Shock Haunts Children Who See Parent's Slaying

Man Kills Girlfriend, Shoots Self as Son Watches, Officers Say

Man Stalking Wife Slays Bystander and Kills Self

Wife Kills Man, His Fiancee and Herself

Man Found Guilty of Killing Wife, 6 Children

Son, Parents Die in Apparent Murder-Suicide

Man Kills Girl, 17, Then Shoots Self

Man kills his wife, commits suicide

Suspect in murder was domestic abuser

Man Tells Police He Strangled His Wife

REPORT OF THE 1997 DOMESTIC VIOLENCE FATALITIES

Woman doused, set afire at home

Estranged Husband Kills Novelist

Wife Killed by Husband Had Restraining Order

Man Kills Wife, Self After Split-Up

Ex-Officer Is Convicted of Killing Lover's Husband

Abused Wife Convicted of First-Degree Murder

Los Angeles County Domestic Violence Death Review Team

December 2001

REPORT OF THE 1997

DOMESTIC VIOLENCE FATALITIES

Los Angeles County
Domestic Violence Death Review Team

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December 2001

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ACKNOWLEDGEMENTS

Authorized by legislation passed in 1995 (Penal Code 11163.3 et.seq.), the Los Angeles County Domestic Violence Death Review Team (DVDRT) was established by the Domestic Violence Council in 1996. In 1999, the Team was reorganized and convened under the leadership of the District Attorney's Office Family Violence Division and the Coroner's Office. All business of the Team is conducted strictly on a volunteer basis, through the joint cooperation of the individuals and agency representatives involved, both governmental and private, who participate as members or guests. The Team has no funding source, no paid support staff, and no permanent meeting location.

This report sets forth the statistical data collected by the Team and summarizes the recommendations from the 1997 cases reviewed. Once a month, for three hours, the Team members met in a confidential forum to review cases, exchange information, and discern better methods of intervention, delivery of services to victims, and preventing lethal outcomes in domestic violence cases. All Team members and guests, past and present, deserve special thanks for their dedication and participation in this effort.

Special appreciation is extended to the members of the Team's Data Collection Committee, particularly: Dr. Corinne Peek-Asa and Vivian Chern who prepared the Data Analysis chapter; Tiffany Mimms, under the supervision of Catherine Koverola, Ph.D., who prepared the Case Review and Recommendations chapter; Marlene Sanchez, who shared her research compiled from cases prosecuted by the Los Angeles County District Attorney's Office; and Dr. Lisa Scheinin who shared her research on murder-suicides, compiled through the Los Angeles County Coroner's Office. I also wish to recognize the efforts of the Family Violence Division staff of the District Attorney's Office, especially Victor Rodriguez, who gathered investigative reports from the police agencies; and my secretary, Emily Reyna, who provided continuous clerical support to the Team.

Special appreciation is also extended to California Hospital, which graciously hosted the Team and provided us with a place to meet with free parking. The Team is especially indebted to Dr. Robert Splawn and his assistant, Mary Varela, who not only made these generous arrangements, but also helped invigorate our long afternoon discussions with cookies, coffee, and soft drinks.

This report is offered in memory of the 39 domestic violence victims whose tragic deaths in 1997 are referenced herein, in the fervent hope that it will assist in abating future domestic violence fatalities. We also hope that this first report will encourage allocation of funding for continuation of the work undertaken by the Domestic Violence Death Review Team.

Donna Wills
Former Head Deputy, Family Violence Division, and
Co-chair, Domestic Violence Death Review Team

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1999 —2000 TEAM MEMBERS

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Executive Summary

The Los Angeles County Domestic Violence Death Review Team (DVDRT) convened in 1996 with the objective of increasing knowledge about domestic abuse patterns and improving agency response to abuse victims and perpetrators. Thus, unlawful killings, involving a present or past intimate partner, as well as those against children, new partners, other family members, friends, or bystanders, which are motivated by a domestic violence relationship may be analyzed by the Team.

The LA County DVDRT identified cases through the Los Angeles District Attorney's Office, the Office of the Coroner, local law enforcement agencies, press clippings, and from members' involvement in individual cases. The process of case identification varies greatly by agency, and one future goal of the team is to work with agencies to improve and standardize the information collected about domestic violence fatalities.

In 1997, the DVDRT identified 39 cases of domestic violence fatalities, of which detailed information was available for 33. A case refers to one event that may have led to one or more deaths. Of the 33 cases where detailed information could be gathered, a total of 53 fatalities occurred, including 38 homicides and 15 suicides. In 17 cases, accounting for 17 fatalities of individuals and two fetuses, the perpetrator was identified and found guilty by trial or plea in criminal proceedings prosecuted by the District Attorney's Office. For the purpose of this report, these 17 cases shall be referred to as homicide cases. In 16 cases, accounting for 36 fatalities, the perpetrator committed (15) or attempted (1) suicide after the homicide(s). For the purpose of this report, these 16 cases shall be referred to as murder-suicide cases. General findings from the review of all 1997 cases are listed below.

General Findings from 1997 Domestic Violence Fatalities

Age

- In most cases, the perpetrator and partner were close in age. The 1997 domestic violence fatalities reviewed do not illustrate the commonly held belief that the perpetrator is usually much older than the partner victimized.

Children

- *Children* were fatally wounded in several of the murder-suicide events, but were not victims in any of the homicides. In two murder-suicides, the children rather than the perpetrator's partner were the primary targets of the perpetrator.

Education

- Few perpetrators and their partners had education beyond high school, although several events involved highly educated professionals. Generally, perpetrators of murder-suicide were more educated than perpetrators of homicide.

Firearms

- When the perpetrator killed their primary partner, firearms were used in 100% of murder-suicides but only in 18.8% of homicides. The other methods of killing in homicide cases include strangulation, stabbing, beating, and burning.

Gender of Perpetrators

- Except for three *female perpetrators* in the homicide cases, all others were male. In murder-suicide cases, however, all perpetrators were male.

Location

- The majority of events occurred in the partner's, the perpetrator's, or their shared residence.

Motive

- The perpetrator displayed extreme jealousy and behavior control problems in most homicide cases. For murder-suicide cases, this information was largely unknown.

Multiple Victims

- Multiple victims were more likely to be involved in murder-suicides than in homicides. Other victims included other family members, new partners, and friends.

Prior Abuse Defense

- When the female was a perpetrator in a homicide case, an allegation of prior history of abuse by the victim was likely to surface at trial. However, with male perpetrators, except in a same sex relationship, a history of abuse at the hands of the fatality victim was rarely mentioned in reports.

Prior Abuse Reports

- Most domestic violence fatalities involved some documented prior abuse, whether it was physical, sexual, or emotional. In about a third of the cases, domestic abuse was documented in the legal system.

Prosecutions

- For cases that were prosecuted, approximately 50% either pleaded guilty or were found guilty in a trial. Approximately 10% of cases were dismissed, bench warrants were issued for 20%, and 16% are pending.

Race

- In the large majority of cases, the perpetrator and their partner had the same racial/ethnic background. The majority of couples were Hispanic/Latino, followed by White, African American and, rarely, Asian/Pacific Islander.

Separation

- In about 40% of the domestic violence fatalities, the perpetrator was actively involved with their partner at the time of the event. For the remaining cases, the couple had ended or was ending the relationship. In one case, the relationship ended 14 years prior to the homicide event.

Target victims

- The intimate partner was the targeted victim in 100% of the homicide cases and approximately 80% of murder-suicide cases. Other targeted victims included children, new partners, friends and other family members.

Recommendations

Batterers

- Encourage research to determine how effective batterer's treatment programs are in rehabilitating offenders.

Children

- Family law judges should routinely inquire about domestic violence, especially when children are involved.

- Visitation orders should consider safety of the children and domestic violence victims as paramount.

- Schools, courts, law enforcement, counselors, health practitioners, and child service providers should consider referral to DCFS whenever a child(ren) is(are) exposed to domestic violence in the home.

- All agencies should cooperate to ensure that child fatalities motivated by domestic violence are cross-referred to the Interagency on Child Abuse and Neglect (ICAN) for tracking.

DVDRT Team

- Allocate funding and staff for DVDRT.

- Improve data collection system.

- Develop Team needs assessment and seek appropriate funding.

- Invite representatives from other agencies to be members of the team i.e., judges, courts, and batterer's treatment programs.

Legal and Judicial Issues

- Judicial officers handling criminal, family law, and dependency matters should have specialized and on-going training on the appropriate criteria to use in granting protective orders, and on when to impose such orders on its own motion.

- Law enforcement officers' at the scene of a domestic violence incident, where the alleged suspect is gone on arrival, should inquire whether the victim has a photo of the suspect and request it as evidence. The photo thus obtained will help in identification of the suspect upon arrest.

- Law enforcement agencies should develop a protocol for investigating family violence murder-suicides so that critical statistical information is gathered and surviving families are expeditiously linked to victim-witness assistance program services.

- Civil judges who assign commissioners to preside over granting domestic violence protective orders and/or restraining orders should hold these judicial officers accountable to issue the orders appropriately.

- Law enforcement investigators should prioritize domestic violence investigations to expedite cases with a known history of repeated domestic abuse.

- Law enforcement, judges, prosecutors, probation and parole should be cognizant that threats of domestic violence should be taken seriously.

- Only prosecutors with specialized training in domestic violence prosecutions and homicides should be allowed to make filing decisions and handle domestic homicide cases.

Media

- Encourage research evaluating the role that media plays in perpetrating myths about the causes of domestic violence homicides and the decisions made about which cases warrant coverage.

Medical

- Encourage physicians, nurses, therapists, counselors and other health care practitioners, particularly hospital emergency-care providers, obstetrician-gynecologists, marriage counselors, and drug-alcohol counselors to routinely screen for domestic violence as part of the patient/client history.

- Provide domestic violence information in all public and private hospitals and healthcare facilities, especially in lobbies and at patient financial service sites.

Murder-Suicides

- Develop a statewide standard form to routinely collect information on domestic violence homicides.

- Implement a standardized system to obtain more information on the victim's and perpetrator's backgrounds.

- Establish standing roll-out team of investigators to ensure important information is collected.

- The Coroner's Office, Victim-Witness Assistance Program, and law enforcement should work together to make sure surviving family members of the victim are aware of compensation rights and access to services.

- Coroner's Office should devise a system to identify and track domestic violence homicides more effectively.

- Police should be encouraged to collect statistical information about victims and perpetrators whenever possible, even though extensive investigation may not be required because there is no possibility of arrest.

Parole and Probation

- Parole and probation officers, who become aware that a defendant is living in a spousal or intimate relationship, should inquire of the parties whether there is a history of domestic violence. Where appropriate, a referral for batterer's intervention counseling should be considered.

- State Parole Department should adopt standardized conditions of parole, similar to Penal Code Section 1203.097 mandating conditions of probation, for parolees convicted of domestic violence.

- Probation and parole departments should assign felony domestic violence offenders and high-risk misdemeanor offenders to the caseload of specially trained officers.

Pregnant Women

- Medical personnel, particularly obstetrician-gynecologists and hospitals, should develop screening protocol for domestic violence.

- Only prosecutors with specialized training in domestic violence homicides should file and vertically prosecute cases involving pregnant victims, so that all issues related to the fetus as a victim can be appropriately addressed.

- Law enforcement dispatchers, paramedics, and other first-responding emergency personnel should inquire if female victim is pregnant.

- Police and emergency personnel should have provisions in their response

protocols for handling situations where pregnant victims are injured or killed, so that life-saving efforts to save the fetus can be maximized.

Research

- Assign research to document how many, and why, civil domestic violence protective orders are denied in situations where there are subsequent domestic violence assaults and fatalities.

- Develop and research ways to determine the effectiveness of treatment programs for batterers.

Special Populations

- Outreach surviving families to ensure that the benefits and services of the Victim-Witness Assistance Program are made available in a timely manner.

- Expand services to the victims who are outside the cultural mainstream and improve services to address differences in approach to conflict-resolution.

- Increase awareness and training of religious and community leaders.

- Investigate needs of, and expand services to, male domestic violence victims.

- Expand services to the gay/lesbian community.

Surviving Family

- Expand resources to respond to the needs of surviving family, especially for children of the victim.

- Develop a countywide protocol for interagency cooperation for delivery of services whenever a domestic homicide occurs.

- Victim-Witness Assistance Program should establish a protocol for more rapid assistance/intervention and delivery of services to surviving family members in all domestic homicides, particularly murder-suicides.

Teens

- Dedicate resources to determine the extent of teen dating violence and what services are available.

- Encourage school districts to incorporate Teen Dating Abuse into the curriculum.

- Get input from teens as to how to best determine and address the problem.

- Encourage all college campuses to do outreach on abuse.
- Increase public awareness through media campaigns addressed to teens.
- Expand shelter services to teens through traditional services and/or the Department of Children and Family Services.
- Investigate feasibility of legislation allowing teens entrance into shelters without parental accompaniment.
- Educate agencies on referring to the Department of Children and Family Services if a teen is at risk.
- Encourage the Department of Children and Family Services involvement for teen victims when appropriate.
- Develop a Department of Children and Family Services protocol for responding to teen victims of domestic violence when the parents are unable to protect the teen.
- Develop services that are sensitive to gang-affiliation.

Training

- Provide or expand domestic violence training for the following professions:

Judicial Officers	Probation and Parole Officers
Drug and Alcohol Counselors	Psychologists
Teachers, School Counselors	Medical Personnel
Marriage, Family, Child Counselors	Law Enforcement, Prosecutors

TEAM PROFILE AND REPORT

With the devastating number of domestic violence-related fatalities in Los Angeles County, there was a clear and present need to establish a multi-disciplinary, multi-agency team to review, analyze, and compile data about these fatalities as authorized by Penal Code Section 11163.3. The Domestic Violence Death Review Team (DVDRT) was established in 1997 to provide a confidential forum to review domestic violence-related fatalities, identify what governmental and private agency interventions preceded the fatality, and to make recommendations to strengthen system-wide policies and procedures that will help diminish the possibilities of future fatalities. It is recognized that when a fatality results from domestic violence, the perpetrator alone is ultimately responsible for the antisocial act. Beyond this fact, the DVDRT meets to discuss these fatalities, not to assign blame, but rather to isolate the dynamics and circumstances that escalate and lead to fatal outcomes, so that overall prevention efforts can be effectively focused.

Goals of the Death Review Team

The Team goals include:

1. To provide and coordinate a confidential, multi-disciplinary, multi-agency forum for the systematic review of domestic violence-related fatalities

2. To create and maintain a comprehensive database of the fatalities in order to assess victim and perpetrator demographics, relationship history, prior abuse history, prior interventions and resources utilized, and case disposition

3. To identify system gaps and shortcomings to facilitate improvement

4. To develop and recommend coordinated prevention strategies and long-term interventions based on case reviews/findings and investigations

5. To improve communication and collaboration among local agencies

6. To identify trends, risks, and patterns in the cases reviewed to make policy recommendations for effective intervention

7. To issue and disseminate an annual report, setting forth data collected, recommendations for systems improvement from case reviews, and to find ways to better address the needs of surviving family members.

Information Gathering and Review Process

For the purpose of this report, a domestic violence relationship fatality refers to: former or current spouses, dating partners, intimate cohabitants, persons with a child in common, including unemancipated minors. A domestic violence-motivated fatality refers to homicides involving children, the elderly, "love-triangles," innocent bystanders, police, or alleged batterers who were killed or committed suicide. Thus, for this report, the DVDRT reviewed cases where: (1) the victim had an intimate, marital, or dating relationship with the perpetrator (2) the motive for killing the child(ren) or a third party was related to such relationship or (3) an alleged batterer was killed by someone claiming to be a domestic violence victim.

Due to the large number of domestic homicides and murder-suicides in Los Angeles County, the DVDRT prioritized closed cases for review. Priority for review was given to homicide cases prosecuted by the District Attorney's Office and murder-suicides tracked by the Coroner's Office. A "closed case" is defined as one where the alleged perpetrator had been charged and convicted or acquitted, committed suicide, or was killed by a domestic violence victim or third party.

Report Overview

This report is divided into two chapters. The first chapter sets forth the statistical analysis from information gathered on domestic violence fatalities identified by the Team, from the District Attorney's files (called homicide cases), and the Coroner's Office (called murder-suicide cases). The second chapter summarizes cases reviewed by the Team and recommendations inspired by Team discussions.

Terminology

Homicide cases	- fatalities where the perpetrator was prosecuted by the District Attorney's Office for the unlawful killing of another
Murder-Suicide cases	- fatalities where the perpetrator killed others before killing himself
Perpetrator	- person identified as doing the killing of another human being and/or himself
Perpetrator's Partner (PP)	- person involved in a current or former marital, intimate, cohabitant, dating, or child in common relationship with the perpetrator of a fatality

CHAPTER I – DATA ANALYSIS
1997 Domestic Violence Fatalities

The Los Angeles County Domestic Violence Death Review Team (DVDRT) convened in 1997 with the objectives of discerning domestic abuse patterns and improving agency response to abuse victims and perpetrators. The goals, as stated by legislation and the Team's bylaws, include the establishment of a database of domestic violence fatalities in Los Angeles County. This database may be used as a tool to assist in the development of recommendations and guidelines to better identify individuals at high risk, and to improve coordinated agency response to domestic violence. This report summarizes data collected on all domestic violence fatality cases that were identified by the DVDRT and occurred in Los Angeles County in 1997.

