

A Research Report:

Intimate Partner Homicide: Hamilton County, Ohio 1997-2006

Hamilton County Domestic Violence Fatality Review Team

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October 26, 2007

Abstract

This report is a descriptive research study on the 48 individuals who were victims of intimate partner homicide in Hamilton County, Ohio during the years 1997-2006. Ninety-four percent of the victims were female with a mean age of 36.5. Most of the victims (77%) were in some form of separation from their intimate partners at the time of their death. The majority (43%) of these women were killed by their spouses, with a firearm, and in the bedroom (44%) of their homes.



2007 Fatality Review Team List

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Introduction

The Hamilton County Domestic Violence Fatality Review Team has been meeting regularly since July, 1996. The mission of the Hamilton County Domestic Violence Fatality Review Team (Team) is to prevent domestic violence cases from escalating into murder. The purpose of the Team is to examine all circumstances surrounding intimate partner homicide, make recommendations arising out of these death reviews, and to increase the coordination and communication between agencies and systems.. This collaborative effort involves numerous social service agencies, police departments, the University of Cincinnati, and governmental systems. Ann MacDonald, LISW, Executive Director of the Rape Crisis & Abuse Center of Hamilton County is Chair of the Hamilton County Domestic Violence Fatality Review Team.

Understanding the risk factors associated with intimate partner homicide is important in preventing future deaths. In recent years, there has been intimate partner homicide studies conducted in Chicago, Houston, New York, Atlanta and California. Some of the most extensive research on domestic homicide as been conducted by Jacqueline Campbell at John Hopkins University (Campbell, 2004; Campbell, Glass, Sharps, Laughon, & Bloom, 2007). Dr. Campbell's *Danger Assessment*, an instrument used in assessing women's risk of intimate partner homicide is one of the most researched and widely used tools today. The findings in this report build upon existing studies and contribute further knowledge in understanding both the demographic characteristics associated with intimate partner homicide as well as the circumstances surrounding these deaths. This study examines the characteristics of those individuals who were murdered in Hamilton County, Ohio from the time period of 1997-2006 and makes recommendations for systems working with victims, perpetrators, their families, friends and co-workers.

This research is a collaborative effort between Gary Dick, Ph.D., School of Social Work, University of Cincinnati, Ann MacDonald, LISW, Executive Director of the Rape Crisis & Abuse Center of Hamilton County and the Hamilton County Domestic Violence Fatality Review Team. This report represents the spirit of the UC/21 Plan, specifically partnership and scholarship.

Primary Goals of the Hamilton County Domestic Violence Fatality Review Team:

1. To conduct a formal review of all agency and court involvement in domestic violence death cases from 1993 to present;
2. To conduct a formal review of all future homicide and suicide cases in which domestic violence is considered a significant factor;

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3. To collect uniform statistics on homicide and suicide cases in which domestic violence is considered to be a significant factor;
4. To identify commonalities and/or trends among domestic violence death cases;
5. To identify any service gaps found in domestic violence death cases;
6. To evaluate protocols and procedures for investigation and intervention in domestic violence cases;
7. To make recommendations based on the death reviews as to public health and public safety issues relating to domestic violence.

Auspices of the Panel

The Team is organized under the auspices of the Hamilton County Domestic Violence Coordinating Council. The Chair of the Fatality Review Team, Ann MacDonald, is responsible for convening meetings, notifying members of domestic violence deaths, compiling data sheets as case reviews are completed, and reporting the Team's findings to the Coordinating Council.

Background

In the United States, the rate of intimate partner homicide has declined substantially over the last 30 years (Puzone, Saltzman, Kresnow, Thompson, & Mercy, 2000). However, female murder victims are much more likely than male murder victims to be killed by an intimate partner.

