

VASTLY DIFFERENT WOMEN SHARE SAME TRAGIC FATE

Man kills wife, self
as EHT police arrive
after a 911 call

Man kills wife, then himself
FATAL MESSAGE
a disturbing recording

Past foreshadowed pair's deaths

Ex-boyfriend
kills woman,
then himself

Warnings preceded
the violent demise
of troubled couple

Husband kills wife,
himself, not

I LOVE YOU
SPURNED, MAN SLAYS EX-LOVER AND HIMSELF

Woman predicted her own murder

A wife killer's second act

Husband kills wife,
himself, police say

Newark officer kills onetime fiancée, then himself

Two dead in murder-
suicide

Teen-agers' deaths
terrify, baffle loved ones

REMEMBERING THE VICTIMS

Murder-suicide

MURDER-SUICIDE SUSPECTED IN TWO MONTCLAIR DEATHS

Man kills
pregnant
girlfriend,
then self

Man kills ex-wife, himself

abusing victim's
history of

Domestic violence call ends
in death

Camden teen at rites for couple
pregnant girlfriend

Man kills wife
in fatal dispute

Trooper, wife
found dead
in Voorhees

"Things like this don't happen here"

Mother of three fatally stabbed in Orange

Questions and grief swirl in Chatham Twp. after estranged husband kills wife and
son

Deaths/No motive for murder-suicide of couple

New Jersey Domestic Violence
Fatality Review Board Report
February 2003

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Fatality Review Board Report
February 2003**



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Executive Summary

Executive Order Number 110 officially established the NJ Domestic Violence Fatality Review Board (DVFRB) on March 15, 2000. The lead agency for the project is the Department of Community Affairs' Division on Women. The purpose of the DVFRB is to review cases of domestic violence that have resulted in fatalities in order to identify strategies for improving New Jersey's response to this problem. Reviews are conducted to understand the circumstances surrounding fatal acts of domestic violence, which may also help to understand acts of domestic violence that have not resulted in deaths.

The DVFRB project consists of two major components. The first component is the review and recommendation following deliberations of the Domestic Violence Fatality Review Board. The second component is a research project conducted in collaboration with the DVFRB. The overarching goal of these two components is to reduce domestic violence homicides. The more specific goal of the research project is to develop a database to describe domestic violence homicide-suicide cases in New Jersey. The research project quantifies through data analysis the cases studied, while the Board conducts a qualitative review of cases to ascertain whether or not policy or system changes are needed.

Cases of domestic violence homicide-suicide¹ (H-S) from the years 1994-1999 were reviewed to gain information regarding possible antecedent risk factors and/or prior help seeking behaviors. These cases of H-S were the basis for the Domestic Violence Fatality Review Board to establish a process by which qualitative reviews are conducted and recommendations are developed. The research team has identified sixty-seven (67) cases, representing more than one hundred forty-six (146) fatalities² for review. The team has extracted data on 87% (=58) of those cases, representing 125 fatalities. As of September 2002, the DVFRB has conducted qualitative reviews on 84% (=53) of the cases. This progress report contains final statistics on the case reviews and a summary of activities relating to the four primary recommendations of the July 2001 report.



The New Jersey Domestic Violence Fatality Review Board

The New Jersey Domestic Violence Fatality Review Board project was developed through the efforts of many individuals who were concerned about deaths in New Jersey due to domestic violence. They initiated a local effort, which coincided with a national effort to establish fatality review as a new and innovative method of addressing the problem of domestic violence. This is the second report submitted by the Board to inform the public about their activities. The first report dated July 2001 may be obtained by calling the Division on Women at 609-292-8840. Both reports may be accessed through the Department of Community Affairs website.

Purpose and Approach

The DVFRB reviews all available facts and circumstances of domestic violence related fatalities to identify and develop a process for change in policies, procedures and protocols that can lead to the prevention of domestic violence. The purpose is to see how, where and if systems change can be affected to help prevent domestic violence homicide, homicide-suicide and suicide. It is an opportunity to enhance the cooperation between and build trust among public and private community service providers in delivering a coordinated community response to domestic violence.

Board members fully recognize and acknowledge the similarities and differences in the circumstances of domestic violence occurring in different races, cultures and ethnicities. The approach of the Board is to take the differences into account when reviewing each case and making recommendations.

Structure and Process

An Executive Order signed in March 2000, established the New Jersey Domestic Violence Fatality Review Board. The Board started its work by reviewing all cases of domestic violence homicide where the perpetrator follows the homicide with his or her suicide. The Board reviews cases from throughout New Jersey.

The research team identified sixty-seven (67) cases of domestic violence homicide-suicide from the years 1994 - 1999 for review. They represented more than one hundred forty-six (146) fatalities. The Board believed it was important to capture a clearer representation and understanding of the number and impact of fatalities occurring within the context of domestic violence beyond what is reported yearly in the Uniform Crime Report. To do this the Board employed a broader definition

than the statutory criteria of victim of domestic violence³ during case review of domestic violence homicide-suicide. Fatalities that fall outside of the statutory criteria are included in the above fatality count.

For example:

- † deceased was the person who completed suicide in domestic homicide-suicide,
- † deceased was the child of the homicide victim or the child of the person who completed suicide,
- † deceased was a law enforcement officer, an emergency medical personnel or other agency personnel responding to a domestic violence incident,
- † deceased was another family member or other person in the homicide-suicide incident related to domestic violence

These deaths, along with the death of the victim of domestic violence, needed to be accounted for in our effort to describe domestic violence fatalities in New Jersey. In the future, the DVFRB expects to broaden the scope of case review to include domestic violence homicide, homicide-suicide, suicide and cases of near fatality.

Membership of the DVFRB includes state and public representatives. Members from state agencies are the Attorney General, the Commissioner of the Department of Community Affairs, the Commissioner of the Department of Health and Senior Services, the State Medical Examiner, the Superintendent of the State Police, the New Jersey Public Defender, the director of the Division on Women, the supervisor of the Office on the Prevention of Violence Against Women and the project director of the Domestic Violence Fatality Review Board grant.

Public members appointed by the Governor are: a representative from the New Jersey Coalition for Battered Women, a county domestic violence assistant prosecutor, a licensed psychologist, a law enforcement representative, a registered nurse and a child protective service worker with experience in family violence and child death review.

