

Domestic Violence Fatalities in Louisville Metro

**Louisville Metro Domestic Violence Fatality Review Committee
Report to the Domestic Violence Prevention Coordinating
Council**

October 2005

Acknowledgements

The Domestic Violence Prevention Coordinating Council (DVPCC) would like to acknowledge the dedication and ongoing hard work of the Louisville Metro Domestic Violence Fatality Review committee members over the years and thank them for this valuable report. The Louisville Metro Domestic Violence Fatality Review committee developed this report through the concerted efforts of the Annual Report subcommittee, M. Gabriela Alcalde, Judge Jerry Bowles, Kathy Clemons, David Nicholson, and Marcia Roth.

The Louisville Metro Office for Women coordinated the development and writing of this report with the guidance and support of the Annual Report subcommittee and the research assistance of Heather Brosnan, Kristin Shaner, Stephanie Stidham, and Christine Owens.

Violence is preventable

*This report was printed with the generous support of the Mary Byron Foundation.

Table of Contents

Introduction	. 4
Violence in Our Homes	.. 4
Broken Lives	.. 4
Background on Domestic Violence	7
Preventing Domestic Violence	.. 11
Domestic Violence in Louisville Metro	13
Domestic Violence Prevention Coordinating Council	.. 17
History	.. 17
Subcommittees	... 21
Accomplishments	22
Louisville Metro Domestic Violence Fatality Review	.. 24
Case Review	. 27
Statistics	. 28
Next Steps	36
Family Violence Community Resources	. 37
Glossary of Terms	. 37
Appendix A: Local Ordinance	. 39
References	. 45

Introduction

This report is based on the work of the Louisville Metro Domestic Violence Fatality Review (LMDVFR) committee, formerly the Jefferson County Domestic Violence Mortality Review committee. The LMDVFR is a subcommittee of the local Domestic Violence Prevention Coordinating Council (DVPCC) and is charged with reviewing fatalities resulting from domestic violence. This report also contains information attained through a review of policy, legal, public health, social science and popular media sources. This report represents the first LMDVFR report in ten years since the in-depth Karen Graves report released in December 1996 as well as the first report since merger of the City of Louisville and Jefferson County. This report covers cases reviewed by the committee between July 1, 2004 and June 30, 2005. All information contained within has been de-identified to protect the privacy of victims and surviving family members.

Violence in Our Homes

Broken Lives^a

Andrea and Lewis met 15 years ago. In the beginning, he drove her to work and called her everyday. Andrea believed she had found an old fashioned romantic.

They moved in together and soon afterwards, she became pregnant. As his attentiveness grew, he became more controlling and insisted that she quit her job so she could rest.

Andrea felt increasingly isolated from friends and family. After the baby was born, Lewis complained that she had let herself and the house go, ignoring her obligations to him, and spending too much time on the baby.

As time went by, Lewis' comments became increasingly frequent insults, and he hit her a few times. Lewis always apologized, and explained how Andrea had been at fault. Andrea began to question herself as a mother and wife.

Two years after she moved in with Lewis, things had definitely changed. She now had an increasingly demanding and authoritarian partner, two children, no friends, and little contact with her family.

When Lewis lost his job, Andrea suggested they move in with her family. Upset that Andrea questioned his ability to provide for his family, Lewis seriously injured Andrea in front of the children. She was taken to the emergency room and she and the kids moved in with her mom. Lewis apologized and blamed the incident on having been drunk. He told her he couldn't live without her and if she left, he would kill himself.

On the day she called the police, the two children were hiding in the bedroom closet. Earlier that evening, they had gotten into an argument when Andrea told him she was pregnant again. After an hour of hitting Andrea, Lewis walked out yelling that he was going to kill her. Andrea feared he was going to get the gun he kept in his car, and ran upstairs with the children, locked the door, and called the police. After this incident, Andrea left. Lewis demanded seeing the children and used these occasions to convince Andrea to come back.

^a This is a fictional story informed by the many cases reviewed by the Louisville Metro Domestic Violence Fatality Review committee. It may contain components from various stories, but is not

As with the previous pregnancies, Andrea received sporadic prenatal care, avoiding the doctor's office when Lewis' abuse was too obvious.

Over the next five years, Andrea moved in and out with Lewis. He promised he would never hurt her again, and out of love, out of the desire for normalcy, out of wanting a family, out of not knowing what else to do, and because she had begun to believe that maybe it was her fault after all, she believed him. Three months ago she found out she was pregnant. Lewis again became enraged and beat Andrea. She took her children and moved out of the house and for the third time since she met Lewis filed for a protective order.

The children acted out at school and often missed school or arrived late. Teachers requested meetings with the parents, but they never responded.

Late one night, the police responded to calls from neighbors. The police found the three children sitting on the front porch, expressionless and speechless. Inside, they found broken furniture and widows and utter silence. A pregnant Andrea lay on the floor of the kitchen, two shots to the head. Lewis was in the garage, inside his car, dead of a self-inflicted gunshot wound.

The children witnessed the murder of their mother. Andrea was 34 years old. She was the mother of three children, ages 14, 13, and 5, and was 5 months pregnant. Andrea had brought the children over to see their dad. Lewis was father to the three children with Andrea and a child from a previous relationship, whom he did not have custody or visitation rights with due to a history of abuse towards both the mother and child.

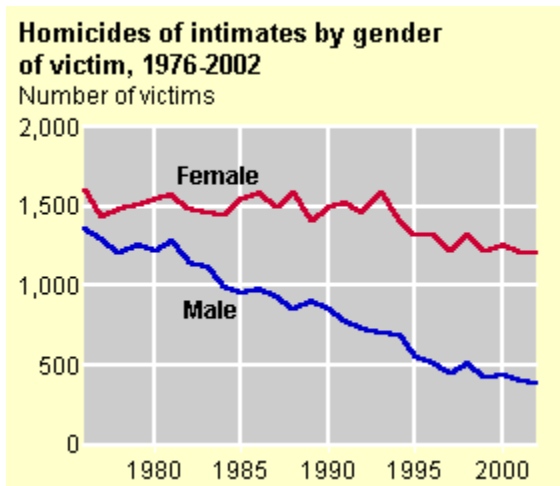
intended to be representative of any individual case.

Background on Domestic Violence

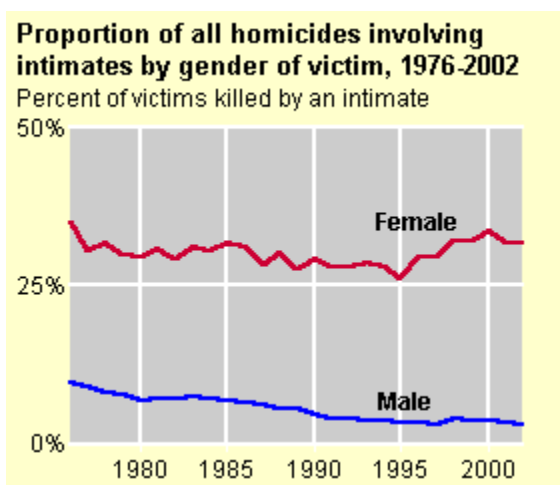
Every day in the United States at least three women are murdered by their husbands or boyfriends.¹ Intimate partner homicides account for up to half of murdered women every year.²

One of every three women around the world are beaten, raped or abused by an intimate partner³. Most of these women are not murdered, but live a life of abuse and terror. In the United States, family violence is the leading cause of injury to women ages 15 to 44 and the leading cause of female homicides and injury-related deaths during pregnancy.⁴

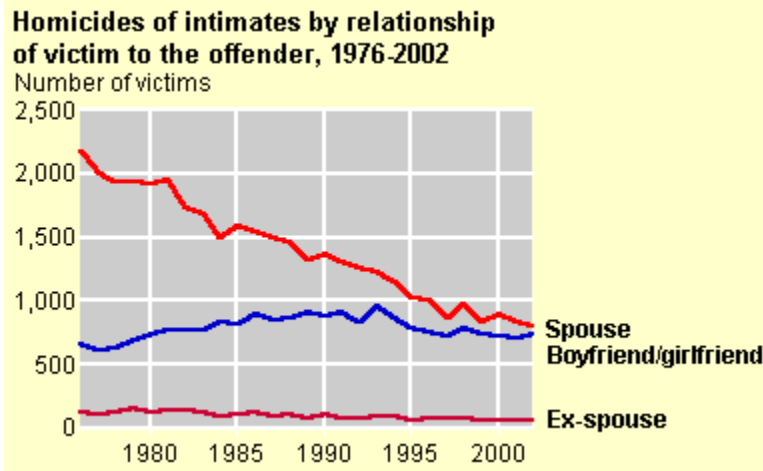
This is a harsh and shocking reality. Domestic violence fatalities are not random acts; they are preventable and unnecessary. Domestic violence has a tremendous human cost, and society pays a high price in health care costs, legal costs, and lost productivity as a result of domestic violence. This type of violence, occurring within the context of an intimate relationship or family, is very complex. Trying to understand why someone abuses, why so many people abuse, is a difficult task. Answers to this question lie in a complex web of individual, interpersonal, cultural, and societal factors.



