

NJ DOMESTIC VIOLENCE FATALITY / NEAR FATALITY

Review Board
2023 Annual Report



Questioning So-called “Mercy Killings” Intimate Partner Homicides and Homicide-Suicides of Older Adults



Authored by Sue Rovi PhD.
and the DVFNRB



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INTRODUCTION

What do people think when they hear a scenario such as the following:

Joe and Jean Doe were an elderly couple, who were high-school sweethearts and married for 60 years. Jean's dementia had worsened and Joe, her caregiver, was diagnosed with cancer. A family member found the Does dead in their home from gun-shot wounds.

Considered by some as 'acts of love,' these deaths are portrayed as "mercy killings," "suicide pacts" or even as "romantic tragedies," thereby effectively allowing the acts to be acceptable and unexamined. According to The National Cancer Institute (NCI), a "mercy killing" is defined as: "An easy and painless death or the intentional ending of the life of a person suffering an incurable or painful disease at his or her request. Also called euthanasia." (NCI, 2024) Reflecting on the scenario, we need to ask: was the death "easy and painless" or violent and painful? Did the victim want to die and cognitively able to make such a decision?

And, should it be investigated as a crime? While keeping in mind the sensitivities of family members and others who may think of these deaths as acts of compassion and/or desperation, we need to ask whether or not, and in what ways, domestic violence and/or power and control are present in the relationship and instrumental in these deaths; and, we also need to ask how these homicides of older adults compare with intimate partner fatalities of younger adults. For 2023, the New Jersey Domestic Violence Fatality and Near-Fatality Review Board investigated intimate partner homicides and homicide-suicides of older adults (i.e., aged 65+ years) in New Jersey. By improving our understanding of these deaths, the Board can make recommendations that might avoid such deaths in the future.

BACKGROUND

The U.S. population is aging. Rates of older adult homicides in general, and intimate partner homicides in particular, are increasing. Data from the FBI's Supplementary Homicide Reports (SHR) for 1980 to 2008 show that slightly over 5.1% of homicide victims in the US were 65 years or older (Cooper & Smith, USDOJ, 2011). And, of intimate partner homicide victims, 16.6% were 50+ years of age. According to a CDC report, in 2018, homicides of older adults (60+ years) were 9.3% of all homicides (Shawon et al, 2021) or nearly double compared to the earlier SHR data. And, according to research based on the National Violent Death Reporting System (NVDRS), 23.5% of intimate partner homicide victims between 2003-2017, were 60+ years of age (Shawon et al, 2021) or nearly a quarter of all such deaths. Although databases, age ranges, and definitions differ, researchers agree that older adult homicides are increasing and that they are under-researched and under-investigated (Shawon et al, 2021; Chatfield et al, 2022; Messing et al, 2021, 2022, Addington, 2022; and others).

In fact, older adult intimate partner homicides and homicide-suicides are relatively rare. But given the expectation that these fatalities will increase, and that they may represent “the tip of the iceberg” (Rovi, et al, 2009; Cohen, 2019) in abuse that older adults are experiencing, it is important to better understand these violent deaths.

WHAT ELSE DO WE KNOW?

Research has established characteristics for older adult intimate partner homicide-suicides, which are similar but less well established for older adults intimate partner homicides only. Nonetheless, for both types of crimes, offenders are usually White male spouses who decide the manner and time of death of female victims. Guns are the most frequent weapons used. Health concerns of the victim and/or offender, and caregiver stress are among the established precipitating factors. (Note or footnote: Citations are not provided because these are “established” factors and can be confirmed in most of the references included in this report.)

EXPLANATIONS FOR OLDER ADULT INTIMATE PARTNER HOMICIDES AND HOMICIDE-SUICIDES

Researchers have sought to understand older adult intimate partner homicides and especially homicide-suicides. Donna Cohen's seminal work identified three subtypes (Cohen, 2000), and with some variations, they are still referenced today.