Case review protocol:

- † Staff identifies cases for Board review.
- † Information about the case is requested from various source agencies.
- † Prior to a meeting, all members of the Board are responsible for reading all cases on each meeting's agenda.
- † At the meeting, the full Board reviews scheduled cases.
- † Primary and secondary reviewers present the facts of the case and identify for discussion any system problems.
- † Following the Board's review and discussion of each case, preliminary recommendations are explored.

New Jersey Participates in National Efforts of Fatality Review

To connect to the national effort of fatality review, in October 1998, a four person team⁴ representing the NJ Coalition for Battered Women (NJCBW), NJ Department of Law and Public Safety, Division of Criminal Justice (L&PS-DCJ) and the Department of Community Affairs, Division on Women (DCA-DOW), attended the *Domestic Violence Fatality Review: A National Summit*. The National Association of Juvenile and Family Court Judges sponsored the summit. This summit consisted of best practice workshops, lectures and seminars focusing on the problem of domestic violence fatalities. The team participated in a simulated fatality review and group discussions in which critical issues were identified and addressed that can make the domestic violence fatality review process more effective.

National efforts once again assisted the local process when the STOP Violence Against Women Grants Technical Assistance Office held a second national conference in November 2000. New Jersey sent a team of five DVFRB members⁵ to hear current developments in the area of Domestic Violence Fatality Review Boards. A victim's family spoke about their perspective of the fatality review process. Projects that function complementary to the fatality review process were also presented.⁶ The conference served to enhance the planning work of the New Jersey board as well as to confirm that New Jersey was successfully grappling with the pertinent issues in this endeavor.

A third national conference was held August 19-20, 2002, in Phoenix, Arizona. The National Domestic Violence Fatality Review Initiative organized this conference. New Jersey was awarded five scholarships⁷ to attend the conference as a team. The team members gained invaluable experience by interacting with teams from around the country. At the close of a day and a half of extensive lectures and workshops the group from New Jersey met to process what they had learned and to brainstorm about ways to improve the process of the New Jersey Domestic Violence Fatality Review Board. This information was then brought back to the Board at the September^f meeting and some of the ideas will be implemented, including an outreach campaign that will enable the Board to be known to more groups around the state.

Funding

The STOP Violence Against Women grant has funded the DVFRB project for two years. A third year of funding has been approved for the project; this will continue the project until June 30, 2003. Funding to continue the project will be needed in the future.





Summaries Of Committee Activities Relating To July 2001 Recommendations

Committees were formed to start work on developing a strategic plan for implementing each recommendation contained in the July 2001 progress report. The following are summaries of activities from each committee.

Law Enforcement Committee

- † **Recommendation:** *To organize a committee of the Board to study domestic violence in the law enforcement community.*

Members: Carol Vasile, Sandy Clark, Jessica Oppenheim, James Murphy, Diana Johnston, and Elizabeth Welch. Ad hoc members: William Meddis, William Zaorski, and Morgan Murray.

In its review of cases of homicide-suicide involving law enforcement personnel, the Board found that all fatal acts were completed with the officer's service weapon. This fact helps to illustrate that beyond the dynamics occurring in a non-law enforcement domestic violence case, there are additional concerns and dynamics that occur when law enforcement personnel commit acts of domestic violence. A specialized, appropriate response is required to enforce the law, provide for victim safety, and maintain public support and faith in the profession.

There are standard Attorney General Guidelines and Directives on how to conduct an Internal Affairs (IA) investigation and special procedures required to determine if an officer involved in a domestic violence incident can possess a firearm on and/or off duty. For example, law enforcement officers who are domestic violence offenders may possess firearms as part of their employment and Federal law directs that any officer subject to a final restraining order can only possess a firearm on duty. However, there are no specific Attorney General directives addressing other unique psycho-social dynamics or procedural complications of domestic violence offenses committed by law enforcement officers, and no specific procedures to be followed by IA officers during an investigation of law enforcement personnel involved in a domestic violence incident.

The committee is preparing a model, comprehensive, uniform policy about domestic violence involving law enforcement personnel. The policy will cover standards for screening and hiring law enforcement candidates, officer training in domestic violence, standards and procedures for responding to a domestic violence incident committed by a law enforcement officer, standards for

conducting an internal affairs investigation, and standards for retaining, terminating or rearing an officer involved in domestic violence. The policy will also cover the specific responsibilities of supervising officers in responding and handling reports of officer- involved domestic violence offenses.

The committee gathered and reviewed the Attorney General Directives and training materials on domestic violence, along with the NJ State Police policy and discussed the process currently used in some police departments and prosecutor's offices. The International Association of Chiefs of Police Domestic Violence Policy is being used as the basis of the new policy.

As part of the development of this policy and to ascertain pertinent information, the committee plans to conduct several focus groups including victims of domestic violence committed by law enforcement officers, internal affairs officers, law enforcement chiefs or administrators and mental health professionals/psychologists trained in domestic violence. They will also survey police departments on the current status of policies in this area.

In addition to developing a uniform policy on handling domestic violence committed by law enforcement personnel, the committee plans to develop informational brochures to be given to officers, partners and family members. These brochures will explain what is domestic violence, what are early warning signs, how to report domestic violence when the offender is a law enforcement officer, what happens to law enforcement officers who commit domestic violence, and what relief and help are available to assist victims and law enforcement officers.

The committee believes the development and adoption of a uniform policy and the distribution of informational brochures will serve to prevent domestic violence incidents by law enforcement officers, provide positive assistance to victims, law enforcement personnel and their children, and enhance general community safety.

Public and Professional Education and Awareness Committee

† **Recommendation:** *To sponsor a Statewide Public Education Campaign.*

Members: Anna Trautwein, Andrea Fleisch Marcus, Elizabeth Ferraro, Donna Pincavage, Shamita Das Dasgupta and Sue Rovi

The DVFRB identified an overwhelming need for public education around the issue of domestic violence and available community resources. The Public and Professional Education and Awareness Committee outlined a strategy for the development of a public education campaign.