U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Homicide trends in the U.S.*, Intimate homicide, available at <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm>, visited on September 6, 2005



U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Homicide trends in the U.S.*, Intimate homicide, available at <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm>, visited on September 6, 2005



U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Homicide trends in the U.S.*, Intimate homicide, available at <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm>, visited on September 6, 2005

The term domestic violence, and related terms^b, is relatively new. However, the phenomenon has been around as long as humanity. Dating back to Roman Empire times, the Laws of Chastisement allowed men to beat their wives with instruments that were no thicker than his right thumb, hence the saying, “rule of thumb.” Humanity has evolved to deepen their understanding of the dynamics and roots of violence between intimate partners and family members and this process continues today. Heightened awareness and attention to domestic violence began in the 1970s with the battered woman’s movement at the national level as an outgrowth of the women’s movement. Domestic violence was coined and defined; it gave a name to a reality that millions of women around the world lived as a private problem, not a societal one. Domestic violence began to be viewed as a significant health issue in the 1980s and the Centers for Disease Control and Prevention (CDC) began

^b For example, family violence, intimate partner violence, violence against women

collecting statistics on domestic violence and supporting research in this area.⁵ With this recognition, domestic violence began to move out of the realm of the private. At the state level, Kentucky established its domestic violence law—KRS 403, including the availability of protective orders, in 1984⁶. Locally, we have made tremendous progress in our understanding and response to domestic violence.

During the 1990s there was increased awareness regarding the need for services for victims of domestic violence. At the state and local government level, funding increased for services to victims. The 1990s saw an increased number of resources (organizations, research, and funding), as well as specific legislation and amendments to existing statutes^c.

Current research knowledge puts domestic violence not only in the social and legal framework, but also as a public health and human rights problem. This framework establishes that violence “can be prevented and its impact reduced”⁷ This framework also emphasizes certain necessary concepts:

^c Some local examples of this include: Domestic Violence file (LINK), the first centralized computer database for protection orders in the U.S. was created and activated; Senate Bill 80 required judges to consider evidence pertaining to domestic violence in child custody cases; Legislation created the crime of “stalking;” Legal definitions of crimes were amended (ex: “forcible compulsion” and the removal of physical resistance requirement in sexual offenses); Enhanced penalties for repeat domestic violence offenders were implemented; Prosecution of third and subsequent domestic violence-related assaults could, at the discretion of the Commonwealth, be prosecuted as a Class D felony; Amended sections of statute to specifically provide that persons convicted of violent offenses as defined in KRS 439 shall not be eligible for shock probation; Amended KRS 500.050 to remove the requirement that marital rape or sodomy be reported to law enforcement within one year in order for the offense to be prosecuted; Repealed KRS 510.310 that made charges of marital rape inadmissible in custody cases.

collective action and collaboration; evidence-based approaches; multidisciplinary approaches; and, above all, prevention.

Preventing Violence

Looking at the history and statistics of domestic violence in our community and around the world might lead us to falsely believe that violence is a natural human condition, that domestic violence is inevitable. But as long as there have been persons willing to perpetrate violence upon others, there have been more who have built systems, processes, and organizations that protect people and prevent violence. And many have succeeded. Violence is preventable and it is never acceptable.

Knowing that domestic violence and domestic violence fatalities are preventable leads us to ask, how do we stop it? How do we save lives? There are no easy fixes but there are many opportunities for improvement and needs to be met. This is an ongoing and ever-evolving endeavor. We have learned that trying to patch the symptoms only gets us so far. We must delve into the causes of domestic violence and build into our infrastructure deterrents and consequences for abusers and protections and support for victims.

We recognize that ultimately it is the abuser who is to blame for a domestic violence death. But we cannot turn a blind eye to the fact that there are ways to decrease the risk for potential victims; mechanisms for holding abusers accountable; services that can support and assist victims in leading violence-free lives; and meaningful approaches to challenging the systems, beliefs, and attitudes that make abuse and violence among intimate partners and family

members possible. Domestic violence is simply too big a problem to disown as someone else's problem. It affects us all, directly or indirectly, and we all play a role in its existence.

It is our ethical obligation as members of a society that values life, freedom and human dignity to identify the causes and dynamics of this social disease and work together to prevent further damage and loss. Through the years and lives lost we have developed tools to assist us in understanding, preventing and setting consequences for domestic violence. One of the basic lessons is to learn from the past, to question what could have been done differently, to assume responsibility for our individual and collective roles, and to develop and implement changes. Domestic violence fatality review allows us to do just that. It provides a "systematic way of reviewing domestic homicides through a lens of prevention and accountability."⁸

It is through the work of committed individuals and organizations coming together with a common goal of preventing domestic violence fatalities that progress will be made. Domestic violence fatality review provides an opportunity to view cases from a broad perspective with the eyes of various disciplines and experiences; it gives us a chance at hindsight to identify what if anything could have been done differently. What we gain is knowledge, communication and coordination, and the possibility of systems improvement and social change.

Domestic Violence in Louisville Metro

It is evident that domestic violence is a complex issue. Getting a clear and accurate picture of the impact of domestic violence in our community is difficult for many reasons, not the least being that domestic violence is significantly underreported. Victims will seek help from different agencies and through different channels. Only a small minority of victims will ever seek or receive help from the legal system. By providing statistics from a few of the places where victims seek help, we can patch together a more complete picture of domestic violence in Louisville Metro. Even with this patchwork of data, it becomes apparent that this is an issue that is taking an unspeakable toll on our families, our businesses, our legal and health care systems, our social service agencies, and our community as a whole. The following statistics provide evidence that family violence is a serious public health and safety issue.

LMPD Data

In fiscal year 2005, LMPD recorded 2,958 domestic violence-related offenses in Louisville Metro. From January to August 2005, LMPD responded to a total of 50 homicides. Twenty-four of these were still open at the time of this writing and therefore motive was not determined. Of the twenty-six homicide cases that were closed, eight were determined to be domestic. These eight domestic cases represent 31 percent of closed cases in this eight-month period. The table below represents all domestic violence-related offenses that LMPD responded to in fiscal year 2005. These numbers reflect not only intimate partner violence, but also violence perpetrated one family member onto another.

DOMESTIC VIOLENCE RELATED OFFENSES FOR FISCAL YEAR 2005	
Homicide	6
Sex Offenses	59
Kidnapping	16
Robbery	20
Aggravated Assault	340
Simple Assault	2,043
Intimidation	234
Miscellaneous	240
TOTAL=	2,958

Social Service Agencies

The Center for Women and Families is Louisville Metro's primary domestic violence and sexual assault program. During fiscal year 2005 (July 1 2004-June 30, 2005), the Center sheltered more than 450 women and children and found alternative safe shelter for 780 women, men and children when shelter space in their own facilities was unavailable. The Center also provided over 13,500 legal advocacy services to domestic violence victims; answered over 4,700 domestic violence-related crisis calls; and provided over 50,000 counseling sessions (individual and group) regarding domestic violence to women, men and children. Additionally, in the health care system, the Center responded to 330 requests for hospital advocates for domestic violence and rape/sexual assault cases from area hospitals in fiscal year 2005^d.