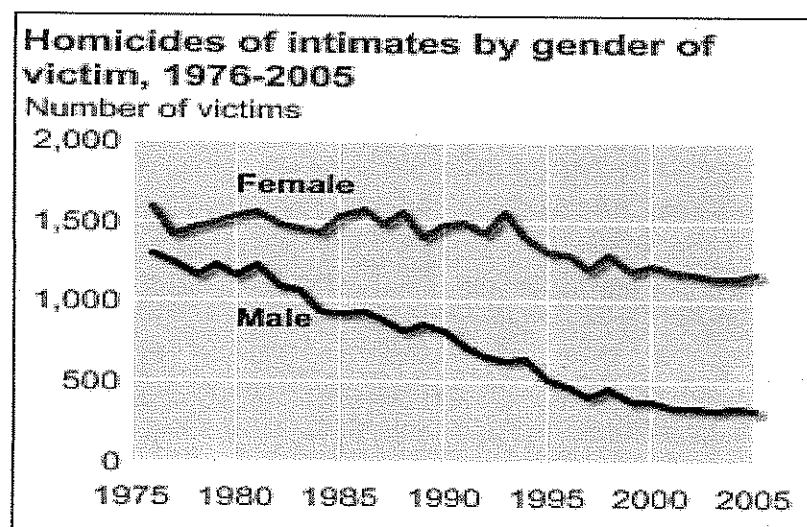


Figure 1



In 1976, there were 2,891 murders committed by intimate partners, which is defined as current or former spouses, boyfriends, and/or girlfriends (See Figure 1). The number of men murdered by an intimate partner in 1976 was 1,304; in 2005, 209 men were killed by an intimate partner. This represents an 84% drop in men being murdered by an intimate partner. The number of women murdered by an intimate partner fell from 1,587 in 1976 to 1,449 in 2005, representing a 9.5 % decline. From 1976 to 2005, 37.2% of all intimate partner homicide victims were male, compared to 62.8% who were female (Fox & Zawits, 2004). In 2005, there were a total of 1,658 intimate partner murders in the United States. Eighty-seven percent of the victims were female (1,449) and 13% were males (209) (FBI, 2007). Women are more often the victims of intimate partner violence.

The killing of women is the seventh leading cause of premature death to women in the United States (Campbell, 2004) and all professionals working with women should have knowledge in how to help women understand their risk for intimate partner homicide. In an 12 city femicide study, only about one-half of the 456 women who were killed or nearly killed accurately perceived their risk of being killed by the abusive partners (Campbell, 2004). Because women may underestimate the severity of their situation, it is important for service providers in the criminal justice, social service, health, legal, and advocacy systems to be able to talk with women about their risk, utilize assessment instruments, and help women develop realistic safety plans (Campbell, 2004).

Within the time frame of this study, intimate partner homicide in Hamilton County, Ohio was the highest in 1997 with 10 homicides. The rates dropped to the lowest level in 2001 with two murders and have shown a consistent and steady increase with six deaths in 2006.

Intimate Partner Homicide
Hamilton County, Ohio
1997- 2006

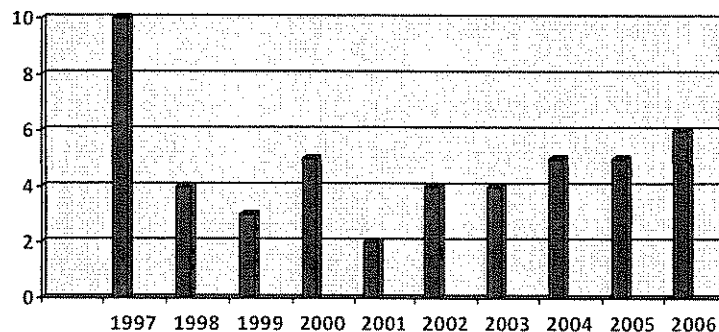


Figure 2



The Research Report

The purpose of this study is to examine the characteristics associated with intimate partner homicide and the factors surrounding these murders, so that future deaths might be prevented. A second purpose is to understand the risk factors associated with the deaths that would lay the ground work for the development of an instrument to use in assessment of risk. A third purpose is to examine the recommendations made by the review team to determine implications for systems change: policy, procedures and practices.

This is a descriptive study of 48 cases of intimate partner homicide. There are limitations in this type of study. These findings cannot be generalized to all intimate partner homicides in the United States. A descriptive study provides knowledge into characteristics of the victims, the perpetrator and the circumstances surrounding the deaths of these individuals. The sample size is small and therefore limits advanced statistical analysis. This study is important in that it will allow us to compare the risk factors we found in the Cincinnati study with those found in Campbell's study, thus contributing further to our understanding of the circumstances surrounding domestic violence murders.

