

2006 Report
Spanning Years 1999 to 2004

County of Kern
Domestic Violence Death
Review Team



Domestic Violence Advisory Council

...Partnering to stop family violence in Kern County

DVAC



Domestic Violence Advisory Council

Partnering to stop family violence in Kern County

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Bakersfield, CA 93301
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*Kern County Coroner's Office
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Bakersfield, CA 93305
(661) 868-0100*

*Kern County Department of Human Services
Child Protective Services
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*Alliance Against Family Violence and
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*Kern County Sheriff's Department
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*Shafter Police Department
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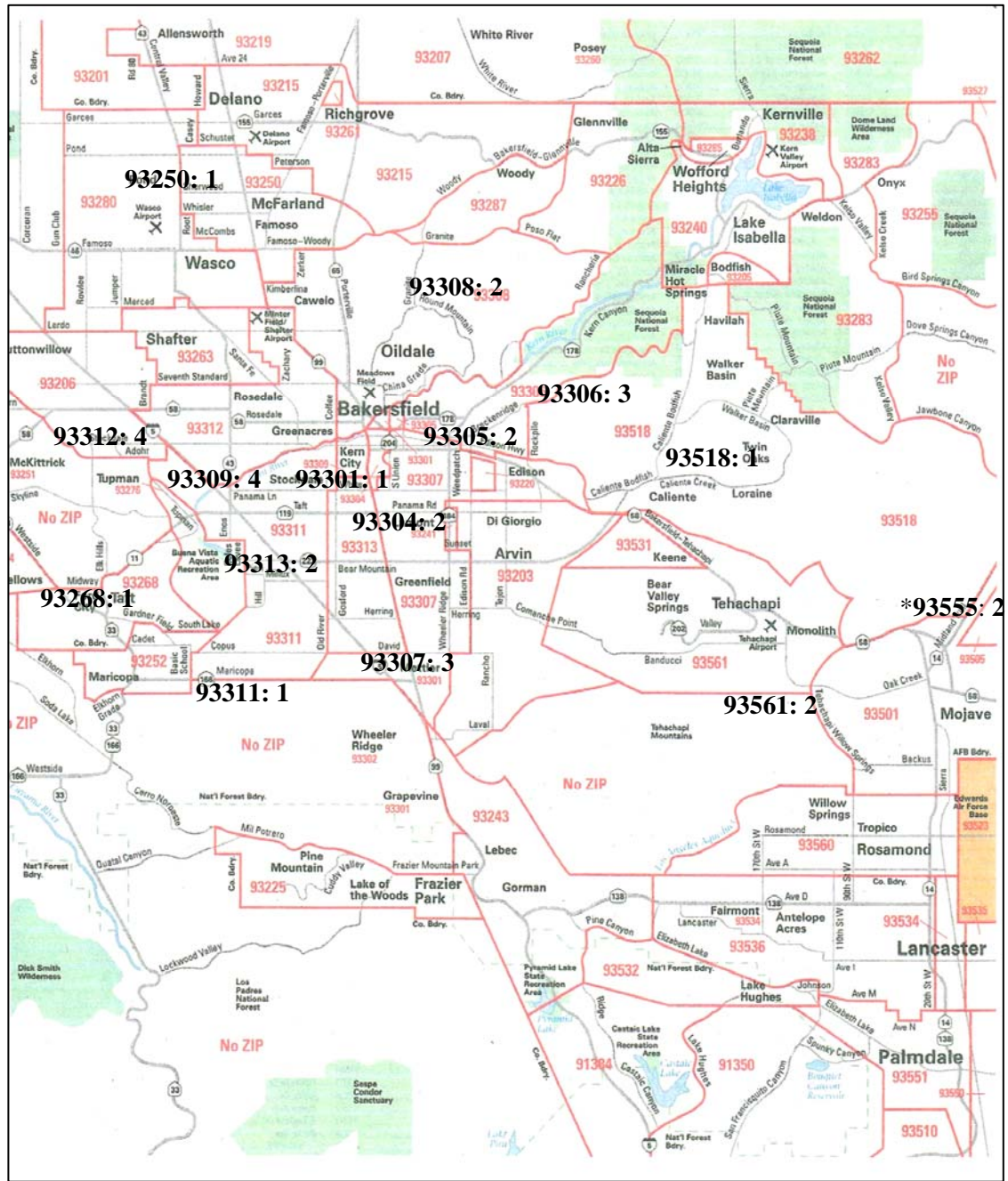


Domestic Violence Advisory Council
Partnering to stop family violence in Kern County

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Kern County Domestic Violence Fatalities 1999 to 2004: Deaths Per Zip Code



SOURCE: Kern County Map divided into U.S. postal zip codes from the Yellow Pages.

* NOTE: Ridgecrest is not featured in this map but its values are still included above. The numbers following colons after each zip code indicate the total number of deaths per zip code by occurrence or residence of victim.



Introduction

MISSION STATEMENT: This panel's goal is to assist local agencies in identifying and reviewing domestic violence deaths. Based upon the review, we seek to develop recommendations for policies and protocols for community prevention and intervention and initiatives to reduce and eradicate the incidence of domestic violence.