^d The Center for Women and Families provides hospital advocates to all area hospitals for rape and sexual assault, and responds only to University of Louisville Hospital for domestic violence cases.

Other Systems Data

In fiscal year 2005, there were 5,184 new case filings of Emergency Protective Orders^e (EPOs) in Jefferson County Family Court. In the same time period, an estimated^f 4,868 domestic violence cases were prosecuted and 3,895 cases were convicted in Jefferson County District Court.

According to local police data, each year in Louisville Metro, children are present in approximately 50% of the reported domestic violence incidents. As noted in the report “Child Witness of Domestic Violence: The Unseen Victim”, published in July 2002 by our local Children Who Witness committee, over half of female victims of domestic violence live with children under the age of 12 in the home⁹. Additionally, about half of the men who admit abusing their wives also abuse their children¹⁰. Because domestic violence is reported at a very low rate, thousands of children in our community are exposed to domestic violence, often seeing their mothers abused over long periods of time, with these incidents not being reported and support not being received by these families.

Whether as direct or indirect victims of domestic violence, children suffer from a litany of physical, emotional, and psychological problems. Men who abuse their partners are more likely to abuse their children. Witnessing abuse or

^e An Emergency Protective Order (EPO) is a civil order from a judge ordering the abuser to stop the abuse. It can order the abuser to stop any further acts of violence; not to sell or destroy any of the victim's or shared property; order the abuser to leave the home if victim and perpetrator live together; order the abuser not to have any communication or contact with the victim; and can order temporary child custody. The EPO is valid for 14 days or until a hearing is held where a Domestic Violence Order (DVO) may be issued.

^f As fiscal year figures were not available, an estimated 2005 fiscal year figure was produced by taking half of 2004 calendar year cases and adding them to cases from January 2005 to the end of June 2005.

being abused increases the child's likelihood of being abusive or being abused as an adult.

Risk Factors

Nationally, research has been conducted on what puts some people at increased risk for homicide within the context of domestic violence. It is important to note, that being in a domestic violence situation alone increases the risk to women. However, most domestic violence situations do not end in homicide. Research conducted in this area has found that women are at considerably increased danger when the following factors are present.

- Access to/ownership of guns
- Use of weapon in prior abusive incidents
- Threats with weapons
- Serious injury in prior abusive incidents
- Threats of suicide
- Drug or alcohol abuse

- A prior history of domestic violence.
- An estrangement, separation, or an attempt at separation nearly always by the female party.
- A display of obsessive-possessiveness or morbid jealousy on the part of the eventual perpetrator; often accompanied by suicidal ideations, plans, or attempts; depression (clinical or more rarely, psychotic); sleep disturbances (sometimes under treatment medically), and stalking of the victim.
- Prior police contact with the parties, more so in cases of single killings; often accompanied by perpetrators failing to be deterred by police intervention or other criminal justice initiatives.
- Perpetrator makes threats to kill victim; often providing details of intended modus operandi and communicating those details in some form or other, however subtle, to the victim herself, family members, friends, colleagues at work, or others.
- Perpetrator is familiar with the use of violence and sometimes has a prior criminal history of violence. Included in this group is a small but significant number of killers who have both access to and a morbid fascination with firearms.
- Perpetrator consumes large amounts of alcohol and/or drugs immediately preceding the fatality; especially in cases of single killings.

In the end, although these research findings help us to identify certain red flags, it is imperative that we understand, that domestic violence and domestic violence homicides are a human invention and as such they are unpredictable. Anyone could be a domestic violence victim at any time.

Domestic Violence Prevention Coordinating Council

History

Domestic violence knows no age, socioeconomic, religious, racial, gender, sexual orientation or educational barriers. Even with growing awareness, domestic violence is still a largely under-reported and costly crime in our society.

Victims of domestic violence are often hesitant to report the abuse – afraid they will not be believed, afraid of retaliation by the batterer, and/or afraid that families and friends will find out about the abuse. Many victims are unaware or have a misunderstanding of how the justice system operates and/or how it can offer them assistance.

Domestic violence affects adults and children in various, long-lasting ways. More often than not, a victim will keep the abuse hidden from others. A victim of domestic violence may act in ways that seem incomprehensible to people not aware of the dynamics of abuse. The victim may deny the abuse in an attempt for self-preservation. Often, abuse escalates in frequency and severity over time and in too many cases, results in death. Many ask why victims don't just leave. But, it is important to understand that abusive situations are complex, and leaving is a process rather than a one-time event. It is also true that the most dangerous time for a victim is the time immediately after she leaves the

abusive relationship. Further, the question we need to ask and answer, is why does the abuser abuse?

Local efforts to respond to domestic violence began in the early 1990's with enhanced awareness and recognition that domestic violence is a crime against the community, not a private matter. The availability of *Grants to Encourage Arrest* funding allowed local police departments to develop and implement innovative detective-advocate partnerships with a focus on enhancing victim safety and promoting offender accountability.

The realization that domestic violence was a pervasive community problem – one that could not be solved by a single agency – led to the creation of the Jefferson County Domestic Violence Prevention Coordinating Council (DVPCC) in 1996. This council was developed with three general purposes: to improve interagency cooperation and communication in the area of domestic violence; to promote effective prevention, intervention, and treatment techniques developed based on research and data collection; and to improve the response to domestic violence and abuse in order to reduce incidents thereof.

To accomplish these tasks, the DVPCC is responsible for examining ways in which agencies, departments and courts in Louisville Metro respond to domestic violence and abuse to improve that response and to make recommendations to the Mayor, agencies, departments, the courts, etc. All members of the DVPCC are appointed by the Mayor and are subject to the approval of the Louisville Metro Council. One member is appointed as the Chair

of the Council. Membership of the DVPCC includes, but is not limited to, the following:

- Mayor, Louisville Metro;
- Public Protection Secretary, Louisville Metro;
- President of the Louisville Metro Council;
- Louisville Metro Police Chief;
- Jefferson County Attorney;
- Jefferson County Commonwealth's Attorney;
- Jefferson County Circuit Court Clerk;
- Jefferson County Sheriff;
- Director of the Louisville Metro Criminal Justice Commission;
- Director of the Louisville Metro Office for Women;
- Secretary, Metro Government Correctional Services Department;
- Branch Manager, Office of Probation and Parole for 30th Judicial District;
- State Medical Examiner;
- Jefferson County Coroner;
- Superintendent, Jefferson County School Board;
- Jefferson County District Court Judge;
- Jefferson County Circuit Court Judge;
- Jefferson County Family Court Judge;
- Member of the Jefferson County Legislative Delegation;
- Representative of the Jefferson County Public Defender's Office;
- Representative of the Louisville Bar Association;
- Representative of the Jefferson County Medical Society;
- Representative of the Cabinet for Families and Children, Adult Protective Services;
- Representative of the Cabinet for Families and Children, Child Protective Services;
- Representative from a court ordered batterers program;

- President, Center for Women and Families;
- Representative from a child service agency;
- Member active in a prominent minority-oriented civic organization;
- Member active in a prominent local business organization; and
- Four (4) citizens from the community at-large.

Each member is eligible to serve a two-year term. Other tasks of the DVPCC include:

- Improve the cooperation and coordination among all participants in the justice system who deal with domestic violence and abuse;
- Examine and review legislation that relates to domestic violence and abuse and recommend appropriate action to the Mayor, the President of the Metro Council, and the Chair of Louisville Jefferson County Legislative Delegation;
- Encourage and promote public education regarding domestic violence and abuse;
- Form committees or other groups to assist in planning, policy, goal and priority recommendations, and such other functions as the Council deems necessary;

The DVPCC was established through a local ordinance, Sections 131.01 through 131.06, which was updated in 2003 with the merger of Jefferson County and the City of Louisville to apply to Louisville Metro. The DVPCC is also protected by Kentucky statute, KRS 403.705.