- 1) Dependent/protective homicides-suicide in which the couple has been married a long time, the male partner has been dominant in the relationship, and one or both partners may be ill. Caregiver stress may also be an issue.
- 2) Symbiotic homicide-suicide is similar to the first explanation, but relationships differ markedly in extreme interdependence or intrapartner dependence. Killings may be 'separation instigated' because one partner needs to go into a nursing home or is dying. This could even result in suicide pacts, although researchers have concluded that they are very rare (Solari, 2007; Cohen, 2000; and others).
- 3) Aggressive acts in which the partner, typically the husband, kills his wife in the culmination of a long-standing pattern of intimate partner violence (IPV) and/or the husband is dominant/controlling with a paternalistic view of his role as the family decision maker.

In reality, these explanations overlap. Cohen (2000) states the "one common feature of all three that precipitates the act is a perception by the older man of an unacceptable threat to the integrity of the relationship (such as a pending institutionalization), a real or perceived change in perpetrator's health, or marital conflict and domestic violence." Building on the research of Cohen and others, Chatfield, DeBois and Evans (2022) analyzed the National Violent Death Reporting System (NVDRS) and suggested a "prototypical case" in which the most commonly recurring theme in older adult homicide-suicides is that of the "men's 'traditional male' role in relationships encompassing perceived responsibility for, care-taking of, and decision-making on behalf of female partners, up to and including the decision to end life." Taken together, these explanations demonstrate how women may be victimized in older adult intimate partner relationships. However, it is important to restate that these explanations were conceptualized specifically for intimate partner homicide-suicides of older adults and not for

intimate partner homicides. Although considerable research has been done on various aspects of this topic, little has focused exclusively on older adult intimate partner homicide¹.

RISK FACTORS

Jacqueline Campbell's pioneering work on risk assessment from the 1990s continues to provide guidance for research, policy, and practice (Campbell et al, 2003a; Campbell et al, 2003b).

Identified risk factors for adult women are "an increase in the frequency or severity of violence, perpetrator gun ownership, recent separation, perpetrator unemployment, past use of threats with a weapon, threats to kill, avoiding arrest, presence of non-biological children of the perpetrator, forced sex, strangulation, perpetrator drug use, perpetrator alcoholism, coercive control, extreme jealousy, beating while pregnant, perpetrator suicide threats or attempts, survivor belief that the perpetrator could kill them, and stalking." Importantly, members of the Arizona Intimate Partner Homicide (AzIPH) Study, which includes Dr. Campbell, are conducting research to update risk factors by taking into account structural racism, among other issues, for development of culturally appropriate risk assessments in the prevention of intimate partner homicide (Messing et al, 2021; Messing et al, 2022). And, the Board looks forward to the Study's progress.

In the meantime, and like others, New Jersey's Board continues to utilize Dr. Campbell's risk factors when reviewing cases. However, some of these risk factors won't fit for older adults and need to be adapted. Examples include that medical problems are established risk factors for our aging population, and these problems may result in a very different type of 'separation' because one or both partners need to be hospitalized and/or have a terminal illness. While unemployment may continue to be an issue, retirement might be a similar stressor. While isolation is a risk factor for IPV overall, isolation is also a problem for elderly vulnerability generally, and so, the combination for older adults can be especially lethal. Therefore, it is important to rethink risk factors for intimate partner violence and intimate partner homicide among older adults.

From her analyses of older adult intimate partner homicide-suicides, Cohen provided key

predisposing and precipitating risk factors: “Predisposing factors include advanced age, long marriage, marital/family discord, depression or multiple physical health problems in perpetrators acting as caregivers for a spouse, perpetrators with a controlling nature, and perception of social isolation. Key precipitating factors include an emergent change in health status of perpetrator and/or victim, which may be associated with hospitalization, plans or pressure to move into assisted care facilities, incidents of domestic violence or alcohol use, and decreases in social interaction (as summarized by Chatfield et al, 2022).”