Definition: Domestic Violence Case Fatality

Several domestic violence death review teams have defined cases to be reviewed as those involving the unlawful killing of a female victim by a male perpetrator from a former or current spousal, dating, or intimate relationship. The Los Angeles County DVDRT decided to use a broader definition, including any homicide that was motivated by a dating, spousal or intimate relationship, whether or not the fatality victim(s) was perpetrator's partner (PP). Each fatal event centers on a relationship between two partners, but victims may include children, other family members, friends, new partners, co-workers, and/or bystanders. This broad definition allows the Team to better understand the multiple manifestations of fatal domestic abuse and its sequellae. For 1997, no cases in which a child killed a parent who was involved in an abusive relationship were identified. And no cases where the police killed an abuser or the abuser killed a police officer responding to a 911 call were identified. However, these kinds of cases would also be eligible for review under the Team's case definition.

Identifying 1997 Fatalities

A total of 39 domestic violence fatality events occurring in Los Angeles County in 1997 were identified. Of these, two were identified through law enforcement agencies after the end of the case identification period and were not included. An additional four cases were identified through newspaper articles but no information could be located at participating agencies prior to the release of this report. Thus, 33 cases were included for review in this report. Of the 33 cases, 17 involved a homicide(s), and 16 involved at least one murder followed by a suicide or suicide attempt by the perpetrator. For the purposes of this report, a murder-suicide attempt is treated as a murder-suicide rather than homicide because the intent of the perpetrator to end his/her life was present.

Homicide cases were identified by the Los Angeles County District Attorney's Office, and the Los Angeles County Office of the Coroner identified murder-suicide cases. Of the 33 cases identified in 1997, 17 were reviewed by the DVDRT, including seven of the 17 homicides and 10 of the 16 murder-suicides.

In general, the cases reviewed represent the most severe of events, involving multiple deaths and leading to high attention from agency representatives.

Some fatal domestic violence events may not have been identified through the reporting process. For example, if an event was not prosecuted, it may not be in the records of the District Attorney's Office and may not have been identifiable as related to domestic abuse in the Coroner's case management system. One finding of the team is that identifying domestic violence fatalities through law enforcement, medical, and prosecution databases is challenging. Different standards and definitions are used by different agencies, and many agencies do not have a special flag for domestic violence-related events. Identifying cases in which the homicide victim was not involved in the abusive relationship, such as when a new partner or children were killed, was especially difficult.

Analytical Overview

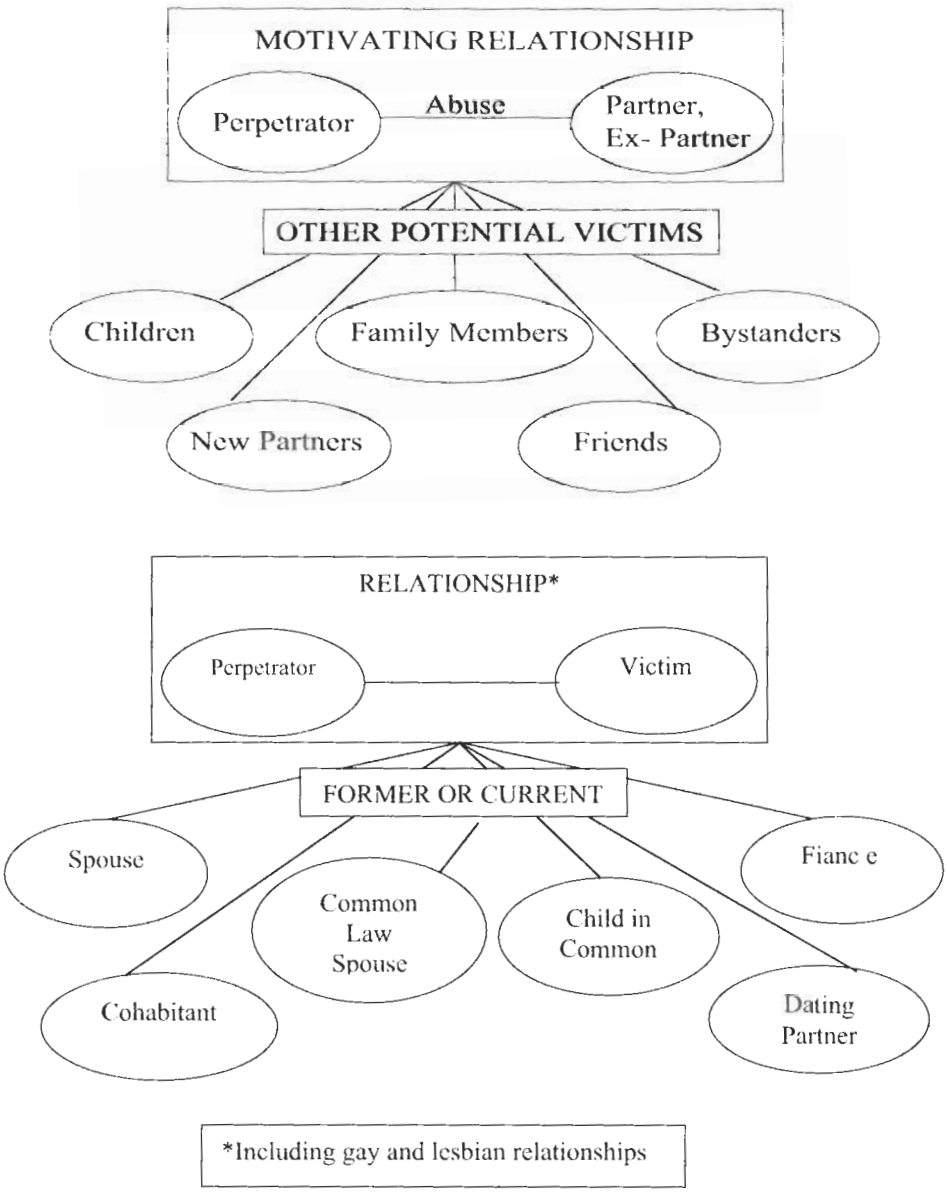
This chapter is divided into sections summarizing the data collected on the 1997 cases DVDRT identified and reviewed. The first section describes the *events*, and summarizes the types of individuals involved and key issues about the cases.

The second section describes the *perpetrator* of the killing(s).

The third section addresses characteristics of the *perpetrator s partner (PP)*, who is either a fatality victim or the person in a domestic relationship that, in the mind of the perpetrator, motivated the fatality event. Most often, but not always, the PP was the target victim whether the perpetrator committed a homicide or murder-suicide. In a few cases, the perpetrator killed the children, other relative or new intimate partner, while the PP survived attempted murder or was left unharmed. For these cases, the PP is still described in this section.

The next section defines *other victims* killed by the perpetrator, who were children, other family members, and new partners of the PP.

The final section describes characteristics of the relationship between the PP and the perpetrator. The following diagram illustrates the relationships that fall within the DVDRT's case analysis and review.


MOTIVATING RELATIONSHIP
Perpetrator
Abuse
Partner,
Ex- Partner
OTHER POTENTIAL VICTIMS
Children
Family Members
Bystanders
New Partners
Friends
RELATIONSHIP*
Perpetrator
Victim
FORMER OR CURRENT
Spouse
Common
Law
Spouse
Child in
Common
Fianc e
Cohabitant
Dating
Partner
*Including gay and lesbian relationships

Part I: The Event

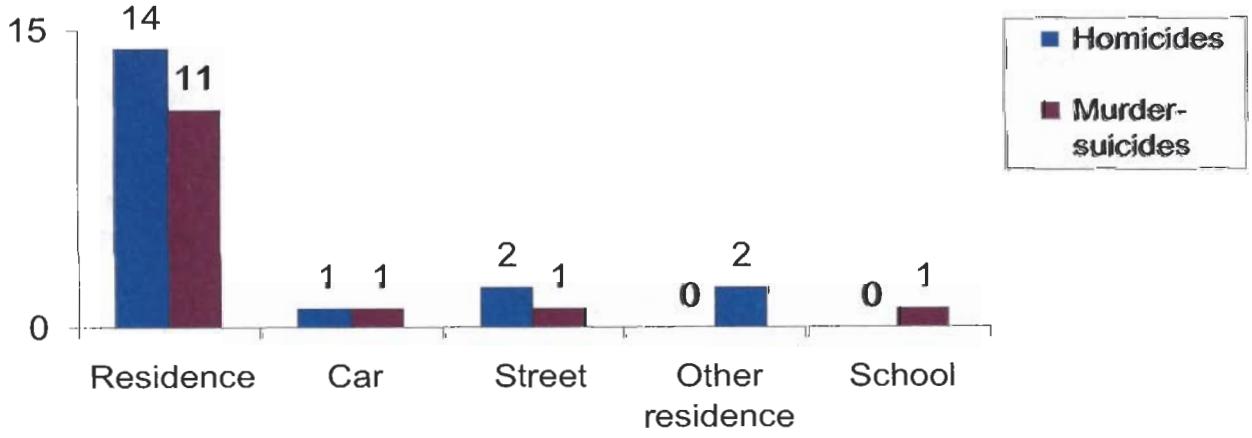
The 33 fatal events led to 53 total deaths, of which 38 were homicides and 15 were suicides. There were five additional homicide attempts and one suicide attempt. In 1997, there were 17 homicide incidents that resulted in the death of 17 individuals and two fetuses. The 16 murder-suicides events led to a total of 21 homicides, 15 suicides, and one suicide attempt.

The perpetrator's partner (PP) was the primary target in all of the 17 homicides. In one of these cases, however, the perpetrator was unsuccessful in killing his partner but did kill her new boyfriend.

In 13 of the homicides, a male perpetrator killed his female partner. In three homicides, the perpetrator was female, and in all three cases, there were allegations of prior abuse by the male partner toward the female perpetrator.

Among the 16 murder-suicides, 13 cases had the PP as the primary target. However, multiple targets were much more likely to occur in murder-suicide than in homicide cases. Additional victims in the 13 cases where the PP was the primary target included a child of the couple, the mother-in-law of the perpetrator's partner, and a new boyfriend of the perpetrator's partner. In two of the remaining murder-suicides, the children of the couple were the primary targets; and in one of these two cases, there was an additional attempt to kill the perpetrator's wife. In the last case, the nephew of the PP was the homicide victim although there was an attempt to kill the PP. All the perpetrators in the murder-suicides were male and their partners were female.

Figure 1. Fatal domestic violence locations by event type



The majority of events occurred in the partner's, the perpetrator's, or their shared residence. Of the 17 homicides, 14 occurred in the home, one in the victim's car, and two on the street. The locations of the murder-suicides were more varied. Of the 16 murder-suicides, 11 occurred in the home, one in the victim s boyfriend's residence, one in the victim's friend's residence, one at school, one in the perpetrator's car, and one on the street.

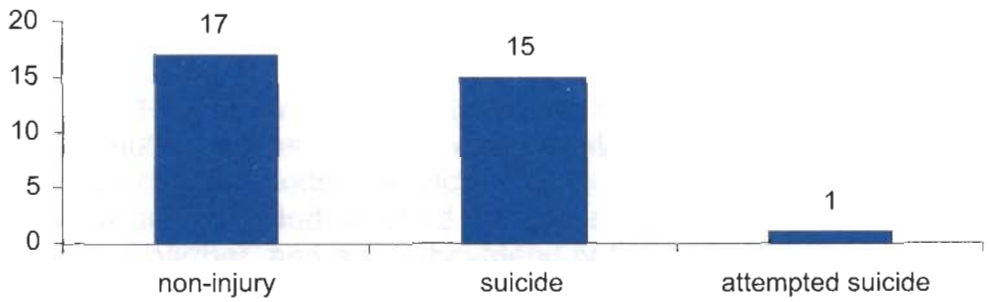
The most common rooms in a residence for homicides were the living room and bedroom, but events also occurred in the kitchen, on the lawn, outside the door, and on the front porch. With the murder-suicide events, the bedroom was the most common location, but events also occurred in living rooms, bathrooms, and dining rooms.

Part II: The Perpetrator

Incident

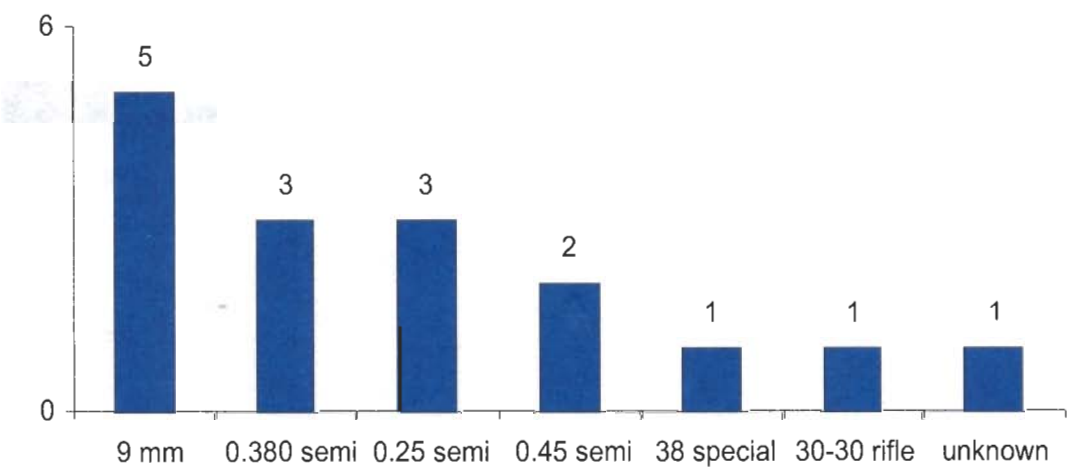
In 16 of the 33 fatal domestic violence events, the perpetrators killed or attempted to kill themselves after killing their partner, or in some cases after injuring or killing their children or other victims. Fourteen perpetrators killed themselves on the same day after committing the homicide(s), one perpetrator killed himself six weeks later, and one perpetrator attempted suicide but was rendered quadriplegic. In all instances, the perpetrator committing suicide was male. Where there was no suicide or suicide attempts, the 17 perpetrators were not injured.

Figure 2. Domestic violence perpetrator incident type



In the 15 suicides and one attempted suicide, the suicide was committed by a gunshot wound to the head. Notably, handguns were the weapons of choice. Of 15 firearms that were described, five were 9mm handguns, three were .380 semi-automatics, three were .25 semi-automatics, two were .45 semi-automatics, one was a .38 special, and one was a 30-30 rifle. The firearm type used in the attempted suicide was unknown.

Figure 3. Type of firearm used in perpetrators' suicides and suicide attempts

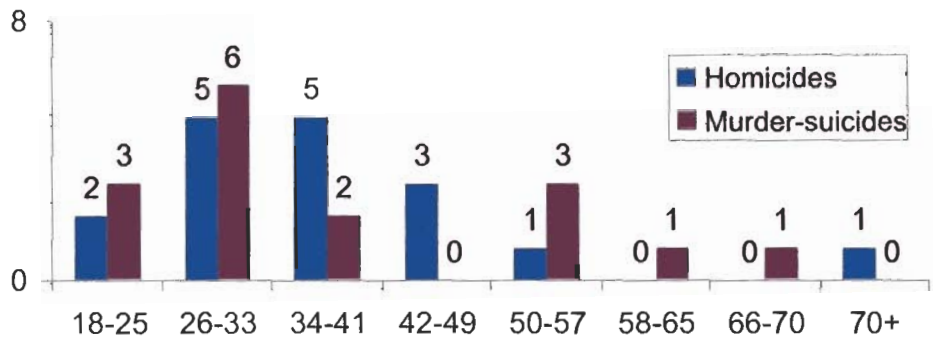


Gender and Age

In the homicide cases, there were 14 male and three female perpetrators. The perpetrators' ages ranged from 20 years to 81 years, with an average of 38.5 years, a median of 37 years, and a mode of 28 years. The female perpetrators had respective ages of 20, 37, and 81 years, while the male perpetrators committed the homicides when they were aged 25 to 55 years.

In all 16 murder-suicide cases, the perpetrator was male. The age range for the perpetrator was from 19 to 70 years, with a mean of 37, a median of 32, and a mode of 26 years.

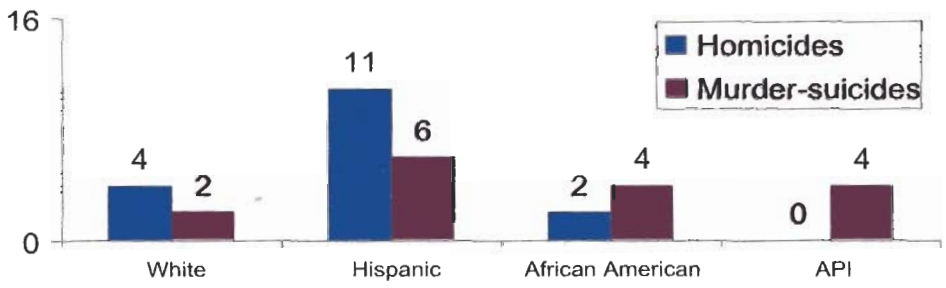
Figure 4. Age of perpetrator



Race/Ethnicity

In all types of domestic violence fatalities, the majority of perpetrators were Hispanic/Latino (11 homicides, 6 murder-suicides). In homicide cases, four perpetrators were White, two were African American, and none were Asian/Pacific Islander. In the murder-suicide cases, four perpetrators were African-American, two were White, and four were Asian/Pacific Islander.