Subcommittees

To assist in the development of recommendations, the DVPCC created standing sub-committees. These three sub-committees are the *Fatality Review Committee*, the *Interagency Committee*, and the *Children Who Witness Domestic Violence Committee*. The Fatality Review Committee conducts an examination of domestic violence deaths and serious assaults in hopes of finding ways to improve the system and prevent future domestic violence fatalities. After review of an incident, the Committee often makes suggestions for system changes, enhancements or changes to agency policies and procedures in hopes of preventing other such tragedies. The committee embraces a culture free of blame or shame and focuses on collaboration and coordination.

The Interagency Committee serves as a forum for ongoing information sharing, problem solving, and assisting with program research and development. During Interagency meetings, members discuss problems within the system's operations and service delivery and work together to find solutions.

The third committee, Children Who Witness Domestic Violence, is charged with increasing awareness of children involved in domestic violence incidents. Local research has shown that children exposed to family violence are more at risk for emotional problems; have a negative effect in school performance; have increased problems with weight and eating; have an increase in nightmares, insomnia; and many other problems. In adolescents there can be an increase in hostility, aggression, running away from home, blaming others, and suicidal behaviors. The Children Who Witness Domestic Violence

Committee aids in the development and implementation of programs, services, trainings, and other initiatives to improve local community response. According to local police data, each year in Louisville-Jefferson County Metro, children are present in approximately 50% of the reported domestic violence incidents.

Accomplishments

Through the systemic efforts of the DVPCC and its related committees, there have been numerous major initiatives that have been established in Louisville. Some of these initiatives include:

- ❖ *Court Monitoring Center (CMC)* - The Court Monitoring Center (CMC) coordinates and monitors court-imposed treatment in three areas -domestic violence offender treatment, substance abuse, and community service. This program monitors perpetrators through the completion of treatment and provides detailed information to the court regarding offender compliance.
- ❖ *Victim Information and Notification Everyday (VINE)* - VINE was established in Louisville in 1994 after a tragic domestic violence incident. Mary Byron was stalked, raped, and assaulted by her former boyfriend. He was arrested and placed in jail for three days, after which someone posted his bail and he was released. There was no way for Mary to know that her former boyfriend had been released. On December 6, 1993, on her 21st birthday, Mary's former boyfriend shot her in the head and chest seven times at point blank range. A year later, Jefferson County became the first community in the nation to institute a state-of-the-art automated telephone notification system for crime victims and other concerned citizens. The system, which became

known as VINE, is now saving lives in over 1,400 communities in 36 states. VINE handles more than 400,000 calls per month. Victims can call to inquire about the current status of an inmate and can register to be notified upon a change in the inmate's status, such as a release, escape, or court appearance.

- ❖ *Centralized Domestic Violence Intake Center* – was established to assist victims with court-related protections. The goals of the Intake Center are to provide victims of domestic violence with a safe, expedient, multi-disciplinary, coordinated level of service and support; to develop and implement a collaborative process of timely information exchange, offender accountability, and coordinated domestic violence services among criminal justice entities. It was founded on the premise that the service a victim receives at the first point of contact with the system will largely determine the level of cooperation and participation throughout the remainder of the criminal justice system process. Located in the courthouse, this single point of contact for domestic violence victims allows those in need to access emergency protective orders, criminal complaints, and advocacy in one location. Prior to the development of the Intake Center, victims often had to go to two or more locations to have access to these protections.

Over the years the DVPCC, its members, and various partner agencies have assisted with numerous system changes that have improved the quality of life, safety of domestic violence victims, and have made perpetrators more accountable for their actions. Because of these efforts, more and more

individuals are able to trust the system, report crimes and obtain services and support.

Louisville Metro Domestic Violence Fatality Review Committee

According to the American Bar Association, “[t]he fatality review team (FRT) concept was developed by the medical profession or the automobile industry, depending on the history one reads. Regardless of its origin, the concept involves bringing together a group of professionals to examine deaths that result from or relate to a certain cause, in order to improve the thing or system that caused, contributed to, or failed to prevent the death and, thus, prevent similar deaths in the future. This means that the primary goal of an EA-FRT is the improvement of services to victims so that they receive the services and interventions they need.”¹¹

Like all fatality review efforts, the ultimate goal of domestic violence fatality review teams is to prevent deaths through multi-agency and multidisciplinary analysis of fatality cases. The National Domestic Violence Fatality Review Initiative defines the review process as a “deliberative process for identification of deaths, both homicide and suicide, caused by domestic violence, for examination of the systemic interventions into known incidents of domestic violence occurring in the family of the deceased prior to the death, for consideration of altered systemic response to avert future domestic violence deaths, or for development of recommendations for coordinated community prevention and intervention initiatives to eradicate domestic violence. This deliberative process can be formal

or informal, relatively superficial, offering basic demographic details of victims and perpetrators, or very detailed.”¹²

The local fatality review committee (originally a mortality review committee) was formed as a part of the DVPCC to review local homicide and/or suicide domestic violence cases. The committee began its work by researching what other jurisdictions were doing in terms of domestic violence fatality review and interviewing a number of medical examiners conducting fatality reviews to get a sense of existing best practices. The first product of the committee was the in-depth Karen Graves report, which detailed and reviewed the case of Karen and Richard Graves. Like many other cases of domestic violence, Karen Graves had been a victim of abuse for years, with the abuse escalating over time. Despite Karen Graves’ extensive and repeated contact with the legal, judicial, law enforcement, and social service systems, Karen Graves was shot and killed by her ex-husband, who then took his own life. Karen Graves was 39 years old and the mother of two children. The report was the first domestic violence systems-analysis conducted in Jefferson County.

Since that report, the committee has continued its task of reviewing domestic violence cases, has expanded to reviewing deaths and serious injuries, and continues to focus on the systems-analysis/systems improvement approach as a means of preventing domestic violence fatalities.

The purpose and goals of our LMDVFR are as follows:

Purpose

The purpose of the LMDVFR is to identify areas and means by which to increase and enhance coordinated agency and community responses to domestic violence through a systems-review approach by conducting multidisciplinary and multi-agency examinations of domestic violence fatalities.

Goals

The goals of the LMDVFR are focused on prevention, knowledge, accountability and systems improvement:

- Prevent future domestic violence cases and homicides;
- Improve interagency communication and coordination;
- Collect and produce data on domestic violence fatalities in Louisville Metro;
- Educate the public on the dynamics of domestic violence and related fatalities;
- Identify gaps and unmet needs in the current domestic violence response systems;
- Recommend and assist in implementing system improvements.

From Proposed LMDVFR Policies and Procedures, 2005

Confidentiality is a cornerstone of fatality review work. Confidentiality and privacy are integral to protecting the victims and families, and also in providing a safe environment for committee members to discuss cases openly. All proceedings and information associated with the LMDVFR are protected by statute.

Potential results of the team's work include the ability to educate the public, policymakers, and community organizations on the significance of domestic violence in our community and to highlight and recommend ways that we can improve the community response to domestic violence. Other results include policy changes, more open communication and improved coordination between organizations involved in domestic violence, such as hospitals, law

enforcement, shelters, and child protective services. The team can also inform groups not typically involved in domestic violence, such as schools, faith-based organizations and others, as to the consequences of domestic violence and how domestic violence can be prevented.

Today over half of the states have some form of domestic violence fatality review in effect and the interest in fatality review as a tool for prevention and systems-improvement continues to grow.

Case Review

During fiscal year 2005 (July 1, 2004 to June 30, 2005) the LMDVFR reviewed 14 cases of domestic violence deaths and serious injuries/near deaths. Current policies and procedures were not implemented at the time that these cases were reviewed, therefore, limited information was maintained on each case past the review session in order to protect the confidentiality and privacy of the cases. With new policies and procedures, and heightened confidentiality and privacy protections, the LMDVFR is now collecting a broader spectrum of information in a systematic manner for future reports.