Methods

The descriptive data presented in this research report are from the Fatality Review Team's examination of intimate partner homicides in Hamilton County from 1996 – 2006. This is a secondary analysis of the data collected from the Domestic Violence Fatality Review Team Data Form. To ensure anonymity there is never identifying information on the data form and each data form was made available to the researcher for analysis. In order to further protect the confidentiality of the subjects in the study, all Fatality Review Team members must read and sign an *Agreement to Maintain Confidentiality*. This research study was approved by the Institutional Review Board at the University of Cincinnati.

The Team operates in the following manner:

- Prior to the monthly meeting, the chair sends each member information about the case to be reviewed.
- Members obtain what ever public information can be collected as well as how their agency interacted with relevant individuals relating to the case.
- At the beginning of each meeting, members sign the confidentiality agreement.
- The data form is completed by one of the team members. The questions consist of information about the victim and perpetrator, children in the home, location of death, circumstances surrounding the



murder, cause of death, history of domestic violence, lethality risk factors, social services or court involvement within five years of the death, problems identified during the team review, community response problems and recommendations.

- If some information is missing or a member is not present with specific information needed, the chair calls the team member who can provide the data. This information is then reported to the chair prior to the following meeting. If necessary, a final discussion about the recommendations will occur at the next meeting.

The Findings

The Sample

The sample consisted of 48 murder victims. The majority of the victims were female 94% (n = 45); 6% (n = 3) were male. There were statistically significant differences in the gender of the murdered victims (Chi-Square = 72.933, *df* = 2 *p* = .000). The Spousal Sex Ratio of Killing Index (SROK), comparing the number of women who kill their partners with the number of men who kill their partners, was .07 in the Cincinnati Study. For example, for every 100 intimate murders in Cincinnati, 93 are men killing their female intimate partners, compared to 7 females who kill their partners. The SROK for Houston is 76 (Paulsen & Brewer, 2000). In Houston for example, for every 100 intimate murders, 76% of the time it is men killing their wives (intimate partners). Analysis of intimate partner homicide in the United States from 1976 through 1985 found that for every 100 men who killed their intimate partner, 75 women murdered their male partner.

Table I
Demographics for Intimate Partner Homicide

	Victim	Perpetrator
Age	37.3 (SD = 13.1)	37.5 (SD = 12.2)
Race*		
Caucasian	50%	45%
African American	44%	48%
Hispanic	2%	2%
Asian	4%	5%
Previous Police Record	51%	79%
History of Substance Abuse	35%	67%

*(Chi-Square = 30.952, *df* = 3, *p* = .000)

Who killed the victims was statistically significant (Chi-Square = 19.915, *df* = 4 *p* = .001). More victims were killed by their spouses (43%) than any other



significant other. The perpetrator was the ex-spouse in 17% of the murders. Twenty-one percent were killed by their non-live in partner and 17% were killed by their live in partners. In 77% of the cases the victim was either separated from their partner or in the process of separating

The victims had been in their relationships for a relatively short period of time ($M = 7.1$ years, $S.D. = 6.26$). In 3 cases the victim experienced violence while pregnant and in 3 cases the victim was pregnant at the time of her murder. The majority of the victims (57%) suffered prior abuse.

Comparing Female to Male Victims

The mean age of female victims ($n = 45$) was 36.5 ($SD = 13.5$) and the mean age of male victims ($n = 3$) was 34 ($SD = 6.55$). The majority of the female victims were White (51%), with additional representation of African American (44%), Hispanic (5%), compared to an equal distribution of race among the male victims with 33% White, African American and Asian. Both male (67%) and female (40%) were more likely to be killed by a spouse than any other type of intimate relationship status. Male victims were more likely to be stabbed (67%) than female victims (13%), yet female victims were more likely to be shot (56%) compared to male victims (33%).

Both male and female victims were more likely to be killed by a spouse than any other type of intimate relationship status.

Male victims were more likely to be stabbed (67%).

Female victims were more likely to be shot (56%).