- † First, a needs assessment should be conducted in order to determine the extent of knowledge among the general public regarding domestic violence, the barriers that exist for accessing community resources and the perceived effectiveness of those resources. Consideration of the expansive socio-cultural differences that exist within the many diverse communities of New Jersey can be incorporated into the needs assessment. Among other questions, the needs assessment will help to determine why individuals do not typically reach out to helping agencies when they know a victim of domestic violence is in danger.
- † Second, pilot public awareness campaigns in targeted communities should be implemented prior to a statewide campaign in order to ensure that the information is reaching those for whom it is intended.

- † Finally, the statewide campaign should be conducted. For both the pilot and statewide campaigns, an evaluation component should be developed to ensure that the project objectives are achieved.

The Public and Professional Education and Awareness Committee is currently discussing funding options to enact the plan for development of a statewide domestic violence education campaign.

Legislation Committee

- † **Recommendation:** *To permanently establish the New Jersey Domestic Violence Fatality Review Board through state statute.*

Members: Sandy Clark, Carol Vasile, and Grace Hamilton

Assembly Bill No. A2586 was introduced on June 24, 2002 to establish the New Jersey Domestic Violence Fatality and Near Fatality Review Board. Assemblywomen Bonnie Watson Coleman and Loretta Weinberg and Rose Marie Heck are sponsoring the bill. On October 24, 2002 the bill was reported out of the Assembly Family, Women and Children's Services Committee and referred to the Assembly Appropriations Committee where, as of October 29, 2002, it awaits action.

Senator Joseph F. Vitale introduced an identical bill in the Senate, Bill No. S1788, on September 12, 2002. This bill has been co-sponsored by Senator Robert W. Singer. It was reported out of the Senate Health, Human Services and Senior Citizens Committee on October 17, 2002 and referred to the Senate Budget and Appropriations Committee where, as of October 29, 2002, it awaits action.

Coordinated Community Response to Domestic Violence Committee

- † **Recommendation:** *To conduct Community Safety and Accountability Audits.*

Members: Grace Hamilton, Sue Rovi, Shamita Das Dasgupta, and James Murphy

This committee suggests that demonstration projects for conducting safety and accountability audits be encouraged throughout the state. The committee also suggests that the Board receive training on the Duluth model, which is an established method of conducting community audits.⁸ The strategy to implement the coordinated community response to domestic violence recommendation needs supportive funding. Currently the Division on Women is reviewing availability of funding for this purpose.





Research Report: Domestic Violence Fatalities in New Jersey

Purpose

To provide information about domestic violence (DV) fatalities in New Jersey.⁹

Scope of Investigation

Most DV fatalities are single homicide cases; however in roughly 20% of the cases, the perpetrator kills him/herself after killing the victim(s). These "homicide-suicide" (H-S) cases are usually 'closed' for prosecution purposes because the perpetrator is known and dead. H-S cases continue to be the primary focus of our research investigations.¹⁰ Between 1994 and 1999, 67 cases were identified as domestic violence homicide-suicides.¹¹

Most domestic violence homicides are committed by men who kill their current or former intimate partners. Research on DV fatalities often focuses on these intimate partner deaths and/or femicides. The New Jersey DVFRB decided to take a more expansive view of domestic violence by including familial H-S cases as well as extrafamilial cases. Comparison of intimate and non-intimate partner cases of H-S can increase our understanding of these fatalities and how to prevent them. To facilitate description and comparison of cases, a classification scheme¹² was adapted as diagrammed in Figure 1. Since most homicide-suicides are *Intimate Partner*, these cases are symbolized with the largest circle. A subset of these cases is *older couples*, often with one or both individuals in poor health and which are sometimes referred to as 'mercy killings'. A third type is *Filicide*, in which a parent kills young children. *Familicide* or the killing of family members, and often more than one family member, represents a fourth type; and *Extra-familial* H-S is when the victim and perpetrator are not related. Just as the circles in the figure overlap, so do the characteristics of the different cases.

Data Sources

Primary sources of data about these fatalities were police and prosecutors' case files. The contents of files varied considerably, but typically included some of the following documents: investigators' reports which may include interviews with witnesses, family, friends, employers and others, previous police reports¹³, autopsy and toxicology reports, death certificates, weapons reports and suicide notes. Media reports provide another source of information about these cases. Since our last report, additional data sources have been identified: death certificates, if not included in the case

file are now provided by the Department of Health and Senior Services (NJDHSS), and gun permit data are provided by the New Jersey State Police (NJSP). The New Jersey Medical Examiner's office continues to provide autopsy and toxicology reports when not included in the prosecutor's files. The research team and the DVFRB continue to explore sources of data to supplement case files.

Data

To date, 87% or 58 of the 67 DV homicide-suicide cases were received from the prosecutors' offices and reviewed by the research team for inclusion in this report.

Methods

The research team reviewed case files and extracted data for entry into a database.¹⁴ Selected variables include demographic data on the victims and perpetrators (e.g., sex, age, race/ethnicity, employment, etc.), data about the relationship between the victim and perpetrator (e.g., legal status, if any, and if the relationship was current, evidence of previous domestic violence in the relationship, etc.), and incident data (e.g., methods and locations of deaths, types of weapons, involvement of police, family/friends, children and others at the incident, etc.).

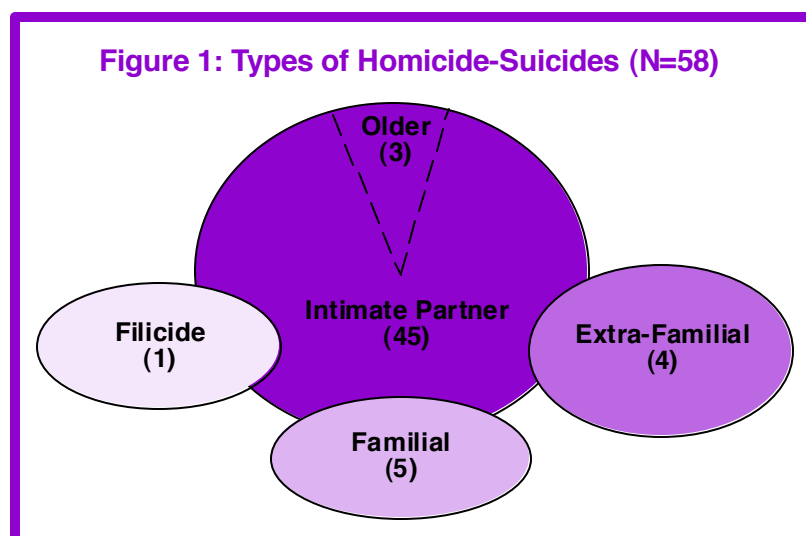
Initial approval of the research project was secured in June 2000 from the Institutional Review Boards (IRB) of the New Jersey Department of Health and Senior Services and New Jersey Medical School. Review is required when a study involves human subjects. Application for continuing IRB review and approval is required annually and was secured in 2001 and 2002.

