

A New Direction for the Battered Women's Movement

A Look at the Fatality Review Process

As presented by:

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Introduction

This report is being issued for use by the Connecticut Coalition Against Domestic Violence (CCADV), their eighteen member programs, their state and community partners and fatality review committees nationwide. Its purpose is to inform professionals working in the field of domestic violence about the trends in domestic homicides that existed throughout Connecticut from 2000-2002.

A special thanks goes to the family members of homicide victims and battered women who were willing to talk with us about the struggles they faced. Those who serve on the Domestic Violence Fatality Review Committee also deserve thanks for their dedication and commitment to facing the tragedies in their community and learning from them. Through the past years, this project has benefited from the vision, expertise, insight and support of the following people.

Lorraine Baumack

Larry Bostrom

Shirley Bostrom

Linda Blozie

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Cecile Enrico

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Historical Background

When the systematic evaluation of domestic homicide began, research focused on analyzing the trends in intimate partner homicide. These trends looked at concrete factors of domestic violence homicide such as age, race, ethnicity, history of domestic violence within the relationship, prior threats to kill the victim, agency contacts, criminal history and the presence of alcohol or drugs. From this research it was determined that men and women kill their intimate partners for different reasons. Specifically, men kill their partners as a final outcome to an ongoing pattern of abuse, whereas women typically kill in self-defense (Websdale, 1999). Although there has been a lot of research on domestic violence that led to legislation which protects victims, there are still a disproportionate number of domestic violence victims being killed by their abusive partners, and a number of female victims killing their abusive partners. By the 1990s, a few states and local jurisdictions began investigating circumstances surrounding domestic homicides. From these preliminary inquiries, fatality review teams began to formulate throughout the country.

Fatality review teams serve to gather a group of diverse professionals together to evaluate domestic homicides. These reviews function to examine the lives of the victim and perpetrator prior to the incident, events surrounding the death, and if there were any gaps in service delivery. From this data gathering, agencies can begin to explore what changes, if any, need to be made to better serve members of our community. These reviews can be useful for enhancing prevention and interventions programs that exist to prevent such deaths from occurring in the future.

Fatality Review in Connecticut

Upon the request of Shirley and Larry Bostrom, the Connecticut Coalition Against Domestic Violence (CCADV) established a Fatality Review Committee in October 2001. The Bostroms are well known nationwide as domestic violence advocates. They began their work in memory of their daughter Dr. Margaret Bostrom who was brutally

murdered by her husband. They travel throughout the country to help raise awareness about intimate partner homicide and domestic violence. When the Bostroms approached CCADV about implementing a committee, the premise was to gather a group of people together from the community who might not have otherwise collaborated for this process. In an effort to develop an understanding of barriers domestic violence victims face in order to prevent these types of fatalities, the Connecticut Domestic Fatality Review Committee was devised.

The Connecticut Domestic Fatality Review Committee's primary goal is to promote self-evaluation, cooperation, communication and collaboration among agencies investigating and intervening in domestic violence. The objectives of the committee are as follows:

- To more effectively facilitate the prevention of domestic fatalities through multi-disciplinary collaboration.
- To describe trends and patterns of domestic fatalities in Connecticut.
- To identify risk factors, current practices, gaps in systemic responses and barriers to safety in domestic violence situations.
- To educate the public, policy makers and other interested parties about fatalities due to domestic violence and about strategies for effective intervention.
- To recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

The committee seeks to accomplish its goals and objectives by bringing together key individuals in social service, medical, education, advocacy and justice systems for detailed examination of domestic violence fatalities. The Connecticut Domestic Fatality Review Committee does not and will not assign blame for fatalities to individuals, agencies or institutions. The perpetrator of the homicide or suicide is assumed to be ultimately responsible for the fatality. Rather, the committee focuses on community response to domestic violence such as services, policy, practice, training, information communication, collaboration and resources.

