

Hawaii Journal of Public Health

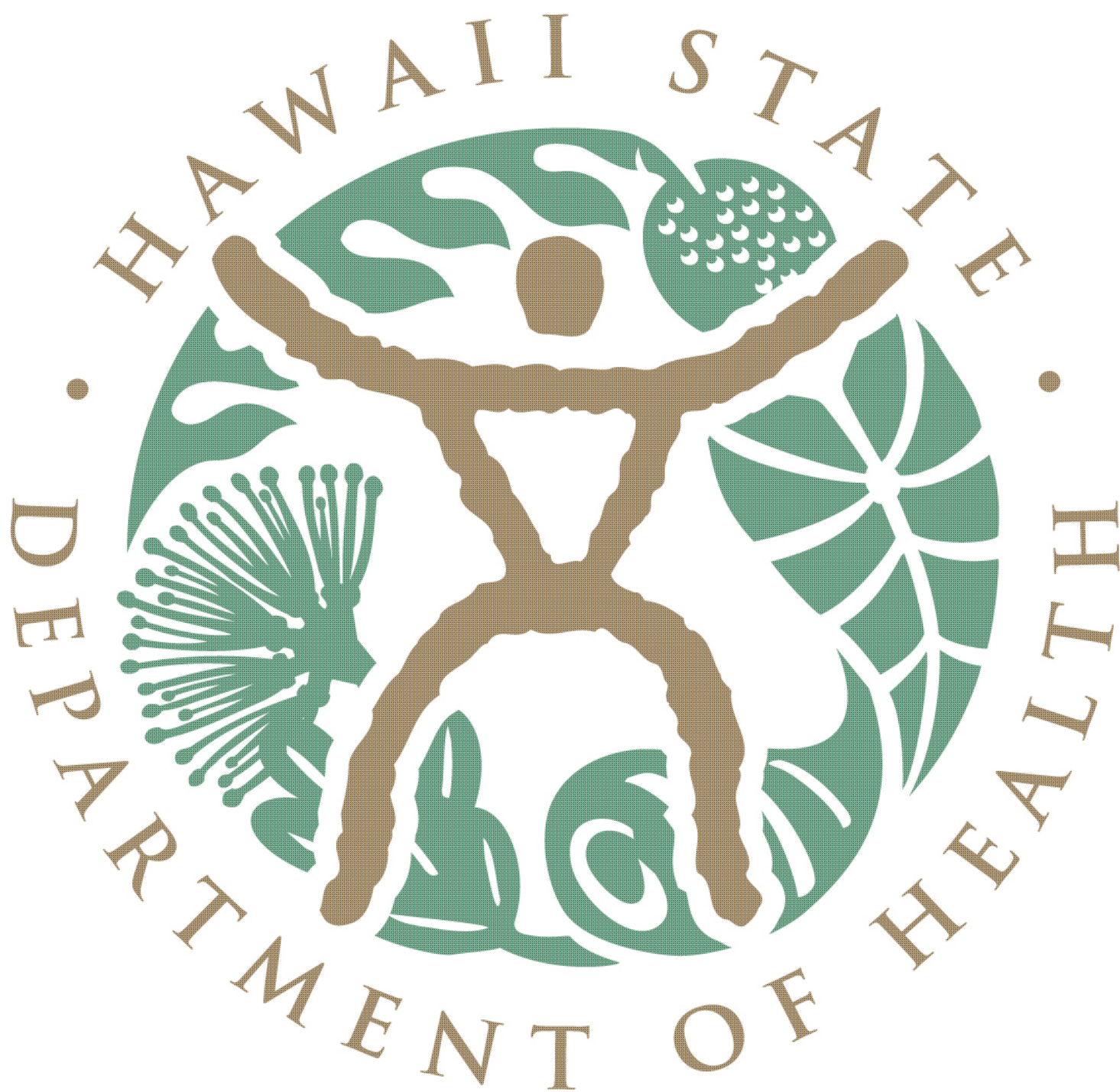




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Domestic Violence in Hawaii: preliminary report from the Hawaii Domestic Violence Fatality Review

Marlene Lee, RN, BSN*, Susan Fujii, RN, BSN*, Lori Kamemoto, MD, MPH*†, Loretta Fuddy, MSW, MPH*

Abstract

Domestic violence, also known as intimate partner violence, affects families from every social and educational background. Tragically, domestic violence can lead to homicide, leaving in its wake broken lives and emotional trauma amongst the survivors. The formation of Hawaii's Domestic Violence Fatality Review (DVFR) was legislated in 2006 and the multidisciplinary team began reviewing cases in 2007. DVFR's goal is to learn as much as possible about the circumstances surrounding the domestic violence fatality incident and to develop preventive measures. This article covers the background and organization of this new DVFR, and preliminary findings based on a review of 17 out of 23 cases occurring in 2000-2002.