Figure 5. Race of perpetrator



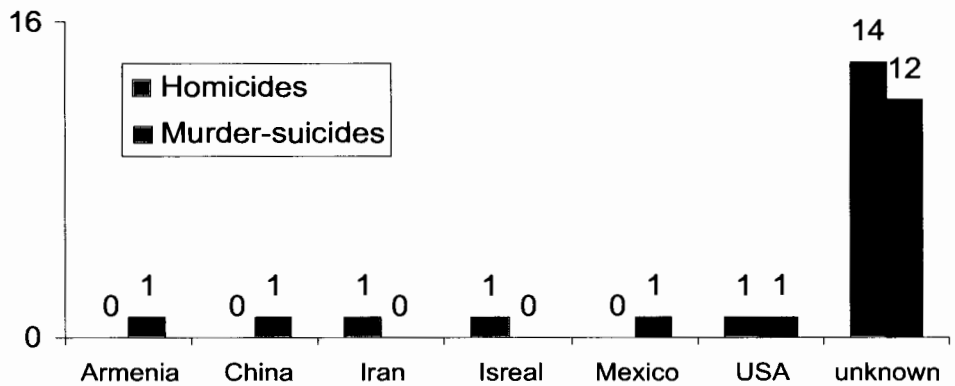
Country of Birth

The country of origin was unknown for most perpetrators. In the homicide cases, the country of birth was unknown in 14 cases (10 of which were cases that had not been reviewed by DVDRT); one perpetrator was born in the U.S., one in Israel, and one in Iran. In the murder-suicides, the country of birth was unknown for 12 cases (six of which were coroner cases that were not reviewed). For the remaining four cases, one perpetrator was born in the U.S., one in Mexico, one in Armenia, and one in China.

Among the homicide perpetrators born outside of the US, the length of time — four years — spent in the U.S. was known for one case. This information was unknown for the other homicide cases. For the murder-suicides, one perpetrator had spent six years in the U.S.; the length of time spent in the U.S. was unknown for the remaining cases.

Compared to nativity, more information was available for citizenship status. For homicide cases, five perpetrators were U.S. citizens, six were citizens of Mexico,

Figure 6. Perpetrator country of birth



one was a citizen of Israel, and another a citizen of Guatemala. In two cases, two countries of citizenship were mentioned; one case indicated U.S. and Iranian citizenship and one U.S. and Mexican. In the remaining two cases, it was known that the perpetrators were not U.S. citizens but their country of citizenship was not identified. Of the 16 murder-suicide perpetrators, there were three U.S. citizens, one citizen of Armenia, one citizen of El Salvador, and 11 with unknown status (six of which were coroner cases not reviewed by the DVDRT).

Socio-Demographic Characteristics

The perpetrators had a wide range of occupations and incomes. In the homicide cases, five perpetrators were employed at the time of the incident. The remaining 12 were unemployed, but three of them had regular occupations as a laborer, a contractor, and a security guard. At the time of the murder-suicide events, six perpetrators were employed, two were unemployed, and eight

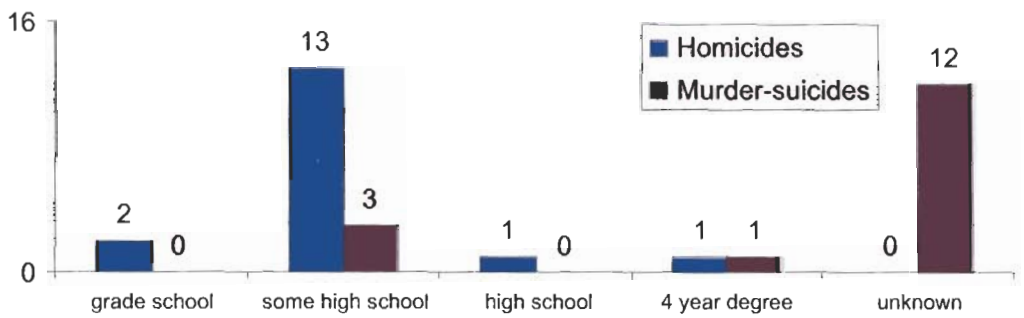
perpetrators had an unknown employment status. Six of these unknowns were coroner cases that were not reviewed.

Table 1. Perpetrator's employment by type of incident

Homicides	Murder-suicides
1 clerk	1 electrician
1 bus boy	1 lawyer
1 laborer	1 sales clerk
1 carpenter	1 engineer
12 unemployed (1 laborer, 1 contractor, 1 security guard)	1 bouncer
	1business owner/student
	8 unknown
	2 unemployed

The perpetrator's education level was known in all homicide cases and unknown in 12 murder-suicide cases. Six of the unknown cases were not reviewed by DVDRT. In the homicide cases, two perpetrators completed grade school, 13 had some high school education, one completed high school, and one perpetrator had a Bachelor of Arts degree. In the murder-suicide cases, three

Figure 7. Perpetrator education



perpetrators completed some high school, one had a Bachelor of Science degree, one had a law degree, and the remaining 12 were unknown.

In the homicide cases, the annual income was indicated as zero for nine of the perpetrators. Known incomes included two below $10,000, one $30,000, one $120,000 and three with positive incomes of unknown amounts. One perpetrator with no income was mentioned as receiving public assistance through welfare. For the murder-suicides, the annual income for three perpetrators was zero, $75,000 for one, $200,000 for one, and over $215,000 for three other cases. Ten perpetrators had unknown incomes.

Substance Use

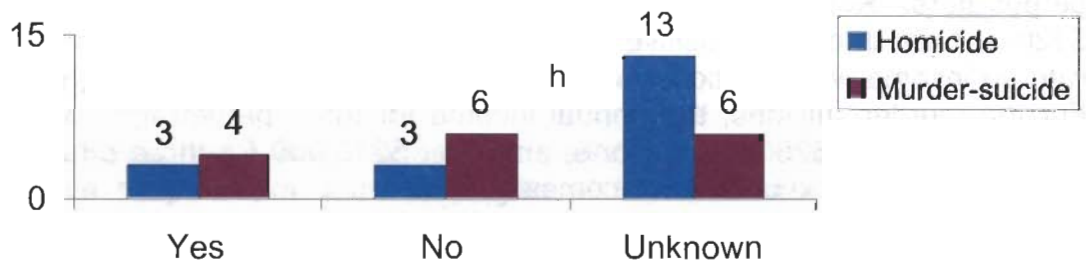
Of the 33 perpetrators, 30 had toxicology screenings through autopsies or police screening, and in three homicide cases it was unknown if toxicology screenings were performed. Of the 14 toxicology screenings in the homicide cases, 57% were negative. Of the positive results, two had traces of cocaine and alcohol, one had heroin, one had cocaine, one had cocaine and PCP, and one had alcohol, marijuana, methamphetamines, heroin, and acid. The remaining eight screenings revealed negative results. In the 16 toxicology screenings for the murder-suicide cases 62.5% were negative. Three perpetrators had traces of alcohol, two had traces of cocaine, one had traces of BE and cocaine, and the remaining 10 were found to be negative.

Table 2. Perpetrator toxicology results by type of incident

Homicides	Murder-suicides
2 alcohol and cocaine	3 alcohol
1 heroine	2 cocaine
1 cocaine	1 BE and cocaine
1 cocaine and PCP	10 negative
1 alcohol, marijuana, methamphetamines, heroine, acid	0 unknown
8 negative	
3 unknown (not screened)	

Seven of the perpetrators had a history of substance abuse, nine did not and 19 did not have available information. Among the 12 cases with positive toxicology findings, six had a history of substance abuse, one had no history of substance use, and five had unknown histories. Among the 18 cases with negative toxicology findings, eight had a negative history of substance abuse, one had a history of substance abuse, and nine had unknown histories. A total of 11 perpetrators, eight of homicide and three of murder-suicide/suicide, had prior police records. Most of these were for substance abuse.

Figure 8. History of perpetrator substance abuse



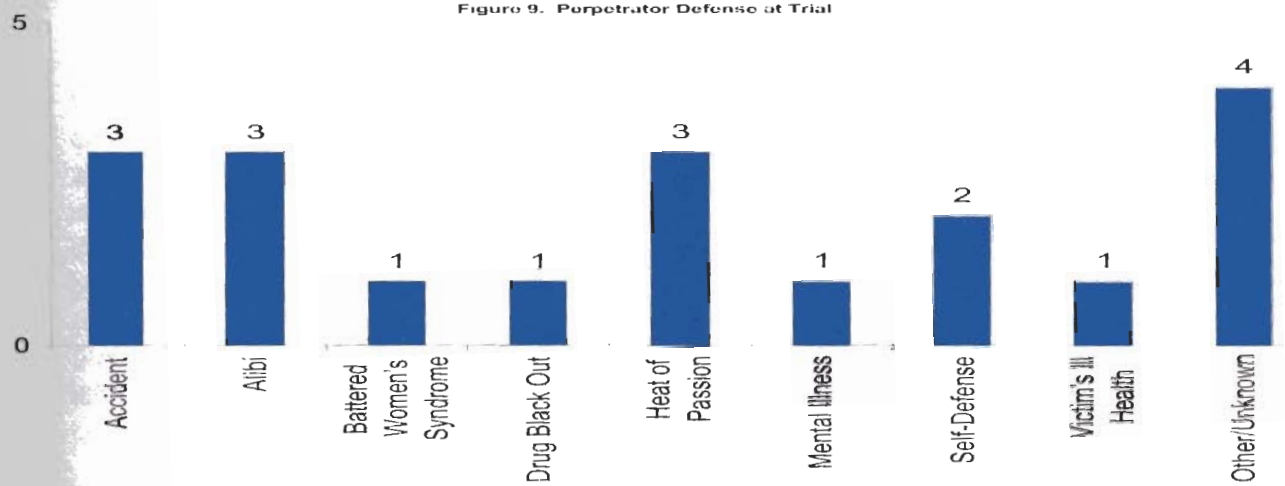
Prosecution

A total of 19 cases were prosecuted by the DA's office. This includes the 17 homicides, one murder-suicide in which the suicide occurred six weeks after the event, and one suicide attempt. Of the 19 perpetrators charged, each was charged with Penal Code Section 187, murder. Two cases also had 664/187-attempted murder charges where the perpetrator's partner was injured but another individual was killed.

Heat of passion, accidental death, and an alibi were the most common defenses. Two defendants alleged a self-defense, one of whom was a male defendant and one a female.

Two of the cases were dismissed, including the perpetrator who committed suicide and one defendant who used the victim's ill health as the motive for the homicide. Six defendants were found guilty at a jury trial. Three convictions

Figure 9. Perpetrator Defense at Trial



were for first-degree murder and three for second-degree murder. The second-degree murder charges led to sentences ranging from 15-years-to-life to 75-years-to-life. The 75-years-to-life sentence was a third-strike defendant. The three first-degree murder sentences involved multiple homicides or homicide attempts. In four of these six cases, jealousy was established as one of the primary motives for the homicide.

In four of the cases, a bench warrant was issued for the defendant, and these are still outstanding. Five of the defendants pled guilty. These included all three of the female defendants: one who asserted a battered women's syndrome defense and pled guilty to involuntary manslaughter, one who alleged self-defense and pled to involuntary manslaughter, and one who negligently ran over her victim with her car and pled to vehicular manslaughter. Of the remaining three defendants, two pled guilty to involuntary manslaughter and one to second-degree murder. Two cases were pending at the time of review.

Figure 10. Case Disposition

Part III: The Perpetrator's Partner

Incident type

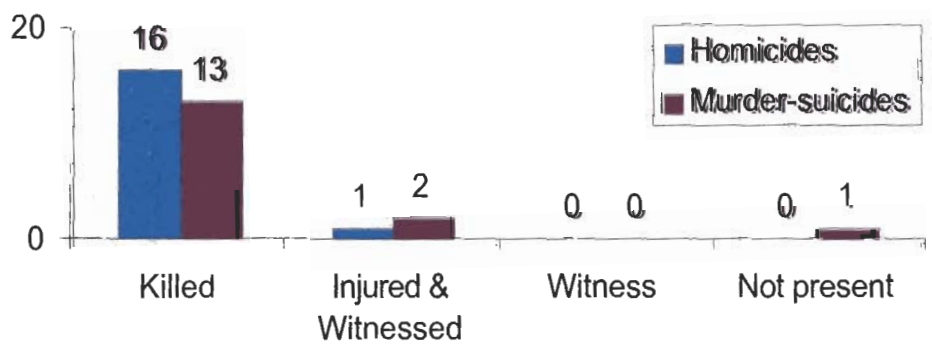
The perpetrator's partner (PP) was defined as the individual involved in a relationship with the perpetrator, either past or present. The relationship between the perpetrator and his/her partner is the defining characteristic for inclusion as a domestic violence-related fatal event. In most cases, the PP was the perpetrator's primary target or attempted target. However, other primary targets included children, new partners, and other family members. Characteristics of victims, other than the PP, who were killed or injured by the perpetrator are included in Part IV of this report.

In all 17 homicide cases, the PP was the primary target. In one of the cases, the perpetrator attempted to kill the PP and killed her boyfriend. That surviving victim went on to recant her statements to police at trial. However, the perpetrator was convicted anyway and sentenced to 20- years-to-life in prison.

In 13 of the 16 murder-suicides, the PP was the primary target and was killed. In the remaining three cases, other victims included the perpetrator's mother-in-law, children of both the perpetrator and PP, a new boyfriend of the PP, and an attempted homicide of the PP's friend. In two of the 16 murder-suicides, there was an unsuccessful attempt to murder the PP. The result in one case was the death of the PP's nephew. In the other case, the PP had just fled the home before the murder of her 21-month-old twins, who had been held hostage by the perpetrator (husband of the victim and father of the twins) after an extended argument. In one case, the PP was not present at the event, and the perpetrator killed two of their children and attempted to kill the third. In that case, the perpetrator had been recently estranged from the family.

Of the 17 homicide cases, 16 of the PPs were killed and one was injured and witnessed her new boyfriend's murder. In the 16 murder-suicide cases, 13 of the

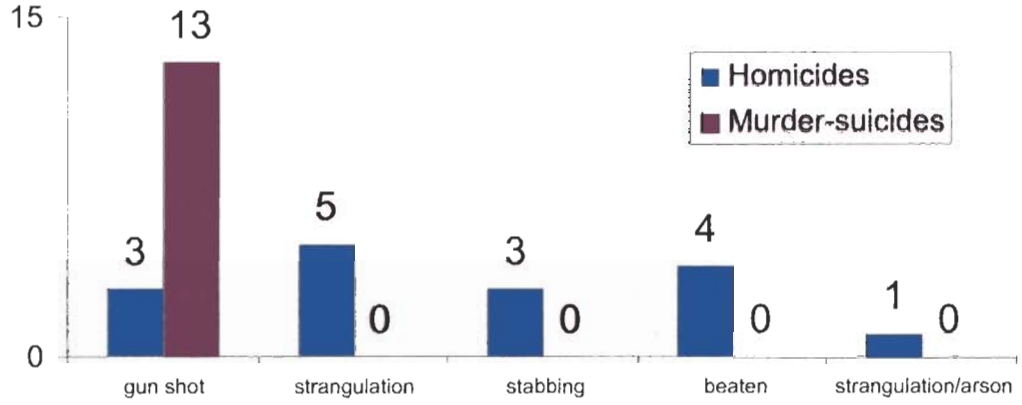
Figure 11. PP Involvement



PPs were killed, two were injured and witnessed the murder of other victims, and one was not present.

Of the 16 homicide cases in which the PPs were killed, five were strangled, four were beaten, three were shot, three were stabbed, and one burned after being beaten and possibly strangled. When the victims were shot with a firearm, one had multiple guns shot wounds, one was shot in the head, and the other shot in the back. The murder-suicide cases have a dramatically different profile for manner of death, with all 13 PPs killed by gun shot wounds. In eight of the cases, the victim was shot multiple times; in five cases, the victim was shot in the head.