However, for domestic violence fatality review boards, assessments of risks are often limited by the information provided in case files which are largely made up of prosecutor and police investigations. Previous reviews by New Jersey’s Board have focused on four risk factors which were most likely to be reliably reported: criminal histories, police reports of domestic violence, past or present restraining orders, and whether the victim was planning to leave or had left the offender. Therefore, it remains to be seen whether these four risk factors will be found in this Board’s review or in other’s research on intimate partner homicides of older adultsⁱⁱ.

WORK OF THE BOARD

The Board meets ten times a year. The Director of the Board collects and compiles the case material and data on domestic violence fatalities. Typically, one case is selected for review and discussed at monthly meetings. Cases include law enforcement and prosecutor reports, medical examiner/autopsy reports, witness statements, and when available criminal histories and restraining orders, as well as other data. Prior to the meeting, Board members review the case material, frequently consisting of hundreds of pages, in order to prepare for discussion of the case. Members share their professional knowledge about the many aspects of domestic violence when analyzing the cases and offering recommendations to various government and community-based systems that are designed to increase victim awareness and safety with the ultimate goal of preventing future intimate partner violence.

BOARD TRAINING

In preparation for reviewing cases of older adult homicides, the Department of Human Services-Division of Aging Services (DHS/DoAS) was asked to provide an overview of the programming available to the older adult community in New Jersey. The Board gained a better understanding of DoAS and the Area Agencies on Aging that are the county-based administrators of these services. We learned there are many service categories offered for older adults both in-home and out-of-home to provide a stable, healthy, safe environment including physical activities, mental and cognitive health support, protective services and financial assistance for rent, utilities, medical equipment, and prescriptions to name a few. It should be noted that protective services are not specific to domestic violence, but the focus of their investigations is on reports of abuse, neglect, or exploitation.

CASE SELECTION PROCESS

The Board's Steering Committee reviews data provided by the New Jersey State Police (NJSP) to determine which cases to select for in-depth review by the full Board.

For this report, NJSP data from 2017-2021 provided 196 Domestic Violence fatality cases, of which 122 or 62.2% were intimate partner homicide or homicide-suicide cases. Of these, the victim or perpetrator was 65 years of age or older in 17 cases (14%). Of these, women were killed by men in 14 of the 17 cases, and men were killed by women in three cases. Most victims were wives (n=12), with one ex-wife and one girlfriend, two husbands and in one case of a male victim, the relationship was not known. And, most victims (n=15) were identified in the NJSP data as White, two were Black and one was Hispanic.

In half the cases (n=9), the victim was killed with a firearm. Seven of the cases were murder-suicides, and a firearm was used in all but one of these cases. In five cases, the victim was beaten with a blunt instrument and/or strangled, and in three cases, the victim was stabbed.

Although it is important to not overstate the data characteristics of 17 cases, ours lends support for research by others that a greater percentage of victims and offenders were identified as White compared to younger adult intimate partner homicides, and a greater percentage were murder-suicides. However, because of the small numbers, comparisons are not statistically significant.

RESULTS OF BOARD'S REVIEW OF CASES

In 2023, the Board reviewed 9 (of the 17 identified) cases of intimate partner homicide or homicide-suicide in which the victim or offender was 65 years of age or older. Case selection was mostly based on availability of sufficient case data for review. Cases selected for review each year are NOT randomly selected or representative of all cases. In addition, because of the small number of cases, both for the selection pool (n=17) and reviewed cases (n=9), care must be taken to ensure confidentiality by avoiding case identifiers, and which therefore requires a certain amount of circumspection in reporting results of the Board's reviews.

Demographic characteristics of the nine reviewed cases include: The offenders and victims were White in seven cases. One couple was in their sixties and two were in their eighties, and the rest were in their seventies. All were married, and when provided, marriages were over decades.

Six of the nine reviewed cases were murder-suicides. Recall that seven of 17 cases in the pool of cases were murder-suicides. As stated in previous reports, case data for murder-suicides is easier to obtain because the offender is known and dead; however, investigations are often truncated.