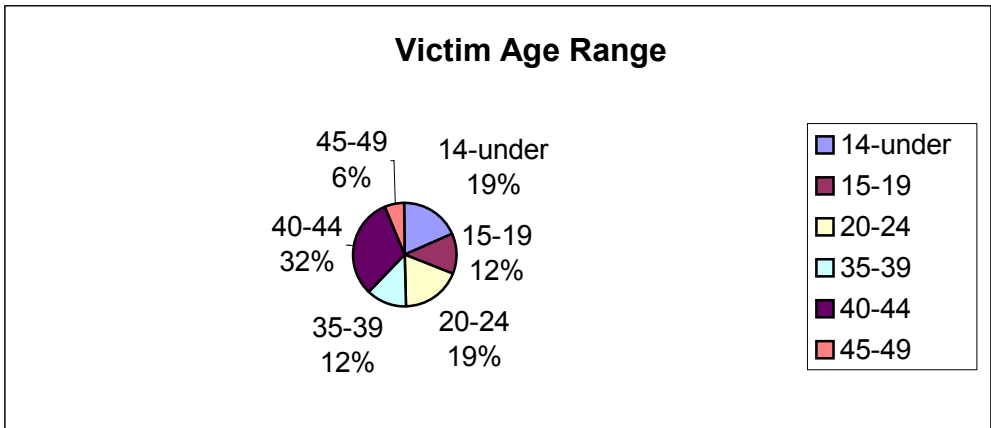
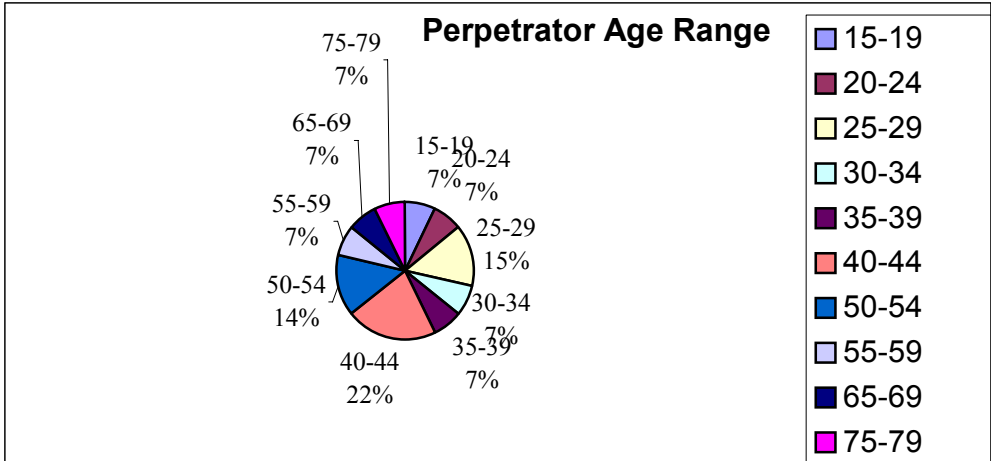
The following information provides a general overview of the types of cases the committee reviewed and some key details about the cases. This information provides us with lessons to be learned and helps to paint a clearer picture of domestic violence in Louisville Metro, and of domestic violence homicides specifically.

There are limitations to the information provided below. The following statistics represent the information collected by the LMDVFR prior to the

proposed policies and procedures which provide added protections for confidentiality and privacy of information collected by the committee. For this reason, some categories of information are lacking and certain statistics are much lower than in reality. For that reason, some categories state that information is not available, while others state what we have available while not necessarily representing the full details of the cases reviewed.

Statistics

AGE	VICTIM	PERPETRATOR
14 and under	19%	--
15-19	12%	7%
20-24	19%	7%
25-29	--	15%
30-34	--	7%
35-39	12%	7%
40-44	32%	22%
45-49	6%	--
50-54	--	14%
55-59	--	7%
60-64	--	
65-69	--	7%
70-74	--	
75-79	--	7%



Discussion

According to the Bureau of Justice Statistics, women age 35-49 are at highest risk for intimate partner homicide, while women age 16 to 24 are at highest risk for nonfatal violence¹³. Young women under the age of 20 are at the highest risk of being murdered by an intimate partner during pregnancy or the year following pregnancy.¹⁴ The cases reviewed mirror these national statistics with 50% of the cases reviewed falling into the category of 35-49.

RACE/ETHNICITY	VICTIM	PERPETRATOR
NON-HISPANIC WHITE	50%	36%
NON-HISPANIC BLACK	43%	43
NON-HISPANIC ASIAN	--	--
HISPANIC WHITE	7%	14%
HISPANIC BLACK	--	--
HISPANIC ASIAN	--	--
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	--	--
AMERICAN INDIAN OR ALASKA NATIVE	--	--

Discussion

According to the American Bar Association Commission on Domestic Violence, race is not a factor in risk for domestic violence¹⁵. However, intimate partner homicide rates are 4.6 higher for African-Americans than for whites. Overall, however, the intimate homicide rate has fallen for African-Americans while the rate for whites has not¹⁶. In Louisville Metro the number of immigrants and refugees has grown tremendously in the past decade. Between 1990 and 2000 the foreign-born population in Kentucky grew by 135 percent and Jefferson County by far has the largest number of international migrants in the state. Immigrants and refugees face many of the same issues regarding domestic violence but have some additional barriers as well. Research suggests that immigrant women may be at an increased risk for intimate partner violence and that their circumstances as an immigrant make it less likely that they will seek or receive help. There are numerous challenges to learning how to navigate a new system with new laws and unspoken social norms and language barriers that hinder access to information, resources and services. For example, in Kentucky, four percent of the population speaks a language other than English at home

while 78 percent of the foreign-born in Kentucky speak a language other than English at home.¹⁷ Some of the specific challenges facing immigrant women include:

- Language barriers
- Immigrant victims of family violence are isolated from family and friends
- Immigrants may not be aware that family violence is against the law (many countries do not have laws or enforce them haphazardly)
- Men typically have higher immigration status
- Fear of deportation
- Undocumented immigrant status
- Family violence is often viewed as a private matter
- Economic dependence
- Divorce carries a greater stigma in cultures of many immigrant women
- Immigrant women are less likely to seek both formal and informal support for family violence

CHILDREN	VICTIM	PERPETRATOR
BIOLOGICAL	50%	50%
STEP-CHILDREN	7%	--
CURRENT PREGNANCY	29%	--
CHILDREN IN COMMON	36%	

Discussion

Homicide has been found by different studies to be either the leading cause of death during pregnancy and new mothers or the second most common cause of injury-related death among pregnant women and new mothers. In either case, homicide contributes significantly to the mortality rate of pregnant and post-partum women, with conservative estimates at 31% of maternal trauma deaths from homicide.^{18,19} Further, researchers assert that these statistics, like all domestic violence statistics, seriously under-represent the impact of domestic violence on women. African-American and young women under 20 are at a higher risk of being killed by an intimate partner during or following pregnancy, with African-American women age 25 to 29 having a risk 11 times higher than

white women in that same age range.²⁰ Additionally, women who are married or receive prenatal care are less likely to be victims of homicide during pregnancy or during the following twelve months.²¹

Further, having non-biological children of the perpetrator in the home has been found to increase the risk of both lethal and non-lethal domestic violence assaults on women^{22, 23}. According to the Department of Justice, children in homes where partner abuse is present are 15 times more likely to be abused²⁴ and over half of men who abuse women also abuse children²⁵. Children are also injured or killed in domestic violence incidents, with a study from Florida indicating that almost one-third of domestic violence homicide victims were in fact children²⁶. In five out of the 14 cases reviewed children were present during the incident and about one-third of the victims were pregnant at the time of the incident.

