

DOMESTIC VIOLENCE DEATH REVIEW TEAM

REPORT OF THE SACRAMENTO COUNTY DOMESTIC VIOLENCE DEATH REVIEW TEAM October 2010

INTRODUCTION

The Sacramento County Domestic Violence Death Review Team is a sub-unit of the Sacramento County Domestic Violence Coordinating Counsel. The Death Review Team is authorized to exist pursuant to Penal Code Section 11263.3. Formed in the spring of 1998, the team meets on a monthly basis.

This report is the tenth annual report of the Domestic Violence Death Review Team. The first report was released in the fall of 2000. The reports are released in October, to coincide with Domestic Violence Awareness Month. The team is presently chaired by Paul Durenberger, Supervisor of the District Attorney's Domestic Violence Unit.

PURPOSE

The purpose of the Domestic Violence Death Review Team (hereafter DVDRT) is to bring together a multi-disciplinary team to review domestic violence related homicide cases (including homicide/suicide cases) in Sacramento County; to develop strategies, policies and procedures to improve the system's response to domestic violence; and to reduce and prevent future incidents of domestic violence related homicides, homicide/suicides, and injuries. Domestic violence continues to be a widespread problem in our county. In the last 12 months, approximately 4,000 fresh arrests were made for domestic violence and 2,000 warrants were requested, for a total of over 6,000 cases reported to law enforcement. The District Attorney filed and prosecuted close to 3,000 cases in that same time period. Of those, 48% were fresh arrests, and 52% were warrant arrests. The principle reason a case was handled by warrant rather than fresh arrest was to allow for completion of follow-up investigation needed for these cases.

CONFIDENTIALITY

Pursuant to Penal Code Section 11163.3, the meetings of the DVDRT are confidential. Every representative of a constituent agency or institution who attends DVDRT meetings signs an agreement of confidentiality.

MEMBERSHIP

The DVDRT is a multi-disciplinary, broad based organization which reviews information from law enforcement, public health, social services, coroner, child welfare, public and private medical organizations and domestic violence advocacy organizations. The current participating organizations are:

- Sacramento County District Attorney
- Sacramento County Sheriff
- Sacramento Police Department
- Sacramento County Probation
- Elk Grove Police Department
- Citrus Heights Police Department

- Law Enforcement Chaplaincy- Sacramento
- California Attorney General
- Sacramento County Department of Health and Human Services
- Kaiser Permanente
- University of California, Davis Medical Center
- Sacramento County Child Protection Services
- Sutter Medical Center
- Mercy Sacramento/Catholic Healthcare West
- WEAVE, Inc. (Women Escaping a Violent Environment)

IMPLEMENTATION

To fulfill its mission, the DVDRT:

- Reviews domestic violence homicides in the county to determine if any systemic improvements should be made;
- develops and recommends strategies to reduce and prevent domestic violence related homicides and homicide/suicides;
- develops and recommends strategies to deal with the aftermath of domestic violence and domestic violence deaths;
- acts as a multi-agency and multi-disciplinary team with regular meetings;
- operates with the confidentiality principles outlined in Penal Code Section 11163.3 (requiring a signed statement of confidentiality for all team participants);
- maintains a database of all records reviewed;
- interacts with agencies and community based organizations to help achieve its goals, using the Domestic Violence Coordinating Council as a point of contact and interaction.

SELECTION AND REVIEW OF CASES

The process by which the DVDRT selects cases for review has evolved over time. Currently, any member who has knowledge of a domestic violence related death in Sacramento County not currently being prosecuted by the District Attorney may ask for the case to be reviewed. Most cases are referred by either law enforcement or the District Attorney. The DVDRT chair selects which of the referred cases will be reviewed.

When a case is selected, prior to the meeting the District Attorney's Office provides identifying information to the other members of the team regarding the victim, the perpetrator, and any children involved. Each committee member is responsible for reviewing the records of their agency to identify relevant information regarding the case and/or parties involved. At the time of review, the District Attorney or law enforcement agency describes details of the homicide, and each member agency provides such additional information as they may have.

In some cases, the DVDRT may extend an invitation to the prosecutor, law enforcement detective or victim advocate assigned to the case. When necessary, a member of the group may be assigned to contact members of the victim's or perpetrator's family to develop a better understanding of the underlying relationship. In some instances, family members have been asked to attend DVDRT meetings to give direct input to the team.

Due to the limitations of the selection process, the time constraint placed on the team to ascertain records, and the inability of the DVDRT to gather information from every possible source, the database of cases reviewed cannot be considered exhaustive, or statistically representative. Nonetheless, the data collected can reveal

significant concerns or insufficiencies which are evaluated by various experts, representatives of local agencies in the community and members of the team, who then make recommendations.

CASES REVIEWED

In 2010, the team reviewed eight distinctly different homicides. Each case required complex scrutiny by the team to evaluate all of the issues. The murder/suicide cases, where no criminal prosecution was possible, require even more effort to gather essential family history information, since the police agency is generally not inclined to devote effort to an investigation of the background factors of a case when prosecution is not possible.