Domestic violence-related homicides and suicides have emerged as a serious challenge to California. In that vein, several California counties have released reports chronicling domestic violence fatalities within their jurisdictions and thereafter issued remedial recommendations. Following suit, multiple Kern County agencies within the Domestic Violence Advisory Council (DVAC), organized the county's own Domestic Violence Death Review Team and herein issue its first report reviewing domestic violence homicides, homicide-suicides, homicide-blue suicide, suicides, and blue suicide from November 1999 to December 2004, a total of 31 deaths in 23 cases. It is important to note the cases in this report do not represent an exhaustive list of Kern County domestic violence-related fatalities; rather, only those which have completed their run through the criminal justice system and been deemed closed cases. This study also precludes those perpetrators who escaped prosecution, such as individuals fleeing the country.

Created for purposes of limiting and ideally preventing future domestic violence-related fatalities, this team is comprised of Kern County agencies working in conjunction with the criminal justice system, including law enforcement and the court system. We seek to evaluate cases where attempts at intervention either failed or did not exist, and accordingly recommend policy changes within various county agencies.

While this group works toward the betterment of our community, we note the ethical responsibility of respecting the deceased victims' confidentiality, as well as that of their perpetrators and other persons affected (including remaining minor children). For this reason, identifiable characteristics and specifics have been removed from this report, and a requisite to participation on this team is the signature of a confidentiality agreement from all members. Our intent is not to denigrate surviving victims, perpetrators or fellow team members. This is a collaborative effort and does not assign blame or question any individual's authority.

Terminology used in this report is contextually defined as follows: a *homicide* is typically when a perpetrator kills the intimate partner; however, we have included several cases where, during the course of the domestic violence attack, the perpetrator kills a family friend or relative and in one case, a complete stranger. A *homicide/suicide* occurs when a perpetrator kills intimate partner and thereafter himself/herself; a *suicide* is when one intimate partner involved in a domestic violence relationship kills himself/herself³; a *blue suicide* results where a "suicidal" individual intentionally engages in life-threatening and criminal behavior with a legal weapon or what appears to be a lethal weapon toward law enforcement officers or civilians specifically to provoke officers to shoot the suicidal individual in self-defense or to protect civilians."⁴

³ Websdale, N. (1999). *Understanding domestic homicide*. Boston: Northeastern University Press.

⁴ Pinizzotto, A., et al. (2007). Suicide by cop: Defining a devastating dilemma. In Victor, J. ed. *Annual Editions: Criminal Justice 2006/2007*. Dubuque, IA: McGraw-Hill, 112-119.



Summary of Findings

DEATHS FROM 1999 TO 2004

23 cases, 31 total deaths:

- 10 Homicides
- 7 Homicide/Suicides
- 4 Suicides
- 1 Homicide/Blue suicides
- 1 Blue Suicide

LAW ENFORCEMENT AGENCIES INVOLVED

Bakersfield Police Department
Kern County Sheriff's Department
Ridgecrest Police Department
Shafter Police Department
California Highway Patrol
NOTE: 1 case involved BPD and Sheriff's Department, though not conjunctively

CASE STATISTICS

1. **Ages** All victims and perpetrators fell between 17 and 78 years of age.
 - A. Homicide, Homicide/Suicide victim mean age female: 37.5 male: 42.5
 - B. Homicide, Homicide/Suicide perpetrator mean age female: 36.0 male: 35.9
 - C. Suicide mean age female: 22.5 male: 60.0
 - D. Homicide/Blue Suicide victim mean age female: 0.0 male: 60.5
 - E. Homicide/Blue Suicide perpetrator mean age female: 28.0 male: 0.0
 - F. Blue Suicide perpetrator mean age female: 0.0 male: 43.0
 - G. 4 perpetrators' ages were unaccounted for

2. **Ethnicity**
 - A. White (non-Hispanic) 14 (6 homicides, 3 homicide/suicides, 2 suicides)
 - B. African-American 6 (1 homicide, 1 homicide/suicide, 1 homicide/blue suicide, 1 blue suicide)
 - C. Hispanic 10 (3 homicides, 3 homicide/suicides, 1 suicide)
 - D. Asian 1 (1 suicide)

3. **Sex**
 - A. 10 Homicide perpetrators female: 2 male: 8
 - B. 10 Homicide victims female: 6 male: 4
 - C. 7 Homicide/Suicide perpetrators female: 0 male: 7
 - D. 7 Homicide/Suicide victims female: 7 male: 0
 - E. 2 Suicide by perpetrators female: 0 male: 2
 - F. 2 Suicide by victims female: 2 male: 0
 - G. 1 Homicide/Blue Suicide perpetrator female: 1 male: 0

H. 1 Homicide/Blue Suicide victim	female: 0	male: 1
I. 1 Blue Suicide by perpetrator	female: 0	male: 1
J. Same-Sex Couples	0	

4. **Substance Abuse**

- A. 12 cases included suspected/confirmed substance abuse by perpetrator or victim, leading to the domestic violence related fatality
- B. Of those 12 cases with confirmed substance abuse

alcohol:	3*
illegal drugs:	2*

*Verification of cases is subject to release of information.