Current Research Project

The current research project is focused solely on intimate partner homicides, which specifically refers to the murder of a person by his or her former or current intimate partner. In October 2003, CCADV received a list of names of the victims of family violence from the Connecticut Department of Public Safety for the years of 2000 through 2002. After filtering out instances of cases that did not fall into the category of intimate partner homicide, the Committee began looking at cases that involved homicide-suicides (n=11), since these cases are typically closed to investigation. From there the committee began to look at cases that were single killings, but in cases where the offender had been sentenced. A standardized case report form is used to begin gathering data per case under investigation. This form contains 396 variables that categorize information about each victim and offender pair. This information is categorized by demographics, circumstances of death, cause of death, family history of violence, personal history of violence, history of violence with suspect (victims only), employment status, criminal justice history, substance abuse history, mental health history and if there was a history of utilizing community based services. There are an additional eight qualitative variables that address the perceived quality of relationship between the victims and suspect as reported by family, friends and neighbors. Once each case report is opened, a corresponding case number is assigned and data is entered into the Statistical Software Package for the Social Sciences (SPSS) in preparation for analysis. Because the Domestic Violence Fatality Review Committee is not legislated at this time, the data collection methods used were limited to public record information. Because of the limited sample size (N=39), the group could not conduct any hypothesis testing. The purpose of this initial report is to share our experiences with reviewing domestic homicides and reveal trends in the data that has been collected thus far.

Data Collection Methods

Medical Examiner Reports

Medical Examiner Reports were gathered to determine the cause of death, manner of death, age, gender and race of victim. In addition these reports also were used to determine if there was a presence of drugs or alcohol in the victim's system at the time of death; in the homicide-suicide cases the perpetrator's autopsy report were also obtained to determine presence of drugs or alcohol.

Police Reports

Police reports were requested from the city or town of the homicide occurrence. These reports were used to determine if known circumstances of domestic violence existed prior to the fatality and to gather data regarding the circumstances surrounding the homicide.

Criminal Justice Inquiry

At the State of Connecticut's Judicial Branch Homepage (www.jud.state.ct.us), the case look-up feature provides the public with information about all civil and family court proceedings throughout the state. From this information, it can be determined if there was a history of restraining orders against the perpetrator, pending divorce proceedings and child custody motions. Additionally, the Committee used data from the Connecticut Department of Corrections Homepage (www.ct.gov/doc) that provides public information regarding the sentencing status of offenders.

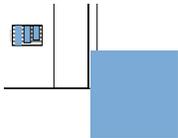
Interviews

1. Two interviews were conducted at York Correctional Facility in Niantic, Connecticut. Both of the interviewees are currently incarcerated for killing their abusive partners in self-defense.
2. One interview was conducted with a mother of a domestic homicide victim whose perpetrator subsequently committed suicide immediately after the murder of her daughter.

Findings

Fatalities per Year

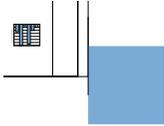
The review team began by examining cases that have occurred from 2000 through 2002. As the distribution shows, the number of domestic homicides in Connecticut decreased by 14% from 2000 to 2001, and decreased by 16% from 2001 to 2002. Overall, there was a decrease of 27% for the sample distribution.



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Fatalities by City/Town

In an effort to evaluate the demographic distribution of the sample data, the total number of domestic homicides were calculated and compared to the 2000 Census. An examination of the distribution by counties has highlighted areas where a disparate percentage of homicides occurred in relation to the population percentage of these counties.



	Total Population Based on 2000 Census	Percentage of Overall Population	Victim Domestic Violence Homicides	Victim Percentage of Total Homicides
Fairfield	882,567	25.9%	5	12.8%
Hartford	857,183	25.2%	14	35.9%
Litchfield	182,193	5.3%	1	2.6%
Middlesex	155,071	4.6%	0	0.0%
New Haven	824,008	24.2%	13	33.3%
New London	259,088	7.6%	4	10.3%
Tolland	136,364	4.0%	0	0.0%
Windham	109,091	3.2%	2	5.1%
Total Population	3,405,565	100.0%	39	100.0%

Gender

In accordance with previous domestic homicide research, women continue to be over represented in the distribution of sample data.