Findings

Of the H-S cases reviewed to date, there were 58 perpetrators and 58 'primary' victims. There were also nine associated (or secondary) victims, bringing the total number of fatalities to 125. Eighty-three percent of the homicide-suicides were intimate partners (n=48) of which 6% (n=3) were older married couples. *See Figure 1.*

In the one case of filicide, a father killed his young son and then himself after arguing with and wounding his former intimate partner and mother of his child. There were five cases of familicide in which a family member killed one or more family members before killing him or herself. There were four cases in which the victim and perpetrator were not related, and they are therefore, extra-familial H-S. In one of these cases,

a man who was estranged from his wife and who had a well-known history of DV, forced entry into his wife's home and killed another man. And in the three other cases, there was no evidence that the relationship between the victim and perpetrator was intimate. However,



intimate partner relationships with histories of DV were significant in several of the non-intimate partner H-S.

The research findings that follow update and augment our earlier research report in *Remembering the Victims: New Jersey Domestic Violence Fatality Review Board Report, July 2001*.

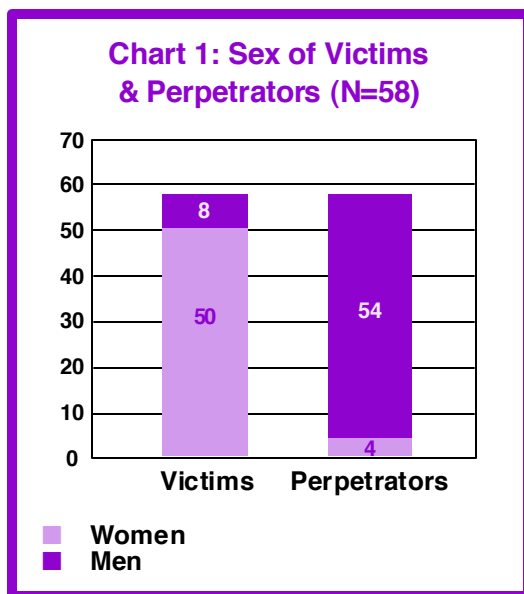
Key findings:

- † Mostly men killing women.
- † Most cases involved intimate partner relationships.
- † Most of these fatalities occurred in the home.
- † In most cases, there was evidence of recent separation or threat of separation.
- † Firearms were the most frequently used weapons.

Our key findings remain similar to the findings of other researchers and those reported last year for this research project in which only 33 of the 67 cases were available for review, thereby demonstrating the robustness of these findings.

Demographic Characteristics of Victims and Perpetrators (N=58)

In most cases, the victims were women (50 or 86.2%) and men were the perpetrators (54 or 93.1%). See Chart 1.



With respect to the racial/ethnic identities¹⁵ of the primary victims and perpetrators:

- † Three-fourths of victims (75.9%) and perpetrators (74.1%) were White.
- † One-fifth of victims (19.0%) and perpetrators (20.7%) were Black or African-American.
- † 5.2 % of victims and 3.4% of perpetrators were Asian.
- † One perpetrator was identified as multi-racial.
- † In 12 cases (20.7%) the victim was identified as Hispanic and in 14 cases (24.1%) the perpetrator was so identified.

The percentages by race/ethnicity are consistent with New Jersey Census data (e.g., 73% of the New Jersey population was White in 2000) with the exception that Hispanics and Latinos were reported to be 13% of the population, and therefore notably less than the percentages of Hispanics in these cases.

Table 1: Types of Victims & Perpetrators (N=58)

Ages	Victim	Perpetrator
< 18	3.4%	1.7%
18-30	27.6%	25.9%
31-40	37.9%	19.0%
41-50	17.2%	31.0%
51-65	3.4%	13.8%
> 65	10.3%	8.6%

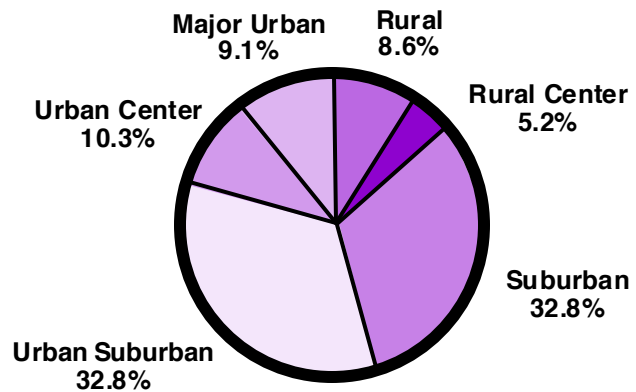
Most victims and perpetrators were between the ages of 18 and 50.¹⁶ See Table 1 for age distributions of perpetrator and victims. Victims' ages ranged from 4 (one child) to 87 with a mean age of 38 years, and perpetrators' ages ranged from 17 to 81 with a mean age of 42 years. Thus, the full spectrum of the life cycle is represented in these data with children and elderly New Jersey residents committing and becoming victims of homicide and suicide.

Mostly, however, it's men killing their slightly younger intimate partners.

The geographic location of these crimes, or the rural, suburban or urban classification was based on the city or town in which the homicide took place.¹⁷ Most often, this location was the same for the suicide and/or it was the residence of the victim. See Table 2.

- † Nearly 2/3 or 63.6% were in suburban or urban-suburban areas.
- † 20.4% were in urban areas.
- † 13.8% were in rural areas, including rural centers

Table 2: Location of Incident



Educational attainment of the victims and perpetrators varied. Nearly half of victims and a third of perpetrators had some college or a college degree. A third of both victims and perpetrators had a high school degree, and over an eighth (14%) had not completed high school.¹⁸ These statistics closely match those found in the general population according to the 2000 Census.