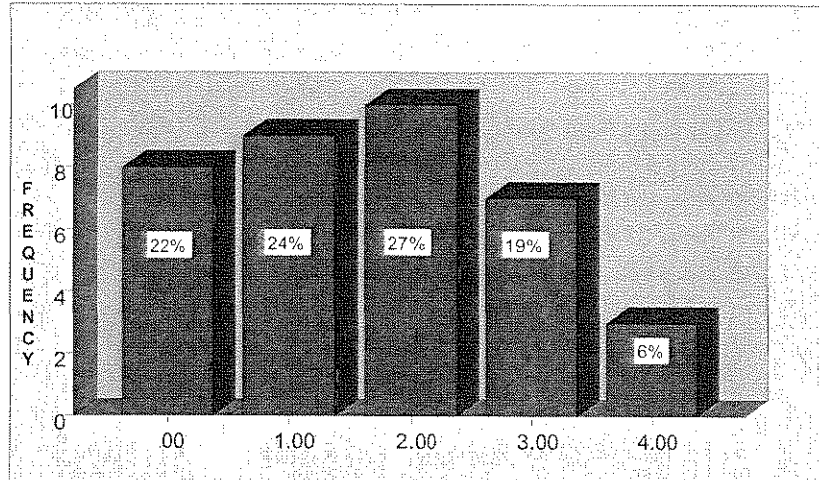
Children

There were statistically significant differences in whether children were present at the time of the homicide (Chi-Square = 9.383, $df = 1$, $p = .002$). Children were present in 28% of the homicides. Of those children present, in 43% of the cases ($n = 6$) at least one child was present; in 29% of the cases ($n = 4$) two children were present; 21% of the cases three children were present, and in one case 10 children were present. The children were young with a mean age of 9 ($SD = 6.64$). The children ranged in age from less than one year to 20 years of age.

- In 43% of the cases the victim was the mother of the children present and in 7% of the cases she was the step-mother
- In four cases the domestic violence had been reported to the Department of Children's Services

- The perpetrator was the father in 42% of the cases.

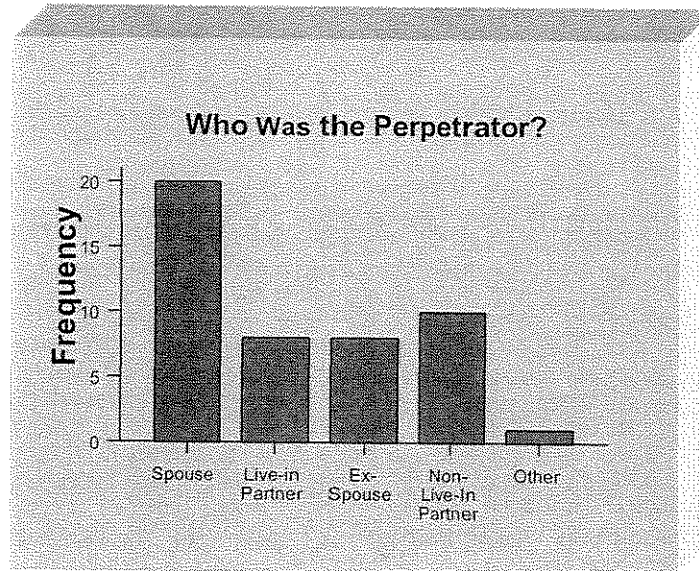
Number of Children Living in the Home



Perpetrator

- 52% of the perpetrators were employed; 14% were on public assistance
- 27% were on parole or probation at the time of the murder
- 48% of the cases there was a prior domestic violence criminal charge
- 39% were under the influence of a drug at the time of the murder.
- 67% had a history of substance abuse
- 67% had violated a protection order
- 33% of the perpetrators had previously destroyed property

27% of the perpetrators committed suicide following the murder of their intimate partner....