RELATIONSHIP BETWEEN PARTIES	
MARRIED	21%
DIVORCED	7%
DATING	64%
SEPARATED < 1 YR	29%
PARENT/CHILD	14%
SIBLING	0
OTHER	0

Discussion

Intimate partner homicides have historically been predominantly a crime against a spouse. According to the U.S. Department of Justice, in the past two decades the number and proportion of intimate partner homicides involving married persons has decreased, whereas the number and proportion of intimate partner

homicides involving boy/girlfriend has remained relatively stable²⁷. Part of this may be explained by the drastic decrease in marriage rates among young adults in the same period. It is also important to note that research indicates that same-sex relationships experience domestic violence at the same rate as heterosexual couples²⁸. The majority of the cases reviewed locally involved persons in a dating relationship.

PERPETRATOR	EPO	DVO	CRIMINAL COMPLAINT
CURRENT	1=7%	--	--
PAST	4=29%	1=7%	--
>1	1=7%	--	--
>2	1=7%	--	--

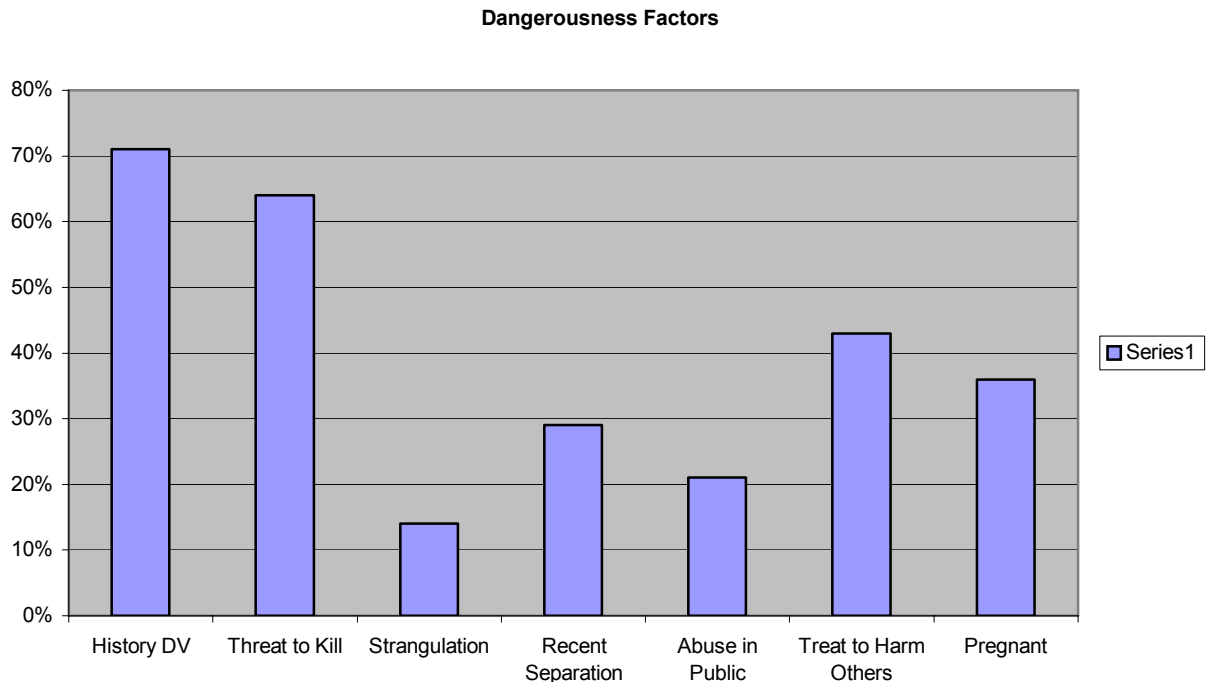
PERPETRATOR PRIOR CRIMINAL RECORD	
YES	11=79%
NO	1=7%
ARRESTS	11=79%
INCARCERATION	6=43%
PROBATION AND PAROLE	2=14%
CURRENT WARRANT	Information not available

# OF CASES WITH COURT INVOLVEMENT	
CIRCUIT	--
DISTRICT	11
FAMILY	9

Discussion

In a comprehensive study conducted in Florida, 17% of domestic violence homicide victims had a current protection order against the perpetrator²⁹. Perpetrators with a prior criminal history were more likely to violate the protection orders than others³⁰. Further, “although the majority of batterers do not have criminal records, the majority of batterers brought to court by their victims for a protection order had criminal records.”³¹

DANGER ASSESSMENT RISKS	
HISTORY OF DOMESTIC VIOLENCE	71%
PRIOR THREATS TO KILL	64%
SUICIDAL THREATS/IDEATION	7%
STRANGULATION	14%
RECENT SEPARATION	29%
ABUSE IN PUBLIC	21%
THREATS TO HARM OTHERS	43%
RECENT LOSS OF EMPLOYMENT	Not available
STALKING	Not available
PREGNANCY/POSTPARTUM	36%



Discussion

Over the years, some key factors have come to be identified as lethality or dangerousness risk factors. There are many tools available that aim to assess the lethality or danger of a particular person's situation. Despite their widespread use, there is limited research into the effectiveness or impact of such tools. In an analysis of lethality assessment tools, Neil Websdale asserts that, in fact, one

can never predict who will become a victim of domestic violence homicide and, that, *any* abusive relationship has the potential to end in death³². These tools can be very useful in educating the community about key characteristics of abusive relationships and can further provide victims themselves with an objectified view of their situation. In the end, Websdale suggests that these tools be used as an element in assessment along with more personal and qualitative elements, but not as an end-all screening tool. We provide these factors here as a way to document some of the commonalities in abusive relationships, not to imply that these factors can predict who will become a victim. Many, if not most, abusive relationships possess many of these factors. What is important to note, is that these factors, which are manifest in so many women’s lives, can and do lead to murder. The unpredictability of domestic violence fatalities makes it imperative that we work to prevent domestic violence as the only truly effective way of preventing domestic violence deaths. These factors are listed on page 13, under the **Risk Factors** section.

INCIDENT	A	B	C	D	E	F	G	H	I	J	K	L	M	N
TYPE	M	M	M	AM	A	M	M	M	M	*	M	AM	M/S	M
MONTH	12	11	4	9	12	1	12	11	11	5	8	4	2	2
TIME OF DAY	N/A	E	E	N/A	E	N/A	N/A	E	N/A	N/A	N/A	N/A	N/A	N/A
# OF VICTIMS	1	1	1	1	1	1	1	2	2	*2	1		2	1
LOCATION	O	H	H	H	H	H	H	H	OS	Ho	H	H	H	H
WEAPON	B	K	G	G	K	K	K	B	K	N/A	B	G	G	K
ALCOHOL/DRUGS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHILDREN PRESENT	1	--	1	--	--	--	--	1	1	--	--	--	1	--

*M=Murder; S=Suicide; M/S=Murder/Suicide; AM=Attempted Murder; A= Assault
Time of Day: E =Evening
Location: H=Home; Ho=Hotel; OS=Out of State; O=Other
Weapon: B=Beating; K=Knife; G=Gun
N/A=Not Available
* This case involved the perpetrator attempting to hire someone to kill his spouse and child; he was caught prior to any incident taking place. There were 2 intended victims in this case.*

Discussion

According to the U.S. Department of Justice, “drugs or alcohol were involved in 39 percent of family violence victimizations. In 20 percent of family violence incidents, the offender had a weapon.”³³ Guns are the weapons most often used in domestic violence homicides. Of female domestic violence homicides, the presence of a gun(s) in the household increased her chances of being murdered by a family member by over 7 times³⁴. As portrayed by the local statistics, most domestic violence fatalities take place in the home.

Next Steps

Changes to LMDVFR

As of July 2005, the Jefferson County Domestic Violence Mortality Review committee changed its name to the Louisville Metro Domestic Violence Fatality Review committee to better reflect the new merged government and the examination of both deaths and serious injuries resulting from domestic violence. The committee is also in the process of revising and updating all related policies and procedures to better reflect current best practices, legal and legislative issues, protect privacy and confidentiality, and to facilitate the development of annual reports based on the ongoing work of the committee.

Future Reports

The DVPCC and the LMDVFR plan to release annual reports on the work of the LMDVFR. The updated procedures and policies will provide for mechanisms for collecting, organizing and analyzing data so that it can easily be presented in report form. Future reports may also focus on a specific case to highlight systems issues in detail.