CASE SUMMARIES

The review of our eight cases this year reaffirms our conclusions from years past that domestic violence cuts across all age ranges, races, religions, and economic levels of our society. The main truism that can be gleaned from these cases is that a domestic violence homicide victim or perpetrator can be either male or female, and an abuser can be from any part of society.

A breakdown of some of the key factors seen repeatedly in domestic violence homicides is below:

	Case 1	Case 2	Case 3	Case 4	Case 5	Case6	Case 7	Case 8
Age of Victim	49	39	28	31	31	16	39	39
Age of Perp	39	45	39	31	31	19	40	37
Kids Together?	No	2	2	No	1	No	No	No
Children - V	no	no	no	2	2	No	1	2
Children - Perp	1	No	No	No	5	No	1	1
Kids Witness Violence?	No	Yes	No	No	Yes	No	No	No
Relationship Status	Cohab BF-GF	Separated	Married	Cohab BF-GF	BF-GF	Estranged BF-GF	Cohab BF-GF	Cohab BF-GF
Weapon Used	Knife	Gun	None	Gun	Knife	Knife	Gun	Gun
Type of Execution	Multiple Stabs	Multiple Shots	Strangle	1 shot/ Head	Stab in Chest	Stabbed	Murder/ Suicide	Shot in Face & Chest
Prior DV History	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Prior Suicidal Ideation	Yes, Perp & Victim	No	Yes: Perp & Victim	No	Yes: Perp	Yes: Perp	Yes: Perp & Victim	No
Education - V	J.C AA Degree	J.C attended	H.S.	H.S.	H.S. college	H.S. Student	Nursing Degree	Unk
Education - Perp	No H.S.	Unk	Trade Schools	H.S	H.S. Drop out	H.S	H.S.	2 AA Degrees
Mental Health	Perp: Anti-	None	V: Depressio	None	None	None	Depression: Both V & Perp	None

Diagnosis	social		n Perp: Depressio n and multi personalit y					
Employ- ment - V	Book keeper	Claims Adjuster	Home maker	Maid	Home- maker	Student	Nurse	Unk
Employ- ment-Perp	None	Rental Mngr	Temp agency book keeper	None	Tele- marketer	Unk	Machinist	Network Engineer
Facts	Stabbed to death outside home	Shot outside home returning from date	Strangle in home	Shot in car while Perp driving	Stabbed in chest	Stabbed	Shot outside Apt in murder suicide	Shot in face and chest
Drugs/ Alcohol	Perp: Meth	No	No	MJ by Perp	Psych meds by Perp	Unk	Alcohol Perp, Prescription meds Both	None
Race	Both White	Both East Indian	Both White	Both Black	Both Black	Both Hispanic	Both White	Both White

Age Range:

The victims ranged in age from 16 to 49. The perpetrators ranged in age from 19 to 45.

Education Levels:

Education levels of victims ranged from a high school student to a nurse with a college degree. Perpetrator education ranged from high school dropout to multiple college degrees.

Employment:

The employment of the victims included bookkeeper, nurse, and a homemaker with children. The education levels ranged from some high school to a college education. The incomes of the victims and perpetrators ranged from middle income to low income.

Murder Suicide and Murder Witnessed by Family:

One of the eight cases was a murder-suicide. In two of the cases, the victim was killed in the presence of children.

Premeditation and Deliberation:

In two of the eight homicides, there was evidence of calculated pre-planning by the perpetrator. In one case, the perpetrator had just completed the court ordered 52 week batterers treatment program and had failed an exit test given by the provider. The perpetrator committed the murder before returning to court.

Prior Domestic Abuse:

There was evidence of prior abuse, both physical and verbal in all of the murders where we were able to get detailed histories of their relationships. However, the evidence did not show a progression of escalating violence preceding the murders.

Alcohol/ Drugs or Prescription Meds:

Alcohol and/or illegal drug use was a contributing factor in two of the eight murder cases. In one case, based on witness statements, there was evidence the perpetrator was intoxicated at the time of the commission of the offense.

In two of the eight cases, recent changes to prescription drugs for depression and related issues were noted. In the cases reviewed last year, the DVDRT also found a case of recent prescription change. The team concluded that with the increase in depression medication being proscribed in recent years, and fewer contacts with family physicians who know the accurate history of their patients, this could represent a trend.

In one case, the patient had recently been released from a mental health facility and then stabbed his girlfriend. This case led the team to review county mental health treatment programs in great depth and formed the basis of a recommendation below.

Prior Awareness of Abuse by Others:

In most cases, the victim had either told someone about prior abuse or family members knew about prior abuse and/or fear of future abuse. In some of the cases the victim thought they could control the situation. This incorrect judgment on the part of the victim (i.e. the victim of abuse believing he/she would have time to make a determination about the danger, and take appropriate steps before the violence turned lethal), turned out to be a deadly error. In two cases the victim had sought assistance through the courts, but the restraining order proved useless against a determined killer.