Gender	CT Population 2000 Census	Percentage of Overall Population	Domestic Violence Homicide Total	Percentage of Total Homicides
Male	1,649,319	48.4%	7	17.9%
Female	1,756,246	51.6%	32	82.1%
Total	3,405,565	100.0%	39	100.0%

Relationship Status

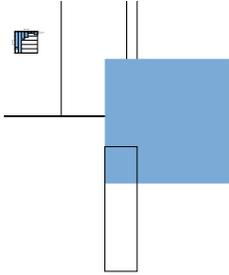
36% of the homicide victims were married and currently living with their abusers at the time of their death; whereas 18% of the victims were living with an identified boyfriend or girlfriend. Thus, over half (54%) of the sample distribution were sharing a common living space.



Note 1: For the victim whose relationship with the offender is denoted as housemate (n=1), there was a history of sexual relations between the two women, but their relationship was not defined as one of being intimate partners.

Victim's Age

76.9 % of the sample was in the age range of 20 to 44 years old. This was compared to the population distribution which makes up only 35.9 % of that age range.

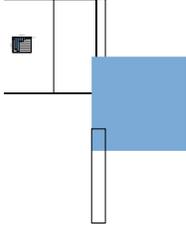


	CT Population 2000 Census	Percentage of Overall Population	Victim Domestic Violence Homicide Total	Victim Percentage of Total Homicides
15-19	216,627	6.4%	0	0.0%
20-24	187,571	5.5%	8	20.5%
25-34	451,640	13.3%	12	30.8%
35-44	581,049	17.1%	10	25.6%
45-54	480,807	14.1%	5	12.8%
55-59	176,961	5.2%	0	0.0%
60-64	131,652	3.9%	1	2.6%
65-74	231,565	6.8%	0	0.0%
75-84	174,345	5.1%	1	2.6%
85+	64,273	1.9%	2	5.1%
Total Population	3,405,565	79.3%	39	100.0%

Note 1: Only 79.3 % of the population is represented because 20.7% of Connecticut's population at the time of the census was less than 15 years old and were not included in our report.

Offender's Age

64.1 % of the sample was in the age range of 20 to 44 years old. This was compared to the population distribution which makes up only 35.9 % of that age range.