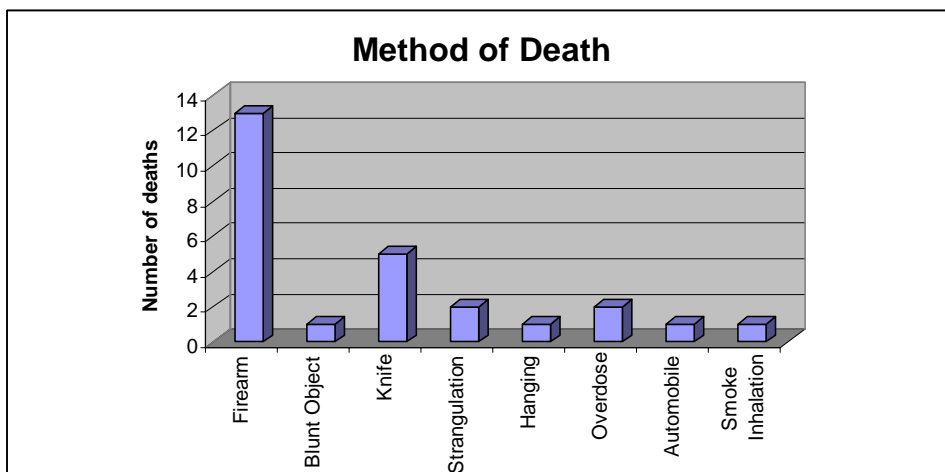
5. **Mental Health**

- A. 4+ cases with known treated or untreated mental health issues
- B. 2+ cases included victims or perpetrators currently taking prescription medication for diagnosed mental illnesses
- C. 2+ cases included victims or perpetrators who had mental illnesses but did not receive treatment

+ Verification of cases is subject to release of information.

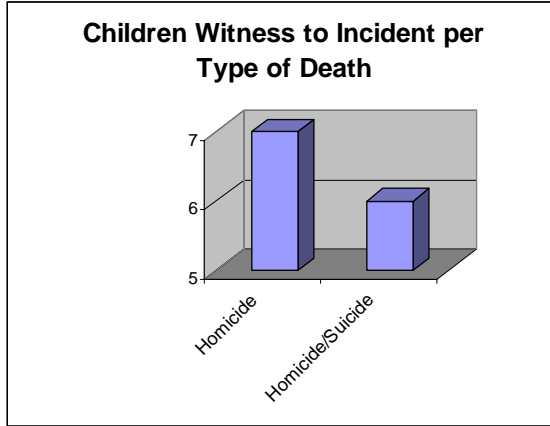
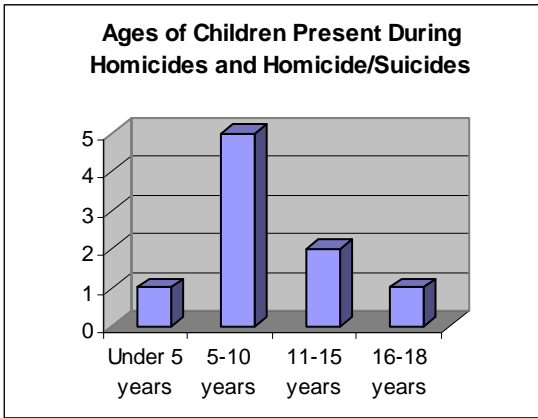
6. **Method of death**

- 13 Firearms (5 homicides, 5 homicide/suicides, 1 suicide, 1 homicide/blue suicide, 1 blue suicide)
- 1 Blunt Objects (1 homicide)
- 4 Knives (3 homicides, 1 homicide/suicide)
- 2 Strangulation (1 homicide, 1 homicide/suicide)
- 1 Hanging (1 suicide)
- 2 Overdoses (1 homicide/suicide, 1 suicides)
- 1 Automobile (1 suicide)
- 1 Smoke Inhalation (1 homicide/suicide)



7. **Children**

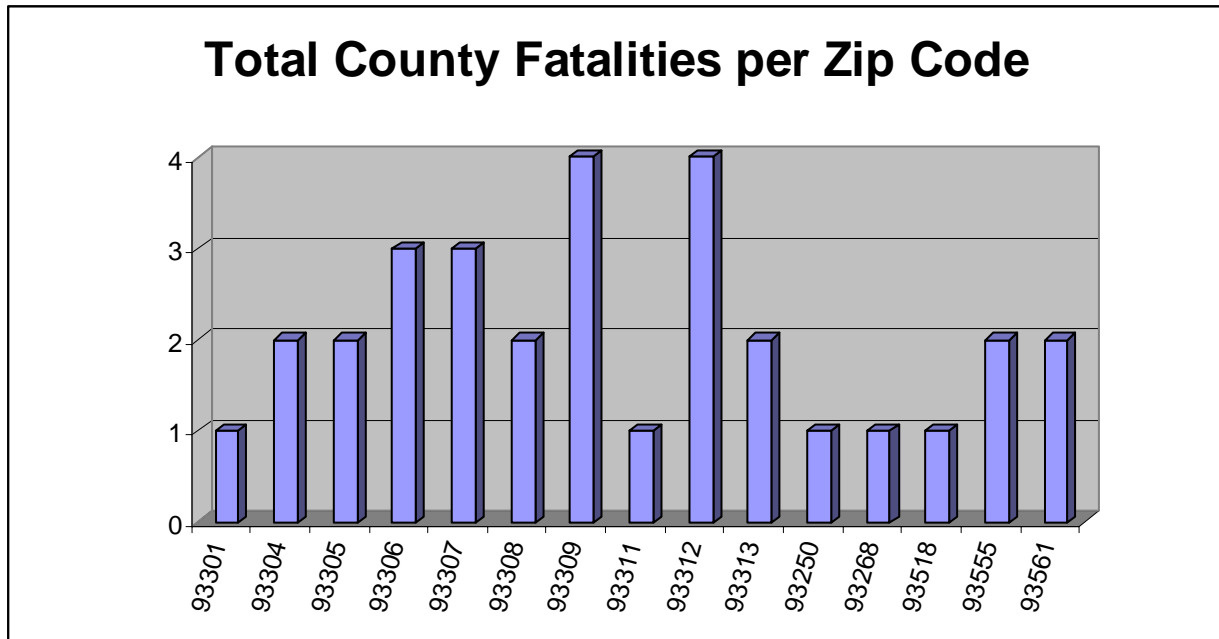
- A. Present in residence/witness to incident: 13
- B. Number child fatalities: 1
- C. Number child injuries resulting from intervening in parental conflict: 1
- D. Number cases with Child Protective Services Reports: 1
- E. Number children whose parent(s) died: 28