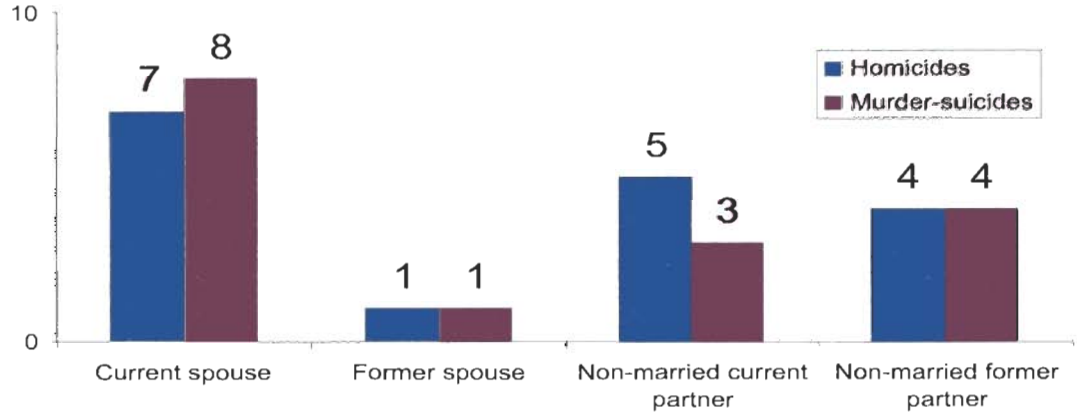
Figure 12. PP manner of death when a victim



Relationship

In 12 of the 17 homicide cases, the PPs were actively involved with the perpetrator at the time of the event. Among these, seven were married and five were current partners. In five of the homicide cases, the pairs were former

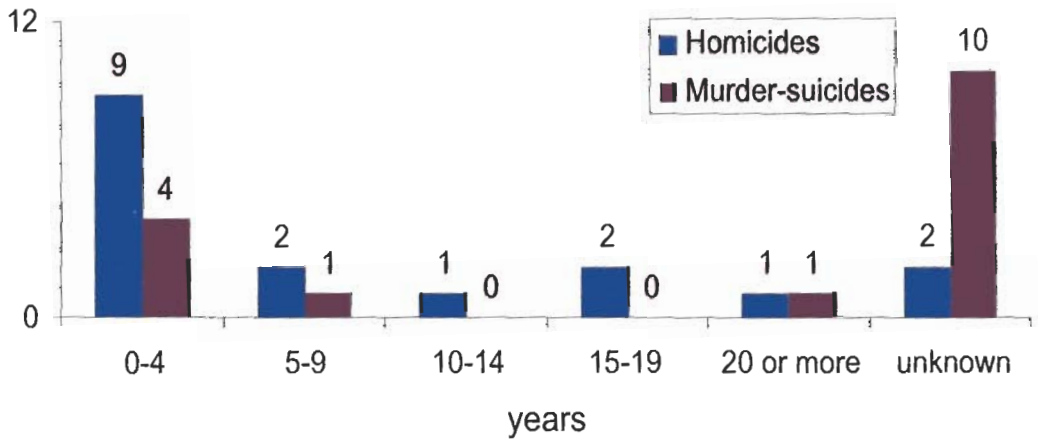
Figure 13. PP's relationship to perpetrator



couples. In 11 of the 16 murder-suicide cases, the PPs were actively involved with the perpetrator at the time of the event. Eight couples were married, and three were not married. Five couples were not currently involved in a relationship.

Among homicide cases, the relationship between the PP and the perpetrator ranged from one month to 50 years, with the majority of cases occurring in relationships lasting less than 5 years (excluding relationships with an unknown length). Nine of the PPs had a relationship with the perpetrator of between zero and four years, two between five to nine years, one between 10 to 14 years, two between 15 to 20 years, and one for 50 years. In two homicide cases, the length of time was unknown. For murder-suicide cases, the length of the relationship between the victim and the perpetrator ranged from nine months to 20 years, with 10 unknown cases.

Figure 14. Length of relationship between perpetrator and PP

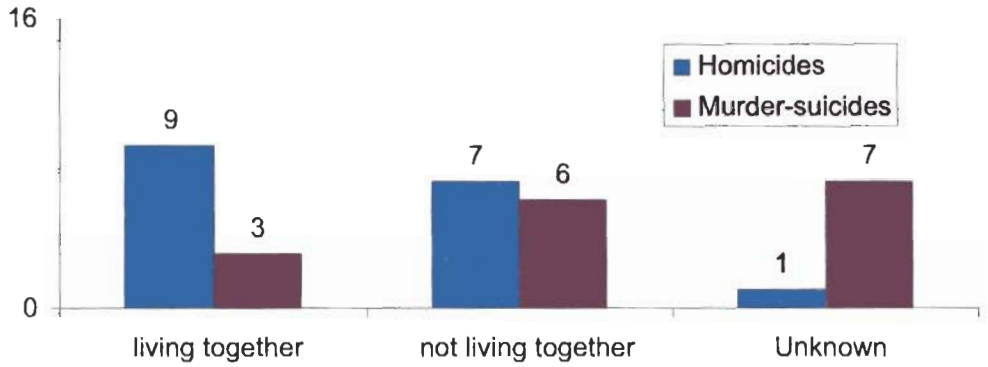


Of the victims who were not currently married to or partners of the perpetrator, there was a range of two weeks to several years between the time the relationship ended and the event occurred. For 25 of the 33 cases, this length of time was unknown.

In many of these relationships, the couple shared children. Given the information available, more couples who share children were involved in a homicide event than a murder-suicide event. In 10 of the 17 homicide cases, the couple shared children, whereas in three of the 16 murder-suicide cases, the couple had children in common. Because limited information about children was available for the murder-suicide cases that were not reviewed by DVDRT, it is possible that more couples shared children than could be identified.

In nine of the homicide cases, the perpetrator and partner were living together at the time of the event. The cohabitation status was unknown in one case. Three of the couples in the murder-suicide cases were living together at the time of the event, six were not, and in seven cases this was not known (six of which were cases not reviewed by DVDRT).

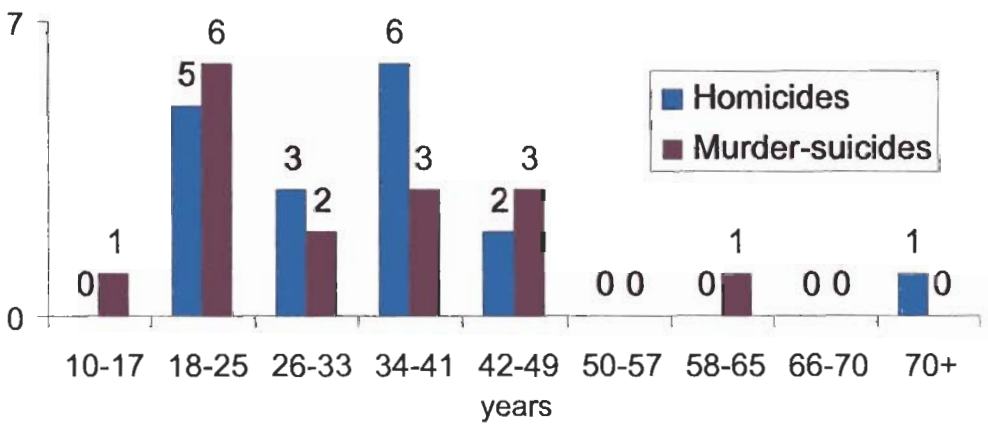
Figure 15. Living arrangement at time of event



Gender and Age

In the homicide cases, there were 14 female and three male PPs. In cases where the PP was killed in a murder-suicide, they were all female. For homicide cases, the age range for the PP was almost the same as the perpetrators, ranging from 20 to 81 years with a mean of 35.35, a median of 20 and a mode of 34. In the murder-suicide events, the ages of the PPs were slightly younger than for the perpetrators. The age range for PPs was 16 to 58 years, with a mean of 31.375, a mode of 20 and a median of 28.5 years.

Figure 16. Age of PP at time of event



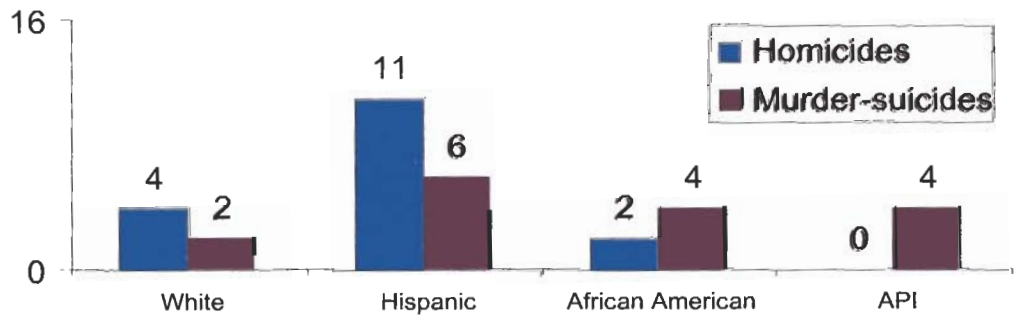
Difference in Age

In 10 of the 17 homicide cases, the perpetrator and the partner were the same age. For the remaining seven cases, the perpetrator was older in three cases by 7, 11, and 16 years, and younger in four cases by 1, 3, 3, and 6 years. The average age difference was 3.3 years older for the perpetrator. Similar to the homicide cases, the perpetrator and the partner were close in age in 11 of the 16 murder-suicide cases. In three cases, the perpetrator was older by 11, 17, and 28 years; in each of two cases, the perpetrator was younger by one year.

Race/Ethnicity

In all 33 cases, the perpetrator and the partner had the same racial/ethnic background. Regardless of incident type, the majority of the PPs were Hispanic/Latino (11 homicides, six murder-suicides). In homicide cases, four PPs were White, two were African American, and none were Asian Pacific Islander. In the murder-suicide cases, four PPs were African-American, two were coded as White, and four were Asian/Pacific Islander.

Figure 17. Race of PP

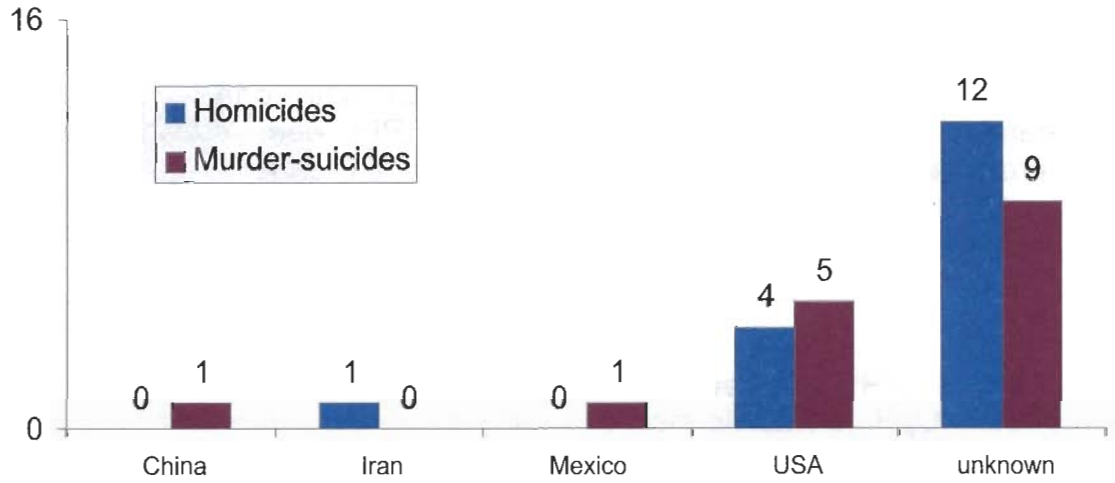


Country of Birth

For the majority of the PPs, it was unknown where they were born. For the cases where the country of birth was known, most were born in the U.S. (four homicide cases, five murder-suicide cases).

For most of the paired couples (14 homicide cases, 13 murder-suicides), it was unknown if they were born in the same country. For homicide cases, two pairs were born in the same country (one pair in the U.S. and one couple in Iran) and for one couple, the perpetrator and partner were born in different countries (one

Figure 18. PP country of birth



in the U.S. and one in Israel). In the murder-suicides, three couples were born in the same country (U.S., China, and Mexico). In one homicide case, the perpetrator, born in the U.S., accused the PP of marrying him to get a green card.

Socio-economic Characteristics

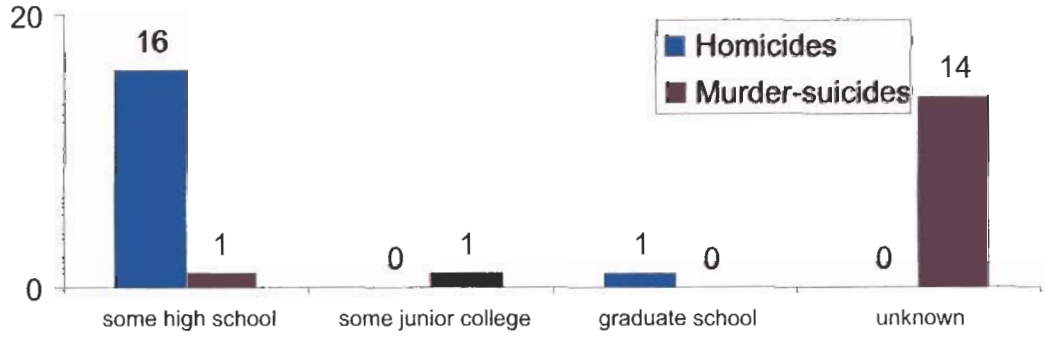
The PPs had a wide range of occupations. In the homicide cases, five PPs were employed at the time of the incident. The remaining 12 were unemployed, but three of them had occupations as a laborer, a contractor, and a security guard. At the time of the murder-suicide events, six PPs were employed, two were unemployed, and eight had an unknown employment status. Six of the unknowns PPs were coroner cases that were not reviewed. In all 33 cases, the history of employment and unemployment, occupation changes, and employment problems were unclear. Income information was unknown for the PPs.

Table 3. Perpetrator's partner s employment by type of incident,

Homicides	Murder-suicides
1 family psychologist	1 pianist
1 unemployed card dealer	1 student
1 unemployed salesperson	1 legal assistant
1 unemployed clerk	2 clerical
13 unemployed	1 unemployed
	10 unknown

Among the homicide cases, 16 of the PPs had some high school education, and one had a Masters of Science. In the murder-suicides, education was known for only two cases. In one case, the PP had a high school education and some junior college education.

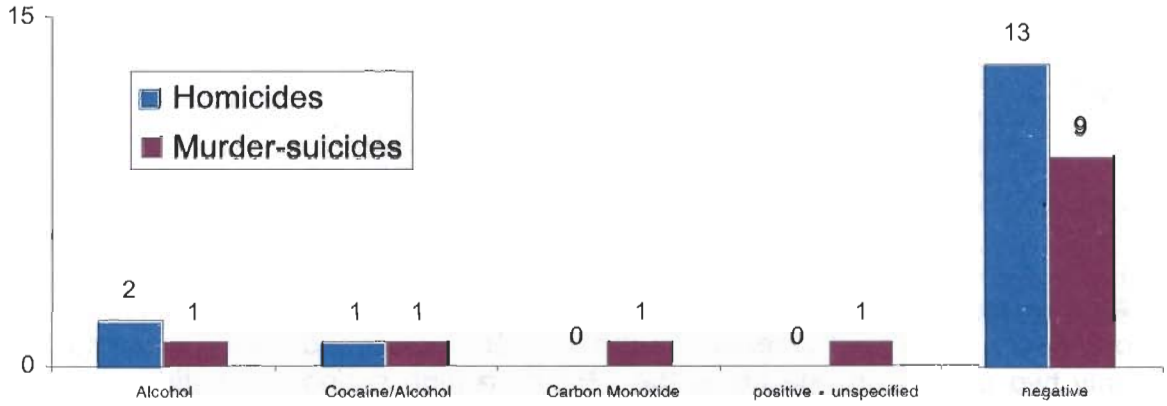
Figure 19. PP education level



Substance Use

Toxicology screening results were available for all of the PPs who were killed. Out of 16 screenings for the homicide cases, 13 were negative, two resulted in traces of alcohol, one had alcohol and cocaine. Of the 13 screenings in the murder-suicide cases, nine were negative, one was positive but unspecified, one had alcohol, another had alcohol and cocaine. In the last case, the perpetrator committed suicide after setting the location on fire and injuring the victim, and both had traces of carbon monoxide in their systems. In this case, the perpetrator tested negative for illegal substances. In one of the cases where the PP tested negative, the mother-in-law, who was also a victim in the murder-suicide case, had traces of alcohol in her body.

Figure 20. Toxicology results of PP

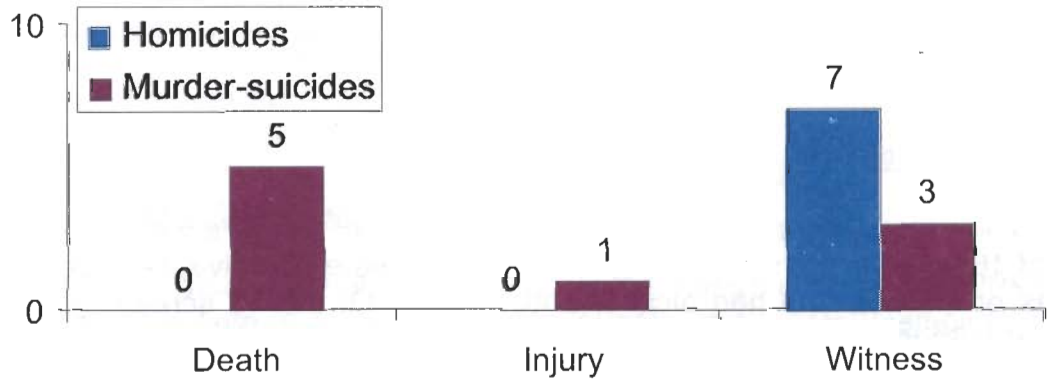


Part IV: Extended Victims

Involvement

In the 17 homicide cases, no children were killed or injured. However, seven children witnessed the event or found evidence following the incident. In the 16 murder-suicide cases, five children were murdered, one was injured, and three were witness to the event.

