories.

**Table 13: Victim Criminal Histories in Drug-Related Homicides**

Based on the criminal histories collected on all d.r. homicide victims, the majority of victims did have a criminal history. Out of the 25 victims, 20 had a criminal history while 5 did not. Table 13 shows that 64% of victims (n=16) had at least one property offense, 52% (n=13) had at least one violent offense, 60% (n=15) had at least one drug offense, 28% (n=7) had at least one weapons offense and 36% (n=9) had at least one offense that was categorized as “other”. The only two categories where the majority of victims did not have a prior offense were weapons and other offenses. Overall, most d.r. homicide victims had been arrested multiple times for different offenses preceding their murder. The final graph, Table 14, illustrates the criminal histories of the offenders in d.r. homicides.

**Table 14: Offender Criminal Histories in Drug-Related Homicides**

The data regarding all known d.r. homicide offenders shows that the majority of offenders had a criminal history. There are four cases that are not included in this portion of the study because their respective cases are still open and an offender has yet to be criminally prosecuted. However, of those cases with a criminally charged offender, 29 offenders had a criminal history while 5 did not. As shown in Table 14, 58% (n=22) of offenders had at least one property offense, 76% (n=29) had at least one violent offense, 63% (n=24) had at least one drug offense, 32% (n=12) had at least one weapons offense and 53% (n=20) had at least one offense that was considered to be “other”. The only category where the majority of offenders did not have a prior offense was weapons.

## DISCUSSION

Overall, the findings from my study suggest that narcotics-related crime-precipitated homicides are the most frequent types of homicides in Lancaster City. Although the number of

homicides as a whole is still high, the rates of occurrence are declining. The majority of drug-related homicides tended to occur in the winter and spring months (December – May) and between 11:00pm – 4:59am. The most number of drug-related homicides occurred in the southeast section, namely in the 100 block of Green St. Guns and firearms were the most used weapon in drug-related homicides, which also resulted in gunshot wounds being the majority of causes of death.

Victims and offenders in drug-related homicides tended to be black males between 20-24 years of age from the city of Lancaster. Victims tended to have an address from the northwest, southwest or southeast sections of the city, while offenders tended to have an address from the southeast section of the city. The most common type of relationship between the victim and offender was acquaintance, meaning the victim and offender knew each other prior to the homicide. The majority of victims and offenders had prior records with multiple arrests for different types of offenses. Victims tended to have more property offenses than the other types, while offenders tended to have more violent offenses than other offenses.

There were various limitations with this study. One of the largest limitations was the lack of prior research into crime-precipitated homicide. Although there has been extensive research into victim-offender relationships and homicide trends relating to crack cocaine, studying the victim's role in their own homicide is relatively new. Many urban police departments know there is a more than frequent occurrence of people who are killed by another person during their involvement with some type of drug activity. Unfortunately, the lack of scholarly research has not enabled these police departments to make such statements without public skepticism.

Another limitation with this study is the absence of a homicide database. Prior to this research, all information regarding homicides were kept in their respective case boxes. A brief

listing of homicides was available from the Captain of Adult Criminal Investigations, however, not every homicide was listed. The listing consisted of Lancaster Countywide Communication numbers, victims' last names and the lead investigator's name. Many of the cases in this list were not stored in a box in Records, even though some of the cases were closed. However, because the lead investigator's name was recorded next to each case, I was able to locate each detective and obtain the necessary information for each case. Because of the absence of a homicide database, collecting information was very time-consuming, complicated, and often frustrating. Some of the older cases (1969-mid 1980s) and all cases that resulted in a death sentence did not contain many of their original documents or necessary information, which resulted in limited collectable data.

One final limitation with this research is the omission of alcohol. My original intent was to focus on narcotics-related crime-precipitated homicides that involved any controlled substance listed in the VCSDDA&CA. Alcohol, while labeled a drug, also lowers inhibitions and facilitates actions that a person might not otherwise commit. While acknowledging alcohol's effects and presence in some homicides, another reason I did not include alcohol was because of a lack of documentation of alcohol presence in the victim(s) and suspect(s).