As stated previously, four risk factors were selected because they are most likely available in the data for review and they have appeared consistently in the Board's case reviews over the three years since tracking began (2020,2021,2022). They are 1) a history of criminal violence, 2) a reported history of domestic violence, 3) past or present restraining orders, and 4) that the victim was leaving or ending the relationship. However, of the nine reviewed cases in 2023, the Board found only ONE case with a criminal history and that was in the offender's youth; TWO cases with a history of domestic violence (one with a report over three decades

old), and NO cases with past or present restraining orders. In regard to the fourth factor, the Board has stated in previous reports: “It is well known that when a victim leaves (or plans to leave) is considered the most dangerous time for a victim - typically a woman - because the man fears losing his power and control over her.” In the 2023 review of older adults, there were NO cases in which the Board found the victim planning to leave the relationship, with the notable exceptions for our purposes, in which nearly ALL were facing possible separation (or a belief of possible separation) because of hospitalization (or a nursing home) or death of the offender and/or the victim because of illnesses. The Board’s findings then support the need for revising and adapting risk factors for older adults that were previously found for younger adults.

Guns were used in seven of the cases. The victim was shot in six cases, stabbed to death in one case and in two cases, death was from blunt force trauma. Gun access or ownership by IPV abusers is a well-established risk factor for femicide (Campbell, AJPH, 2003). Although gun access or ownership is not reliably available in the case files the Board reviews, the fact that a gun was used in the homicide is evident. It was already shown in the NJSP 2017-2021 data presented earlier in this report that in half the cases (9 of 17) guns were used, and guns were used in 7 of the 9 intimate partner homicide cases that the Board reviewed in 2023. Therefore, our data and reviews support that gun access or ownership is a likely risk factor for older adults. With the increased proliferation of guns throughout the country, the risk of fatalities, at any age, also increases.

Other possible risk factors culled from case reviews are summarized briefly, but first, let’s consider the explanations described above for homicide-suicides in older adult couples. There were two cases that stood out from the others when reviewed by the Board and which were substantiated in the case files. In one review, the Board concluded that it was a clear-cut case of intimate partner violence because of its similarity to case reviews of adults younger than 65 years. Because the Board does not disclose the cases it reviews, suffice it to say that there was an evident history of domestic violence. In another review, the Board concluded that both partners wanted to end their lives because of health reasons, caregiver stress, and not wanting

to live without the other. Although suicide pacts are rare, they evidently do happen. Reflecting on Cohen's three subtypes of homicide-suicides, the first case provides an example of "aggressive" acts, whereas, the second is an example of "symbiotic" incidents. The other seven reviewed cases are more in keeping with the third type: "dependent/protective" homicide-suicides, in which the dominant male spouse feels his control threatened for various reasons and decides to end the couple's lives. Again, the data reviewed by the Board does not delineate variables for quantitative analysis but its qualitative reviews were able to reach the conclusion that these intimate partner homicides in older adults were too often the final act of violence.

Despite the fact that many of the possible contributing or precipitating risk factors are mostly unsubstantiated, at the very least, medical issues demand our attention, because not surprisingly, older people have numerous ailments that accumulate and are exacerbated with age. In all but one case, either the victim or offender or both suffered from physical and/or mental problems that included terminal diagnoses and/or difficulty with activities of daily living, and required increasing caregiving. Medical examiner's autopsy reports confirmed some of the diagnoses but not all, indicating that family/friends/neighbors' reports of diagnoses may have been wrong and/or the offender or victim did not understand their medical conditions or their perception of problems. While the Board learned of terminal diagnoses in a few cases, there were also cases in which one or both individuals appeared to suffer from severe anxiety, dementia, depression, paranoia and delusions. In some cases, evidence of prescription drugs for ailments and pain relief resulted in questions about these medications, their interactions and compliance and their role in the fatalities.

Lastly, while little was gleaned about financial issues of the couple and other possible risk factors, isolation of the individuals should be an important avenue for investigation. In the Board's reviews, there were some cases in which there appeared to be strong family involvement, while in others, family members were estranged, and the couple, according to reports, kept to themselves. Importantly, it was evident in most cases that interactions with medical professionals provided the one constant for the couples.