Family Violence Community Resources

For a listing of family violence community resources, visit the Office for Women website for a comprehensive directory. The directory is available online in

English, Arabic, Bosnian, Spanish, Somali, and Vietnamese at

<http://www.louisvilleky.gov/humanservices/ofw> or by contacting the Office at 574-5360.

Glossary of Terms

Violence: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (World Health Organization)

Domestic Violence: A pattern of abusive behavior by a family or household member against another family or household member that can be physical, sexual, verbal, psychological, and/or economic, and is intended to establish and maintain control over another individual. Family or household members include:

1. persons who are current or former spouses
2. persons who are intimate partners who live together or have lived together
3. persons who are dating or who have dated
4. person who are engaged in or who have engaged in a sexual relationship
5. persons who are related by blood or adoption
6. person who are related or formerly related by marriage
7. persons who have a child in common;
8. minor children of a person in a relationship that is described in paragraphs 1 through 7 above
9. dependents or persons in the custodial care of a person in a relationship that is described in paragraphs 1 through 7 above.

(National Center for State Courts)

Family violence affects persons of all socioeconomic, racial, religious, cultural, sexual orientation, and age groups. Examples of family violence behavior include but are not limited to: intimidation; threats; verbal harassment; disorderly conduct; destruction of property; violation of protective or restraining order; display or threat of use of weapons; stalking; assault and battery; rape

and other sexual assault; and homicide.

Legal Definition of Domestic Violence in Kentucky: According to KRS 403.720, “‘Domestic violence and abuse’ means physical injury, serious physical injury, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault between family members or members of an unmarried couple;”

Preventability: “A death [is] considered preventable if reasonable medical, educational, social, legal or psychological intervention could have prevented this death from occurring. A “reasonable” intervention is one that would have been possible given known circumstances and resources available.” (Washington State Child Death Review Program Report, 1998-2000)

Because domestic violence is preventable, domestic violence fatalities are preventable as well. The role of the review team is to identify means by which to decrease the incidence of these preventable fatalities through a systems analysis and improvement process.

Domestic Violence Fatality: Deaths (and serious injuries) caused directly and indirectly by the manifestations of domestic violence. Domestic violence fatalities potentially include the intended victim, the perpetrator, and third-parties involved through intervening in the incident, as by-standers, or as secondary victims as a means of the perpetrator hurting the primary domestic violence victim. Suicides and homicide-suicides are also considered in this category.

Perpetrator, Batterer, Abuser: An individual who engages in family violence by carrying out a pattern of coercive tactics against a family or household member as defined above (the victim.)

Survivor, Victim: An individual who is subject to family violence, related abuse, coercive acts and behavior.

Restraining or Protective Orders: Restraining or protective orders provide protection for victims of violence by ordering the abuser to stop the abuse and carry legal consequences for violation. An Emergency Protective Order (EPO) is a civil order from a judge ordering the abuser to stop the abuse. It can order the abuser to stop any further acts of violence; not to sell or destroy any of the victim’s or shared property; order the abuser to leave the home if victim and perpetrator live together; order the abuser not to have any communication or contact with the victim; and can order temporary child custody. The EPO is valid for 14 days or until a hearing is held where a Domestic Violence Order (DVO) may be issued. A DVO is valid for up to 3 years and includes the provisions named above for the EPO plus temporary child support, counseling, and other components tailored to the individual case. Criminal action for family violence can also be taken by filing a Criminal Complaint. A Criminal Complaint can

provide an order to mediation; issue a criminal summons for the abuser; or issue an arrest warrant.

Appendix A: Local Ordinance

ORDINANCE NO. _____, SERIES 2003

AN ORDINANCE REPEALING AND REPLACING SECTIONS 131.01 THROUGH 131.06 OF THE JEFFERSON COUNTY, KENTUCKY CODE OF ORDINANCES TO UPDATE THE MAKE-UP OF THE DOMESTIC VIOLENCE PREVENTION COORDINATING COUNCIL.

SPONSORED BY: Councilwoman Shanklin

BE IT ORDAINED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT (METRO COUNCIL) AS FOLLOWS:

SECTION I. Sections 131.01 through 131.06 of the Jefferson County, Kentucky Code of Ordinances are hereby repealed and replaced as follows:

131.01 DEFINITIONS.

For the purposes of this chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

COUNCIL. The Louisville Metro Domestic Violence Prevention Coordinating Council.

DOMESTIC VIOLENCE AND ABUSE. As defined in KRS 403.720

131.02 CREATION AND GENERAL PURPOSE OF COUNCIL.

There is hereby created Louisville Metro Domestic Violence Prevention Coordinating Council whose general purpose shall be:

(A) To improve interagency cooperation and communication in the area of domestic violence and abuse;

(B) To promote effective prevention, intervention and treatment techniques which will be developed based upon research and data collection; and

(C) To improve the response to domestic violence and abuse so as to reduce incidents thereof.

131.03 MEMBERSHIP.

(A) The business, activities and affairs of the Council shall be managed by its membership which shall include, but is not limited to, the following or their representatives:

Mayor, Louisville/Jefferson County Metro Government;

Public Protection Secretary, Louisville/Jefferson County Metro Government;

President of the Louisville Metro Council;

Louisville Metro Police Chief;

Jefferson County Attorney;

Jefferson County Commonwealth's Attorney;

Jefferson County Circuit Court Clerk;

Jefferson County Sheriff;

Director of the Louisville Metro Criminal Justice Commission;

Director of the Louisville Metro Office for Women;

Secretary, Metro Government Correctional Services Department;

Director, Office of Probation and Parole for 30th Judicial District;

State Medical Examiner;

Jefferson County Coroner;
Superintendent, Jefferson County School Board;
a Jefferson County District Court Judge;
a Jefferson County Circuit Court Judge;
a Jefferson County Family Court Judge;
a member of the Jefferson County Legislative Delegation;
a representative of the Jefferson County Public Defender's Office;
a representative of the Louisville Bar Association;
a representative of the Jefferson County Medical Society;
a representative of the Cabinet for Families and Children, Adult Protective Services;
a representative of the Cabinet for Families and Children, Child Protective Services;
a representative from a court ordered batterers program;
President, Center for Women and Families;
a representative from a child service agency;
a member active in a prominent minority-oriented civic organization;
a member active in a prominent local business organization; and
four (4) citizens from the community at-large.

Representatives should be at the policy making level of their respective organizations.

(B) Members shall be appointed by the Mayor of Louisville/Jefferson County Metro Government subject to the approval of the Metro Council. One member (who may nor may not be one of those listed above) shall be appointed as the Chairman of the Council. Each member shall serve a two-year term and

until his or her successor is appointed. A member is eligible to succeed himself. Should a vacancy occur, appointment shall be only for the unexpired term.

131.04 MEETINGS OF COUNCIL; QUORUM.

(A) Regular meetings of the Council will be at least once during the calendar year, the term and place of which shall be fixed by the Council. Special meetings may be called in accordance with Council rules.

(B) A simple majority of the membership of the Council shall constitute a quorum for the transaction of business. The affirmative vote of a simple majority of those members present shall be necessary for the adoption of any motion, measure or resolution.

131.05 BYLAWS; COMMITTEES; STAFFING.

(A) The Council shall adopt bylaws and other rules as it deems necessary for its organization and proceedings consistent with the laws, ordinances and resolutions of the Commonwealth of Kentucky and Louisville/Jefferson County Metro Government.

(B) The Council may create standing and temporary committees for such purposes and needs as may arise in the performance of the Council's duties. Staff assistance shall be provided to the Council by the Louisville Metro Criminal Justice Commission.

131.06 POWERS AND DUTIES OF COUNCIL.

The duties of the Council shall be as follows:

(A) Examine ways in which agencies, departments and courts in Louisville_Metro respond to domestic violence and abuse in order to improve that response.

(B) Improve the cooperation and coordination among all participants in the justice system who deal with domestic violence and abuse.