The findings from this study point to multiple future research possibilities. One essential research possibility is for more research into crime-precipitated homicide. The findings from Copes et al.'s (2002) study, as well as the current research, indicate that this is an area that must be explored by both researchers and the criminal justice system. The more research that is done in this area, the more police departments and local governments will be able to better implement policing strategies and allocate resources. Further research into crime-precipitated homicide would also help tourism in urban areas, like Lancaster City. Many people in and around

Lancaster City have a misconception that they are at great risk for becoming a homicide victim in Lancaster. Additional studies, similar to this one, would help dispel these myths and show that unless a person is involved in some type of illegal drug activity, their chances of being killed in Lancaster City are relatively minimal.

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## **APPENDIX 1**

### **Victim-offender relationship**

Stranger: stranger

Acquaintance: landlord, landlady, tenant, janitor, employer, employee, coworkers, proprietor, customer, neighbors, acquaintances, baby-sitter, teacher, student, cab driver, fare in cab, restaurant/bar staff, restaurant/bar customer, prostitute, client of prostitute, gambler, drug pusher, drug buyer/user, doctor, patient, rival gang member, sexual rivals, cell mate/inmate, nongang target, homosexual acquaintance

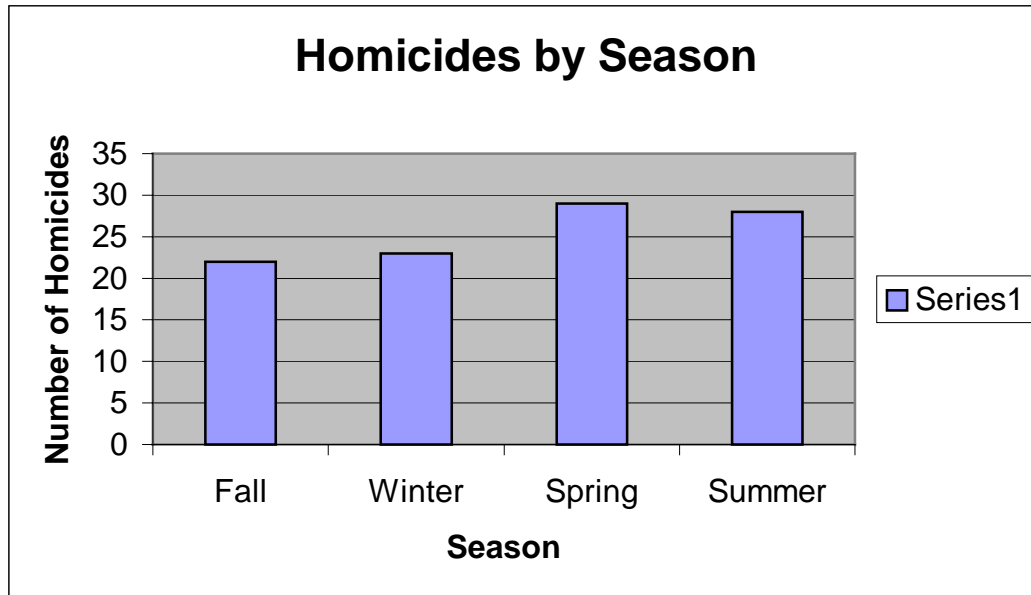
Friends: roommate friends, (same) gang member, pimp

Relatives: father, mother, son, daughter, brother, sister, half-brother, uncle, aunt, nephew, niece, cousin, grandfather, grandmother, grandson, granddaughter, boyfriend of mother, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, foster mother, foster son, foster daughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, child (of mother's boyfriend), child being watched

Romantic link: husband (legal), wife (legal), husband (common law), wife (common law), ex-husband, ex-wife, boyfriend, girlfriend, ex-boyfriend, ex-girlfriend, homosexual couple, ex-common law wife, ex-common law husband