Figure 21. Child involvement



The perpetrators were the fathers of four of the five children killed in the murder-suicides. The fifth child killed was the nephew of a perpetrator's girlfriend. The perpetrator was the father of the one child that was injured. The perpetrator's partner was the mother in four cases of child death and one injured child. And in one case, the perpetrator's partner was the aunt to the child. Three cases had allegations that the perpetrator had previously abused the children; two of the cases were homicide events, and one was a murder-suicide event.

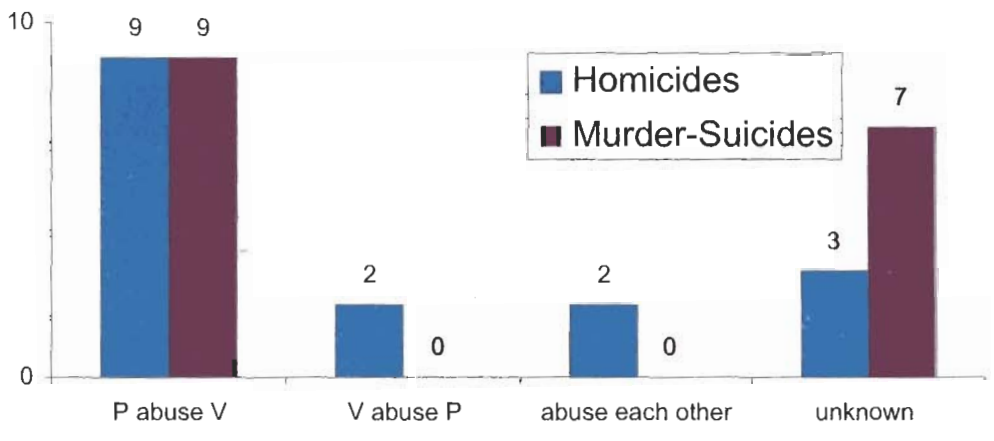
When whereabouts of the surviving minor children was known, they were most frequently placed with the deceased PP's relatives. However, whereabouts of many of these children was unknown. The DVDRT expressed strong concern about these children, and recommended that a protocol be developed to educate judges about allegations of domestic abuse, particularly how one parent killing another parent should impact custody decisions.

Custody issues were also discussed in relation to divorce proceedings. In several cases, the victim and perpetrator shared custody of their children, which brought the perpetrator into contact with the victim. The DVDRT recommended that judges be particularly vigilant in fashioning family law orders, taking into account allegations of threats made by either party to harm the children.

Other Victims

The homicide cases rarely involved multiple deaths, and the PP was most often the only target. In one case, an attempt to kill an ex-partner led to the death of her new boyfriend. In the murder-suicide cases, there were three murders and one attempted murder that did not involve the PP or children. One of the three murder-suicide case victims was a new boyfriend of the PP; one was a nephew of the PP; and one was the mother of the PP. In the case involving the death of the PP's mother, the perpetrator had been previously convicted of felony assaults on both and was on probation at the time of the killings. The attempted homicide involved an attack on the PP's friend who was present during the event. The perpetrator shot at her but missed when she ran and locked herself in the bathroom. The perpetrator accused the friend of convincing the victim to leave him. This perpetrator killed his ex-partner and injured her new boyfriend.

Figure 22. Allegations of relationship abuse



Part V: Characteristics of the Relationship

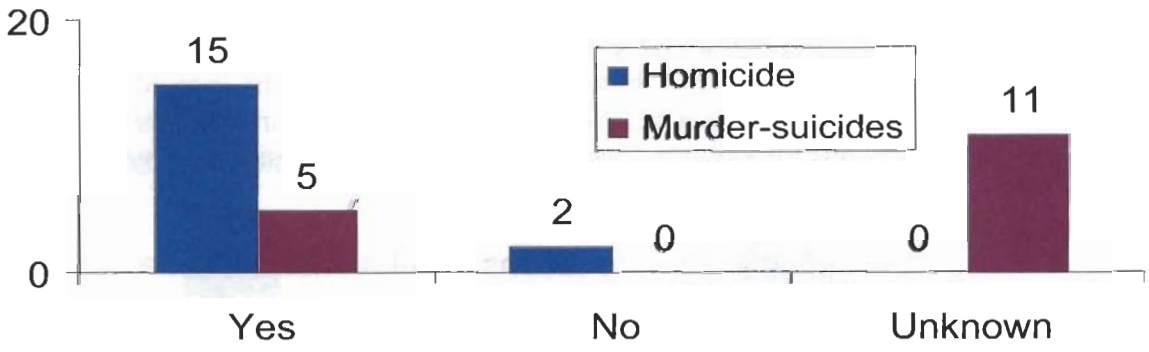
Prior Abuse

The relationship described in this section refers to that of the perpetrator and the perpetrator's partner (PP) relationship around which the fatal event revolves *(See figure, page 6)*. Note, once again, that the perpetrator's partner is not necessarily a victim of the homicide.

Some prior abuse, physical, sexual, or emotional, in the victim-perpetrator relationship was noted in 14 of the homicide events and nine of the murder-suicide cases. For three homicide cases and seven murder-suicide cases, the abuse histories were unknown. In nine of the 14 homicide cases that indicated prior abuse, the perpetrator had a history of abusing the PP. In two cases, the partner had allegedly abused the perpetrator, and in two other cases the perpetrator and partner allegedly abused each other. In contrast, for all murder-suicides cases where allegations of prior abuse between the parties was mentioned, the perpetrator had abused the PP.

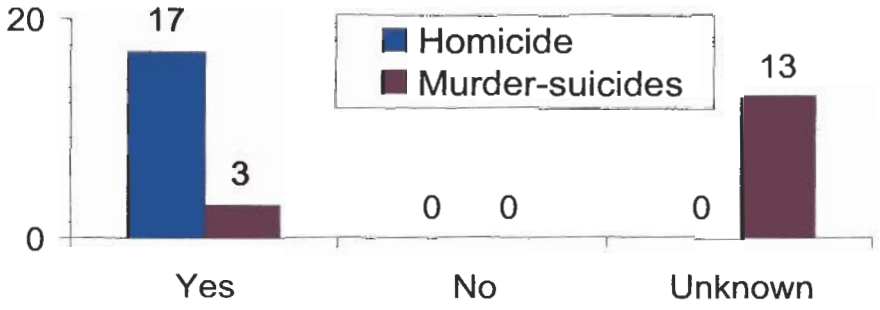
The perpetrator displayed extreme jealousy and behavior control problems in most homicide cases. For murder-suicide cases, this information was largely unknown.

Figure 23. Extreme jealousy



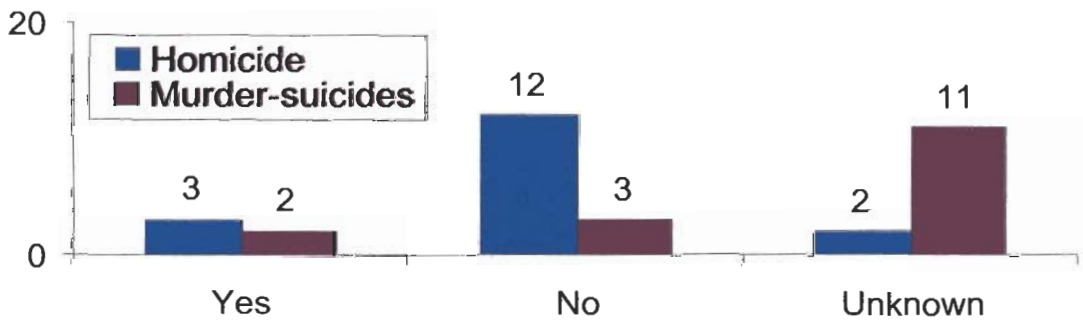
Controlling behavior, including control of the victim's friends, social activities, and work life, was indicated in all 17 homicides but was known for only three of the murder-suicides. It is noteworthy that whenever this information is available, controlling behavior is present.

Figure 24. Controlling behavior



In three homicide cases and two murder-suicide cases there was mention of monetary problems. For murder-suicide cases, monetary problem information was largely unavailable.

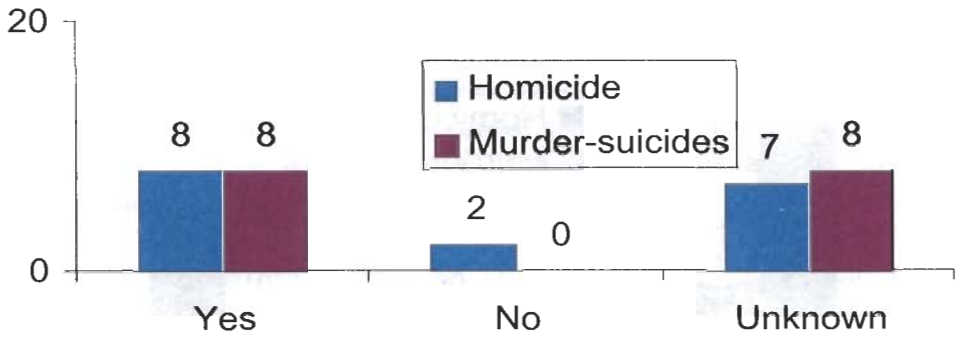
Figure 25. Monetary problems



Violence Preceding Event

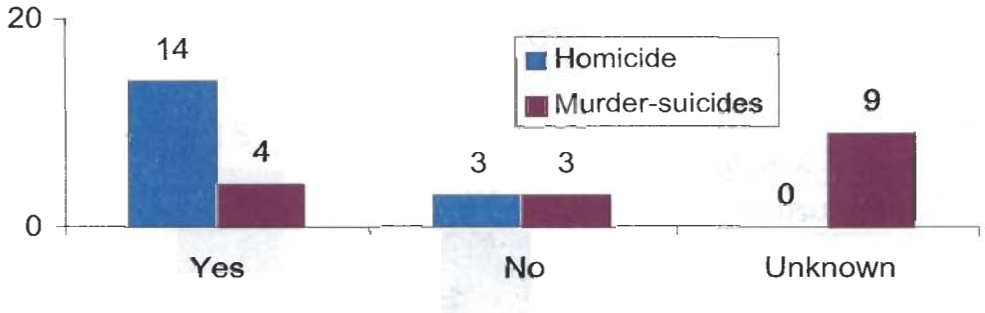
In eight of the homicide cases and eight murder-suicides, prior violent acts or threats by the perpetrator were indicated. In two homicide cases no known prior violence was indicated, and in seven cases prior violence status was unknown. Information was unavailable for eight of the murder-suicide cases.

Figure 26. Prior violence



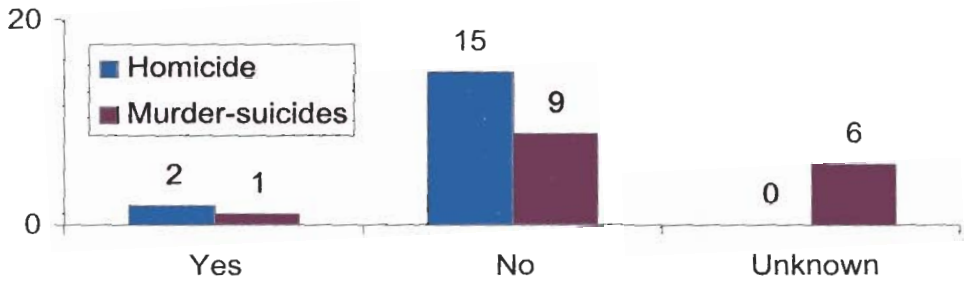
In the majority of homicide cases (14 out of 17), there were allegations that threats were made by the perpetrators to their partners prior to each fatal event. In contrast, only four murder-suicide cases documented threats made to the PP prior to the fatal event. In three of the murder-suicide cases there was no mention of threats, and in nine of these cases, it was unknown if any threats were made.

Figure 27. Prior threats



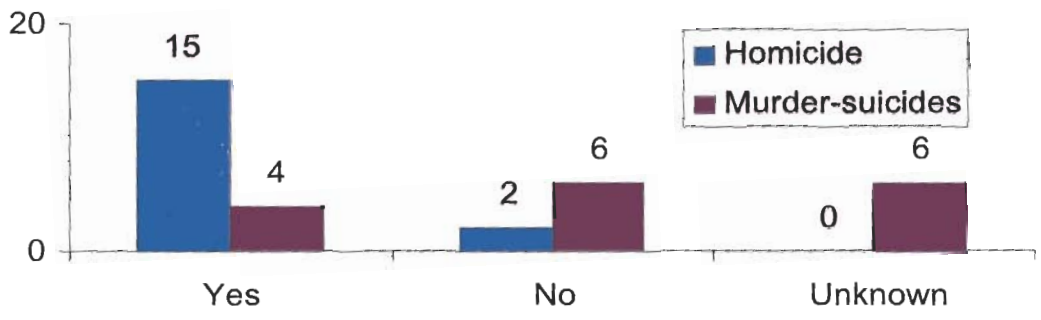
Stalking behavior was less common than verbal threats. Two homicide cases noted stalking of the PP prior to the homicide, and 15 cases did not note stalking. One murder-suicide case made reference to prior stalking, nine noted no stalking, and in six cases prior stalking behavior was unknown. The six unknown cases are cases, which were not reviewed by the DVDRT.

Figure 28. Prior stalking



Fifteen homicide cases mention attempts by the partner to separate from the perpetrator prior to the homicide; in two cases there was no mention of separation. The separation history for the murder-suicides was unknown for six cases. However, four cases mention prior attempts to separate from the perpetrator, and six cases did not mention separation.

Figure 29. Separation history



History of Legal Action

Ten of the homicide cases and one murder-suicide case mentioned a history of legal action between the perpetrator and victim. In seven of these, the legal action was related to allegations of domestic abuse. For the remaining seven homicide cases and for 15 murder-suicide cases, any history of legal action between the couples was unknown. Seven of the couples, including six homicides and one murder-suicide, had prior police reports for domestic abuse on file. Two of the homicide defendants had served sentences for domestic abuse.

Only three of the 33 fatality cases specifically mentioned that a restraining order was sought. For one of these cases, the deceased PP had repeatedly sought help from the police and a restraining order was in place at the time of the homicide. In addition to the three victims who sought civil court remedy, victims were also noted to have sought help from friends, family and church. Two couples had undergone marital or intimate couple's counseling.

Part VI: Conclusions

For 1997, the DVDRT identified and included 33 fatal domestic violence events that occurred in Los Angeles County in its database. There were 17 homicides (perpetrator survives), 15 murder-suicides (perpetrator kills self), and one murder with a suicide attempt. Existing data reveal that the homicide events differ from the murder-suicide events in terms of perpetrators and their primary targets, involvement of children and other victims, and weapons and methods used in the homicides. The perpetrators in homicide cases included females, who in two cases killed their abusers, and in one case killed a male partner with whom there had been shared abuse. However, there were no female perpetrators in any of the murder-suicides. No same-sex domestic fatalities were identified through the reporting system for 1997.

Children of the partners were killed or injured in murder-suicide incidents but not in homicides. Victims in addition to the partner of the perpetrator were more likely to be found in murder-suicides than in homicides. Such victims included the partner's mother, nephew, and new boyfriend. There was also an attempt to kill a friend of the partner. In the murder-suicide cases, there was one murder of the victim's new boyfriend.

Homicide cases involved the use of guns, hands, ligatures, knives, fire, and other objects used to either shoot, strangle, stab, beat, or burn the perpetrators' partners. However, in the murder-suicide cases, all but one of the perpetrators used some sort of firearm to kill their victim(s) and then themselves. One perpetrator strangled himself in jail. One perpetrator also set fire to the victim's home following the shooting.

Information on many of the variables was missing, especially for cases not reviewed by the DVDRT. The agencies that report cases collect information for very specific purposes, and this may not include the breadth of information sought by the DVDRT. Thus, the review process is vital to gather the information collected by all agencies, which together forms a very complete picture of each event. This type of data collaboration has great potential to advance our understanding of domestic violence-related fatal events and to identify early predictors for these events. Such information has implications for early intervention and for prosecution. One area in which the DVDRT can strengthen its data collection component is to routinely collect all variables to describe each case.

CHAPTER II

CASE REVIEW AND RECOMMENDATIONS

Domestic violence fatalities in Los Angeles County occur in a variety of circumstances, with recurrent issues and motivating factors. The DVDRT reviewed select cases from the 1997 fatalities, scrutinizing the fatal events and looking for recurrent lethality issues, in order to make recommendations from the Team's discussions to improve intervention, prevention, and educational efforts.

This chapter summarizes the cases reviewed and highlights the issues inspiring the Team's recommendations.

The 17 cases selected for review by the Team focus on the individual stories of the victims, their perpetrators, and the surviving family members. Their stories give a human perspective to the carnage that is domestic violence, the loved ones lost and the surviving family left to cope with the loss.

The names of the women, children, and men who lost their lives in these cases have been changed to protect the privacy of the surviving families and to preserve the DVDRT's mandate of confidentiality. (See Penal Code Section 11163.4 et. seq.)