There are limitations to the Board's findings, other than those already mentioned (e.g., not a

representative sample). Six of the nine cases were murder-suicides and because there has been insufficient research on older adult intimate partner homicides-only, we should be cautious in regard to the Board's results. In homicide-only cases, there may be more of the risk factors that the Board has previously seen in younger adult cases. However, of the three homicide-only cases reviewed, only one differed from the others in respect to the usual risk factors reported on by the Board, which is also true for the increased risk due to medical problems. Therefore, despite limitations, results are at least suggestive and indicative of the need for more research of older adult intimate partner fatalities.

CONCLUSION

Given our aging population, it is expected that fatalities like ones reviewed by the Board are likely to increase. Too often described as “mercy killings”, these violent deaths are less so acts of compassion and more so acts of desperation and/or depression (Cohen, 2000). However, that might lead to the conclusion that medical issues are sufficient for our understanding of these deaths. Although unlike younger adults, we found very few cases with previously discerned risk factors indicative of intimate partner violence, other than the significant finding of ownership or access to guns; HOWEVER, during the reviews, the Board consistently discussed the likelihood of power and control issues in the relationships and that the homicides were a final act of violence.

Medical issues and some level of power and control in older adult relationships combine to guide a recommendation for medical providers to screen older adults for intimate partner violence. We know that many, if not most, older adults frequently see their doctors or other health care professionals. However, many doctors take their cues for screening from the US Preventive Services Task Force (USPSTF) which “found insufficient evidence to assess whether the harms of screening for abuse and neglect outweigh the benefits for older vulnerable adults (USPSTF, 2018).” According to the USPSTF, dated April 19, 2023, “an update for this topic is in progress.”

Also, when screening for intimate partner violence among older adults, firearm ownership or access and safety should be included. Firearms were used in half of the overall cases and most of the reviewed cases and access to guns is a risk factor for murder and injury including accidental harm. In one study of older adult homicides (Shawon et al, 2021), the researchers concluded, “A substantial number of older adults were killed with firearms, and by their intimate partners. Further research to identify violence victimization prevention strategies in this group, especially those that limit access to firearms by potential perpetrators, is warranted.” A recent study from Rutgers University of 5 states, that included New Jersey, found “health care providers rarely ask patients about access to firearms (Rutgers Today,

March 13, 2023).”

Although New Jersey recently boasted a reduction in shootings and firearm killings in 2023 (Wallace, 2024), and the state reportedly has among the lowest percentage (20%) of gun owners compared with other states (cite), as well as the most restrictive firearm laws, firearm ownership has been increasing as well as permits for concealed handguns “soaring” to over 33,000 (O’Dea, 2024).

Protective factors that include: “social support, help-seeking behavior and availability of services” have been shown to reduce the risk of “intimate partner violence in the golden age” (Gerino et al, 2018). In our Board training in preparation for the 2023 review of older adults, we learned about services that are available throughout New Jersey but which may not sufficiently extend to issues of domestic violence.

Last, there is an option in New Jersey for older adults who seek to end their lives because of terminal illnesses, and which can provide a “merciful death” instead of the so-called “mercy killings” in which some individuals end the life of another. “Medical Aid in Dying (MAID) or The Terminally Ill Act was signed into law in April 2019, N.J.S.A. 26:16-1 et.seq. MAID allows an adult New Jersey resident, who has the capacity to make health care decisions and who has been determined by that individual’s attending and consulting physician to be terminally ill, to obtain medication that the patient may self-administer to end the patient’s life.”(OCME, 2022) The individual’s prognosis must be six or fewer months, and as stated the individual must have the capacity to decide, which would then make this option unavailable to patients with dementia or other mental illnesses. Since its inception in 2019, when MAID was used 19 times, there were 91 reports of its use in 2022.

As members of our families and communities age, it is our responsibility to ensure that each individual’s suffering is minimized as much as possible and that end-of-life for the aged among us is not violent. More research is needed on the overall healthcare issues faced by our aging population and on intimate partner violence among older adults.