8. Zip Codes

Fatalities per Zip Code by Cause of Death

Zip Code	Homicide	Homicide-Suicide	Suicide	Homicide-Blue Suicide	Total
93301	0	0	1	0	1
93304	0	2	0	0	2
93305	1	0	1	0	2
93306	1	0	2	0	3
93307	1	2	0	0	3
93308	1	0	0	1	2
93309	0	4	0	0	4
93311	1	0	0	0	1
93312	0	4	0	0	4
93313	1	0	0	1	2
93250	1	0	0	0	1
93268	1	0	0	0	1
93518	1	0	0	0	1
93555	2	0	0	0	2
93561	0	2	0	0	2
Total	11	14	4	2	31





Individual Case Summaries

CASE 1: 2001 *Homicide/Blue Suicide* –Decedent (a stranger to the Perpetrator) died from exsanguinations due to cuts and abrasions to the head and arms by a meat cleaver. Prior to entering the Decedent’s residence, the Perpetrator left the residence of her ex-boyfriend after having had a verbal altercation over custody of their minor children, wherein she then stabbed the ex-boyfriend and his current girlfriend. She then fled to Decedent’s residence where she bludgeoned him to death. Perpetrator next fled Decedent’s residence and attempted to run over sheriff’s deputies who were pursuing her, and who subsequently shot and killed her. Perpetrator had previous contact with the KCSO. She had 7 children, only 2 of which she had with the ex-boyfriend. She had one prior conviction of child endangerment. Perpetrator had a history of mutual violence in her relationship and suffered abuse as a child.

CASE 2: 2002 *Homicide/Suicide* –Decedent’s husband shot her in the head while she sat in a recliner and then himself at their residence. Neither Decedent nor her husband had a criminal history or documented domestic violence. Neighbors noticed a radical change in behavior preceding the incident, and Decedent had instructed them not to visit anymore. At the time of his suicide, Perpetrator’s blood contained alcohol over the legal limit, considered to be a contributing factor to the homicide and suicide.

CASE 3: 2001 *Homicide* –Decedent and Decedent’s girlfriend entered a friend’s travel trailer during a New Year’s Eve party. Both had been drinking, and the girlfriend shot Decedent during an argument. Their relationship was mutually combative though neither had contacted police before, filed for and obtained a restraining order, or had a criminal history.

CASE 4: 2000 *Homicide* –Decedent was shot by her daughter’s boyfriend at Decedent’s place of employment after encouraging her daughter to terminate the relationship. Perpetrator had a criminal record, was wanted by KCSO for threats and brandishing a weapon, and was scheduled to enter a court ordered batter’s treatment program the afternoon of the homicide. Perpetrator had large levels of amphetamine and methamphetamine in his system.

CASE 5: 1999 *Homicide/Suicide* –Perpetrator, who suffered from an untreated mental illness, was discharged from KMC 3B earlier in the day of the homicide/suicide. Perpetrator telephoned his mother to tell her of his intent to commit suicide. Decedent then picked up his ex-girlfriend. She had recently ended their relationship. Perpetrator called police to inform them Decedent had 2 minor children left unattended at home. He drove to a field and first shot Decedent and then himself when the police helicopter found them. Perpetrator had a history of peace disturbances, but no criminal record or restraining orders.

CASE 6: 2000 *Homicide/Suicide* –Decedent was shot by her husband with the couple’s 2 minor children in the home. The pair had separated, and Decedent’s restraining order was pending. At the time of the shooting, Perpetrator was under the influence of alcohol and entered into an argument about the Decedent’s new boyfriend. Perpetrator shot the wife in the storage shed near the house, called 9-1-1, and shot himself after deputies arrived at the residence. Perpetrator’s relatives were not surprised by the homicide/suicide, and expected such a result because of the Perpetrator’s temper.

CASE 7: 2001 *Suicide* –Decedent had a history of self-destructive behavior and 2 previous suicide attempts, but no criminal record. She and her husband argued and he left the residence with their 1 minor child. Decedent died by crashing her car. Husband had filed for a restraining order. Mediation was scheduled for the day following the suicide.

CASE 8: 2001 *Suicide* –Decedent and his wife had separated and she permitted him to return to the residence where he drank beer and wine the night preceding his death. In the morning, the wife walked their minor child to school. Upon her return, she found Decedent had hung himself from a tree in the backyard. Decedent had a history of mental and physical abuse as well as alcohol abuse. Decedent had a criminal record including a violation of a restraining order filed by his wife.