(C) Make recommendations to Mayor of Louisville/Jefferson County Metro Government, agencies, departments, the courts and others regarding improving the response to domestic violence and abuse.

(D) Examine and review legislation that relates to domestic violence and abuse and recommend appropriate action to the Mayor of Louisville/Jefferson County Metro Government, the President of the Metro Council, and the Chair of Louisville Jefferson County Legislative Delegation.

(E) Encourage and promote public education regarding domestic violence and abuse.

(F) Form committees or other groups to assist in planning, policy, goal and priority recommendations, and such other functions as the Council deems necessary.

(G) Respond to related matters referred to the Council by the Metro Council.

(H) Subject to the Mayor of Louisville/Jefferson County Metro Government, to request any Louisville Jefferson County Metro Government department, information, services, facilities and other assistance for the purpose of furthering the objectives of the Council.

SECTION II. This Ordinance shall take effect upon its passage and approval.

Kathleen J. Herron
Metro Council Clerk
Council

Ron Weston
President of the Metro

Jerry E. Abramson
Mayor

Approved:

Date

APPROVED AS TO FORM AND LEGALITY:
Irv Maze

Jefferson County Attorney

By: _____

Final - 8/01/03 11:00 A.M.

References

- ¹ Family Violence Prevention Fund, "Get the Facts: Domestic Violence," available on the website, at <http://endabuse.org/resources/facts/DomesticViolence.pdf>, visited July 18, 2005.
- ² Jacquelyn C. Campbell, et al, Assessing Risk Factors for Intimate Partner Homicides, available at <http://www.ncjrs.org/pdffiles1/jr000250e.pdf>, visited August 24, 2005
- ³ Heise, L., Ellsberg, M. and Gottemoeller, M. *Ending Violence Against Women. Population Reports, Series L, No. 11.*, December 1999
- ⁴ Family Violence Prevention Fund, "Get the Facts: Health Care," available on the website, at <http://endabuse.org/resources/facts/HealthCare.pdf>, visited July 18, 2005.
- ⁵ "Intimate Partner Homicides in a Midsize Southern City: Profiles of the Victim, Offender, and Incident," Tina Marie Lentz, University of Louisville Department of Justice Administration, Louisville, KY, 1997
- ⁶ Kentucky Legal Statutes, available at http://www.womenslaw.org/KY/KY_statutes.htm, visited on September 6, 2005
- ⁷ "World Report on Violence and Health," Chapter 1: Violence-A Global Public Health Problem, pg 3, World Health Organization, Geneva, 2002.
- ⁸ "Why Conduct a Fatality Review?" National Domestic Violence Fatality Review Initiative, available on the website, at <http://www.ndvfri.org>, visited July 20, 2005.
- ⁹ "The Facts on Children and Domestic Violence," The Family Violence Prevention Fund, available at <http://endabuse.org/resources/facts/Children.pdf>, visited September 2, 2005.
- ¹⁰ "The Facts on Children and Domestic Violence," The Family Violence Prevention Fund, available at <http://endabuse.org/resources/facts/Children.pdf>, visited September 2, 2005.
- ¹¹ "Elder Abuse Fatality Review teams: A Replication Manual," Lori A. Stiegel, J.D., American Bar Association, Commission on Law & Aging, Washington, D.C., 2005.
- ¹² "Key Questions – What is a Domestic Violence Fatality Review?" National Domestic Violence Fatality Review Initiative, available on website, at <http://www.ndvfri.org/>, visited July 20, 2005.
- ¹³ U.S. Department of Justice, Bureau of Justice Statistics, Intimate Partner Violence and Age of Victim, 1993-99, available at <http://www.ojp.usdoj.gov/bjs/abstract/ipva99.htm>, visited September 6, 2005
- ¹⁴ Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999, Jeani Chang, MPH, Cynthia J. Berg, MD, MPH, Linda E. Saltzman, PhD and Joy Herndon, MS, March 2005, Vol 95, No. 3, American Journal of Public Health 471-477
- ¹⁵ American Bar Association Commission on Domestic Violence, available at www.abanet.org/domviol/stats.html, visited September 9, 2005
- ¹⁶ "Southern and western States log highest rates of intimate partner homicide" Press Release, October 2001, available at <http://www.cdc.gov/od/oc/media/pressrel/r011011.htm>, visited September 8, 2005
- ¹⁷ "Fact Sheet on the Foreign Born: Kentucky," Migration Policy Institute, <http://www.migrationinformation.org>, visited May 2004
- ¹⁸ Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999, Jeani Chang, MPH, Cynthia J. Berg, MD, MPH, Linda E. Saltzman, PhD and Joy Herndon, MS, March 2005, Vol 95, No. 3, American Journal of Public Health 471-477
- ¹⁹ Enhanced Surveillance for Pregnancy-Associated Mortality—Maryland, 1993-1998, Isabelle L. Horon, DrPH; Diana Cheng, MD, *JAMA*. 2001;285:1455-1459.
- ²⁰ Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999, Jeani Chang, MPH, Cynthia J. Berg, MD, MPH, Linda E. Saltzman, PhD and Joy Herndon, MS, March 2005, Vol 95, No. 3, American Journal of Public Health 471-477
- ²¹ Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999, Jeani Chang, MPH, Cynthia J. Berg, MD, MPH, Linda E. Saltzman,

PhD and Joy Herndon, MS, March 2005, Vol 95, No. 3, American Journal of Public Health 471-477

²²“Intimate Partner Violence In African American Women”, Doris Williams Campbell, PhD, ARNP, FAAN, Phyllis W. Sharps, PhD, RN, Faye Gary, EdD, RN, FAAN, Jacquelyn C. Campbell, PhD, RN, FAAN, Loretta M. Lopez, EdD, ARNP, January 2002, available at http://www.nursingworld.org/ojin/topic17/tpc17_4.htm, visited September 6, 2005.

²³ “Partner Estrangement Linked With Women’s Homicides,” Becky Ham, September 2003, Center for Advancement of Health, available at <http://www.hbns.org/news/partner09-03-03.cfm>, visited September 9, 2005

²⁴ Department of Justice, Bureau of Justice Assistance, Family Violence: Interventions for the Justice System, 1993, as cited from American Bar Association Commission on Domestic Violence, available at www.abanet.org/domviol/stats.html, visited September 9, 2005

²⁵ American Psychological Association, Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family (1996), p. 80 as cited in American Bar Association Commission on Domestic Violence, available at www.abanet.org/domviol/stats.html, visited September 9, 2005

²⁶ Florida Governor's Task Force on Domestic and Sexual Violence, Florida Mortality Review Project, 1997, p. 45, table 11, as cited in American Bar Association Commission on Domestic Violence, available at www.abanet.org/domviol/stats.html, visited September 9, 2005

²⁷ “Do Domestic Violence Services Save Lives?” Laura Dugan, PhD et al, NIJ Journal, Vol 250

²⁸ American Bar Association Commission on Domestic Violence, available at www.abanet.org/domviol/stats.html, visited September 9, 2005

²⁹ Florida Governor's Task Force on Domestic and Sexual Violence, Florida Mortality Review Project, 1997, p.46, table 15.

³⁰ Buzawa & Buzawa ed., Do Arrests and Restraining Orders Work? p. 10 (1996).

³¹ Buzawa & Buzawa ed., Do Arrests and Restraining Orders Work? p. 10 (1996).

³² Lethality Assessment Tools: A Critical Analysis, Neil Websdale, PhD, February 2000, available at VAW Net, National Electronic Network on Violence Against Women at http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_lethality.php, visited August 29, 2005.

³³ U.S. Department of Justice Press Release, “Rate Of Family Violence Dropped By More Than One-Half From 1993 To 2002,” June 12, 2005, available at <http://www.ojp.usdoj.gov/bjs/pub/press/fvspr.htm>, visited September 6, 2005.

³⁴ “Facts on Firearms and Domestic Violence,” Violence Policy Center, available at http://www.vpc.org/fact_sht/domviofs.htm, visited September 9, 2005.