The team explored the prevalence and phenomena of domestic violence murder-suicides. In these cases, the perpetrator killed the victim then killed himself. Dr. Lisa Scheinin, Co-Chair of the DVDRT while employed as a Deputy Medical Examiner at the Los Angeles County Coroner's Office, presented on preliminary research she personally conducted. A five-year retrospective study (1993-1997) yielded a total of 77 homicide-suicide cases identified as related to domestic violence, 71 of which involved the homicide of the perpetrator's partner (PP). The remaining six cases were those in which either the PP was wounded but not killed, or the fatality victim(s) was (were) killed as a means of seeking revenge against the PP. Preliminary review of the Coroner's data in domestic violence murder-suicides revealed the following predominate profile: A perpetrator (male) and perpetrator's partner victim (female) of the same race, both in their thirties, and married or cohabiting. The precipitating incident involves the recent or imminent breakup of the relationship by the PP. Both deaths occur in the PP's home, usually the bedroom, and involve the use of a medium caliber handgun. Neither perpetrator nor victim is under the influence of drugs or alcohol. Third party victims most often are the children in common, new boyfriend, or relative(s) of the PP.

VANESSA: Vanessa was a young 24-year-old woman. She had recently ended a relationship with a man she was dating. Apparently upset by the breakup, Vanessa's ex-boyfriend shot her and then turned the gun on himself.

DEIDRE: At age 39, Deidre, an African-American woman, was killed by her husband of three years. When Deidre's neighbor could not reach her she called 911. The neighbor had heard multiple gunshots but thought it was gang activity in the street. Deidre was found on the floor with five gunshot wounds and her husband dead on top of her, holding a gun in his right hand with his finger on the trigger. Seven years prior, Deidre's husband had been convicted of domestic violence on a former cohabitant. The husband apparently slammed that victim's head into the toilet, attempted to stab her with scissors, and choked her until she passed out. The judge reduced the case to a misdemeanor and the husband served 19 days in county jail and received two years summary probation. At the time of

Recommendations:

- Develop a statewide standard form to routinely collect information on domestic violence murder-suicides and homicides.
- Implement a better system to obtain more information on the victim and perpetrator's background in murder-suicides and homicides.
- Establish within the DVDRT a standing domestic violence murder-suicide/homicide "roll-out" team that the Coroner's Office and law enforcement agencies can notify in such cases to make sure that surviving victims get services and important statistical information is collected.
- Establish a system within the Coroner's Office to identify and track domestic violence murder-suicides and homicides more effectively.

this offense, judges were not obligated to impose mandatory probation. There was an allegation that the husband used a gun, but no gun was found. Deidre was a substance abuser and her husband had an alcohol problem. Deidre had no surviving children.

CHANDRA: Her common-law husband killed Chandra, a young 22-year-old African-American woman. He shot her after allegedly seeing her with another man. He then shot himself to avoid going back to prison. He left a note saying it was an "accident" and referred to his prior acts of abuse on the victim with denials and excuses. He was on parole for drugs and weapons charges when he committed the murder-suicide. He had been placed on minimum supervision during which he checked in by mail. The husband had no prior parole violations. The couple had two surviving minor children.

- Encourage police to collect statistical information about victims and perpetrators whenever possible. This is especially important in murder-suicides where extensive investigation may not be required because there is no possibility of arrest.

- Coordinate efforts within the Coroner's Office, Victim-Witness Assistance Program, and law enforcement to make sure surviving family members of the victim are aware of compensation rights and access to services.

Pregnant Victims

The DVDRT explored issues related to pregnant victims, especially the need to recognize the fetus as a victim in cases involving pregnant victims who are killed in domestic violence. According to California Penal Code Section 187(a), the killing of a fetus without the mother's consent can be prosecuted as murder. What constitutes a "fetus" for the purposes of this statute relies upon medical definition and expert testimony that the victim's pregnancy had advanced to the stage of "fetus." When a fetus dies as a consequence of fatal injury to the mother, if there is a prosecution of the surviving perpetrator, he can be charged with both murders. The only criminal charge that can be filed with the fetus as the victim is murder, not manslaughter. In addition, if there was premeditation and deliberation, torture, and/or special circumstances allegations (esp. multiple murder and torture) such may appropriately qualify the perpetrator for first-degree murder and/or the penalty of death or life without possibility of parole. Drs. Marie Russell (LAC+USC Medical Center) and Robert Splawn (California Hospital) facilitated the Team's discussion about pregnant domestic violence victims and emergency personnel's possible interventions to save the fetus after the mother's injury.

The Team discussed the need to ensure adequate training and the preparation of emergency personnel to assist pregnant victims after a domestic violence incident. Time is of essence after infliction of injury to the mother, and the chances of the survival of the fetus are very slim without quick and prepared emergency intervention.

SARAH and CHILD: Sarah was 23 years old and 16 weeks pregnant when her boyfriend killed her. He took her to a secluded park and stabbed her over 100 times, also killing her unborn child. While pending trial on the charges, the defendant committed suicide by hanging while incarcerated. He had a history of mental illness.

MARLA and CHILD: Marla, a 28-year-old Hispanic woman, 7 1/2 months pregnant, separated from her boyfriend and moved in with her own family members. Two weeks after the separation, Marla's boyfriend returned to her home. During an argument with Marla and her family, whom he believed was interfering in the relationship and trying to steal Marla and his child, Marla called the police. Marla was in her front yard as deputies arrived; however, before they could contact her she ran into her home and was shot by the defendant. She sustained multiple gunshot wounds to the head and chest. Although there was

Recommendations:

- Medical personnel, especially obstetrician-gynecologists, and hospitals should develop screening protocol for domestic violence, with specific attention to identifying pregnancy as a high-risk time for domestic violence.

no previously reported history of abuse between Marla and her boyfriend, it was alleged that he physically abused her during the argument preceding her death. She had received prenatal counseling, during which questions regarding abuse were asked, and which Marla denied. During the standoff the defendant told the police, "If I can't have this child, no one will." The filing prosecutor believed that the case was a classic manslaughter, committed in the heat of passion and refused to consider filing special circumstances, double murder. As a compromise, the trial deputy proceeded on two counts of first-degree murder without special circumstances. The boyfriend was convicted by a jury of two counts of first-degree murder and sentenced to 60-years-to-life in prison.

DIANA and CHILD: Diana was a 39-year-old African-American female who was strangled, then burned to death in a parked car by her ex-boyfriend. She had a six-year-old daughter by the defendant and was four months pregnant with his child at the time of her death. The apparent motives were to prevent his new girlfriend from finding out about the continued relationship and to avoid paying child support. It was reported that the perpetrator wanted the victim to get an abortion, but she refused. The defendant had a history of domestic violence in his relationship with Diana, as well as with his former spouse. However, he had no prior criminal record. The defendant was convicted of second-degree murder and sentenced to 15-years-to-life in prison. At the trial he denied that he killed Diana. The district attorney prosecuting the case, a specialized domestic violence prosecutor, considered but declined to charge the fetus as a murder victim, due to problems of proof of the age of the fetus because of the mother's badly charred body. Diana had four surviving children.

- Prosecutors with specialized training in domestic violence homicides should file and vertically prosecute cases involving pregnant victims so that all issues related to the fetus as a victim can be appropriately addressed.

- Law enforcement dispatchers, paramedics, and other first responding emergency personnel should inquire as to whether the female victim is pregnant.

- Police and emergency personnel should have provisions in their response protocols for handling situations where pregnant victims are injured or killed, so that life saving efforts to save the fetus can be maximized.

Teen Victims

The issue of teen dating violence was discussed in DVDRT in view of the increasing recognition of domestic violence and fatal domestic violence among teens. According to the Los Angeles Commission on Assaults Against Women (LACAAW), an estimated 28% of young people experience violence in a dating relationship. Teen dating violence occurs in all communities regardless of ethnicity, class, or geographic location. Violence begun between partners in teen years continues and escalates as the relationship progresses into adulthood. Preliminary data indicates that the prevalence of dating violence among gay and lesbian teens is similar to the rate among heterosexual teens. Battering in dating relationships takes place in the context of a continuum of violence that may include sexual harassment, emotional abuse, stalking, sexual assault, and homicide. Teen dating violence is not a new problem but, until recently, it has been a relatively unrecognized one. It is particularly disturbing that the profile of a teen relationship most likely to result in a fatality is an adult male as the perpetrator and a teen female as the victim.

ANDREA: For nine months, 17-year-old Andrea lived with her boyfriend, a member of the 18th Street Gang. Andrea, a Hispanic female, was also associated with the gang but had no prior criminal history. Two weeks after Andrea broke up with her boyfriend, he showed up at her school. He accused her of seeing other people and fatally shot Andrea in the head. He fled the scene and later killed himself. The boyfriend had three prior offenses — grand theft auto, possession of drugs, and carrying a concealed weapon — and was on probation at the time of the crime. There were no reports of prior domestic violence. Andrea's mother and younger brother are the surviving family members. Her mother received victim's services, including burial costs.

CANDACE: Candace was a 16-year-old high school student. She had recently broken up with her 21-year-old boyfriend, with whom she had been living with for some months. Both were Vietnamese. He became very despondent after Candace moved back to her parents, trying to terminate the relationship. The boyfriend and Candace had been victims of a

Recommendations:

- Dedicate resources to determine the extent of teen dating violence, assess needs, and obtain teens' input on how to address the problem.
- Encourage school districts to incorporate "Teen Dating Abuse" into the high school curriculum and colleges to do outreach on domestic violence.
- Increase public awareness through media campaigns addressed to teens.
- Expand shelter services to teens through traditional services and/or DCFS.
- Encourage DCFS involvement through appropriate referral for teen victims when appropriate.
- Investigate feasibility of legislation allowing teens entrance into shelters without parental accompaniment.

robbery where the suspects raped Candace and she held the boyfriend partly responsible for what happened to her. The day of the murder, the boyfriend waited for Candace to arrive at school in the morning and confronted her on the school grounds. He shot and killed her, then turned the gun on himself, committing suicide, as horrified students looked on. He left a lengthy suicide letter explaining why he "had" to kill Candace and blaming others for what happened between them.

- Develop services sensitive to teen dating violence with gang-affiliation.

Child Victims

Children are at risk whenever there is domestic violence in the home. There is an established link between domestic violence and child abuse, including domestic violence-motivated fatalities. One common pattern that has been established in domestic violence fatalities involving children is that fathers and boyfriends intentionally kill the children in revenge or "to get back at the mother for having left them." Another identified pattern is the perpetrator's expressed desire to "keep the family together for eternity." Usually, these incidents result in murder(s)-suicide. Surviving children must live with the emotional devastation of having witnessed one parent kill the other or a sibling(s). Whenever a parent becomes a domestic fatality victim or when neither parent survives a murder-suicide, the children left behind face the double tragedy of living with untimely grief and being orphaned by the deaths of both parents or the incarceration of the surviving parent. Findings of the DVDRT reveal that the presence of children in the family where there is domestic violence or threats heightens the risk for a lethal episode, with the children as likely targets of the perpetrator's fatal abuse.

JUAN and VICTORIA: Hispanic siblings, Juan and Victoria, were ages six and two respectively when their father shot them to death. The children's parents had been estranged for several years when their father picked them up from the babysitter's house. The children's father produced a handgun and shot Juan and Victoria each in the head. He attempted to kill a third child but she survived a stripling gunshot wound to the face. He then turned the weapon on himself and committed suicide. Police reports reveal a history of domestic violence and threats to kill the children.

ANNETTE and DARREN: In this highly publicized case, a prominent Caucasian entertainment lawyer killed his 18-month-old twin children, Annette and Darren, and then shot himself. Prior to the murder-suicide, there was a verbal dispute between the parents during which the mother left the location. The children's grandmother said that their mother had filed for divorce three weeks prior to the incident. She was quoted saying, "He said he was addicted to her and was going to kill her." He had a prior arrest for domestic violence that was concluded as a city attorney hearing.

Recommendations:

- Family law judges should routinely inquire about domestic violence, especially when children are involved.
- Visitation orders should consider safety of the children and the domestic violence victim as paramount.
- Schools, courts, law enforcement, counselors, health practitioners, and child service providers should consider referral to DCFS whenever children are exposed to domestic violence in the home.
- All agencies should cooperate to ensure that child fatalities motivated by domestic violence are cross-referred to the Interagency on Child Abuse and Neglect (ICAN) for tracking.

Third-Party Victims

Domestic violence can no longer be considered a private matter. Penal Code Section 273.8 states: "The Legislature hereby finds that spousal abusers present a clear and present danger to the mental and physical well-being of the citizens of the State of California." Domestic violence has third-party victims unrelated to the domestic partners. This is especially seen where the perpetrator takes his violent rampage into the workplace or to another public location. Co-workers, police officers, new partners, family members, and innocent bystanders are not immune from violence directed at the perpetrator's partner or motivated by the relationship between the perpetrator and the partner. There is a need to increase public awareness that domestic violence poses a risk to all members of society, not just the parties involved in a relationship.

KARLA: Karla, a 20-year old Hispanic female, had been dating her fiancé for two years. During these two years, Karla's fiancé displayed jealous behavior and isolated her from her best friend. However, there were no reports of physical abuse. Apparently, after having an abortion that Karla told her fiancé was a miscarriage, she broke off the engagement. Karla began dating her supervisor, whom she had seen approximately two to three times. After the breakup, Karla's ex-fiancé began stalking her using his sister's car. On the day of the murders, using Karla's brother's gun, the perpetrator shot Karla's male friend and Karla, and tried to shoot her best friend. Karla's ex-fiancé left the location to reload his gun, but when he returned he found Karla calling 911, at which time he yelled, "Te amo" ("I love you") and shot her two more times. He then shot himself and is now quadriplegic. He had no record, no priors, and is now serving two life terms without possibility of parole after being found guilty of special circumstances multiple first-degree murder.

Recommendations:

- Increase awareness that a woman's risk of being killed by an intimate partner increases when she leaves the relationship.
- Educate the public that domestic violence is not a private matter, but places all members of society at risk for death.
- Develop policies for employers on domestic violence to protect employees and better utilize restraining orders.
- Increase public awareness of the lethality of stalking.

Cultural Issues

Los Angeles County is a multi-ethnic community. The 1997 cases reveal that the majority of domestic violence homicides occurred in the Hispanic and African American communities. However, the Armenian, Chinese, Vietnamese, Korean and Caucasian communities also suffered fatalities. The victims and their perpetrators illustrate that domestic violence impacts all races, ethnic backgrounds, and cultures. Effective intervention, outreach and service delivery may depend upon knowledge, recognition, and consideration of the victim's and perpetrator's cultural background. The DVDRT explored the prevalence, service needs, and intervention techniques available in the specific ethnic communities. The Team also explored cultural mores and beliefs about marriage and relationships that are percipient to abusive behavior in certain populations. In so doing, the Team avoided stereotyping individuals or cultures. However, the need to understand how and whether culture condones or aggravates domestic violence was deemed probative and appropriate for determining effective intervention.

For example, Teresa Lin, an advocate who specializes in services to Asian-Pacific victims, explained how Korean immigrant families must be understood through social contexts specific to their predominate culture and new status in this country. The family unit carries a collective identity and thus, the existence of violence in the family may be considered too shameful to acknowledge, let alone address. This results often in denying, delaying, and ignoring the problem. Beliefs about traditional gender roles and behaviors, cultural values and norms, and changes in gender roles and relations after immigration, are important to understanding the family dynamics within which domestic violence incubates and erupts. Also, due to a lack of communication skills in English, and a lack of knowledge of American law, battered immigrant women have fewer choices about living in a violent relationship and are less likely to seek help from law enforcement or other service providers. One of the suggestions from the DVDRT discussions is that information about the basic domestic violence laws, protections, and where to seek help, be made available to all new applicants seeking residency or citizenship in the United States.

NINA and WILLIAM: Forty-three-year-old Nina had been married for approximately 20 years and had a 15-year-old son, William. In the last two years, Nina's marriage had deteriorated; her husband lived elsewhere and she began divorce proceedings. The day Nina and William were murdered, her husband came to the house with a 9-mm handgun. He entered through the garage and shot both Nina and William in the living room. He then went to the master bedroom, sat on the

Recommendations:

- Improve outreach to target populations.
- Increase awareness and training of religious and community leaders.

on the bed and shot himself. In his car, police found a manuscript detailing a list of wrongs allegedly inflicted upon him by Nina. A "to-do" list was left in the bedroom, along with rambling writings about his need for revenge because he believed Nina was cheating on him. Two years prior to her death, Nina had filed a police report stating that her husband threatened to kill her. Nina and her husband were Chinese nationals living in a wealthy suburb.

MONA: Originally from Iran, Mona had been married to her husband for 18 years, during which she experienced chronic domestic violence. She obtained a restraining order after the divorce was final. One day, Mona went on a trip to Las Vegas with her new boyfriend. Upon returning to her boyfriend's house, she found her ex-husband there and noticed that he had disabled her car. She, her ex-husband and the boyfriend conversed outside. The ex-husband appeared to have a difficult time accepting that Mona was dating another man. He told the boyfriend that he wanted to reconcile with his wife. It was agreed that he should just drop off their children, who had been visiting him at the family home the next day. When he dropped off the children, they found Mona dead on the bedroom floor, face down, wrapped in a comforter. She had been strangled possibly six hours before. Her daughter tried to pick her up, but was unable to since her body was stiff. Mona came from a wealthy family and her ex-husband came from a poor family. Jealousy and financial gain were the motives established for her killing. The ex-husband did not want to pay child support or give Mona half of the property owned. The ex-husband was tried by a jury and convicted of first-degree murder with special circumstances for financial gain.

