

Iowa Domestic Abuse Death Review Team

A Retrospective: Key Findings from Case Reviews 2000-2004



The Iowa Domestic Abuse Death Review Team was established by Iowa statute (Code of Iowa Chapter 135.109) in July 2000 to review deaths resulting from domestic abuse and recommend strategies for prevention. Team members represent the fields of law enforcement, prosecution, corrections, judicial system, victim advocacy, health care, human rights, mental health, substance abuse treatment, child protection, and education. The team is staffed by the Iowa Department of Public Health.

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Between July 2000 and December 2004, the team reviewed 52 cases involving 86 deaths that were an outcome of domestic abuse. These cases involved a homicide or suicide and sometimes, both.

When the University of Iowa College of Public Health developed a database for the team in 2005, members wanted to do a retrospective look at all of the cases reviewed during the first five years. These cases included domestic abuse-related deaths that occurred in Iowa between 1997 and 2003.

A domestic abuse-related death is defined as a homicide or suicide resulting from domestic abuse. Domestic abuse is a pattern of assaultive or coercive behaviors that a person uses to control an intimate partner. An intimate relationship may involve marital partners, cohabiting partners, dating partners, or former spouses/cohabiting/dating partners.

Cases in which children or other family members of the perpetrator are killed along with the intimate partner are included in the database. The team does not review homicides perpetrated between family members if there was no intimate relationship central to the crime, such as a child who kills a parent or other family member.

The data collected by the team comes from autopsy reports, law enforcement investigations, corrections records, child protective services reports, court records, health care records, and newspaper clippings. In some cases, surviving family members have provided information through law enforcement or victim service agencies.

Calendar year 2006 is already approaching a record number of domestic abuse homicides in Iowa. According to figures from the Crime Victim Assistance Division of the Iowa Attorney General's Office, the highest number of deaths that have occurred in any year since 1995 is sixteen. By October 2006, fifteen deaths have already been recorded.

The members of the Iowa Domestic Abuse Death Review Team recognize the tragic impact that these deaths have on the family members who survive. In memory of those who have died, we offer our findings and recommendations for the prevention of future deaths in Iowa.

FINDINGS

Forty-two percent of the cases reviewed (22 out of 52) were murder-suicides.

Of the 86 deaths, more than two-thirds were homicides and the remaining were suicides. Ninety-five percent of those who were murdered were victims of the domestic abuse, children, or other family members or acquaintances. Even though domestic abuse perpetrators were almost one-third of those who died, they were largely a result of suicide. Refer to Table 1.

Table 1. Manner of death by domestic abuse victim/perpetrator status

Manner of death	Domestic Abuse Perpetrator	Domestic Abuse Victim	Child	Other	Total
Homicide	3	40	11	6	60
Suicide	23	2	-	-	25
Undetermined	-	1	-	-	1
Total	26	43	11	6	86

And, while eleven children were murdered, there were another **39 children present at the scene who survived the death of one or both parents.**

Domestic abuse deaths, like domestic assault in general, are crimes of gender violence. The predominant perpetrators are men and the victims are women. Table 2 presents the gender of decedents by domestic abuse perpetrator/victim status.

Table 2. Gender of parties by death status

Gender	Homicide decedent			Suicide decedent	Undetermined	Total
	DA Victim	DA Perp	Child/ Other			
Female	38	-	10	2	1	51
Male	2	3	7	23	-	35
Total	40	3	17	25	1	86

In 63 percent of the deaths, a firearm was used. Eleven of the cases involved in those 54 deaths (see Table 3) were subject to Protection Orders that would have prohibited them from possessing firearms at the time the death occurred. The other methods of death used in twelve percent or less of the cases were beating, stabbing, strangulation, or other method.

Table 3. Method of deaths

Method	Number
Shooting	54
Beating	11
Stabbing	7
Strangulation	6
Other	8

The most common circumstances immediate to the death involved the female partner ending the relationship. Team members documented factors that were present at the time of the homicide or suicide. In 62 percent of the cases, the victim had recently ended or threatened to leave the relationship. There were a number of other factors associated with the homicide/suicide incident, but they were present in 13 percent or less of the cases. They included alcohol or drug use, mental health problems (primarily depression), financial problems, custody conflicts, or the discovery of a new partner.

Of those cases involving a separation, fifty percent of the homicides occurred within one month. A third of them, however, occurred seven months or more after the separation.

There was evidence of a prior homicide or suicide threat in more than a third of the cases. A commonly held belief is that domestic abuse homicides are “crimes of passion”. While some may be perpetrated in tandem with high risk circumstances (such as alcohol use, drug use, depression), they are also an extension of the batterer’s attempt to intimidate and control the victim. Refer to Table 4 for other evidence that documented prior domestic violence in the cases reviewed.