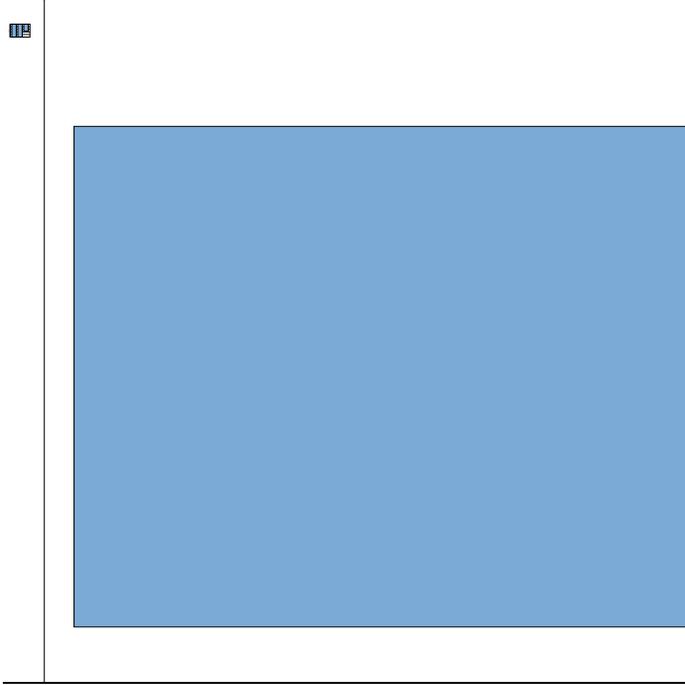


	CT Population 2000 Census	Percentage of Overall Population	Offender Domestic Violence Homicide Total	Offender Percentage of Total Homicides
15-19	216,627	6.4%	2	5.1%
20-24	187,571	5.5%	6	15.4%
25-34	451,640	13.3%	12	30.8%
35-44	581,049	17.1%	7	17.9%
45-54	480,807	14.1%	4	10.3%
55-59	176,961	5.2%	3	7.7%
60-64	131,652	3.9%	1	2.6%
65-74	231,565	6.8%	1	2.6%
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Total Population	3,405,565	79.3 %	39	100.0%

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Victim's Race

Over half (60.6%) of the sample were either African American or Hispanic victims. These racial categories only represent 18.4% of the overall population distribution in Connecticut.



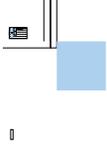
	CT Population 2000 Census	Percentage of Overall Population	Victim Domestic Violence Homicide Total	Victim Percentage of Total Homicides
White	2,780,355	81.6%	15	39.5%
Black	309,843	9.0%	15	39.5%
Hispanic	320,323	9.4%	8	21.1%
Total Population	3,410,521	100.0%	38	100.0%

Note 1: There was one case where the race of the victim could not be determined.

Note 2: Due to pending court proceedings, there were 14 cases where the offender's race could not be confirmed. The data for this variable will not be presented.

Cause of Death

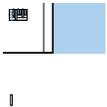
Although almost half of the victim's were murdered via a gunshot wound (46.2%), more than half (51.3%) were killed by a form of intimate contact via stabbings, strangulations and beatings.



Note 1: Physical force is defined as a manner of death when the victim was killed either by an offender's body part (hands or feet) or a blunt object.

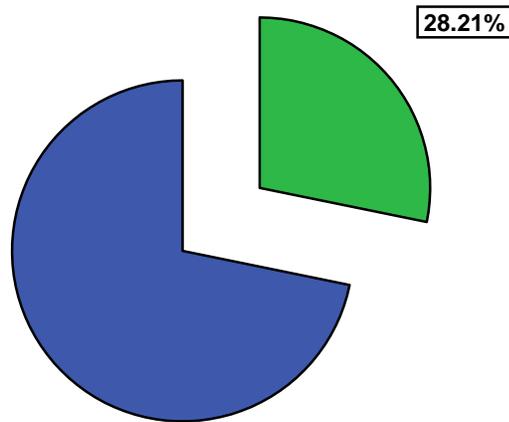
Day of the Murder

Sunday and Tuesday comprise 41% of the domestic homicides followed by Friday where 16% of the sample distribution is represented.



Domestic Homicide-Suicides

Research has indicated that a significant percentage of homicide-suicides are preceded by a long history of battering experienced by the female victim (Currens, 1991). In this sample, all homicide victims were women and all suicide victims were men (n=11).



Age Distribution

The mean age for both the victims and offenders in the sample of homicide-suicides is greater than the overall population mean. For all 39 cases, the mean age of the victims is 38.49 and the mean age of the offenders is 39.97.

Domestic Homicide-Suicides	Victim Age	Offender Age
Mean	49.82	51.18
Minimum	20	21
Maximum	87	94

Presence of Illegal Drugs or Alcohol

Domestic Homicide-Suicide	Victim	Offender
Illegal Drugs	8.3%	8.1%
Alcohol	25.0%	10.8%

Note 1: 3 Medical Examiner Reports were unavailable for the sample of victims.

Note 2: 2 Medical Examiner Reports were unavailable for the sample of offenders.

References

- Currens, Sherry, et al. 1991. "Homicide Followed by Suicide-Kentucky, 1985-1990."
CDC Morbidity and Mortality Weekly Report, (September 27) 40 (38): 652-59.
- Websdale, Neil. 1999. *Understanding Domestic Homicide*. Boston, M.A. Northeastern University Press.