Victims and perpetrators were employed in all types of occupations.¹⁹ They were teachers, police officers, homemakers, construction workers, office managers, bakers, lawyers, secretaries, as well as students or retired; and some were unemployed. See Chart 2 on next page.

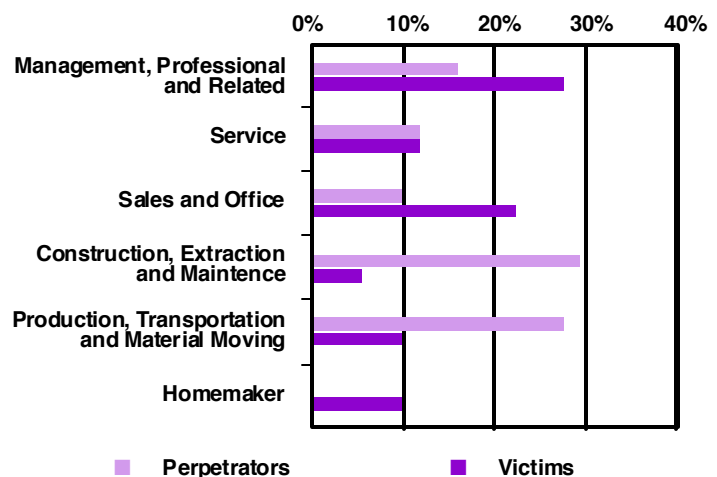
Hence, these homicide-suicide cases demonstrate that domestic violence occurs among New Jerseyans of all ages, races/ethnicities and socio-economic statuses.

Intimate Partner Relationships (N=48)

Intimate partners include current or former spouses and boyfriends/girlfriends. All of the intimate partner couples were opposite sex, i.e., the relationships were heterosexual. For the 48 cases in which the victim and perpetrator were intimate partners:²⁰

- † In all but three cases, the victims were women who were killed by their current or former male intimate partner.
- † In 27 cases (56.3%) the couple was currently married or separated; and of these, almost half (13) were married for 10 or more years. There was no case in which the couple was divorced.
- † In two-thirds of the cases (66.7%), there was evidence that the victim was planning to separate, had already separated or was in the process of separating from the perpetrator. In the remaining cases (33.3%), the relationship was reportedly current at the time of death.
- † Of those reported to be in the process of breaking up (37.5%), nearly half had been separated less than three months.
- † In three cases, the victim was pregnant, and in two of these cases, the couples were reportedly arguing over the pregnancy.
- † There was a history of physical or sexual abuse by the perpetrator in 43.8% of cases according to police reports. In 22.9% of cases, there were prior reports of violent episodes or issuance of restraining orders; and/or in another 20.8% of cases, family, friends or employers said they knew or suspected abuse when interviewed by the police.²¹
- † Family and friends who were interviewed by police also indicated emotional or psychological abuse²² by the perpetrator in 41.7% of the cases and in another 20.8% of cases such abuse was suspected.
- † In 52.1% of police reports, there were statements of the perpetrator's jealousy, possessiveness or perceptions of the victim's infidelity, sometimes in the victim's or perpetrator's own words (e.g., complaint reports or suicide notes), and also by family and friends interviewed by police after the deaths.
- † Current Final Restraining Orders (RO) had been issued in three of the 48 cases, all of which had RO violations according

Chart 2: Occupations of Victims & Perpetrators



to police reports. Three victims had current Temporary ROs (TRO). Three other victims had prior Final ROs. And, eight other victims had prior TROs with RO violations in police reports in two of these cases.

- † In over a third of cases (35.4%), there were police reports of calls to the residence(s) of the victim and/or perpetrator specifically for domestic violence.

After the deaths occurred, family or friends, who were interviewed by police, reported instances of abuse (physical, sexual, emotional or psychological) by the perpetrator towards the victim in 50% of the cases, and in another 12.5% of the cases, they suspected it. When interviewed by the police, some employers also reported knowing about the DV in 25% of cases. In most of these reports, those interviewed did not often refer to the abuse as DV; thereby indicating that public education about domestic violence is warranted.

Elderly Intimate Partner Homicide-Suicides

Of the 48 cases of intimate partner homicide-suicide, there were three elderly couples, i.e., the victims' and perpetrators' ages ranged from 74 to 81 years.²³ All three couples were White and one or both reportedly had serious physical illnesses such as Alzheimer's and heart disease.²⁴ For the elderly or seriously ill, issues of control or loss of control (e.g., the loss of even physical control of bodily functions), and separation (e.g., in death or nursing home), suggests important similarities among cases as well as differences.

Non-intimate Partner Homicide-Suicides

There were ten cases in which the victim and perpetrator were not intimate partners. As described earlier, at least two of these cases were clearly associated with intimate partner relationships and their dissolution (i.e., separation); and in three other cases, the research team could not conclude that the victim and perpetrator were intimate. In the five remaining cases, all were classified as familicide in that step-brothers (n=1), a mother and her son-in-law (n=1), and older children and elderly parents (n=3) were victims and perpetrators. Prominent in these five cases were reports by family, friends, and others of psychological problems (including depression, schizophrenia and substance abuse) for the perpetrator. While such problems were reported in other cases reviewed, they were more conspicuous in these cases. As apparent however, were issues of control because in four incidents male perpetrators were trying to dominate one or more family members. In the remaining case in which an elderly mother kills her older daughter and then herself, the evidence suggests a suicide pact.

Perpetrators often had a known history of domestic violence, including controlling behavior, jealousy, stalking, psychological problems and/or threats to kill himself, the victim or others. The perpetrator's loss of control over his intimate partner and/or separation are common themes in New Jersey's homicide-suicide cases.

Our research into these fatalities is in sharp contrast to the frequently cited comment reported in the media, "he seemingly just snapped."