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RECOMMENDATIONS

1. The Board recommends the Attorney General advise local and state law enforcement as part of their annual domestic violence training programs to have their investigators contact out of state law enforcement agencies investigating a domestic violence incident after a determination that the offender had previously lived outside of New Jersey to identify any pattern or history of domestic violence with the current abuser.
2. The Board recommends the Department of Human Services-Office of Aging (OOA) work in conjunction with the New Jersey Coalition to End DV (NJCEDV) to develop and conduct domestic violence training for OOA staff within the Area Agencies on Aging (AAA), Adult Protective Services (APS) and state funded adult daycares.
3. The Board recommends the Department of Human Services-Office of Aging (OAA) and Adult Protective Services (APS) provide all healthcare facilities (rehabilitation centers, nursing homes and independent living residences), as well as physicians' offices information/materials for patients, family and caretakers struggling with the diagnoses of physical, cognitive, and mental health issues to better understand available services in and outside of the home.
4. The Board recommends the Office of Aging, Adult Protective Services, and the Coalition to End Domestic Violence coordinate to develop and provide training to healthcare providers and staff on the basic identifying risk factors of older adult domestic violence. The training should include but not limited to signs of abuse, interview skills and reporting to the proper authorities.
5. The Board recommends the Department of Human Services- Office of Aging work in conjunction with the American Association of Retired People (AARP) to develop a campaign providing information about domestic violence/ abuse information and resources.
6. The Board recommends that the New Jersey Department of Health, Board of Nursing and Board of Medical Examiners encourage healthcare providers and healthcare facilities to integrate screening questions related to the presence of firearms in the home as part of evaluating overall patient safety during intake assessments and discharge planning.

2024 DV Fatality-Near Fatality Review Board Members

Asia D. Smith is a certified advocate that has been nationally recognized as an allied justice professional and subject matter expert in the field of family violence specializing in intimate partner related homicides, strangulation, lethality assessments, preventative and intervention strategies. Asia utilizes her expertise to assist in investigations, prosecutions and justice seeking domestic violence cases to fundamentally improve victim services and enhance law enforcement responses. Asia has been appointed by the governor to several statewide boards over her career including the NJ Governor's Advisory Council Against Sexual Violence and is currently the Chair the NJ Domestic Violence Fatality-Near Fatality Review Board.

Thomas H. Dilts, JSC (Retired) has been a board member since 2011, Co-Chair since 2014. New Jersey Superior Court Judge 1991-2011; Presiding Judge Family Division 2001-2008; Past Chair of the New Jersey Domestic Violence Working Group; co-chair of the Joint Task Force on Children and Domestic Violence; Past President of Court Appointed Special Advocates of New Jersey; Chair and Founder of the Children's Hope Initiative.

Susan Rovi, PhD, retired from the Department of Family Medicine, UMDNJ (now Rutgers) in Newark in 2012. Earned her doctorate in Sociology at Rutgers, qualifying in the Study of Gender and Research Methods. Often employing a multi-method approach to research projects, Sue has authored numerous publications and reports on a board array of family medicine issues, domestic violence, intimate partner violence, sexual assault, and child and elder abuse and neglect. For many years, she was an active volunteer-advocate with the Bergen County Rape Crisis Center, and currently enjoys being a Trustee on her local library Board. Dr. Rovi has been a Resource Member on the Board since its inception in 1999.

John Nardi began his career as a case worker, and later a supervisor with DCPD previously known as DYFS. John's prior experiences working with families in need, at-risk youth, liaison to the NJ Family Court-Camden Vicinage, and as a Team Lead with the Office of Quality which provided quality improvement and case practice support for local, and county DCPD offices allowing him to gain a vast knowledge of the Department of Children and Families' practices and policies. John joined the Division on Women in 2016 to become the Program Coordinator of the NJ Domestic Violence Fatality-Near Fatality Review Board.