- Develop services that are sensitive to culture.

- Investigate possible needs of male domestic violence victims.

Prior Legal Intervention and Criminal History

Protecting victims of domestic violence requires integration of multiple disciplines. The legal system, both civil and criminal, has an important role to play in safeguarding the physical and emotional welfare of victims of domestic violence and their children. Unfortunately, there are times when these systems fail. However, instead of focusing on blame, we must learn from systems and individual mistakes. Many of the cases reviewed by DVDRT demonstrated how important early intervention and follow-up by the legal system could be in preventing domestic violence homicides. Some system failures uncovered by DVDRT included: 1) Batterers who went on to kill their victims after allegedly successfully completing a batterer's treatment program;2) Victims who were killed after unsuccessful attempts to obtain restraining orders in the civil courts;3) Family members, friends, neighbors or others who unsuccessfully tried to obtain police and other governmental attention after reporting the perpetrator's threats upon the partner or their children; 4) Police, judges, probation officers, parole agents, prosecutors, advocates and social workers who failed to utilize available legal means to protect victims and hold batterers accountable.

RITA and ARIANA: Rita's husband killed Rita and her mother, Ariana, both recent Armenian immigrants. According to Rita s family and friends, she and her husband had a rocky relationship. When he drank, he would batter Rita and his mother-in-law, Ariana. The day of the killings, a neighbor heard a loud disturbance and went over to investigate. She saw the mother-in-law on the floor, then ran back to her apartment after the husband made a threatening move towards her with a machete. While calling 911, she heard the gunshots that killed Rita, Ariana and the husband who committed suicide. At the time of the killing, the husband was on felony probation for domestic violence and elder abuse offenses involving the same victims. The prosecutor had argued for a stiff sentence for the husband's prior assaults on the victims. The prosecutor s case notes express fear that the defendant posed a continuing risk and that he may kill the victims. Nevertheless, over the prosecutor's objection, the judge sentenced the husband to 30 days in county jail and three years felony

Recommendations:

- Expand domestic violence training for parole agents.
- Provide domestic violence training for all judicial officers regarding domestic violence issues and the need to impose and grant appropriate protective orders.
- Develop a system of accountability for the granting of restraining orders by Commissioners.

probation. He went on to get a successful completion letter from his batterer's treatment and alcohol counseling programs.

- Evaluate the effectiveness of batterer's treatment programs.

JENNIFER: At age 30, Jennifer, a Caucasian female, became a victim of domestic violence homicide. Immediately prior to her death, Jennifer and her husband had been engaged in a dispute. Witnesses reported hearing loud arguing. After the argument with her husband, Jennifer walked out of the apartment. Her husband followed her into the elevator and shot her in the head. The couple had a history of domestic violence and Jennifer had recently voiced her intention of divorcing her husband. Approximately two months before the homicide, the perpetrator had been arrested for spousal battery. The case did not proceed, due to lack of evidence and cooperation of the victim. Five weeks after the homicide, the perpetrator was found in a hotel in Mexicali, Mexico. He was extradited and charged with one count of murder. The defendant was convicted of second-degree murder and sentenced to 19-years-to-life.

- Law enforcement, judges, prosecutors, probation and parole should be cognizant the the threats of domestic violence should be taken seriously.

LINDA: Linda's 15-year marriage had a substantial history of threats and abuse. Her husband was very jealous and insecure. Additionally, he was so controlling that he would not let Linda go shopping without him or one of her four children. Linda told her youngest daughter that she was in fear of her life. One month before the killing the defendant told a neighbor, "I will choke the truth out of her." The day before the killing, he told the apartment manager, "I'll kill the bitch." The manager reported the threat to the police, but no action was taken because the victim did not make the report. On the day

of her death, Linda, a 37-year-old Hispanic female, told her husband that she was leaving him after he accused her of being unfaithful because she was wearing "too much makeup." In a resulting fit of rage, Linda's husband strangled her with a shirt. On parole at the time of the murder, Linda's husband eventually confessed to a parole officer. He had a long history of heroin abuse, having been an addict for 30 years, with over 50 drug-related arrests. Linda's husband was convicted of first-degree murder and sentenced to 75-years-to-life.

ROXANNE: Roxanne, a 36-year-old Caucasian woman, had been dating a man whom she had met through friends at Alcoholics Anonymous. They had been dating for one month when he strangled her. Roxanne's body lay on the couch for two days before he wrapped her in plastic and placed her in a box. A security guard observed the perpetrator place the box into a trash bin and notified the police. Roxanne's teenage daughter, who had also called and paged them several times, trying to locate her mother, had filed a missing person's report. The perpetrator later admitted to using drugs and beer cans were found scattered around his apartment. The man who strangled Roxanne had a history of abuse against prior girlfriends. One case in 1993 was dismissed; the other in 1994 led to a conviction, but was terminated because of completion of a domestic violence program. The program counselor described the defendant as a model of success who had learned alternatives to violence. The defendant was convicted of PC 187 and sentenced to 15-years-to-life in prison.

Concluding Remarks

As envisioned by its statutory mandate, the work of the Los Angeles County Domestic Violence Death Review Team can be critical to gathering information and guiding policies in intervention, prevention, and educational efforts. The data collected, intensive case review, and Team recommendations can direct government, criminal justice and legal personnel, medical practitioners, advocates, service providers and media towards a coordinated approach to this pervasive problem in our society

This Report of the 1997 Fatalities is an important milestone for the Team. It establishes the litmus by which future reports can be compared and analyzed, and information, policies, and procedures can be expanded, validated or repudiated. The viability of the Team depends on the volunteer efforts of the individuals and agencies that donate their time, resources, and participation. The final Team recommendation is that Los Angeles County allocate specific funding to continue the work of the Team. As this report illustrates, the Domestic Violence Death Review Team can be a catalyst institution in the fight against domestic violence and in preventing fatal outcomes.

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May 2001

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Contra Costa County Domestic Violence Death Review Team
Data Collection Form

DVDRT #
Date Case Review Completed

Team Members Contributing Information:
- ☐ BWA ☐ Children & Family Services
- ☐ Contra Costa Crisis ☐ District Attorney
- ☐ Family Court Services
- ☐ Hospitals & Health Centers ☐ Kaiser
- ☐ Mental Health ☐ Probation
- ☐ Public Health ☐ Sheriff
- ☐ Substance Abuse
- ☐ Other _____

CONFIDENTIALITY

All information contained herein is collected and documented pursuant to California Penal Code Sections 11163.3-11163.6, the legislation that allowed for the creation of Domestic Violence Death Review Teams. This information is confidential, and to be shared among team members only.

Circumstances of Death

1. Decedent: _____ AKA: _____
2. Responsible for death: _____ AKA: _____
   Referred to as "Responsible" throughout the remainder of form
3. Coroner Case #: _____
4. Police Jurisdiction: _____ Report #: _____

5. Location of DV Incident--Address: _____
   Description (decedent's residence, public, etc): _____

6. Location of Death--Address: _____
   Description: _____

7. Manner: ☐ suicide ☐ homicide ☐ accident ☐ undetermined

8. Method: ☐ Weapon: _____ ☐ Other: _____

9. Decedent intoxicated at time of death? ☐ Y ☐ N ☐ Unknown
   Toxicology Screen Results: _____ ☐ Not Tested
10. Responsible intoxicated at time of death? ☐ Y ☐ N ☐ Unknown
    Toxicology Screen Results: _____ ☐ Not Tested

11. Adults present at incident

	Name	Relationship to Decedent?	Relationship to Responsible?	Witness?
1.				☐ Y ☐ N ☐ Unkn
2.				☐ Y ☐ N ☐ Unkn
3.				☐ Y ☐ N ☐ Unkn
4.				☐ Y ☐ N ☐ Unkn

12. Children present at incident

	Name	Relationship to Decedent?	Relationship to Responsible?	Witness?
1.				☐ Y ☐ N ☐ Unkn
2.				☐ Y ☐ N ☐ Unkn
3.				☐ Y ☐ N ☐ Unkn
4.				☐ Y ☐ N ☐ Unkn

DVDRT #

Decedent Information

1. Name: _____ AKA: _____
2. Date of Birth: ____/____/____ Date of Death: ____/____/____ Age at Death: _____
3. Gender: ☐ M ☐ F ☐ Trans
4. Pregnant: ☐ Y ☐ N Expected Date of Delivery: ____/____/____
5. Race/Ethnicity (check all that apply):

   ☐ African American ☐ Asian ☐ Black ☐ Caucasian ☐ East Indian ☐ Filipino
   ☐ Latin American ☐ Native American ☐ Pacific Islander ☐ Other _____
6. English speaker: ☐ Y ☐ N ☐ Unknown Primary Language: _____
7. Home Address: ☐ location of incident ☐ location of death
   ☐ Other: _____

   Others living at this address: Name Relationship to Decedent? Relationship to Responsibl

   1. _____
   2. _____
   3. _____
   4. _____
8. Current Intimate Partner(s): _____
9. Past Intimate Partner(s): _____
10. Dependents/Parents:

Name	Relationship to Decedent	Birth Date	Living with Decedent?
1.		__/__/__	☐ Y ☐ N
2.		__/__/__	☐ Y ☐ N
3.		__/__/__	☐ Y ☐ N
4.		__/__/__	☐ Y ☐ N
5.		__/__/__	☐ Y ☐ N

11. Employed: ☐ Y ☐ N ☐ Unknown
12. Occupation: _____ ☐ Retired ☐ Disabled, unable to work
13. Abuse History: ☐ None ☐ Unknown (check all that apply)

As a Victim	As a Perpetrator	☐ Family Violence in childhood home
☐ DV-current partner(s)	☐ DV-current partner(s)	
☐ DV-past partner(s)	☐ DV-past partner(s)	
☐ DV-Childhood home	☐ Child sexual abuse	
☐ Childhood sexual abuse	☐ Child physical abuse	
☐ Childhood physical abuse	☐ Adult physical abuse	
☐ Adult Physical Abuse	☐ Adult Sexual Abuse/Rape	
☐ Adult Sexual Abuse/Rape	☐ Abuse of animals/pets	

Dates/Details: _____

_____

14. Mental Health History (check all that apply):

    ☐ None ☐ Unknown ☐ Affective Disorder-Bipolar ☐ Aggressive Behavior/Impulse Disorder
    ☐ Anxiety Disorder ☐ Attention Deficit Disorder ☐ Depression ☐ Developmental Disorder
    ☐ Eating Disorder ☐ Organic Mental Disorder ☐ Psychosis ☐ Suicide Attempt(s)
    ☐ Other _____

    Dates/Details: _____

DVDRT #

15. Substance Use History (check all that apply):

☐ None ☐ Unknown ☐ Alcohol ☐ Amphetamine ☐ Cocaine ☐ Heroin ☐ IVDU
☐ Marijuana ☐ Prescription medications ☐ Tobacco ☐ Other _____

Abuse/Addiction Issues: ☐ Y ☐ N ☐ Unknown

Dates/Details: _____

_____

16. Stressors (check all that apply):

☐ None ☐ Unknown ☐ Chronic disease/disability ☐ Death of loved one ☐ Divorce/Break-up
☐ Family ☐ Financial ☐ Immigration ☐ Legal ☐ Major changes in social environment
☐ Onset of psychiatric illness ☐ Recent illness/injury ☐ Recent move ☐ Un/underemployment
☐ Other _____

Dates/Details: _____

_____

17. Counseling/Treatment: Was treatment voluntary? ☐ Yes ☐ No ☐ Unknown

Length of time in treatment: _____

Agencies: _____

Dates/Details: _____

_____

_____

18. Known contact with:

☐ Children & Family Services ☐ Court Services ☐ DV Services ☐ Hospitals & Health Centers
☐ Law Enforcement ☐ Mental Health ☐ Probation ☐ Work Force Services
☐ Substance Abuse Treatment ☐ Other _____

Was contact voluntary? ☐ Y ☐ N ☐ Unknown

Dates/Details: _____

_____

_____

19. History of criminal record? ☐ Y ☐ N ☐ Unknown

Dates/Details: _____

_____

_____

Additional comments (use back if further space needed): _____

_____

_____

DVDRT #

Intimate Partner Information

Responsible? ☐ Y ☐ No (Use this space for parent if decedent is child)
Relationship to decedent: ☐ Current partner ☐ Past partner ☐ Parent ☐ Other: _____

1. Name: _____ AKA: _____
2. Date of Birth: ____/____/____ Age at time of decedent's death: _____
3. Gender: ☐ M ☐ F ☐ Trans
4. Pregnant: ☐ Y ☐ N Expected Date of Delivery: ____/____/____
5. Race/Ethnicity (check all that apply):

   ☐ African American ☐ Asian ☐ Black ☐ Caucasian ☐ East Indian ☐ Filipino
   ☐ Latin American ☐ Native American ☐ Pacific Islander ☐ Other _____
6. English speaker: ☐ Y ☐ N ☐ Unknown Primary Language: _____
7. Home Address: ☐ location of incident ☐ location of death ☐ decedent's home address
   ☐ other: _____

   Others living at this address: Name Relationship to Decedent? Relationship to Susp

   1. _____
   2. _____
   3. _____
   4. _____
8. Current Intimate Partner(s): _____
9. Past Intimate Partner(s): _____
10. Dependents:

Name	Relationship to Decedent	Birth Date	Living with Intimate Partner
1. _____		__/__/__	☐ Y ☐ N
2. _____		__/__/__	☐ Y ☐ N
3. _____		__/__/__	☐ Y ☐ N
4. _____		__/__/__	☐ Y ☐ N
5. _____		__/__/__	☐ Y ☐ N

11. Employed: ☐ Y ☐ N ☐ Unknown
12. Occupation: _____ ☐ Retired ☐ Disabled, unable to work
13. Abuse History: ☐ None ☐ Unknown (check all that apply)

As a Victim	As a Perpetrator	☐ Family Violence in childhood hom
☐ DV-current partner(s)	☐ DV-current partner(s)	
☐ DV-past partner(s)	☐ DV-past partner(s)	
☐ DV-Childhood home	☐ Child sexual abuse	
☐ Childhood sexual abuse	☐ Child physical abuse	
☐ Childhood physical abuse	☐ Adult physical abuse	
☐ Adult Physical Abuse	☐ Adult Sexual Abuse/Rape	
☐ Adult Sexual Abuse/Rape	☐ Abuse of animals/pets	

Dates/Details: _____

_____

Additional Information (use back if necessary):

_____

_____

DVDRT#

14. Mental Health History (check all that apply):

☐ None ☐ Unknown ☐ Affective Disorder-Bipolar ☐ Aggressive Behavior/Impulse Disorder
☐ Anxiety Disorder ☐ Attention Deficit Disorder ☐ Depression ☐ Developmental Disorder
☐ Eating Disorder ☐ Organic Mental Disorder ☐ Psychosis ☐ Suicide Attempt(s)
☐ Other _____

Dates/Details: _____

_____

15. Substance Use History (check all that apply):

☐ None ☐ Unknown ☐ Alcohol ☐ Amphetamine ☐ Cocaine ☐ Heroin
☐ IVDU ☐ Marijuana ☐ Prescription medications ☐ Tobacco ☐ Other _____

Abuse/Addiction Issues: ☐ Y ☐ N ☐ Unknown

Dates/Details: _____

_____

16. Stressors (check all that apply):

☐ None ☐ Unknown ☐ Chronic disease/disability ☐ Death of loved one
☐ Divorce/Break-up ☐ Financial ☐ Immigration ☐ Major changes in social environment
☐ Onset of psychiatric illness ☐ Recent illness/injury ☐ Recent move ☐ Un/underemployment
☐ Other _____

Dates/Details: _____

_____

_____

17. Counseling/Treatment: Was treatment voluntary? ☐ Yes ☐ No ☐ Unknown

Length of time in treatment: _____

Agencies: _____

Dates/Details: _____

_____

_____

18. Known contact with:

☐ Children & Family Services ☐ Court Services ☐ DV Services ☐ Hospitals & Health Centers
☐ Law Enforcement ☐ Mental Health ☐ Probation ☐ Work Force Services
☐ Substance Abuse Treatment ☐ Other _____

Was contact voluntary? ☐ Y ☐ N ☐ Unknown

Dates/Details: _____

_____

_____

_____

19. History of criminal record? ☐ Y ☐ N ☐ Unknown

Details: _____

DVDRT#

Issues for follow-up at next meeting

	Issue	Responsible Agency	Completed
1.			☐
2.			☐
3.			☐
4.			☐
5.			☐
6.			☐
7.			☐
8.			☐
9.			☐
10.			☐
11.			☐
12.			☐
13.			☐
14.			☐
15.			☐