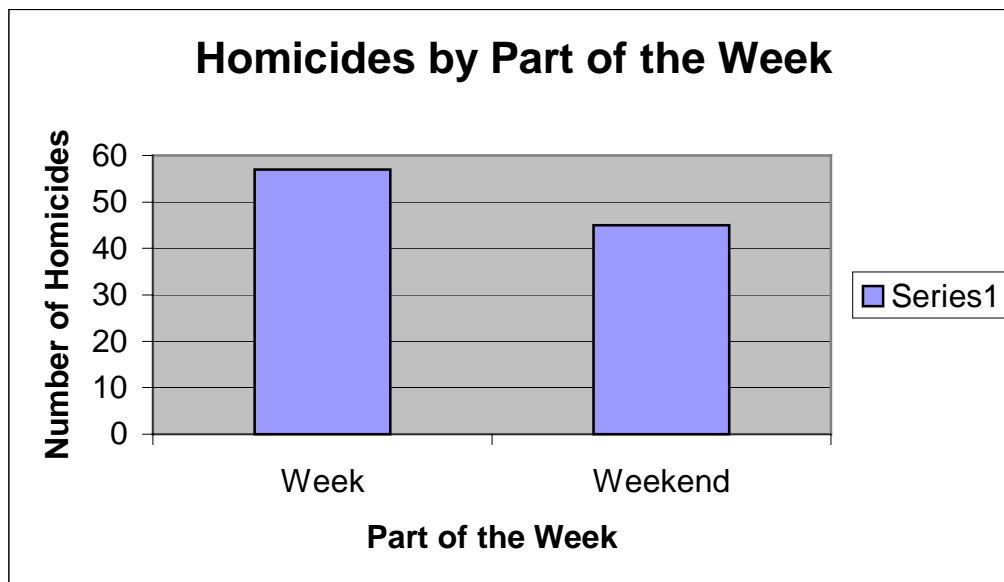
Other/unknown: relationship undetermined, police officer, security guard, suspect, target for contract, witness/informant, firefighter

## APPENDIX 2: General Homicide Findings for Lancaster 1969-2003



Fall: 21% (n=22), Winter: 22% (n=23), Spring: 28% (n=29), Summer: 27% (n=28)

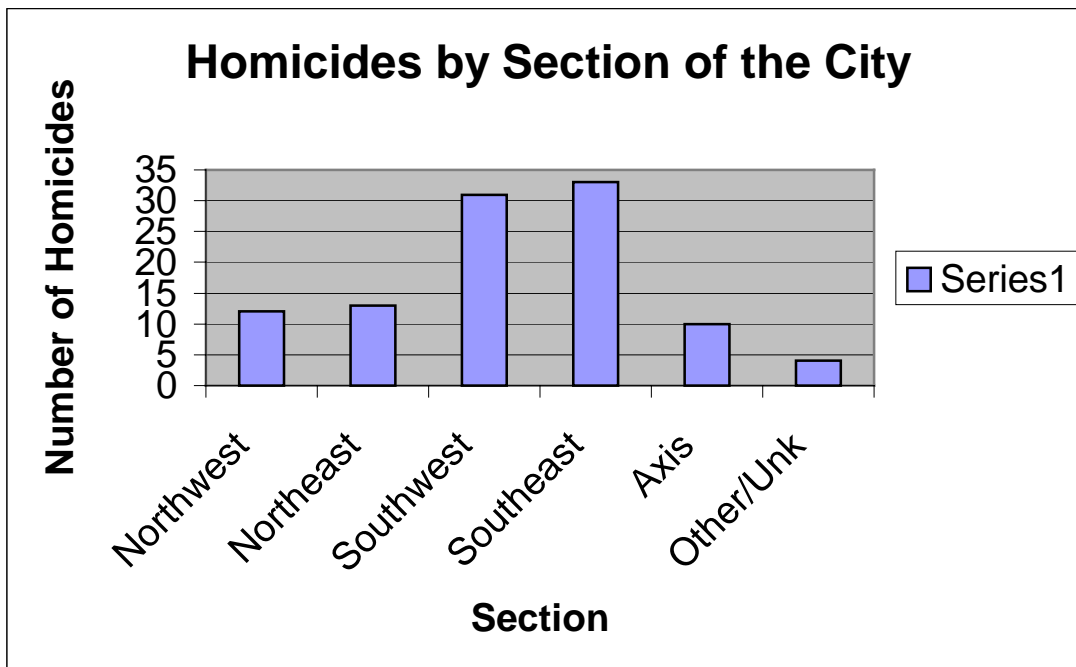
Unknown: 1% (n=1)



Week: 55% (n=57), Weekend: 44% (n=45), Unknown: 1% (n=1)