William J Zaorski J.D., Deputy Attorney General (Retired). Bill Zaorski retired in 2011 as a Deputy Attorney General in the New Jersey Division of Criminal Justice after more than 30 years in governmental service. He is a member of the State Domestic Violence Fatality & Near Fatality Review Board. While with the Division of Criminal Justice, he served on the State Domestic Violence Working Group, the Advisory Council on Domestic Violence and Municipal Court Practice Committee. He was the New Jersey Domestic Violence Resource Prosecutor with the Violence Against Women Resource Prosecutor Program. Upon his retirement, he was commended by Gov. Chris Christie for his efforts in developing or coordinating the development of policies & procedures for prosecutors & law enforcement officers to protect victims of domestic violence. The New Jersey Coalition for Battered Women honored him with its Law Enforcement Award in 2000 for his efforts in the development of domestic violence training modules for law enforcement. He is a member of the Animal Law Committee of the State Bar Association. Before joining the Division of Criminal Justice, he served as an assistant county prosecutor in Monmouth County.

Robert D. Laurino, representing the County Prosecutors Association of NJ, has been a member of the Essex County Prosecutors Office since 1980, serving in every capacity from general trial attorney to Acting Prosecutor. He presently chairs the NJ Attorney General's Task Force on Clergy Abuse. Mr. Laurino has overseen his office's special victims, child abuse, and domestic violence units. He has completed over 100 jury trials. A *cum laude* graduate of Villanova University, Mr. Laurino received a master's degree from Rutgers University and law degree from Seton Hall University School of Law. He is certified by the Supreme Court of NJ as a Criminal Trial Attorney.

Anna Martínez, Director, New Jersey Division on Women. Ms. Martínez currently serves as the Director of the Division on Women within the New Jersey Department of Children and Families. Anna oversees the administration of federal and state funding for the following areas of work: domestic and sexual violence services, culturally specific programming, economic empowerment, gender equity, and workforce development and sexual violence prevention. Prior to joining state government, Ms. Martínez served in President Obama's Administration in leadership roles in several components of the United States Department of Justice and in the White House supporting the White House Violence Against Women Advisor. Anna is originally from Edison, New Jersey. She received her B.A. from the University of Virginia and her M.A. from Columbia University.

Mildred Mendez is currently employed by the NJ Department of Health and was appointed to the New Jersey Fatality and Near Fatality Review Board in March 2021. Millie is passionate about promoting equitable access to healthcare and social services. She is a seasoned professional with over two decades of experience in program development, management and policy advocacy within public health agencies and community organizations and has many years of experience working with survivors of domestic violence in a variety of settings including the Hispanic Family Center of Southern NJ, as an administrator overseeing their DV program, as the Director of the Safe Options Project at A Woman's Place in Doylestown, PA, and as Coordinator of The Legal Clinic with the Lancaster Shelter for Abused Women.

Beatriz Oesterheld is a prominent community leader, influential change agent, and capable administrator with expertise in developing and managing vital, high-impact community programs and initiatives. Since February of 2010, Beatriz has served as the Executive Director and Chief Executive Officer (CEO) of the Community Affairs Resource Center (CARC) in Asbury Park, Freehold Borough, and Lakewood, Ocean County. Beatriz holds leadership positions with several organizations she is a board member of the VNA Community Health Center, vice president of the Latino Action Network, and board member of the Latino American Association. In addition, she is a member of the Governor's Council for Disability and is the chair of the Interagency Lead Task Force at the state. Beatriz is also a member of the Fatality--Near Fatality Review Board. Beatriz holds a bachelor's degree in business administration from the University of Puerto Rico, and a Non-Profit Management Certificate from Brookdale Community College.

Roy McGeady is a Municipal Court Judge in multiple Courts 1983 until 2017. He was the Presiding Judge Bergen County Municipal Courts 1999 to 2017. Chair of the Conference of Presiding Municipal Judges 2012 to 2013. Chair of Supreme Court Municipal Practice Committee 2014 to 2015. He was a lecturer at the NJ State Bar Institute of Continuing Legal Education and Garden State Continuing Legal Education 2000 to 2017. Lecturer to New Judge Orientation 2005 to 2017. Member of Supreme Court Evidence Committee 2015 to 2017.