Background

Domestic violence (DV) or intimate partner violence occurs between two people who are in a close relationship, which may include current or former spouses, or dating partners. Non-intimate familial relationships (such as siblings, parents, and children) and non-related individuals residing in the same place are also included in this definition. Domestic violence can consist of actual physical harm, bodily injury or assault; threat of imminent physical harm, bodily injury or assault;

extreme psychological abuse; or malicious property damage between family or household members.

The average annual rate of domestic violence homicides over the ten year period 1996 to 2005 was 0.7 per 100,000 residents in the State of Hawaii¹. The rate per 100,000 residents of domestic violence murders per county during the ten-year period from 1996 to 2005 was: Honolulu 6.5; Hawaii County 2.2; Maui County 0.7 and Kauai County 0.5.¹

In response to these statistics, Hawaii criminal justice professionals and community advocates concerned about domestic violence attended a 2002 national conference on instituting a Domestic Violence Fatality Review program (DVFR). This group of concerned citizens was joined by the Department of Health (DOH), Department of Human Services and the military in 2004. Through this collaboration, assistance from national experts, and persistent legislative actions, DVFR legislation was passed in 2006. This legislation authorized the DOH Family Health Services Division's Maternal and Child Health Branch (MCHB) as the lead agency to implement the DVFR program.²

Methods

The purpose of the DVFR is to gather information

towards reducing the incidence of domestic violence fatalities through a systematic, multidisciplinary retrospective review process. This program is based on the public health model of prevention. The review is used to analyze events which led up to the domestic violence fatality and the responses of community organizations and systems to identify possible system changes and make recommendations for the prevention of future fatalities. Future recommendations may include changes and improvement in policies, organizational practices, interagency services and linkages, trainings, community based education, and strengthening individual knowledge and skills towards improving both the community response to domestic violence, as well as prevention of domestic violence itself.

The DVFR core team includes representatives from the following organizations: DOH Family Health Services Division, Department of Human Services, Prosecuting Attorney's Office, Emergency Medical Services, Medical Examiner's Office, Domestic Violence Advocate Organizations, Law Enforcement/Police, and the Judiciary. Each organization brings information from their records related to the homicide being reviewed. Additional consultants include representatives from the Medical Field, DOH Vital Statistics, and Legal Organizations. Ad hoc members who may be able to assist in the review of certain cases are also included at the discretion of the core team's recommendation. All information disclosed at the review is confidential, and the statute provides protection and immunity from liability for any participant in the reviews. Due to legal considerations, cases are not reviewed until the related homicide has completed

the criminal and judicial process.

The criteria for case reviews is determined by the DVFR team consistent with the 2006 legislation, and may include both homicides and suicides relating to domestic violence. Other related deaths secondary to the domestic violence fatality may also be reviewed on a case-by-case basis such as deaths of neighbors, friends, children, police officers, and other emergency workers.

Through the DVFR process which began in 2007, each domestic violence related homicide undergoes extensive review by the multidisciplinary team. As of July 2008, 17 out of 23 cases occurring in 2000-2002 have been reviewed.

DVFR Preliminary Findings, 2000-2002

On review of the 17 DV related homicide cases, one case involved two homicides of an intimate partner DV victim and her family member who tried to intervene, therefore these 17 cases resulted in 18 homicides (Table 1). The homicide victim was not necessarily the DV victim in all cases, and the homicide perpetrator was the DV victim in one case. There is a wide age range in domestic violence victims and perpetrators and homicide victims and perpetrators, with most in the 26 to 45 year old age group (Table 2). The majority (82%) of DV victims were female, and the majority of DV perpetrators (82%) were male, however it should be noted that three of the DV perpetrators were female (Table 3). 78% of the DV associated homicide victims were female and 76% of the homicide perpetrators were male (Table 3).