DVDRT#

Additional Risk Factors

Characteristics Of Abuse

This section refers to (check all that apply): ☐ decedent ☐ intimate partner ☐ responsible ☐ parents Names of two people in relationship referred to in this sections:	During year prior to death			More than 1 year prior to death		
1. Did the abuse occur more frequently?	Yes	No	Unknown	Yes	No	Unknown
2. Did the abuse become more severe?	Yes	No	Unknown	Yes	No	Unknown
3. Did the responsible threaten to kill the decedent?	Yes	No	Unknown	Yes	No	Unknown
4. Did the decedent threaten to kill the responsible?	Yes	No	Unknown	Yes	No	Unknown
5. Did the responsible threaten to hurt the decedent's children or other family members?	Yes	No	Unknown	Yes	No	Unknown
6. Did the decedent threaten to hurt the responsible's children or other family members?	Yes	No	Unknown	Yes	No	Unknown
7. Did the responsible threaten to &/or actually abduct the decedent's children?	Yes	No	Unknown	Yes	No	Unknown
8. Did the decedent threaten to &/or actually abduct the responsible's children?	Yes	No	Unknown	Yes	No	Unknown
9. Did the responsible have homicidal ideation?	Yes	No	Unknown	Yes	No	Unknown
10. Did the decedent have homicidal ideation?	Yes	No	Unknown	Yes	No	Unknown
11. Did the responsible force sex on the decedent?	Yes	No	Unknown	Yes	No	Unknown
12. Did the decedent force sex on the responsible?	Yes	No	Unknown	Yes	No	Unknown
13. Did the responsible stalk the decedent?	Yes	No	Unknown	Yes	No	Unknown
14. Did the decedent stalk the responsible?	Yes	No	Unknown	Yes	No	Unknown
15. Was there physical &/or sexual abuse during pregnancy?	Yes	No	Unknown	Yes	No	Unknown
16. Was the decedent seriously injured so as to require medical treatment during prior events?	Yes	No	Unknown	Yes	No	Unknown
17. Was the responsible seriously injured so as to require medical treatment during prior events?	Yes	No	Unknown	Yes	No	Unknown
18. Did the decedent apply for a restraining order against the responsible?	Yes	No	Unknown	Yes	No	Unknown
A. Was the restraining order in effect at the time of death?	Yes	No	Unknown	Yes	No	Unknown
B. Had the restraining order been violated?	Yes	No	Unknown	Yes	No	Unknown
19. Did the responsible apply for a restraining order against the decedent?	Yes	No	Unknown	Yes	No	Unknown
A. Was the restraining order in effect at the time of death?	Yes	No	Unknown	Yes	No	Unknown
B. Had the restraining order been violated?	Yes	No	Unknown	Yes	No	Unknown
20. Did the responsible threaten the decedent regarding immigration issues?	Yes	No	Unknown	Yes	No	Unknown
21. Did the decedent threaten the responsible regarding immigration issues?	Yes	No	Unknown	Yes	No	Unknown
22. Did the responsible threaten &/or injure or kill family pets?	Yes	No	Unknown	Yes	No	Unknown
23. Did the decedent threaten &/or injure or kill family pets?	Yes	No	Unknown	Yes	No	Unknown
24. Did the responsible destroy personal property?	Yes	No	Unknown	Yes	No	Unknown
25. Did the decedent destroy personal property?	Yes	No	Unknown	Yes	No	Unknown
26. Did the responsible have a history of committing other types of violence?	Yes	No	Unknown	Yes	No	Unknown
27. Did the decedent have a history of committing other types of violence?	Yes	No	Unknown	Yes	No	Unknown

DVDRT#

Characteristics of Relationship Dynamics and Control

This section refers to (check all that apply): ☐ decedent ☐ intimate partner ☐ responsible ☐ parents Names of two people in relationship referred to in this sections:	During year prior to death			More than 1 year prior to death		
28. Did the responsible try to control the decedent's daily activities?	Yes	No	Unknown	Yes	No	Unknown
29. Did the decedent try to control the responsible's daily activities?	Yes	No	Unknown	Yes	No	Unknown
30. Did the responsible exhibit obsessive, possessive beliefs/behaviors?	Yes	No	Unknown	Yes	No	Unknown
31. Did the decedent exhibit obsessive, possessive beliefs/behaviors?	Yes	No	Unknown	Yes	No	Unknown
32. Did the responsible perceive that he/she had been betrayed by the decedent?	Yes	No	Unknown	Yes	No	Unknown
33. Did the decedent perceive that he/she had been betrayed by the responsible?	Yes	No	Unknown	Yes	No	Unknown
34. Was the decedent in the process of leaving the responsible &/or had he/she left the relationship?	Yes	No	Unknown	Yes	No	Unknown
35. Was the responsible in the process of leaving the decedent &/or had he/she left the relationship?	Yes	No	Unknown	Yes	No	Unknown
36. Did the responsible control the decedent's finances &/or access to income?	Yes	No	Unknown	Yes	No	Unknown
37. Did the decedent control the responsible's finances &/or access to income?	Yes	No	Unknown	Yes	No	Unknown

Weapons

This section refers to (check all that apply): ☐ decedent ☐ intimate partner ☐ responsible ☐ parents Names of two people in relationship referred to in this sections:	During year prior to death			More than 1 year prior to death		
38. Did the responsible possess and/or have firearms in the home?	Yes	No	Unknown	Yes	No	Unknown
39. Did the decedent possess and/or have firearms in the home?	Yes	No	Unknown	Yes	No	Unknown
40. Did the responsible threaten the decedent with weapons?	Yes	No	Unknown	Yes	No	Unknown
41. Did the decedent threaten the responsible with weapons?	Yes	No	Unknown	Yes	No	Unknown
42. Did the responsible use weapons during prior DV incidents?	Yes	No	Unknown	Yes	No	Unknown
43. Did the decedent use weapons during prior DV incidents?	Yes	No	Unknown	Yes	No	Unknown

Contra Costa County Domestic Violence Death Review Team Report

November 2000

Getting Started

Teams or committees to review deaths related to domestic violence have been developed throughout the country. Several states, including California, have established legislation that either mandates or allows such teams (California Penal Code sections 11163.3-11163.5). Three counties in California (Santa Clara, Shasta and Tehama) developed Domestic Violence Death Review Teams (DVDRTs) prior to the passage of such legislation in January 1996. Twelve additional counties have since developed such teams. California's law authorizes but does not mandate DVDRTs, and leaves each county to develop specifics regarding their team's function. To assist counties in DVDRT development, the State Attorney General's Office produced the "California's Domestic Violence Death Review Team Protocol" in 2000, with representatives from Contra Costa participating on the protocol advisory committee. That committee developed the following mission statement:

> *The purpose of a DVDRT is to review domestic violence-related fatalities, strengthen system policies and procedures and identify prevention strategies to reduce future incidents of domestic violence-related injuries and deaths.*

In Contra Costa County, the Superior Court convened the Advisory Council Against Domestic Violence (ACAD) in 1994, which authorized formation of a DVDRT in 1998. Amy Hill, then Violence Prevention Project Coordinator at the Community Wellness and Prevention Program, Public Health Division of Health Services Department, and Joseph Surges, then Sheriff Specialist of Sheriff's Department, organized a series of meetings that eventually led to the formation of the Contra Costa County Domestic Violence Death Review Team. Their efforts and energy were essential to sustaining the process until the protocol was finalized in August 1999 (prior to completion of the state protocol). Contra Costa's DVDRT protocol includes sections on goals, definitions, team membership, confidentiality, case criteria, procedures and reports (see attachment 1). The primary goals of the DVDRT are *1) generating better domestic violence data and 2) improving existing services and policies*, with the hope that achievement of these goals will eventually diminish not only deaths related to domestic violence, but domestic violence itself.

The Process

Case reviews began in October 1999, with Joseph Surges, then Sheriff Specialist of Sheriff's Department, and Dawn Marie Wadle, Family Physician at Richmond Health Center, serving as co-chairs. Other initial team members included representatives from: Family Court Services, District Attorney's Office, Community Wellness and Prevention, Battered Women's Alternatives (now STAND Against Domestic Violence), Contra Costa Crisis Center, Children and Family Services, and Probation. Participation of members of various police departments and health systems was anticipated on an as-needed basis related to individual cases. DVDRT members and their supervisors signed confidentiality agreements, as would any intermittent participants joining the team for particular cases. The team opted not to have team members send a substitute from their organization if someone was unable to attend; there was concern that substitution would alter group dynamics and interfere with group function as well as raise additional confidentiality concerns.

For its initial series of meetings, DVDRT members identified twenty-one cases from all deaths in Contra Costa County in 1997 based on documentation or suspicion that domestic violence may have been involved. The team chose to begin with cases from 1997 as any involving criminal proceedings would likely be adjudicated. From October 1999 to October 2000, the DVDRT reviewed these cases in nine meetings of three hours each. Most cases were discussed at multiple meetings. This occurred for several reasons. Not all cases were recorded in the Sheriff's Department log of Domestic Violence reports because not all Police Departments in the county were reporting to the Sheriff's Department. Requests for records from Police Departments often took several weeks to arrive after being requested, and some were never provided. Often what one team member reported in a meeting led to further investigation by another team member. Frequently, information needed by the team was not located at all, despite creative efforts. Though team members were diligent about attending meetings, absences did occur and this delayed completion of some case reviews. New team members joined after October 1999 because representatives from key organizations became available and because initial team members changed jobs. See attachment 2 for list of current DVDRT members. As was anticipated, actually doing case reviews was educative regarding the appropriate data collection form, and thus team members developed a new data collection form (see attachment 3).

Case Reviews

Basic information on each case was given to DVDRT members who were then asked to seek further information from their respective departments or agencies. Cases were reviewed in meetings. After extensive review, cases were classified into five categories:

- **Domestic Violence Incident** Domestic violence incidents are cases in which the death occurred while current or former intimate partners were interacting with one another. For example, if one partner killed the other by running over them with a car, it would be considered a *domestic violence incident.*

- **Domestic Violence Related** Cases were considered domestic violence related if the death occurred in the midst of an episode of domestic violence but did not necessarily involve one partner killing themselves or the other partner. If one partner killed children of the other partner, or if a police officer were killed while responding to a domestic violence call, it would be considered a *domestic violence related death.*

- **Domestic Violence Motivated** Situations where a person committed suicide after the break up of a relationship involving domestic violence, or when a former partner killed their ex-partner's new partner would be considered to be *domestic violence motivated.*

- **Not Proven Domestic Violence** The DVDRT reviewed cases in which a current or prior history of domestic violence was documented or reasonably suspected, but the link to the death was not clear. For example, if a person victimized by domestic violence died of a drug over-dose the team classified the death as *not proven domestic violence.*

- **Not Domestic Violence** In some situations, original suspicions that domestic violence played a role in a person's death proved to be unfounded after further information was available. These cases were classified as *not domestic violence*, and presumably fall into the same category as the deaths in the county not reviewed by the team.

Results

Twenty-one cases were reviewed from all deaths in Contra Costa County in 1997 based on documentation or suspicion that domestic violence may have been involved. Eight were classified as not domestic violence, and four were not proven domestic violence. Nine deaths were domestic violence cases, with six domestic violence incidents, three domestic violence related, and zero domestic violence motivated (Table 1). All decedents were adults, as were those responsible for their deaths. All cases involved opposite sex intimate partners.

Of the nine domestic violence cases, there were five homicides, three suicides, and one accidental death. For 1997, there were 69 homicides and 83 suicides total, thus linking domestic violence to 7.2% of homicides and 3.6% of suicides. Five women died, four by homicide and one by suicide (Table 2). Two women were African American, two were European American, and one was Native American. Four men died, one by homicide, two by suicide and one by accident. Two men were African American and two were

European American (Table 3). Firearms were used in four cases, knives in two, a car and a nail gun in one each. One person drowned.

None of those who committed suicide had previously committed homicide, as sometimes occurs in domestic violence situations. All three who committed suicide were European American, and three of the five homicide victims were African American (Table 4). The two men who committed suicide had been perpetrators of domestic violence. In one case the woman partner had said she was leaving the relationship after several years, and the man walked to the garage and killed himself with a nail gun. In the other, the couple had separated because of the domestic violence, and the man left a note saying he killed himself over the custody dispute. One woman killed herself; she shot her husband as he slept, then shot herself while driving away. Her husband did not die, and no evidence of prior domestic violence between them was discovered.

In five of the nine domestic violence deaths, there was a clear history of prior domestic violence between the intimate partners involved in the incident leading to death. One man drowned while fleeing police responding to a 911 call for domestic violence. There was a warrant for this man's arrest on prior domestic violence charges. Other than the man's contact with law enforcement, there were no known service providers involved with this couple. Neither the man who killed himself with a nail gun nor his family had been in contact with any agencies prior to his suicide, though descriptions of his behavior by family members are consistent with long-term verbal and physical abuse. One man shot himself over a custody dispute, as mentioned above. His woman partner had a restraining order against him, and Children and Family Services, Family Court Services and Probation were involved with this family at the time of the suicide, though only Family Court Services was involved because of domestic violence and clearly aware of it. One woman who was killed by her partner of many years had previously been shot by him. He had been involved in a Batterer's Treatment Program in 1989, and she had made several calls to police and STAND Against Domestic Violence because of domestic violence. Children and Family Services were involved due to the prior shooting incident and the children in the home. The woman had requested a restraining order the same month as the killing, but it was dropped at her request. The final case with a clear history of domestic violence involved a woman killed by her ex-boyfriend who had previously inflicted knife and gunshot wounds upon her. The woman had prior contact with STAND Against Domestic Violence as well as Children and Family Services and Substance Abuse Services.

There were four domestic violence deaths that did not have evidence of prior domestic violence between the partners involved in the death. In one case, a woman shot her husband while he slept and then killed herself. In another, a couple that was intoxicated argued, and then the woman killed the man by running over him with a car. A man killed his partner as she was packing her bags to leave him. He said "she was playing games...so I had to kill her." Finally, a woman who had been abused by previous partners came home to find her current partner in bed with another woman. The two argued and fought, and the woman inflicted a stab wound that was eventually fatal to the

man. It is unclear what role her prior history of victimization played in her behavior during this event.

There were four cases classified as not proven domestic violence. A woman with a history of domestic violence as a victim died of an accidental drug overdose. What role domestic violence played in her substance use and her death cannot be proven, but DVDRT members believe it played a role. A man killed himself in front of his partner after arguing with her about her going out with friends. She denies domestic violence, but neighbors claim to have heard verbal and physical abuse. A man killed himself alone in his apartment, leaving a message on his computer that it was a reaction to a breakup with his most recent, short-term partner. Six months prior, his long-term partner had left him because of domestic violence, and restraining orders and custody battles ensued. DVDRT members believe these events may have played more of a role in the suicide than his note indicated. Finally, a woman was strangled and dumped in the Richmond Harbor. It is suspected that her husband was responsible for her death, but could not be proven. The couple had a prior history of domestic violence.

Table 1
Classification of Cases

Classification	Number of cases
DV Incident	6
DV Related	3
DV Motivated	0
Not Proven DV	4
Not DV	8
Total	21

Table 2
Cause of Death by Gender

Cause	Male	Female	Total
Homicide	1	4	5
Suicide	2	1	3
Accident	1	0	1
Total	4	5	

Table 3
Ethnicity of Decedent by Gender

Ethnicity	Male	Female	Total
African American	2	2	4
European American	2	2	4
Native American	0	1	1
Total	4	5	

Table 4
Cause of Death by Ethnicity

Cause	African American	European American	Native American	Total
Homicide	3	1	1	5
Suicide	0	3	0	3
Accident	1	0	0	1
Total	4	4	1	

Conclusions

Due to the small number of cases reviewed thus far, few definitive conclusions can be reached. With a computerized database and the compilation of these results with those from future reviews, subsequent DVDRT reports will provide more in depth analysis to

identify trends, specific gaps in services, and appropriate system responses. At this time the DVDRT concludes:

- Domestic Violence contributes significantly to the homicide and suicide rates in Contra Costa County.
- We need access to more information, and the information should be easier to obtain.
- Deaths of men by suicide are a larger proportion of total domestic violence deaths than initially anticipated.

Recommendations

- Determine which police departments are not using the *Domestic Violence Report/Supplemental* developed by the Advisory Council Against Domestic Violence' Police/Victims Committee in January 1998, and encourage their Chief to require its use (attachment 4).
- Have Coroner's Deputies investigate for possible history of domestic violence for all deaths.
- Have detectives investigating domestic violence homicides use the new DVDRT data collection form (attachment 3).
- Have a countywide data collection and collation center to which all law enforcement agencies send Domestic Violence Report/Supplemental forms in a timely fashion. Adequate staffing for data entry and systems for data retrieval are essential. The statewide CLETS system for restraining orders could serve as a model.
- Encourage all government and private agencies to develop methods for identifying and coding cases involving domestic violence.
- Develop multidisciplinary case conferences for current cases to maximize treatment and intervention to prevent escalation of domestic violence and/or deaths. Representatives from Child Welfare, District Attorney, Domestic Violence Agencies, Family Court, Law Enforcement, and Probation are essential. Ideally, representatives from Mental Health and Substance Abuse would also participate.
- Review County agencies' and departments' record retention policies for minors and set time standards that allow retrospective review in the event of death or criminal activity involving domestic violence. This will allow risk factors for involvement in and prevention of domestic violence to be further explored and better understood.
- Ask representatives from Mental Health and Substance Abuse to participate on the DVDRT.

Respectfully submitted by Dawn Marie Wadle, MD, Co-Chair of Contra Costa County Domestic Violence Death Review Team