Eileen Allen, MSN, RN, FN-CSA, SANE-A. Eileen is a registered nurse with experience in a variety of clinical settings. In 1996, She was recruited to create the first Sexual Assault Response Team in New Jersey. She served as the Coordinator of the Forensic Nurse Examiner Program for 25 years. Since 2004, Eileen has taught clinical forensic courses at Monmouth University including Sexual Assault Examination, Interpersonal Violence, Forensic Pathology and Death Investigation has contributed to multiple research articles and textbook chapters. In 2023, Eileen began work as the Forensic Nurse Consultant for the Division of Criminal Justice and joined the NJDVFNFRB.

Christina N. Pressey. Mrs. Pressey has been a member of the New Jersey State Judiciary for the last 12 years and has served the Camden Vicinage in the capacity of an Assistant Division Manager for the last 7 years. Currently, as the Assistant Family Division Manager, Mrs. Pressey provides oversight for the matrimonial dissolution and domestic violence dockets. She is a graduate of Howard University, Washington DC, where she received her Bachelor of Arts degree in Criminal Justice. After college, Mrs. Pressey began her professional career by serving the citizens of Burlington & Camden Counties as both a supervisor and advocate for the Prosecutor's Office of Victim Witness Advocacy. During her 12 years of service at the county level, Ms. Pressey was a certified instructor for the Division of Criminal Justice Academy at Sea Girt and the former Burlington County Police Academy. Christina was appointed to the NJDVFNFRB in 2024.

Dana Gagliardi began her career with the New Jersey Probation Department in October 1989, and was appointed to her current position of Vicinage Assistant Chief Probation Officer in 2016. Dana's position provides oversight of Domestic Violence, Sex Offenders, Mental health, Juvenile, PTI, Collections and Community Service units. She is a member of the municipal and statewide Domestic Violence Working Groups and was appointed to NJDVFNFRB in 2023.

Cierra Hart is a survivor advocate for survivors of domestic violence, human trafficking, and sexual violence. With nearly two decades of experience, she is the Director of Advocacy, Housing, and Economic Justice at the New Jersey Coalition to End Domestic Violence and a national consultant for the National Network to End Domestic Violence's Housing Consortium. Cierra provides advocacy, training, and support for advocates and survivors, focusing on housing and economic justice initiatives. Her work includes expanding housing access, preventing homelessness, and developing domestic violence programs. Recognized nationally, Cierra is committed to fighting discrimination and empowering survivors to find their voices. Cierra has been on the NJDVFNFRB since 2023.

Craig Robin
Office of the Public Defender

Dawn Roane
Division of Children and Families

Patrick Sheridan
Office of the State Medical Examiners

Nelson Troche
Department of Human Services

Dr. Cynthia Lischick
Cognitive Psychologist

Theresa Hilton
Office of the Attorney General

Kimberly Cavanaugh
Chief- New Jersey State Parole

Will DuBose
NJ Coalition to End Domestic Violence

Lt. Jason Fretz
Gloucester Township PD

DSFC. JamieAnne Champ and Lt. Eric Clowes
NJ State Police

ENDNOTES

ⁱ Various aspects of research related to our topic include: a) older adult intimate partner homicide suicide: Cohen, 2000; Solari, 2007; b) homicide-suicides of all ages: Logan, 2007; Eliason, 2009; Jordan & McNiel, 2021; c) intimate partner violence in “late life”: Roberto et al, 2013; or in the “Golden Age”: Gerino et al, 2018; d) older adult homicides: Shawon et al, 2021; Addington 2022; e) older adult homicide-suicides: Chatfield et al, 2022).

ⁱⁱ It is important to acknowledge here that researchers from the AzIPH Study are questioning the “gathering of risk factors from criminal legal system information” due to the “overrepresentation of Black and LatinX people involved” with these systems, and which then “reproduces structural racism” (Messing et al, 2022, p95). Therefore, our Board and others should take this into account and other issues raised when reviewing cases.