Sources for Intervention

To identify other individuals in the community, such as professionals that may have interacted with the victim or the perpetrator for any reason in the five years prior to the fatal incident or may even have interacted with them about domestic violence in particular, the files were searched for any "mention" of such interactions.²⁵ Three examples are provided here:

- ‡ In 8.6% of cases, perpetrators saw mental health professionals (MHP) specifically about the violence in the relationship and they saw MHPs for other reasons in another 22.4% of cases. Slightly fewer victims (17.3%) saw mental health providers for any reason in the five years prior to the incident.
- ‡ Victims saw attorneys in 17.2% of cases, typically to discuss possible separation or divorce, compared to 12.0% of perpetrators.
- ‡ Contacts with health care providers were recorded for victims in 31.0% of cases and 27.6% for perpetrators.

Case files were unlikely to have the contact information sought here and therefore contacts with victims and perpetrators are seriously underreported. Yet, these examples suggest important sources for future interventions aimed at avoiding these fatalities. They also indicate the need for DV education for the professionals identified here.

Incident-Specific Characteristics (N=58)

Perpetrators most often shot their victims (83%), and then shot themselves (86%). *See Table 3 for other methods used to kill the victim and other methods of suicide.* In two incidents, the perpetrator was shot by a police officer, and in both cases the perpetrator's death resulted from his dangerous and threatening actions towards police or others at the scene.²⁷

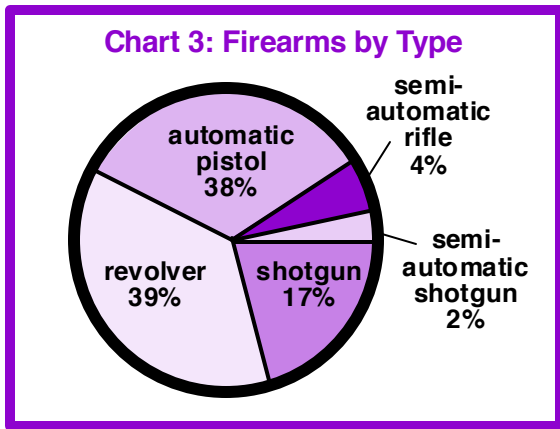
In the 50 cases in which a gun was used, the perpetrator typically "owned" the gun (58%), although in 30% of these cases, gun ownership was unknown.²⁸ In at least seven cases, the gun was purchased within one month of the incident. In four cases, the perpetrator was a law enforcement officer who used his service weapon to commit the homicide and suicide.

Table 3: Methods of Homicide/Suicide (N=58)

Methods	Victim	Perpetrator
Shooting	82.8%	86.2%
Vehicle Crash	0%	1.7%
Stabbing	5.2%	0%
Asphyxiation	1.7%	1.7%
Strangulation	5.2%	0%
Hanging	0%	3.4%
Poisoning	1.7%	1.7%
Multiple Methods ²⁶	3.4%	1.7%
Shooting by Police Officer	Not applicable	3.4%

In cases involving guns (n=50), handguns (i.e., pistols and revolvers) were the type of firearm most frequently used (77%). Long guns (i.e., rifles and shotguns) were used in 23% of the cases. *See Chart 3 for types of firearms used.*

In 10 of the 50 cases (20%), the NJSP confirmed that the perpetrator had a firearms ID and/or a permit to purchase the handgun involved. In 30 cases, the NJSP had no record of a firearms ID card or a permit to purchase a handgun



being issued to the perpetrator.²⁹ Firearms ID cards are required for the purchase of any rifle or shotgun and a permit to purchase a handgun is required for the purchase of any handgun. The U.S. General Accounting Office recently stated that the possession of firearms by domestic abusers has become a problem of national concern because almost 10% of the nation's annual homicides involve intimate partners-most of which were committed with a gun.³⁰ According to the Bureau of Justice Statistics this number is 11.4% (1976-1999) and about one third of female murder victims were killed by an intimate partner.³¹ According to

the 2000 UCR, 52% of all murders in New Jersey were committed with a firearm; 13.4% were classified as domestic violence and 44% of New Jersey female murder victims were killed by their intimate partner.³²

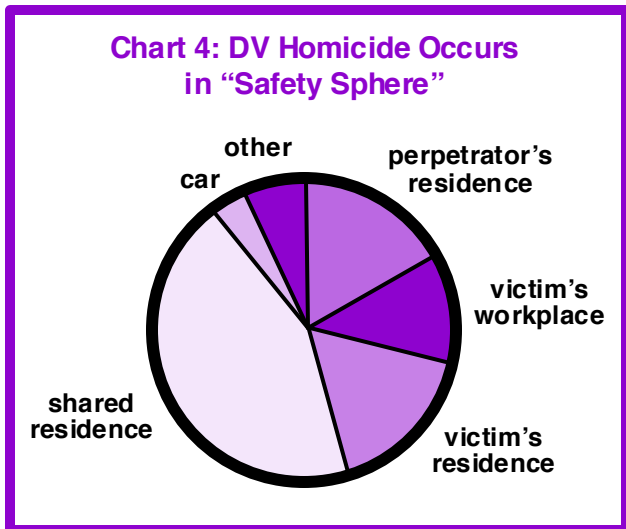
In the United States & New Jersey, guns are used in the majority of intimate partner fatalities.

In more than half of the cases (55.2%) or 32 of the 58 reviewed, the perpetrator made explicit threats to kill: himself or herself (27.6%), the victim (36.2%), and/or others (17.2%).³³ The threats were reported to the police in 41% of these cases.

Most often, the location of the homicide(s) and suicide were the same (87.9%). The victims were often killed within what many consider one's 'safety sphere': home (62.1%) and workplace (12.1%). See Chart 4 for locations of fatalities.

Of victims killed in their homes, 46.6% shared the residence with the perpetrator. Victims were also killed in the perpetrator's residence (15.5%), a car (3.4%) and other locations (6.9%). Perpetrators' suicides were committed in shared residences (43.1%), the victim's residence (13.8%) or their own (i.e., not shared with victim) residences (15.5%), as well as the victim's workplace (10.3%), cars (6.9%), or other locations (8.6%).

In a fifth (19%) of cases, there were children at the scene of either the homicide or suicide or both; and at a third (34.5%) other friends or family members were present. Police were present at the scene of 19% the cases. In one incident, a child, who was not the primary victim, was killed and another child wounded. Also killed were seven family or friends of the victim and one police officer. In all, there were nine additional fatalities. Toxicology reports were available in almost all cases. One fourth of perpetrators (25.9%) had a blood alcohol level (BAL) greater than



zero, ranging from .014 to .378 with five above the legal limit. Three victims had a BAL below .09. Illegal drugs were reported for eight perpetrators (e.g., cocaine, PCP).