CASE 9: 2000 *Homicide* – Decedent’s husband stabbed her to death after an argument ensued over lost car keys. Perpetrator had been drinking after work the evening of the argument. The couple had 3 minor children in the home at the time of the argument. No CPS reports had been filed. Perpetrator had a domestic violence-related arrest in 1996 and served 120 days. He was convicted of second-degree murder and received 16 years - Life for this homicide.

CASE 10: 2001 *Homicide* –Decedent had been involved in a sexual relationship with Perpetrator and his wife for years. The wife left her husband and took their 2 minor children. She moved in with her sexual partner, Decedent. Perpetrator got angry and broke into Decedent’s residence while she and his minor children were asleep. He beat Decedent to death with a hammer and large flashlight. He then waited for his wife to return and got into a physical altercation with her and the friend who returned home with her. He then left after failing to kill the wife. Perpetrator had painkillers, anti-depressants, and alcohol in his system, and had a history of mental illness. He was convicted of first-degree murder and received a Life sentence with no parole. The wife had not filed for a restraining order.

CASE 11: 2001 *Homicide* –Decedent entered into an argument with his girlfriend while drinking. The girlfriend left the residence and his roommate stabbed Decedent to death, which was ruled to be self-defense. Decedent had a history of domestic violence; his father filed a domestic violence restraining order against Decedent and his girlfriend. The couple had 2 minor children who were not present at the residence.

CASE 12: 2002 *Homicide/Suicide* –Decedent and Perpetrator had recently ended a relationship. The couple had 1 minor child. Decedent went over to Perpetrator’s residence, the two entered into an argument, and Perpetrator shot her and then himself. There was a history of domestic violence and the Perpetrator had a criminal history. Both were developmentally challenged. Perpetrator’s family and the minor child were present at the residence during the shooting.

CASE 13: 2001 *Homicide* –Decedent had a history of violent relationships, as well as a criminal history and terrorist threats. He went to the residence of his girlfriend’s mother to see his infant minor child, and the two entered into an argument. The girlfriend’s brother shot Decedent in self-defense. The District Attorney accepted a plea bargain to a reduced charge for the girlfriend’s brother.

CASE 14: 2002 *Homicide* –Decedent and her husband entered into an argument after he returned home from drinking. Perpetrator confronted Decedent about suspected infidelity, and thereafter shot her to death. Perpetrator had no criminal history or record of domestic violence, substance abuse, or mental illness. Perpetrator pled to a reduced charge of second-degree murder.

CASE 15: 2000 *Homicide* –Decedent and his wife were estranged. Decedent began a new relationship and the Perpetrator/wife began stalking him. Perpetrator had no criminal history and there was no reported domestic violence. There were no minor children. The estranged wife visited Decedent at his residence, an argument ensued, and Perpetrator shot him to death.

CASE 16: 2003 *Homicide/Suicide* –There was a history of domestic violence in the house and police had been called out, but there were no known death threats. Decedent and Perpetrator were married with 3 minor children, but CPS was never involved. Perpetrator had moved out of the residence. Perpetrator showed up at her residence where 1 minor child let him in and he began to argue with Decedent. Decedent attempted to escape, and Perpetrator shot at her until she fell to the floor and then shot himself in front of the minor children. Perpetrator had a history of substance abuse (cocaine).

CASE 17: 2003 *Homicide* –Decedent’s husband stabbed her to death in front of their 3 minor children and neighbor child during an argument. Perpetrator stabbed one daughter who was trying to protect her mother. Decedent and Perpetrator had recently separated, and she obtained a restraining order against him. Perpetrator had a history of making death threats on his wife. There were 6 referrals to CPS, 2 of which followed Decedent’s death. The minor children went to live with their older, legal age sibling and Perpetrator was convicted of second-degree murder.

CASE 18: 2003 *Suicide* –Decedent obtained a restraining order against her boyfriend for herself and her minor child. Both Decedent and the boyfriend had drug problems. The boyfriend got physical during an argument, and Decedent obtained an Emergency Protective Order and was placed in a hotel. She called a relative to pick up her minor child from the hotel. Her death was ruled to be a suicide by a lethal overdose. Police found a written will next to Decedent’s body in the hotel, which was determined not to be her handwriting, though she signed it. The boyfriend was questioned, and though he admitted looking for her, but asserted he never found her.

CASE 19: 2003 *Suicide* –Decedent had a previous domestic violence arrest for a terrorist threat against his girlfriend who ended the relationship. He returned to his ex-wife’s residence whose divorce had not yet been dissolved. He went into her bedroom and shot himself with a handgun. The ex-wife told police the Decedent had not appeared distraught and she was unaware of his intent to commit suicide.

CASE 20: 2004 *Blue Suicide* –BPD responded to 9-1-1 calls reporting Decedent, shot by her husband, lay naked in the street. Witnesses reported Perpetrator ran and shot at Decedent until he ran out of bullets, and then beat her with the gun and alternately kicked her. When police arrived, they surrounded the perimeter of his house as he was considered a high-risk threat. Perpetrator entered his car and drove towards police, forcing them to fire. Perpetrator died from his gunshot wounds. Perpetrator had a criminal record and was currently on parole for illegal drugs. There was also one prior incident of reported domestic violence, but charges were dismissed. Perpetrator had drug and alcohol in his system at time of death.