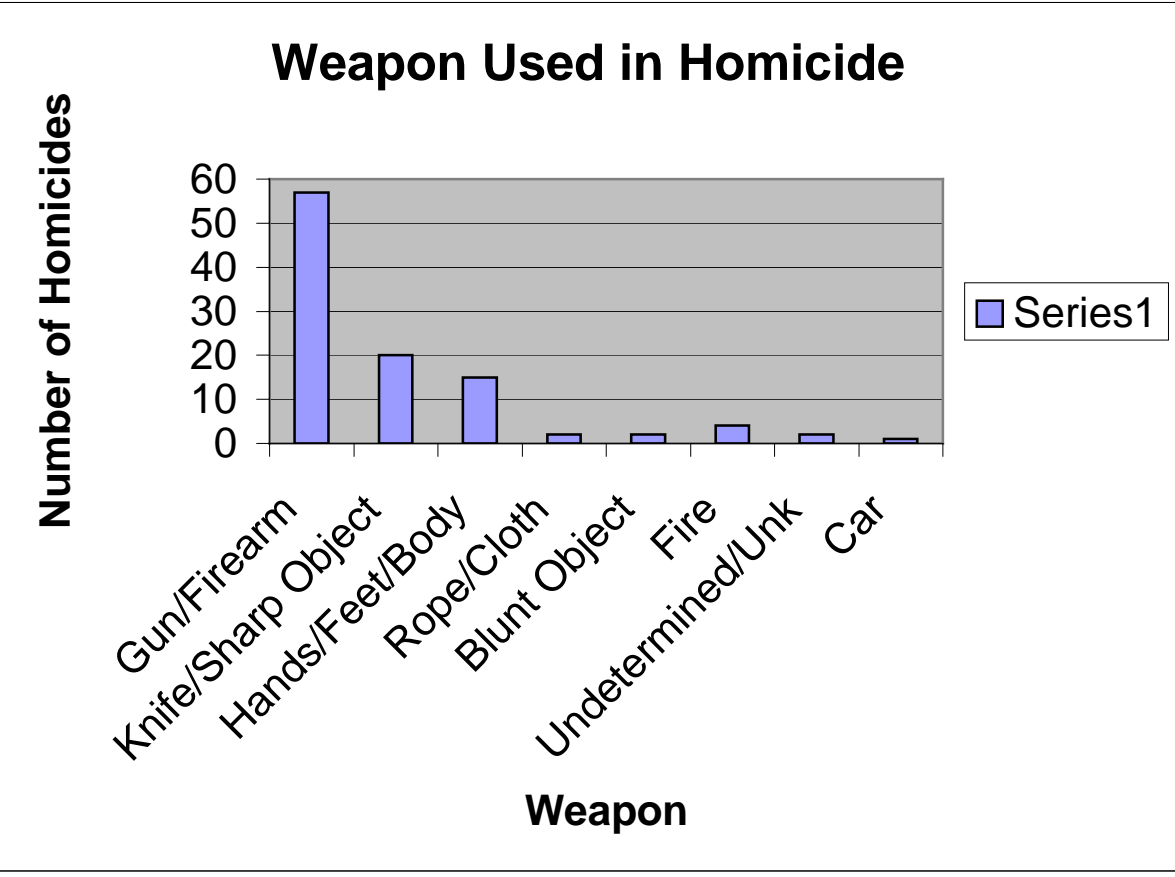
5am-10:59am: 12% (n=12), 11am-4:59pm: 11% (n=11), 5pm-10:59pm: 33% (n=34), 11pm-4:59am: 33% (n=34), Unknown: 12% (n=12)