Data Limitations

It is important to acknowledge the limitations of these findings.

- † Much of the data comes from the police investigation and therefore, it was not collected for research purposes.
- † The cases were typically considered 'closed' cases and investigations may have been less extensive than if the perpetrator was alive and/or not known.
- † Investigation and reporting procedures in New Jersey differ by county and jurisdiction.
- † Data for selected variables were sometimes missing from case files.
- † The number of cases and variation among cases limits the generalizability of these findings.

Cases Not Reviewed (N=9)

The nine outstanding case files were requested but were not received at the time of this report. These cases represent 21 additional fatalities: nine primary victims, nine perpetrators and three secondary victims. Based on data gathered from media reports and other sources, inclusion of these cases is not likely to significantly change the key findings reported here. Most were intimate partners (78%); most of the perpetrators were men (89%); and guns were used in eight out of nine cases (89%). One intimate partner couple was elderly, aged 77 and 81 years. Of the two non-intimate partner cases: a man killed another man reportedly out of jealousy, and a man killed his aging parents and their caretaker.

Summary

In most New Jersey homicide-suicides, the perpetrators were men, who killed their intimate partners, typically when the woman was planning to leave or the couple had recently separated. Repeatedly, experts in the field of domestic violence report that the most dangerous time for the victim is when she decides to leave the perpetrator. There was often evidence of a history of domestic violence including police reports of prior incidents of violence or threats of violence and/or reports or suspicions of abuse by family, friends and employers. Lastly, guns were used in nearly all of these fatalities. Findings in New Jersey match the commonly reported scenario of these deaths nationwide.



Accomplishments and Future Plans

Project effectiveness can be measured in the following accomplishments and future plans.

- † The composition of the Board remained stable over the life of the group. Board members enthusiastically volunteer to participate as primary and secondary readers to present cases at each board meeting.
- † Two Board members, the principal investigator and research associate completed either the University of Medicine and Dentistry New Jersey (UMDNJ) human subjects review certification course or the National Institute of Health (NIH) human subjects review certification course. Future plans are being developed for each Board member to complete this course certification.
- † The full Board held nine meetings between November 2000 and December 2001 and will meet six times in 2002 for a total of 15 meetings since its establishment by Executive Order 110.
- † As of September 5, 2002 the Board reviewed 53 cases of domestic violence homicide-suicide, which represents 91% of the cases received from local prosecutor's offices.
- † The research team completed data extraction for all cases received from local prosecutor's offices.
- † To date 87% of requested cases have been forwarded to the Board for its review.
- † Missing data was reduced through an increase of members accessing data from their respective fields and submitting it for review.

- † Each case was reviewed by the full Board and systems change or intervention designs were discussed. Four themes related to areas of needed policy and prevention strategies and intervention programs, emerged from the individual qualitative case reviews.
 - † **Education** - public education and community awareness, and professional education and training.
 - † **Law Enforcement** - domestic violence in the families of law enforcement personnel, and other issues involving law enforcement such as issues surrounding firearms purchaser identification cards.
 - † **Coordinated Community Response to Domestic Violence**
 - † **The Criminal Justice/Court System Response to Domestic Violence**

Each of these themes has many areas for continued review. A committee of the Board is refining over 30 preliminary recommendations. This committee will analyze ways to best disseminate this valuable information and determine appropriate prevention and intervention strategies.

- † Each Board committee formed to focus on the four primary recommendations of the July 2001 progress report has developed an initial strategic plan for implementation of the recommendation.
- † Andrea Fleisch Marcus, MPH, Grace Hamilton, MSW and Sue Rovi, Ph.D presented informational workshops on Fatality Review at the following statewide conferences: NJ Department of Law & Public Safety, State Office of Victim Witness Advocacy, STOP Violence Against Women Conference, Cherry Hill, NJ, November 2001; National Association of Social Workers NJ Chapter, Continuing Education Conference, Atlantic City, NJ, April 2002; and NJ Task Force on Child Abuse and Neglect, Prevention Conference, New Brunswick, NJ, September 2002.
- † In the future with the passage of the proposed legislation, the DVFRB expects to broaden the scope of case review to include domestic violence homicide, homicide-suicide, suicide and cases of near fatality. It is expected that these cases may differ in significant ways and will provide additional information about prevention and intervention strategies to reduce the occurrence of domestic violence.