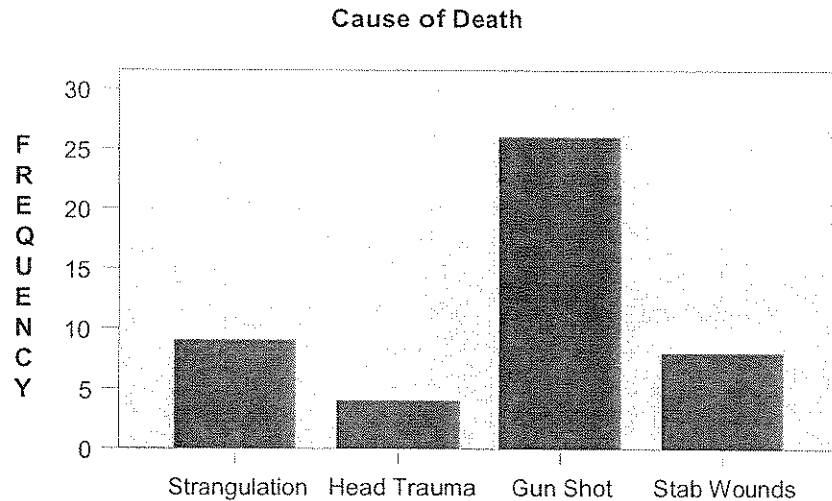
Characteristics Surrounding the Murder

Most murders occurred in July ($n = 8$) and Saturday was the day of the week with the highest number of murders ($n = 13$). Sixty-one percent of the murders occurred on Friday, Saturday or Sunday. The majority of the victims were murdered by their spouses (43%) in their own homes and were killed by a gunshot wound. The location of the death was statistically significant (Chi-Square = 25.522, $df = 4$, $p = .000$).

- 44% of the victims were murdered in their home
- 13% were murdered in the perpetrator's home
- 30% were murdered in the home they both lived in
- The room of the house where the murders occurred was statistically significant (Chi-Square = 86.093.565, $df = 12$, $p = .000$).
 - 44% were murdered in the bedroom;
 - 12% living room;
 - 5% bathroom; 5% dining room;
 - 7% basement; 11% outside/back porch; and
 - 2% ($n = 1$) were murdered in the kitchen

44% of the victims were murdered in the bedroom.....

There were statistically significant differences in the cause of death (Chi-Square = 24.234, $df = 3$, $p = .000$).



- There were statistically significant differences in the type of weapon used in the murders (Chi-Square = 39.448, $df = 4$, $p = .000$).
 - 66% gun;
 - 17% knife;
 - 3% bat;
 - 3% unknown;
 - 10% combination of weapons
- 78% of the time the perpetrator owned/possessed the gun¹
- 79% of the time the perpetrator had a prior police record²
- 67% of the time the perpetrator violated a protection order
- 41% of the time the perpetrator was under the influence of substances at the time of death³
- Only one case reported animal abuse
- 48% of the time, others were present, such as a sibling, children, or the public
- In 23% of the cases, prior charges were dismissed against the perpetrator and in 18% of these prior cases the victim changed her story. In one case, charges were dropped 4 times against one perpetrator and in 3 cases they were dropped twice.
 1. (Statistically significant: Chi-Square = 34.913, $df = 3$, $p = .000$).
 2. (Statistically significant: Chi-Square = 15.364, $df = 1$, $p = .000$).
 3. (Statistically significant: Chi-Square = 21.696, $df = 2$, $p = .000$).

Most frequent method of intimate partner homicide is by gunshot.....



Risk Factors

Findings on Risk Factors for Intimate Partner Homicide
Findings from Hamilton County, Ohio

Cincinnati Study

Separated at the time	77% *
Substance abuse	68% *
Increase in frequency of abuse	66%
Gun Used	66%
Criminal history	63%
Stalking behaviors	53%
Prior domestic violence charge	48%
Threats to kill	46%
Prior history Child abuse	41%
Threats of suicide	41%
Perpetrator mental illness	33%
Perpetrator bought a weapon	33%
Property damage	33%
Threats with weapons	32%
Previous serious injury	28%
Sexual assault	24% *
Strangulation	22% *
Violated a protection order	20%
Sadistic/Hostage acts	20%
Animal abuse	5% *

There were statistically significant differences in the following risk factors:

- Separation (Chi-Square = 8.533, *df* = 1, *p* = .003)
- Substance Abuse (Chi-Square = 4.000, *df* = 1, *p* = .046).
- Sexual Assault (Chi-Square = 6.670 *df* = 1, *p* = .009)
- Strangulation (Chi-Square = 8.333, *df* = 1 *p* = .004).
- Animal Abuse (Chi-Square = 19.174, *df* = 1, *p* = .000)

Separation from the abuser was the highest risk factors in this homicide study.....