CASE 21: 2004 *Homicide/Suicide* –KCSO responded to Decedent’s daughter’s calls concerning her parents. For weeks she heard no response to the messages she left on the answering machine. Prior to entering the residence, KCSO noted flies on one of the windows and upon entering, they found Decedent in advanced stages of decomposition and her husband dead in another room. Perpetrator had strangled his wife and days later he committed suicide by an overdose of

medication. There was one prior incident of domestic violence and terrorist threats. Perpetrator had been charged with a misdemeanor domestic violence charge, and he had attended anger management, and his guns were removed from the home. Perpetrator left writings in which he accused Decedent of physically and emotionally abusing him, though these claims were not substantiated.

CASE 22: 2001 *Homicide* –Decedent, a minor still in high school, resided with her older aged boyfriend. According to Perpetrator, an argument ensued when Decedent admitted considering to reconcile with an ex-boyfriend. Perpetrator strangled Decedent, pregnant at her time of death, and stored her body in a hide-a-bed couch. Perpetrator had continuing contact with his ex-wife during his relationship with Decedent, and contacted her after committing the homicide. The ex-wife had a current restraining order on Perpetrator.

CASE 23: 2004 *Homicide/Suicide* –Decedent and perpetrator had been married for 18 years and had a pending divorce. There were no signs Perpetrator forced his entry into the residence. The two entered into an argument, reportedly concerning money. Their two minor children left the residence and were not present at the time of deaths. Neighbors saw smoke coming from the house the evening of the argument and dialed 9-1-1. Decedent was stabbed by her husband more than 50 times. While, Perpetrator had self-inflicted superficial stab wounds, Perpetrator’s cause of death is smoke inhalation after he appeared to pour gasoline on himself. A lighter was found under Perpetrator’s body. There was no history of domestic violence, no pending or existing restraining orders, and neither had a criminal record.



Risk Factors

A review of these cases produced the following risk indicators, or red flags, and the frequencies of these identifiers common to Kern County's domestic violence fatalities:

- 78% - Prior contact with law enforcement, a county agency, or court system
- 70% - Access to firearms
- 70% - Cases involved extreme jealousy and "heat of the moment" arguments in which deaths occurred
- 57% - History of domestic violence in current or previous relationship
- 43% - Couple was separated, estranged, or divorced
- 30% - Victim had a current or pending restraining order, 2 cases of which included restraining orders on perpetrator for unrelated individuals
- 30% - Decedent and/or perpetrator had a mental health or substance abuse issue (5 of the 7 cases where alcohol and/or drugs contributed to the homicide and included perpetrators and/or victims under the influence at time of death)

Other notable risk factors occurring less frequently, but still significant:

- 14% - CPS referrals among couples with children
- 9% - Previous death threats
- 9% - Radical change in personality (e.g., increased paranoia or isolationism)
- 9% - Mutually combative relationship
- 9% - People (relatives, neighbors) aware of the severity of violence in the relationship who did not intervene, but were not surprised by the fatalities

The literature on domestic violence-related homicides mirror this listing of risk factors with the exception of prior suicide attempts. Some studies determine threats or previous attempts at suicide by both genders to be poorly correlated to the probability of homicide.⁵ Other findings include suicide threats as posing a great risk, especially when coupled with additional risk factors.⁶ While suicide threats may not appear to be prominent risk factors in Kern County, they are nevertheless indicative of domestic violence.⁷ Conversely, there is no question that homicidal threats highly correlate to gun or other weapon ownership,⁸ and Kern County's cases overwhelmingly corroborate this finding.

The most common predictors of homicides and homicide-suicides are the following: a history of domestic violence, estranged or separated marital status typically initiated by the wife, male

⁵ Campbell, J. C., et al (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal*, 250, 16-19.

⁶ Websdale, Neil. (2000). Lethality assessment tools: A critical analysis. *National Electronic Network on Violence Against Women*, 1-7.

⁷ Ibid.

⁸ Campbell, J. C., et al (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal*, 250, 16-19.

possessiveness and intense jealousy throughout the relationship, threats to kill expressed to the victim, victim's family members, friends, and neighbors, perpetrator has a criminal record reflecting a history of violent acts, perpetrator consumes large amounts of alcohol and/or drugs preceding the homicides, and the victim has an existing restraining order at time of death.⁹ Drug and alcohol abuse present an increased risk to potential domestic violence homicide victims though to lesser degrees than the aforementioned red flags.¹⁰ Of note, several of Kern County's homicides include drug and/or alcohol ingestion immediately preceding the death.

We identify these red flags for purposes of allowing agencies to intervene and prevent future fatalities in cases repeating comparable patterns, or even for use of persons including friends, family, and neighbors to contact agencies and assist them in identifying problematic relationships and promoting involvement.

⁹ Websdale, Neil. (2000). Lethality assessment tools: A critical analysis. *National Electronic Network on Violence Against Women*, 1-7.

¹⁰ Ibid.