End Notes

- 1 In these cases, the perpetrator kills himself or herself after killing the victim(s) or in a few cases, the perpetrator causes himself or herself to be killed during apprehension by police.
- 2 The 146 include 67 victims of homicide plus 67 suicides plus 12 associated fatalities (one responding police officer, eight friends or adult family members of the victims, two minor children of victims, and one caregiver who was not a relative).
- 3 As defined by *NJSA 2C:25-19d*, a victim of domestic violence includes any person, who is 18 years of age or older, or who is an emancipated minor, and who has been subjected to domestic violence by a spouse, former spouse, any other person who is a present or former household member, or who, regardless of age, has been subjected to domestic violence by a person with whom the victim has a child in common, or with whom the victim anticipates having a child in common, if one of the parties is pregnant. A victim of DV also includes a person who, regardless of age, has been subjected to domestic violence by a person with whom the victim has had a dating relationship. A victim may be below the age of 18 provided the offender is over 18 or an emancipated minor.
- 4 Attending the first conference were Sandy Clark (NJCBW), Jessica Oppenheim (L&PS-DCJ), Grace Hamilton and Carol Vasile (DCA-DOW).
- 5 Attending the second conference were DVFRB members Sandy Clark, Grace Hamilton, Anna Trautwein and research team members Andrea Fleisch and Sue Rovi.
- 6 Two such projects are the Duluth community safety and accountability audit and the development of domestic violence lethality and risk assessments.
- 7 Attending the third conference are Sandy Clark, Andrea Fleisch Marcus, Laura Hook, James Murphy, Anna Trautwein, Carol Vasile and Sue Rovi.
- 8 The Domestic Abuse Intervention Project of Minnesota has developed the Domestic Violence Safety and Accountability Audit. "A safety audit is a systematic observation and analysis of the intra- and inter-agency routines and paper trails used in processing 'cases' of domestic abuse. It is not a performance review of individual staff members; it is not meant to uncover personal inadequacies and prejudices, or assess an individuals effectiveness." Minnesota Program Development, Inc. 2000. Domestic Violence Safety and Accountability Audit. Distributed at STOP TA Conference on November 15-17 in Nashua, NH. There are many ways that communities can conduct a safety audit. The safety audit can be directed toward redesigning one system component or it can review the entire system from initial point of contact. The result of the audit is a report, which will point out strengths in the system, as well as, opportunities for improvement.
- 9 For the past year, the research team was Andrea Fleisch Marcus, MPH, Grace Hamilton, MSW and Sue Rovi, PhD.
- 10 It is important to note that the literature on DV fatalities indicates that H-S cases likely differ in significant ways from DV homicides in which the perpetrator does not kill him or herself. For example, perpetrators in H-S cases may be less likely to have a criminal history or a documented history of domestic violence.
- 10 The primary sources for case identification are media reports, county prosecutor's offices and the New Jersey State Police (NJSP).
- 12 Marzyk PM, Tardiff K, Hirsch CD. The Epidemiology of Murder-Suicide. JAMA. 1992;267:3179-3183.
- 13 These are police reports from prior offenses or previous calls for service and law enforcement activity. This prior activity often includes warrants, restraining orders, prior charges and arrests both domestic violence-related and other.
- 14 Procedures to standardize case review for research purposes were described in the first progress report.
- 15 CDC definitions were used for race/ethnic identity. See US Department of Health and Human Services. (1999). Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements (pp. 11-14). Atlanta, Georgia: Author.
- 16 Similar mean ages and a mean difference of several years between the perpetrator and victim are reported in the research literature.
- 17 Classifications are from the New Jersey Uniform Crime Report for 1999.



- 18 For 21% and 6% of perpetrators and victims respectively, education attainment was not known.
- 19 Specific occupations were classified into broader categories according to the 2000 Census.
- 20 Information about the relationship was based on data in the police report, including a victim's filing of a complaint, a police report of an incident, or a suicide note, and it was also supplied by friends, family and others and therefore reflects who the police interviewed, what was asked and the responses given. Thus, these findings are likely to under-report the number of couples breaking up, with a history of DV and in which the perpetrator demonstrated jealousy, possessiveness, or suspected infidelity of the victim. For example, even reports of the legal length of the relationship were problematic in many cases.
- 21 For the remainder of cases (56.2%), a history of DV may not have been in the case file, however, since we know that DV is often not known by others or known but not acknowledged, it should be suspected in some of these cases.
- 22 Psychological or emotional abuse "involves trauma to the victim caused by acts, threats of acts, or coercive tactics." See Saltzman LE, et al. Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0 Atlanta, GA: National Center for Injury Prevention and Control, CDC, 1999: 61-66.
- 23 Elderly was defined as 70 years of age or older.
- 24 In several non-elderly homicide-suicides, case review suggests that perceived or actual poor health may have played a role in these fatalities.
- 25 In all, 37 'helping' agencies, professionals or community individuals were tracked in this way. Methods to confirm contacts are being explored.
- 26 The multiple methods were: one victim was bludgeoned with hammer and fists (blunt trauma) and stabbed multiple times, and another victim was strangled (asphyxiation) and stabbed.
- 27 Technically, these cases are homicides, however, the perpetrator's behavior in effect forced the police to kill him. In one case the perpetrator was reported to have repeatedly stated, "kill me" as he threatened to kill others at the scene. Such cases are sometimes referred to in the literature as "suicide by cop".
- 28 Ownership is broadly defined because most case files did not provide a 'weapons report', and ownership was determined otherwise, i.e., from reports by friends and family who knew the perpetrator had the gun, or in some cases, a bill of sale for the gun, receipt or some other proof of ownership. A weapons report indicates that there was a weapons trace requested from and reported by the Bureau of Alcohol, Tobacco and Firearms (ATF), information was provided by the New Jersey State Police on Firearms Identification or Permits, and/or in the police narrative.
- 29 Permit information was not requested for the remaining 10 cases.
- 30 *Washington Post* 6/25/2002 Dan Eggen "Domestic Abusers Bought Guns"
- 31 Fox, J. A. & Zawitz, M. W. (2001). Homicide Trends in the U.S. Washington D.C: Bureau of Justice Statistics.
- 32 New Jersey State Police. (2000). Crime in New Jersey: 2000 Uniform Crime Report. Trenton, NJ: Department of Law and Public Safety.
- 33 Some perpetrators threatened to kill themselves and someone else, and therefore the percentages are greater than 55.2% which represents 'any' threat to kill.



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M=Member; D=Designee

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(D)

VASTLY DIFFERENT WOMEN SHARE SAME TRAGIC FATE

Man kills wife, self
as EHT police arrive
after a 911 call

Man kills wife, then himself
FATAL MESSAGE
to a disturbing recording

Past foreshadowed pair's deaths

Ex-boyfriend
kills woman,
then himself

Warnings preceded
the violent demise
of troubled couple

Husband kills wife,
himself, police say

I LOVE YOU
Gunman wrote heart-encircled words about joy

Woman predicted her own murder

TWO dead in murder-
suicide
Newark officer kills onetime fiancée, then himself

A wife killer's second act

Husband kills wife,
himself, police say

Newark officer kills onetime fiancée, then himself

Man kills wife, then himself

Teen-agers' deaths
terrify, baffle loved ones

REMEMBERING THE VICTIMS

MURDER ENDS IN INFERNAL

Murder-suicide planned

Man kills wife,
himself

Man kills pregnant girlfriend, then self

Man kills ex-wife, himself

Murder suspect had history of abusing victim

Camden teen pregnant girlfriend

Domestic violence call ends in death

Man kills wife in fatal dispute

Trooper, wife found dead in Voorhees

Questions and grief swirl in Chatham Twp. after estranged husband kills wife and son

Deaths/No motive for murder-suicide of couple

SLAYING SUSPECT KILLS HIMSELF SHOT EX-GIRLFRIEND