Findings on Risk Factors for Intimate Partner Homicide
Comparing Jacqueline Campbell's 12-City Study with Findings from Hamilton County, Ohio

	<i>Campbell's Study</i>	<i>Cincinnati Study</i>
Separated at the time	55%	77%
Substance abuse	66%	68%
Increase in frequency of abuse	60%	66%
Stalking behaviors	76%	53%
Prior domestic violence charge	26%	48%
Threats to kill	74%	46%
Gun Used	38%	66%
Threats of suicide	24%	41%
Threats with weapons	55%	32%
Sexual assault	57%	24%
Strangulation	56%	22%

Conclusions

The nature, extent, and intensity of any human problem is related to the social reality that surrounds it (Dziegielewski, Wodarski & Feit, 2006), and nowhere is this more important than in assessing the risk of intimate partner homicide. In a study of 52 battered women who suffered severe head trauma from battering, only 32 contacted the police following their worst incident and all of them were taken to the emergency room for medical treatment (Roberts & Kim, 2006). Recent research indicates that it may be more important for health care providers to have the knowledge and skills to screen for lethality/risk since few of the victims in a 12-city study were seen by domestic violence advocates during the year before they were killed. They were more likely to be seen by a health care provider (Campbell, 2004). One of the keys to providing the best intervention services begins with the service provider's ability to use appropriate assessment instruments (Dziegielewski, Wodarski & Feit, 2006), and in this case to be able to screen women for risk of homicide with established instruments, such as Campbell's (2004).

The statistically significant risk factors were separation from the abuse, strangulation, animal abuse, substance abuse and sexual abuse. Other statistically significant factors were violence during pregnancy (Chi-Square = 12.565, *df* = 1, *p* = .000); if the victim filed for divorce (Chi-Square = 15.696, *df* = 1, *p* = .000); prior serious injury (Chi-Square = 4.840, *df* = 1, *p* = .028); sadistic acts by the abuser (Chi-Square = 9.000, *df* = 1, *p* = .003); if the perpetrator violated probation (Chi-Square = 9.000, *df* = 1, *p* = .003); and if the perpetrator forcibly entered the victim's residence (Chi-Square = 6.259, *df* = 1, *p* = .012). Other statistically significant characteristics surrounding the murder was whether or not the perpetrator possessed or owned a gun (Chi-



Square = 34.913, $df = 3$, $p = .000$) and if he had a previous police record (Chi-Square = 15.364, $df = 1$, $p = .000$)

It is important to understand the demographic characteristics of these families so that all the systems that work with battered women and the perpetrators can screen for lethality. The local recommendations that came out of 10 years of examining intimate partner homicide in Hamilton County have far reaching implications for all the systems involved in domestic violence. The risk factors that have been identified in this study are comparable to Campbell's study. The work of the Fatality Review Team proposes the below recommendations within the spirit of incorporating evidence-based research into the social policy, as well as the policies, procedures, and practices of the systems that battered women turn to when in crisis.

Recommendations from 1997 to 2006 Reviews of Domestic Violence Deaths

Assessment

- Screening for Domestic Violence should include discussion about the effects of domestic violence on children. Children's safety should be part of the assessment.
- Conduct a lethality assessment on all men arrested for domestic violence prior to release from jail.
- Safety issues for victims need particular attention when a perpetrator is diagnosed with an anti-social personality disorder. Such a perpetrator is unlikely to benefit from a batterers' intervention treatment program because of an unwillingness to change.
- Promote screening for domestic violence with all substance abuse assessments and include domestic violence treatment methods in substance abuse treatment programs.
- Include substance abuse and domestic violence screening and treatment recommendations during pre-sentencing investigations.
- Review and assess cases to include past history of domestic violence and other related crimes, such as telephone harassment and/or stalking.
- Encourage and train probation/parole officers to screen for a history of domestic violence, even if the precipitating crime is not domestic violence.



- Encourage and train all health care professionals to conduct universal screening for domestic violence and refer patients to appropriate community resources.
- Develop a protocol for juvenile and adult courts for early identification of high risk cases, and for making treatment recommendations.
- Provide a comprehensive evaluation of mental health issues when children are in Juvenile Court. Provide early intervention and treatment, if it is determined that the child has negative behaviors resulting from exposure to domestic violence.
- When the court has an opportunity to intervene with young teens that have substance abuse issues and/or carry weapons, these teens should be ordered into treatment programs.

