

**Annual Report
on 2004 Domestic Violence and Related Homicide Cases Reviewed in 2006
January 28, 2007**

**Presented by the:
Cuyahoga County Domestic Violence Fatality Review Committee***

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This report is based on the Committee's review in 2006 of Cuyahoga County homicides from the year 2004 deemed domestic violence related by the Committee:

19 Domestic Violence and Related Homicides with 3 associated suicides.
Additionally, 1 case was known to be pending adjudication so was not reviewed;
4 cases were reviewed and then excluded by Committee as not being DV or related.

These cases were all ruled homicides by the County Coroner from the year 2004 representing 18% of the 108 total county's homicides.

Case Characteristics

Relationships: Intimate partners = 9 (only 1 couple was married)
Family, relatives = 9 (6 parent/child or child/parent)
Collaterals = 1 (Ex-spouse/new boyfriend)

Household Composition:
Living Together=13
Living Separately=6

Case Locations: (map)

Cleveland - 11 total
1st = 1 2nd = 2
3rd = 1 4th = 4
5th = 2 6th = 1
East Cleveland - 4
Maple Heights - 1
Bedford - 1
Highland Heights - 1
Westlake - 1

Dispositions:

3 Murder
2 Aggravated Murder
2 Voluntary Manslaughter
3 Involuntary Manslaughter
1 Justifiable Homicide
3 Abated by Suicide
3 Acquittals
1 Pending Competency
1 No charges

Method of Homicide:

Gunshot= 6
Stab wound= 6
Blunt injuries= 5
Arson= 1
Neglect -Elder= 1

	Victims	Perpetrators
<u>Age:</u>	<div style="border: 1px solid black; padding: 5px;"> Stillborn = 1 0-11.9mos = 1 1-19 = 1 20-39 = 5 40-59 = 8 60-85 = 3 </div>	<div style="border: 1px solid black; padding: 5px;"> 0-<20 = 0 20-29 = 12 30-39 = 0 40-59 = 5 60-80 = 2 </div>
<u>Race:</u>	<div style="border: 1px solid black; padding: 5px;"> Black 14 White 4 Other 1 </div>	<div style="border: 1px solid black; padding: 5px;"> Black 14 White 4 Other 1 </div>
<u>Gender:</u>	<div style="border: 1px solid black; padding: 5px;"> Male 12 Female 7 </div>	<div style="border: 1px solid black; padding: 5px;"> Male 12 Female 7 </div>
<u>Public Assistance:</u>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">11</div>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">10</div>

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (unordered)

Mental Health

6 perpetrators and 2 victims had known psychiatric diagnoses.

Case Example: A perpetrator diagnosed with paranoia, schizophrenia and borderline personality attempted suicide one week before the homicide and had been recently seen at 2 hospitals and released. The homicide occurred as a result of arson. The same perpetrator had been released from prison in New York for arson in 1997.

Instituting court-ordered outpatient civil commitment in Ohio could increase compliance with psychiatric treatment and allow time for a more thorough assessment. It would be beneficial if all courts would consistently require psychiatric treatment for offenders with active mental illness, in addition to those eligible for the Mentally Disordered Offenders Programs. Have all probation departments document compliance, follow-through for completion and issue warrants and bring in for failure to comply. Need to find advocacy and financial assistance for clients to obtain mental health treatment given delayed and limited services availability and high costs of medications. Advocate for the federal government to re-instate Medicaid Disability payments for psychiatric medications and 10 visits per year.

Batterers' Treatment Programs

1 homicide perpetrator completed a batterers' group program and 1 homicide victim was referred to a batterers' program as a DV perpetrator but did not show up.

Implement consistent court referrals to mandatory batterers' group treatment programs (not anger management or private counseling), probation to document compliance and require completion in all DV cases in all courts. Batterers' programs should all contact the identified victims while batterer attends to offer services directly and/or referrals for developing safety plans to DV victims. Probation officers would help by consistently encouraging identified DV victims to make police reports (if they are not already doing so).

Medical

Both victims and perpetrators accessed medical systems. Improve consistency and effectiveness of Hospitals and Emergency Room DV screening protocols by increasing staff comfort levels and interviewing skills. Screen via interview both women and men, ask about DV three different ways. Require DV training annually for medical personnel.