Table 1: Domestic Violence Homicide Victims, 2000-2002*	
	Homicide Victim
Domestic Violence (DV) Victim	15
DV Perpetrator killed by DV Victim	1
Family Member of DV Victim	2
Total	18

*there are 18 victims as one case involved two homicide victims

Table 2: Domestic Violence and Homicide Victims and Perpetrators by Age, 2000-2002				
Age Group	DV Victim	DV Perpetrator	Homicide Victim	Homicide Perpetrator
18-25 years old	1	0	1	0
26-35 years old	4	5	4	5
36-45 years old	7	7	6	7
46-55 years old	3	3	3	3
56 years old and older	2	2	4	2
Total	17	17	18	17

Eleven homicides were committed using a knife or other sharp object, three cases involved the use of unregistered guns, one involved a registered gun of questionable ownership, and one perpetrator used his service gun. One victim was killed with a blunt object. The cause of death in one case was severe neglect. Three of the 18 victims were killed using multiple weapons.

Of the seventeen DV perpetrators, five perpetrators committed suicide shortly after the homicide.

Fifteen DV victims (83%) died at the hand of their intimate partners. One DV victim killed her husband, the DV perpetrator. 11% of DV homicide victims were family members who tried to intervene when the DV victim was being attacked. One DV victim survived her injuries, however the perpetrator killed her mother who tried to intervene, and another perpetrator killed his mother-in-law who tried to intervene.

Of these 17 DV cases, five (29%) of the DV vic-

ims had accessed services within the domestic violence system prior to the fatality. Four had filed for a temporary restraining order, with one of these victims receiving services at a victim's shelter. One victim had received law enforcement services in the past, but refused to be treated for her injuries. One victim was pregnant and was killed shortly after a prenatal visit with her physician.

Seven (41%) of these perpetrators were known to the DV system and had gone through past criminal proceedings. Four of these seven perpetrators had been ordered to attend batterer's intervention programs, with two completing the program.

Eleven DV couples were married to each other and of these couples, three were living together and there was no evidence that the DV victim had voiced wanting to leave the relationship; five were living together, but the DV victim had voiced wanting to leave; two were separated, and one had filed for divorce. Of the six unmarried couples, three remained in a relationship, but the DV victim

had voiced wanting to leave; and three had broken off the relationship.

Twelve homicide perpetrators were charged with murder. Seven perpetrators pleaded guilty and are serving prison time, four perpetrators were found guilty and are serving time as well, and one was acquitted by reason of insanity. Five perpetrators committed suicide in conjunction with the murder, and therefore did not enter the criminal justice system.

Risk factors were identified for the perpetrators and victims through the DVFR review process from documentation prior to the incident, as well as post-homicide evaluations (Table 4). 59% of the homicide perpetrators lost their jobs prior to the incident. 41% of homicide perpetrators had documented mental health issues including depression, bipolar disorder, schizophrenia, and drug induced psychosis. 41% of homicide perpetrators were known to the court system for other than domestic violence including assault, criminal property damage, drinking under the influence, gambling, bankruptcy, divorce, theft, child support,

Risk Factor	DV Victim	DV Perpetrator	Homicide Victim	Homicide Perpetrator
Substance Abuse	7	11	7	11
Child Abuse and Neglect	0	3	0	3
Documented Mental Health Issues	1	6	0	7
Known to Courts other than for DV	1	7	1	7
Job Loss prior to incident	5	10	5	10
Pregnant	1	0	1	0

*perpetrators and victims may have had more than one risk

impersonating a law enforcement officer, and guardianship petition. Substance abuse was present in 65% of the homicide perpetrators and 39% of the homicide victims. Substance abuse included methamphetamine, marijuana and alcohol abuse, with the majority involving methamphetamine.

Of these seventeen cases, a total of thirty-four children were affected by the DV homicide incident. Their ages were 0-5 years (35.3%); 6-10 years (26.5%); and 11-17 years (38.2%). Eight of these children were documented to have received counseling after the event.

Discussion

Approximately 25 states conduct some form of Domestic Violence Fatality Review. According to the National Domestic Violence Fatality Review Initiative, 30% of all female murder victims are killed by their intimate partners, whereas only 7% of male victims are killed by their intimate partners.³

Although the number of Hawaii DV fatalities reviewed thus far is small, comparisons to national statistics reveal that Hawaii follows most of the national trends. Nationally, about 80.3% of DV perpetrators are male, compared to 82% in Hawaii.³ The national age range of DV victims and perpetrators is consistent with Hawaii cases.³ Domestic violence does occur among the elderly, and can affect all age groups.