Intervention

- When responding to a domestic violence incident, police should provide information on supportive services for victims and their children.
- In deaths involving intimate partner homicide, all surviving children should be referred to services such as mental health counseling and grief counseling.
- Make referrals for all family members exposed to domestic violence.
- Develop an outline for a stalking diary to be used by victims to document stalking, when it is safe to do so.
- Courts must ensure participation in the YWCA Amend Treatment Program by periodic reviews and communication with the program.
- Have victim advocates in police/law enforcement agencies.
- Have an experienced domestic violence advocate accompany law enforcement officers when victims are served subpoenas so that supportive services may be discussed.
- Set immediate, consistent, and progressive sanctions for probation/parole violating offenders.



- Consider developing experienced domestic violence advocate/police teams for responding to domestic violence incidents.
- Implement technology for police to track criminal history within the household.
- Complete a lethality review/risk assessment for ongoing cases.
- Encourage police, probation, parole, social service and other professionals to follow-up with high risk domestic violence cases and/or cases with known risk factors.
- Improve outreach about domestic violence prevention education to multi-cultural groups.
- Develop an outreach program to substance abuse treatment and self-help groups such as AA, Drug Court, Alcoholism Council and Narcotics Anonymous to provide education on domestic violence.
- Prosecute without victim witnesses when there is sufficient evidence to move the case forward.
- Train those professionals who have contact with domestic violence victims and perpetrators to document all referrals made.
- Have Judges order perpetrators to the YWCA Amend treatment program for any probationer who has a past history of domestic violence-even if current offense is not seemingly domestic violence related
- Have probation/parole officers contact current intimate partners of perpetrators to see if the partners need help, would be interested in referrals for community resources and to assess the abuser's behavior.
- Interventions should occur with victims in the legal system to ensure that issues resulting from domestic violence are addressed, such as childcare, finances, and medical issues.



- Develop a safer environment for victims during court proceedings by addressing:
 - Transportation
 - Threats from perpetrator
 - Separate room for victims to stay in until their testimony has occurred.

Education

- Provide public education on recognizing domestic violence and how to help, including targeting different cultures. Due to an increasing population, target public education about domestic violence, particularly to the Hispanic Community, including the Hispanic media.
- Enhance public education on the relationship between child sexual abuse, substance abuse, and domestic violence.
- Promote public education on the need for men to speak out against men's violence against women.
- Develop a public education campaign regarding lethality that includes not only messages geared toward the victim, but family and friends as well. Emphasize the availability of safety planning assistance when the victim is leaving the relationship.
- Increase public education for victims about seeking help/going to a shelter when the risk is high.
- Increase public education about risk factors for lethality when guns or other weapons are in the home.
- Provide public education on dating violence, especially parents of teens.
- Conduct a nationwide record check on individuals arrested for domestic violence. In addition, as some municipalities may not enter information into the national database, it is important to also contact departments in locales where the defendant has resided.
- Provide education in high schools on domestic violence.
- Provide general brochures on domestic violence.



- Increase community education about resources for elder abuse that includes domestic violence among the elderly.
- Enhance education on intervention programs for teen batterers.
- Train about the legal and ethical issues of Duty-to-Warn requirements when specific threats are made.
- Increase inter-agency training on domestic violence.
- Provide professional training and public education on the association between domestic violence and substance abuse issues.
- Increase police training on domestic violence.
- Provide judicial training on domestic violence.
- Offer additional training to physicians and other health care professionals on domestic violence.
- Offer more domestic violence prevention education with faith-based organizations.
- Provide domestic violence prevention education to Cincinnati Metropolitan Housing Authority so that perpetrators, and not victims, are evicted.
- Increase education about gun safety.
- Promote training for mental health professionals (family therapists, marriage counselors, psychiatrists, psychologists, etc.) on screening for domestic violence and identifying treatment issues (including how to assess for lethality, offer safety planning and community referrals) when working with victims and perpetrators.
- Educate young people on healthy relationships.
- Educate people who are interested in dating to complete criminal background checks on potential partners.
- Increase public education that “charming and nice guys” can also be abusive; and that an age differential (older men and younger women) can be a risk factor.



- Provide domestic violence prevention education to employers.
- Provide professional training on the association between threats of suicide/and other risk factors and domestic violence.
- Conduct outreach to the GLBTQ communities about domestic violence prevention education.

Recommendations for the Fatality Review Team:

- Revise Data Form in order to more effectively collect the necessary information needed to understand and prevent intimate partner homicide.
- Develop a new face sheet for law enforcement investigating domestic violence homicides that allows Fatality Review data to be collected at the time of the homicide.

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