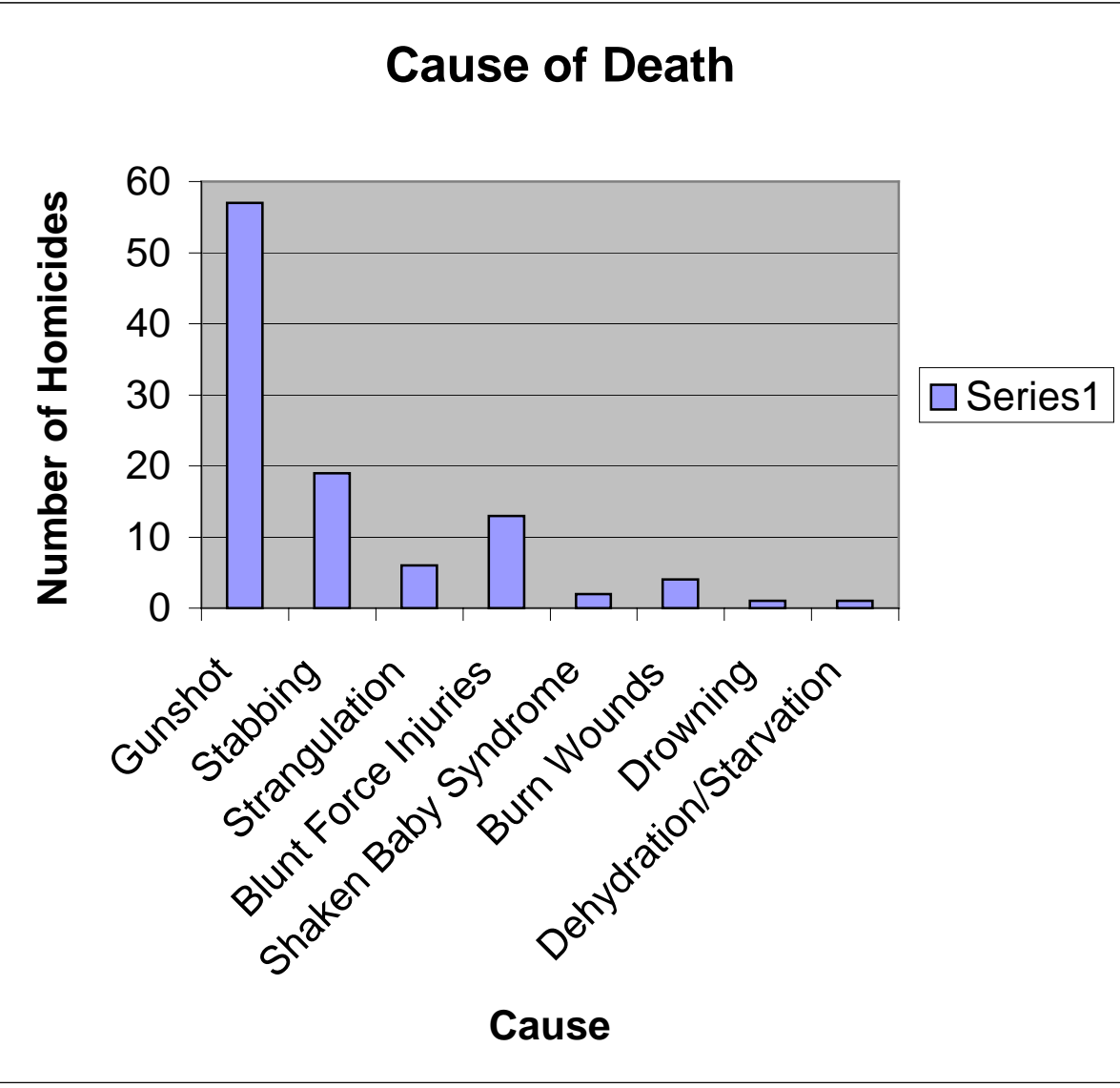
Northwest: 12% (n=12), Northeast: 13% (n=13), Southwest: 30% (n=31), Southeast: 32% (n=33), Axis: 10% (n=10), Other/Unknown: 4% (n=4)