Recommendations

Domestic violence intimate partner homicides have declined over the past 25 years at a rate of approximately 30%.¹¹ This decline varied across ethnic and gender lines, with males, African Americans, and married victims enjoying a more pronounced decrease in homicides than females, Whites (non-Hispanics), and unmarried victims.¹² As homicide rates drop, public services, awareness education, and domestic violence prevention policies continue to rise. However, women continue to be most at risk for victimization at the hands of their intimate partner.¹³ Based on a consideration of the 23 cases reviewed above, the Kern County Domestic Violence Death Review Team offers the following recommendations:

ONE: This panel's primary concern lies in the welfare of the surviving children whose parent(s) were involved in a domestic violence homicide. Currently, the county appears to lack an existing system in place for follow-up services for dependent children. The devastation losing one or more parents in a child's life is quite profound, especially when he/she witnesses the homicide or homicide/suicide.¹⁴ An estimated 3,300 children yearly experience the domestic violence murder of a parent, and yet little is known about how many of these children receive therapeutic services or recovery processes.¹⁵ Even less is known about those children present during the attempted homicide or suicide of their parents.¹⁶

Intimate partner homicides revictimize the children who often must testify in court and are thereafter typically relocated to a new home with relatives or temporary guardians.¹⁷ They are labeled, stigmatizing them and their social interactions.¹⁸ Unfortunately, very few of these children receive adequate therapy, or even minimally a single therapy session.¹⁹ It would behoove Kern County's various agencies to pay closer attention to these surviving children, offering more intervention strategies such as in-home follow-up visits by mental healthcare professionals to monitor the child's progression.²⁰ Additionally, there is no follow-up intervention program to compel guardians to enroll surviving children in therapy in instances where no therapy is sought or where children attended one session and quit attending.²¹

Whether or not children witnessed their parent's murder, nearly 90% of children are aware and witness the domestic violence abuse prior to the death.²² This exposure coupled with the death(s) predisposes surviving children to psychological and behavioral disorders.²³ They also risk becoming future victimizers themselves, mimicking acts they witnessed in childhood and furthering

¹¹ Dugan, L., et al.(2003). Do domestic violence services save lives? *National Institute of Justice Journal*, 250, 21-24.

¹² Ibid.

¹³ Ibid.

¹⁴ Lewandowski, L., et al. (2004). He killed my mommy! Murder or attempted murder of a child's mother. *Journal of Family Violence*, 19:4, 211-220.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

the cycle of abuse.²⁴ Children whose parents were drug and/or alcohol abusers have the added problem of passing intergenerational addiction, posing one more challenge to their mental and physical recovery.²⁵

Commonly, police and other first response agents recommend services and therapy during a time when the family is overwhelmed and the murders are still fresh.²⁶ Therapy recommendations for children should also come in follow-up interviews at a time where the child's caretaker has processed the death and begun making plans to "move on."²⁷ Intervention is key; it must become procedure in responding to all domestic violence calls involving children.

TWO: More than half of domestic violence incidents involve alcohol consumption, most commonly with both the victim and perpetrator drinking.²⁸ While alcohol does not cause domestic violence, this factor added to drug abuse, low family income, and cultural approval of violent abuse are more telling predictors of intimate partner homicides.²⁹ Drinking considered singly only accounts for minor violence against a partner, whereas drugs and alcohol combined correlate to male escalated violence including use of a weapon.³⁰ Likewise, substance abuse, typically alcohol, has been identified as a huge risk factor for suicides.³¹ Information related to the numbers of suicides where drug use preceded death are less known, but still correlate to increased suicide risk.³²

Despite drug and/or alcohol consumption by both men and women, women are more at risk for intimate partner homicide by a male offender under the influence than their male counterparts.³³ The correlation between substance abuse appears to be a gendered one, with males accounting for substantially more violence against their female partners.³⁴ Methamphetamine use has been identified as a problem drug in other domestic violence cases that did not necessarily end in death as well as domestic violence-related suicides. Studies indicate increased access to resources (such as NA, AA) better counter drug and alcohol abuse's exacerbating effects on domestic violence homicide.³⁵ Kern's communities should be encouraged to develop their own private-based support groups for drug and alcohol abusers to access.

THREE: Because most domestic violence services focus on women between the ages of 18 and 45, elderly victims are typically referred to APS.³⁶ Due to the nature of the injuries and the agency's focus on neglect and financial abuse by a spouse or family member, APS refers these

²⁴ Lewandowski, L., et al. (2004). He killed my mommy! Murder or attempted murder of a child's mother. *Journal of Family Violence*, 19:4, 211-220.

²⁵ VanDeMark, N., et al. (2005). Children of mothers with histories of substance abuse, mental illness, and trauma. *Journal of Community Psychology*, 33:4, 445-459.

²⁶ Lewandowski, L., et al. (2004). He killed my mommy! Murder or attempted murder of a child's mother. *Journal of Family Violence*, 19:4, 211-220.

²⁷ Ibid.

²⁸ Collins, J., et al. (1993). Epidemiology of alcohol-related violence. *Alcohol Health & Research World*, 17:2, 93-101.

²⁹ Ibid.

³⁰ Ibid.

³¹ Trezza, G., et al. (2000). The substance user at risk of harm to self or others: Assessment and treatment issues. *Journal of Clinical Psychology*, 58:9, 1193-1205.

³² Ibid.

³³ Sharps, P., et al. (2003). Risky mix: Drinking, drug use, and homicide. *National Institute of Justice Journal*, 250, 9-12.

³⁴ Ibid.