Elderly/APS

3 elderly victims could have benefitted from referrals to Adult Protective Services. No known calls were made by probation departments, police or other service providers to the Adult Protective Services (APS) Hotline on these cases even though there was prior awareness of the vulnerable adult over the age of 60 involved in each respective domestic violence homicide.

Case Example: One elderly victim was neglected by adult son who used her money for drugs, her heat was turned off during the winter, and she was taken out to the bank to get money for the adult son. She died of hypothermia which aggravated her other chronic ailments.

Train first responders and other service providers about APS especially the full range of elder abuse situations including power and control, exploitation and the broader sense of DV. Service providers' assessment of home environment safety in conjunction with assessment of elderly persons would be beneficial. Consider re-instating Senior Response Officers to look after elderly and make police officers available for welfare checks and follow-ups when elders miss medical appointments. Neighborhoods watch needed and postal carrier, utility workers' education on elder abuse. Screening for elderly on whether they are taking advantage of available support networks.

Children's Services/DCFS

2 child victims: One of the cases was active with DCFS at the time of the homicide. None of the homicide victims themselves were pregnant.

Case Example: One boyfriend attacked pregnant girlfriend in seventh month of term resulting in still birth two months after her hospitalized for injuries. The hospital called in referral to DCFS but it was logged as a non-referral for no action due protocol for cases where there are no other children living in the home (another child had been previously removed from the home). On the other hand, this still birth was considered a homicide. Subsequently, the mother had another baby.

DCFS should change procedures and accept referrals of pregnant women experiencing domestic violence (regardless of whether there are other children in the home) and offer services comparable to that available for drug abuse by pregnant women to prevent injury or killing of fetuses or newborns.

Unstable Childhood

Most of the cases involved at least one party with early childhood family instability. As a parent or as a child, 8 victims and 12 perpetrators had had prior involvement either with DCFS or Juvenile Court or both. Increase intervention with treatment programs for unstable families with children especially those with children from different fathers living with their mothers. Many services are offered and not utilized.

Case Example: A young man became a dad and shook his baby to death. This homicide perpetrator had had a lifetime in the county system, removed at very young age, and moved into 17 placements including many residential treatment facilities, Ohio Department of Youth Services, foster homes. Lots of services were given in this case with a poor outcome.

Parenting

Increase hospital and community education post partum to new fathers as well as mothers. Prenatal care a good time to bring up DV issues. Can also refer to Fatherhood Initiative. Include DV screening in Help Me Grow Program. Identify support systems and programs for fathers involved in parenting regarding child development, conflict resolution and problem solving.

Gun Control

6 cases were killed by guns.

Case Example: One perpetrator with psychiatric diagnosis went to gun store, purchased firearm, killed victim on same day.

Increase gun controls. Confiscation for convicted felons. Hold sellers liable for not completing background checks. Must have a waiting period before buying gun. Revive the Brady Bill.

Chemical Dependency

9 victims and 11 perpetrators had a known history of chemical dependency yet it was rare for any to have had drug treatment. Many perpetrators were under the influence of alcohol or other substances at the time of the homicide.

Courts should mandate drug assessments and treatment for drug related offenses and hold perpetrators accountable for compliance while on probation. Establish court protocols for drug related offences.

Police

Case example: Intimate partner altercation, boyfriend kicked girlfriend out of house and police were called. Police asked boyfriend to let girlfriend back in for the night. She stabbed him while first responder police were still outside the house.

Dedicated DV police units would also be beneficial for arrests on these cases and providing victims with information about how to access resources.

Courts

14 perpetrators and 10 victims had varied criminal histories. 13 perpetrators and 11 homicide victims had extensive alleged and reported DV histories.

The domestic violence charges often carry minimal sanctions and there is often non-compliance on mandated program completion during probation. A dedicated domestic violence docket in the larger municipal courts, like the one at Cleveland Municipal Court, would help to enforce consistent sanctions.

Family Justice Center

None of the homicide victims or perpetrators had known domestic violence victims' services from domestic violence programs or justice advocacy prior to homicide. Very few had known social services either.

Provide family justice center so victims can feel safe to follow through with court proceedings which might increase victim's cooperation in prosecuting difficult cases. Before a Temporary Protection Order is lifted, require victims to attend a DV course.

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Domestic Violence - Homicides - 2006