In Hawaii, there is a predominant use of knives or sharp objects in 11 of the 17 cases, and firearms are used less often. However, of the five cases in which a firearm was used, three were unregistered guns and one was of questionable ownership, supporting stricter gun laws in Hawaii.

Of these 17 cases, at least one partner of seven couples (41%) were known to the DV system prior to the incident, through either the court, social services or law enforcement. Of the seven DV perpetrators who were known to the court system, 57% were ordered to attend batterer's intervention but only half of them completed the program. 26% of the DV victims had some contact with DV services in the community.

When a DV victim tries to leave their relationship, this is a dangerous time for her or him. Our review reveals that approximately 82% of these DV victims had voiced wanting to leave the relationship, were in the process of leaving, or had already left the relationship at the time of the homicide.

For the homicide perpetrators, job loss occurred in 59%, 41% had documented mental health issues, 41% were known to the court system for other than domestic violence, and 65% had documented substance abuse issues, the majority involving methamphetamine. Approximately 29% of the DV cases reviewed so far involved murder-suicides committed by men. Social and counseling services to support families going through job loss, experiencing substance abuse

problems, and criminals are needed to prevent the stressors and risk factors leading to domestic violence.

Domestic violence affects not just the perpetrator and homicide victim, but adversely affects whole families. Two of the homicide victims were family members of the DV victim that attempted to intervene. Thirty-four children were affected by these 17 DV homicide cases, and only 23% were documented to have undergone counseling. Counseling services for affected children and families should be readily available and built into the DV system.

Given the relatively small number of Hawaii's DV homicide cases reviewed, these findings cannot be generalized to reflect strict population based conclusions. However, this data is useful in identifying trends and areas for improvement in the response to, and prevention of domestic violence. Ongoing statewide reviews continue to be worked on in all four of Hawaii's counties as well as the military.

Summary

Despite the relatively small numbers of Hawaii's DV related homicides, even one death is too many and this violence affects entire families. The effects of trauma upon young children who witness the violence and/ or death are life-long. Family members or others who come to the rescue, subject themselves to serious injury and even death.

Although 41% of these DV homicide cases were

known to the DV system, tragically these fatalities still occurred. Increased awareness and intervention on the part of government agencies and community organizations is needed. Agencies, organizations and the community need to ask themselves serious questions regarding how to improve the awareness, reporting, and prevention of domestic violence. In the seven couples where at least one partner was known to the DV system, what failed these victims? Was s/he not taken seriously by organizations or those around her? Four of the seventeen DV victims had filed a temporary restraining order (TRO). How can TRO enforcement be improved? Of the 17 cases, only one victim received services at a domestic violence shelter. Are more safe shelters or shelters that include children needed to accommodate DV victims?

The majority of DV fatality cases involved couples who were not known to the DV system. What prevented these victims from accessing services? Was there a lack of knowledge of resources available? Were family, friends or law enforcement minimizing reports? Was there shame on the part of the victim or mental health issues that prevented her/him from reporting?

More information is needed to answer some of these questions and the Domestic Violence Fatality Review program will continue to evaluate this information. However, policy and procedural changes to assist in preventing domestic violence should be examined now by all involved, including lawmakers, the court system, law enforcement, domestic violence agencies and the

community at large. We require more public awareness and education at the social/medical services, and police and first responders level, as well as at the family and community response level. Domestic violence victims, children, and other family members and friends need to know that they can ask for help and will receive the attention warranted.

vices; Department of the Attorney General; Domestic Violence Action Center; Hawaii State Coalition Against Domestic Violence; the Judiciary, and the Department of Health

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Aubthor affiliations

Maternal & Child Health Branch, Family Health Services Division, Hawaii Department of Health

Acknowledgements

The following Hawaii organizations have contributed to the DVFR and this work could not be accomplished or continue without their efforts: Office of the Prosecuting Attorney, County of Hawaii; Emergency Medical Services, City and County of Honolulu; Honolulu Police Department; Office of the Medical Examiner; Department of Human Ser-