³⁵ Ibid.

³⁶ Brandt, B., et al. (2002). Domestic abuse later in life. *National Electronic Network on Violence Against Women*, 1-12.

victims back to a domestic violence program.³⁷ The vague definition of domestic violence in later life allows for an endless circle of referrals ultimately working against the victims.³⁸ Verbal and psychological abuse appears to be most prevalent, with male power and control dynamics largely at play.³⁹ Other abuses include physical and financial abuse by an intimate partner, as well as denial of shelter.⁴⁰ Among the elderly, dementia is a prominent risk factor that correlates to increased probability of domestic violence.

A substantial number of abusers suffer from mental impairments ranging from substance abuse, mental illness, depression, and limited cognition.⁴¹ We the panel recommend closer attention be paid to those seeking APS' services in recognizing domestic violence abuse symptoms to allow for early intervention. We urge domestic violence services to work in collaboration with APS in addressing the needs of elderly victims as our sample includes several. Studies have found elderly victims respond well to peer support groups⁴² and we encourage the county to develop these types of programs specifically for the older age group.

Elder abuse and related homicide statistics are unfortunately inaccurate and flawed because of inconsistencies in the research and due to so many cases being mislabeled or referred to domestic violence programs ill-equipped to provide services to elderly victims. Kern County would do well to review its own cases more cautiously so as to prevent future elder victims from falling between the cracks of the system. Additionally, domestic violence-related deaths among the elderly are difficult to obtain, as approximately 50% of these cases never reach the coroner's office because doctors sign off on the death certificates, thus not allowing the coroner to assess the body. First responders to elders' deaths and funeral home caretakers are not aware of the indicators of suspicious elderly deaths, and are unable to notify appropriate authority. This panel should seek to enlist membership from funeral homes to assist us in gathering better information about this county's elderly domestic violence deaths.

FOUR: All domestic violence emergency calls must be followed with documentation, either through a police report or Field Investigation Card. Regardless of whether or not there is an observable injury, documentation is essential because it allows for better communication between the criminal justice agencies, including the District Attorney's office in attempting to prosecute offenders.

FIVE: This panel has a desire to create awareness in the community. We encourage the reporting of domestic violence and promote education efforts in the public school system. We join Santa Clara County's Domestic Violence Death Review Team in calling on school districts to integrate domestic and dating violence into the curriculum.

SIX: As weapon-related domestic violence incidents are highly prevalent in Kern County, the panel encourages law enforcement officers to confiscate weapons used during the attack pursuant to Penal Code Section 12028.5, which permits officers to remove weapons from the residence for up to 5 days unless formal charges are dropped. Convicted perpetrators should be required to show proof they have relinquished ownership of their firearms pursuant to Penal Code Section 12021, which prohibits the perpetrator from possessing a firearm for up to 10 years.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

SEVEN: We encourage domestic violence victims to obtain a restraining order against their offender before the violence escalates to death. The victim should also receive a risk assessment and a written safety plan. In a few of Kern's cases, the victims started filing for paperwork, but the restraining order had not come into effect yet.

EIGHT: We seek to add more agencies to the panel and encourage attendance of all county agencies so this panel's next report will reflect a highly collaborative effort and increased exchange of information. Specifically, we plan to extend membership to include local funeral home directors and a representative from Kern County's school districts so as to expand county participation and include domestic violence awareness and education in our school curriculum. We advise each county agency to designate a substitute attendee should any panel member need to miss a meeting. The substitute panel member will also be required to sign the customary confidentiality agreement.



Panel Members

2006-present	
Chair: Commander Christopher Speer <i>Kern County Sheriff's Department</i>	
2000-2005	
Chair: Jim Malouf <i>Kern County Coroner's Office</i>	Co-chair: Chief John Zrofsky <i>Shafter Police Department</i>

Alysha Burt
Kern County Department of Human Services

Fred Calvillo
Bakersfield Police Department

Sgt. Mike Cantrell
Bakersfield Police Department

Det. Mark Charmley
Bakersfield Police Department

Det. Charles Church
Bakersfield Police Department

Ken Dowler, Ph.D.
California State University, Bakersfield

Virginia Gantong
Kern Regional Center

Amanda Gaona
Kern County Department of Human Services

Doris Hall, Ph.D.
California State University, Bakersfield

Det. Donna Haynes
Delano Police Department

Karen Houle
Kern County Superior Court

Meredith Kinoshita
Alliance Against Family Violence and Sexual Assault

Caitlyn McAmis
California State University, Bakersfield

Sonya McCall
Kern County Probation Department

Sgt. Mike Moore
Kern County Sheriff's Department

Forrest Newburg
*Kern County Probation Department
Victim/Witness Program*

Sgt. Hajir Nuriddin
Bakersfield Police Department

Gayle Ortiz
Kern County Department of Human Services/Kern County Public Health

Lupe Perez
Kern County Probation Department

Paul Rozell
Kern County Adult and Aging Services

Karen Smith
Kern County Sheriff's Department

Margaret Soliz
Kern County Coroner's Office

Jan Sublett
Alliance Against Family Violence and Sexual Assault

Debbie Welty
California State University, Bakersfield

Sgt. Mitch Willoughby
Bakersfield Police Department

Nada Yorke
Kern County Probation Department



Domestic Violence Advisory Council

...Partnering to stop family violence in Kern County