## Victim and Offender Characteristics

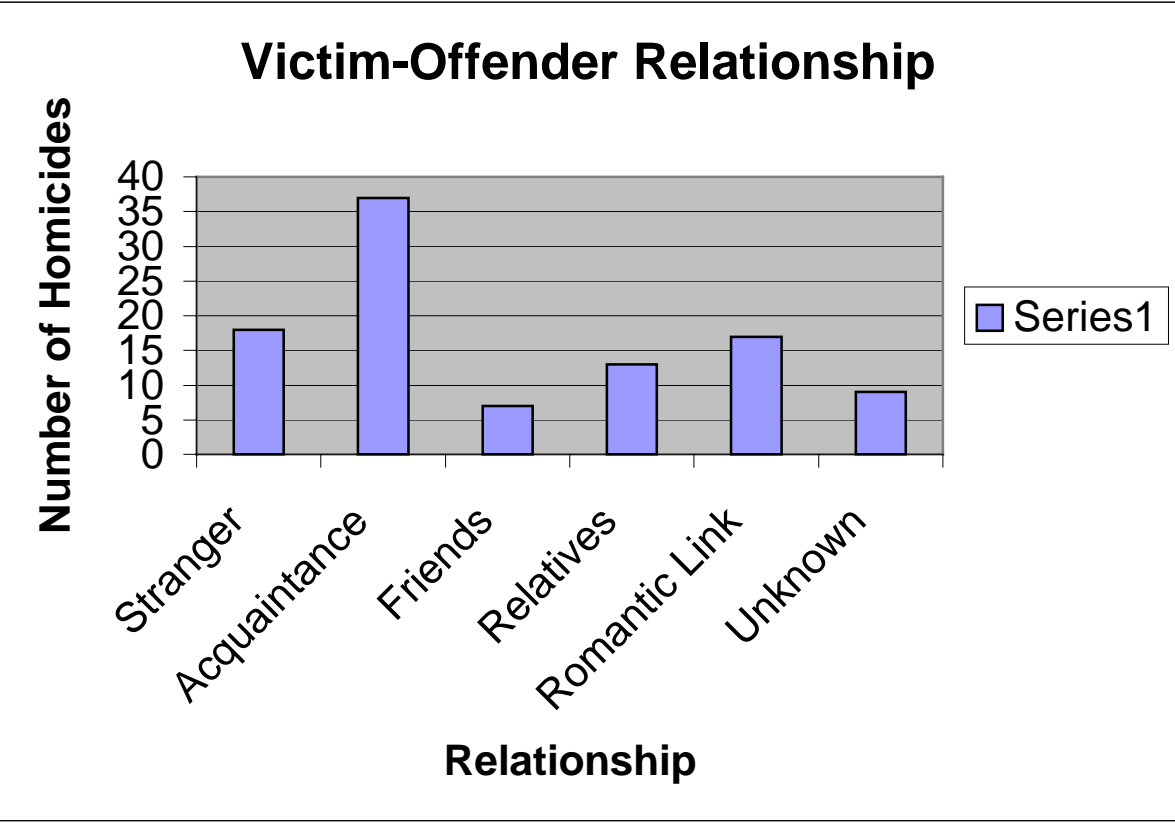
	<u>Victim</u>		<u>Offender</u>	
	n	%	n	%
<u>Age</u>				
Infant-19	39	32	30	20
20-39	60	50	83	57
40-59	15	12	8	5
60+	5	4	1	1
Unknown	2	2	20	14
Justified	0	0	5	3
Total	121	100	147	100
<u>Race</u>				
White	36	30	20	14
Black	38	31	40	27
Hispanic	40	33	61	42
Asian	3	3	2	1
Unknown	4	3	19	13
Justified	0	0	5	3
Total	121	100	147	100
<u>Sex</u>				
Male	85	70	121	82
Female	36	30	3	2
Unknown	0	0	18	13
Justified	0	0	5	3
Total	121	100	147	100
<u>City Section</u>				
Northwest	16	13	5	3
Northeast	13	11	16	11
Southwest	24	19	21	14
Southeast	29	24	34	23
Axis	7	6	14	10
Other	7	6	6	4
Not Applicable	13	11	17	12
Unknown	11	9	28	19
Homeless	1	1	1	1
Justified	0	0	5	3
Total	121	100	147	100



Gun/Firearm: 55% (n=57), Knife/Sharp Object: 19% (n=20), Hands/Feet/Body: 14% (n=15),  
Rope/Cloth: 2% (n=2), Blunt Object: 2% (n=2), Fire: 4% (n=4),  
Undetermined/Unknown: 2% (n=2), Car: 1% (n=1)



Gunshot Wounds: 52% (n=63), Stabbing Wounds: 17% (n=21), Strangulation: 5% (n=6),  
Blunt Force Injuries: 12% (n=15), Shaken Baby Syndrome: 2% (n=2),  
Burn Wounds: 9% (n=11), Drowning: 1% (n=1), Dehydration/Starvation: 2% (n=2)



Stranger: 19% (n=23), Acquaintance: 33% (n=39), Friends: 6% (n=7), Relatives: 17% (n=21), Romantic Link: 14% (n=17), Unknown: 7% (n=9), Missing: 4% (n=5)