In most of the cases reviewed, the friends or family members who knew or were concerned for the victim's situation failed to realize there was a possibility the violence could end in murder. Repeatedly, friends or family talked about signs of abuse they had witnessed, then in the next breath expressed shock about the homicide happen. This insight into the potential lethality of domestic violence was also lacking in many of the victims, who were certain they could control their environment and escape serious injury, as they had in the past.

FINDINGS:

This is the second year the team has attempted to document recent changes for the perpetrators in prescription medication for depression. The team found two out of the eight cases had this issue present. Inquiries with experts in the field have revealed it is a common problem for perpetrators who are ending a prescription for depression medication to fail to consult their physician when violent ideation or symptoms start to emerge. In addition, a new medication can bring clarity of thought that will sometimes lead to even more despair for a patient, which could in turn lead to violence. In these down economic times, the loss of health care coverage could result in immediate cold turkey stoppages of depression medication due to lack of funds which could lead to an increase in all violence related offenses, including domestic violence.

The age range, employment status, education level, and race varied markedly. These findings repeatedly demonstrate intimate partner homicides cut through every level of the socio-economic community of Sacramento County. This reality is commonly dismissed or ignored when people speak of domestic violence.

Without a commitment to on-going education, treatment and resources specific to domestic violence dynamics for victims, abusers, their families, and friends, and community as a whole, we will not be able to significantly reduce the number of intimate partner deaths in Sacramento County.

DVCC SUB-COMMITTEES: ON-GOING ACTIVITIES

The Domestic Violence Coordinating Council has four standing committees. They include: the Domestic Violence Death Review Team (DVDRT); the Health Care Domestic Violence Network (HDVN); the Law

Enforcement Committee; and the Community Committee. Each sub-committee is comprised of agency and/or community representatives with expertise in these distinct areas. The committees work independently, and are multi-disciplinary in nature. Their responsibilities and duties are determined by the DVCC Executive Committee.

The Executive committee this year made a formal invitation to the Sacramento Superior Court to become a working member of the DVCC. In a recent meeting with Presiding Judge Steve White, the DVDRT was met with enthusiasm, and talks about the extent of collaboration with the courts are continuing. The DVCC sees this addition as a good step in continuing to bring more partners together to help solve our county's domestic violence problems.

The community sub-committee, known as the DVPC (Domestic Violence Prevention Collaboration) has been very active in the past year. The DVPC created an educational program for a delegation of high ranking women visiting Sacramento from the country of Tajikistan. The two week program was a great success and plans for more trainings for delegations from other countries are being discussed. The DVPC also worked on an informational pamphlet that explains to DV victim-mothers the effect that exposure to family violence can have on the brainwaves of young children. The pamphlet is now being used by the Sacramento Police Department and is available for other law enforcement agencies. During the past year, the DVPC organized a presentation by the County Child Death Review Team. That presentation led to the discovery that the Child Death Review Team tracks domestic violence in child deaths in Sacramento. The DVDRT requested that the Child Death Team provide the information necessary to track parents of child deaths with domestic violence backgrounds to see if they have been through the judicial system, and whether they participated in batterer's treatment. The DVDRT hopes to begin tracking this information next year. Finally, the DVPC created an awards ceremony for law enforcement officers and other community professionals who demonstrate their dedication to the issue of domestic violence. This ceremony proved to be a big success, and the DVPC plans to conduct another this year.

The Health Care Committee has communicated with experts in the field of domestic violence lethality indicators to attempt the development of a system to determine if perpetrators who are taking batterer's treatment are likely to commit a lethal act of domestic violence in the future. The Committee has also been coordinating a health response team for domestic violence shelters in the area.

The law enforcement sub-committee discussions have been limited, due to the reduction in staff at all of the local law enforcement agencies. Efforts have been made by the District Attorney to provide training for all patrol and detective law enforcement personnel new to domestic violence. The training has been revised and offered to every law enforcement agency in the county, at their request. Law enforcement agencies regularly attend the other sub-committee meetings.

RECOMMENDATIONS

The DVDRT recommends that the Board of Supervisors use its influence to promote an approach to the mental health crisis which brings together mental health professionals, local hospitals, law enforcement and advocates for a fast and effective global approach to the mental health crisis currently facing our county. The DVDRT applauds the work done by the county in collaboration with the committee groups involved and offers our help and expertise in any upcoming meetings on the issue.

CONCLUSION

Due to the economic downturn and budget cuts, the need for different agencies to work together to solve the problems in our community has never been so great. The DVCC has tried to lead by example this past year by expanding its membership through the inclusion of the DVPC as our community group and extending an

invitation to the Sacramento Superior Court to be an active member in our organization. The DVDRT also sees the need to respond to the mental health crisis facing our county. The team wants to make the Board aware of its willingness to work together with the Board on this issue.