Table 4. Documented evidence of prior domestic violence

Type of Evidence	# of cases
Prior police calls	26
Prior domestic abuse arrests	15
Prior homicide threats	19
Prior suicide threats	17
Prior suicide attempt	7
Previous injury	10
Previous DV shelter use	3

There was evidence of prior contact with community resources, which can provide an opportunity for community professionals to identify those at risk, assess danger, plan for safety, and reduce social isolation of potential victims. Table 4 also illustrates opportunities for community professionals to intervene if domestic abuse is identified. If victims of domestic abuse seek health care for injuries, police protection or shelter for safety, or services for mental health they can be assessed for homicide or suicide risk. There were some cases where an individual had received prior treatment for substance abuse or mental health, or had been investigated for child abuse. All of these are examples of opportunities for intervention.

In cases where perpetrators had prior contact with the criminal justice system, there was not clear evidence they were consistently held accountable. Criminal histories and court documents were reviewed for all perpetrators and victims. Table 5 illustrates those findings for the domestic abuse perpetrators.

Table 5. Perpetrator criminal history

Nature of involvement	# of cases
Prior domestic abuse arrest(s)	15
Current order of protection	11
Weapons seizure order	1
Prior BEP involvement	2
Prior founded child abuse	6

Fifteen of the 26 cases where there were prior police calls for domestic violence resulted in an arrest (Table 4). While a domestic abuse arrest doesn’t necessarily result in a conviction, it is noteworthy that only two out of the 15 cases where there had been a prior arrest resulted in a conviction leading to referral to a batterer’s education program. In 11 cases there had been a current order of protection (banning contact with the victim) on file.

Only one case had a weapons seizure order. Federal statute [18 USC 922(g)(8)(9)] requires that persons subject to a qualifying protection order or person convicted of misdemeanor domestic violence shall not possess, receive, ship or transfer firearms or ammunition.

Iowa Domestic Abuse Death Review Team Recommendations

Domestic abuse deaths don't come "out of the blue". Even in those cases where there was no contact with law enforcement prior to the homicide or suicide, there was evidence of a pattern of abuse or other behaviors that indicated risk. There may have been factors that seemed high-risk, but no one put it all together in a way that would have allowed intervention.

Since family and friends are more likely to know if there have been threats of harm or death, they need to recognize the important role they can play. Unfortunately, it was rare that community professionals knew a threat of homicide or suicide was imminent, but more common that friends or family members did. We urge people to not stand silently by when they suspect someone they care about may be at risk of serious injury or death. Call your local police, your community domestic violence program, or the statewide domestic abuse hotline to talk about your concerns and explore options that may be available. **The Iowa Domestic Violence Hotline number is 1-800-942-0333.**

Community professionals can play a critical role in identifying victims and offenders by assessing risk of serious harm, educating about the impact of violence, and making appropriate referral. In addition to friends and family members, community professionals (such as educators, health care providers, clergy, service providers, etc.) can be more willing to educate themselves about domestic abuse and shape the public's view about the importance of this issue.

There is strong need for a public campaign that addresses the gendered nature of domestic violence. Social norms that minimize violence against women and devalue females contribute to beliefs that this crime need not be taken seriously and does not require a public or "community" response. We need to foster beliefs about the nature of healthy male-female relationships and to address steps that "bystanders" can take.

Women and children need to have community resources available to reduce the isolation of domestic abuse and increase their options for safety. Over the last few years, several domestic violence shelter programs in Iowa have closed, particularly in rural areas. State policy makers and community leaders need to provide adequate resources for victims of violence.

Iowa judges may not be fully utilizing tools available to them under federal law regarding firearm possession in domestic abuse cases. Since firearms were the most common weapons used to perpetrate the homicide/suicides, access is important to address. There were a number of cases in which the perpetrator's criminal history or threats of harm would be sufficient to issue a court order that would limit access; however, no action had been taken to do so. There might be need to enact legislation to require the surrendering of firearms in these cases.

The impact of witnessing domestic abuse (and, most certainly, the death of a parent) has a negative impact on the long-term physical and emotional health of a child. The forty children who directly witnessed the death of their parent(s) are at high risk for substance abuse, depression, behavioral problems and perpetrating or being abused later in life. While they may be receiving services, there are many more children who live with domestic abuse every day. Communities need to identify these children so they can talk about what is happening and receive support from safe adults in their lives.

Courts must hold batterers accountable for their behavior. Only two of the 15 cases in which there was a prior arrest for domestic violence involved an order for the offender to attend a Batterer's Education Program. Often, the offender was allowed to plea to a lesser charge. Court officials need to recognize the high risk associated with these cases and exercise their authority to keep the public safe.

For more information about domestic abuse deaths in Iowa, you may visit the Iowa Department of Public Health's website, at www.idph.state.ia.us.