Montgomery County
Domestic Violence Death Review Committee

Report Number Five
Data Summary and Recommendations

February 2008

I. Introduction

The Montgomery County Domestic Violence Death Review Committee is comprised of professionals from the criminal justice, health care, victim services, children's services and batterer intervention fields. The goal of the committee is to prevent domestic violence deaths by examining the circumstances of local domestic violence-related homicides, by making recommendations arising out of these case reviews and by increasing coordination and communication between agencies and systems.

The burgeoning development of domestic violence fatality review committees across the country is in response to the recognition that many domestic violence fatalities could be preventable deaths. "A preventable death is one in which, with retrospective analysis, it is determined that a reasonable intervention (e.g., medical, social, legal, psychological) might have prevented the death" (Colorado Child Fatality Review Commission Annual Report and Conference Proceedings, p. 15, 1991). This philosophy is a dramatic shift from historical perspectives that incidents of domestic violence are acts of spontaneous rage and passion. It is the belief of the Montgomery County Death Review Committee that there are lessons to be learned by reviewing these homicides, and that implementation of the recommendations included herein could reduce domestic violence deaths in this community.

The members of the Death Review Committee are experts in their fields. The goal of the Committee's review and findings is not to present a scientifically valid statistical analysis, but to draw upon the members' combined experience and expertise to identify trends and procedures for best practice in domestic violence cases.

Membership:

The Domestic Violence Review Committee is currently comprised of representatives from the following agencies: Montgomery County Coroner (Chairperson), Kettering Municipal Court, Dayton Police Department, Miami Valley Regional Crime Laboratory, YWCA Shelter & Housing Network, Montgomery County Children Services, Montgomery County Health Care Task Force on Domestic Violence, Montgomery County Association of Chiefs of Police, Montgomery County Common Pleas Court and Prosecutor's Office, Artemis Center, Dayton Prosecutor's Office, Montgomery County Sheriff's Office, City of Dayton Probation Department, and Montgomery County Family Violence Collaborative.

The following agencies have been represented on the Committee in the past: Vandalia Municipal Court, Montgomery County Domestic Relations Court, and Wright State University PATH Program.

II. Definitions

The Committee reviews homicides committed by intimate partners and former intimate partners. Only those cases prosecuted as homicides, or ruled as a homicide/suicide by the Montgomery County Coroner are reviewed. However, case reviews are not conducted until after all legal action has ceased. The Committee does not review cases while criminal or civil litigation is

pending.

Throughout this report reference is made to the *documented* history of domestic violence in these homicide cases. In this report, *documented* is defined as any physical embodiment of information or ideas, e.g. police reports, hospital records, letters, witnesses comments noted in prosecutors' or investigators' files, etc. It should be noted that domestic violence is one of the most under-reported crimes. The lack of *documented* domestic violence history does not imply that *no* history is present.

III. Overview of Data

To date, the Committee has reviewed 42 cases of intimate partner homicide occurring between 1995 and 2007. These 42 cases included 10 homicide-suicides, bringing the total deaths to 52. It is important to note that the number of homicide/suicide cases reviewed by the Committee may appear disproportionate to the number of homicides. Typically after a homicide/suicide there is no legal action in the criminal and civil courts, so these cases become ripe for review more quickly than do most homicides, which must work their way through the courts before the Committee can review them.

In addition to the victims and perpetrators counted here-in, 3 people sustained life-threatening injuries in the act of the homicide, including a friend, a child and a sibling of the homicide victims.

A. Risk Factors

Nationwide, communities are searching for predictors of homicide. While there is consensus on what indicators could signify dangerousness, there are no sure signals that a perpetrator could escalate to committing homicide. In the Committee's review, three factors emerged as significant common denominators in the 42 homicides reviewed: 1) history of domestic violence in the relationship; 2) recent termination of the relationship; and 3) history of drug and alcohol abuse.

In 29 (69%) of the 42 homicides, there was a *documented* history of domestic violence that had come to the attention of law enforcement, criminal and/or domestic relations court.

Of 31 female victims, 21 (68%) had either recently ended the relationship or were in the process of ending the relationship. Two of these homicides occurred at the moment the victim told the perpetrator of her plans to leave, and a letter from a victim telling the perpetrator the relationship was over was found at the scene of one of the homicide/suicides.

In 20 (48%) of the 42 cases the Committee was able to gather information confirming perpetrators' and/or victims' histories of drug/alcohol abuse. However, in many homicide cases the perpetrators' alcohol/drug use at the time of the homicide could not be determined due to the time lapse between the offense and the perpetrators' arrest. Due to the limited information available, the Committee is unable to draw conclusions about the role of alcohol and drugs in

homicide cases.

B. Profiles of Different Categories of Homicides

For the first time, the overall number of cases (42) was large enough to reveal differences between male perpetrated homicides, male perpetrated homicide/suicides, and female perpetrated homicides. The following profiles of these categories emerged:

Male Perpetrated Homicides

In 21 (50%) of the 42 cases reviewed by the Committee, male perpetrators killed female victims but did not kill themselves. In most (86%) of these cases, the perpetrator and the victim were of the same racial/ethnic identity. In 9 (43%) cases, both perpetrator and victim were Caucasian. In 9 (43%) cases, both perpetrator and victim were African American.

The average age of the male perpetrators was 39 years, and the average age of the female victims was 36 years. Sixteen (76%) of the 21 male perpetrators were either the same age (in 3 cases) or older (in 13 cases) than their victims. Of the 13 cases where the perpetrators were older than the victims, the age differential was an average of 7 years.

The majority (67%) of the 21 couples had never been married to each other, and 67% of the couples were not sharing living quarters at the time of the homicide. Nine (43%) of the couples were either ex live-in partners (24%) or ex-spouses/in the process of divorcing (19%). In 11 (52%) of the 21 couples, one of the parties was attempting to separate at the time of the homicide. The length of couples' relationships where male perpetrated homicide occurred averaged 8 years, but ranged from less than 1 year to 50 years.

Fifteen (71%) of the 21 perpetrators had been perpetrators or alleged perpetrators of prior domestic violence-related offenses. In at least 10 (48%) of the 21 cases, police had responded to either the perpetrator's or victim's residence on at least 1 occasion prior to the homicide. In at least 1 of those 10 cases, the calls had not been domestic-violence related. Four (19%) of the 21 perpetrators had attended batterer intervention.

Eight (38%) of the 21 victims had some form of contact with victim advocacy services prior to their deaths. (For a breakdown of these contacts see section L.)

The most common causes of death were firearms (38%) and stabbing (33%).

Homicide/Suicides

Ten (24%) of the 42 cases reviewed by the Committee were homicide/suicides. All (100%) of the perpetrators of homicide/suicide were male. In the majority of homicide/suicides both parties were Caucasian (80%). Both perpetrators (average age 45 years) and victims (average age 44 years) tended to be older than perpetrators and victims in male perpetrated homicides and female perpetrated homicides, and 60% of the female victims were older than their male perpetrators by an average of 3 years.

Eight (80%) homicide/suicides occurred in couples who were either married (30%) or living together (50%). In 3 (30%) of the 10 cases, one of the parties was attempting to separate at the

time of the homicide. The length of the couples' relationships tended to be longer (avg. 11 years) than the relationships of couples where male perpetrated homicide (avg. 8 years) and female perpetrated homicide (avg. 5 years) occurred. However, the length of relationships where homicide/suicide occurred ranged from 2 – 37 years.

Six (60%) of the 10 perpetrators had been perpetrators or alleged perpetrators of prior domestic violence-related offenses (not necessarily with the victim they eventually killed). In 7 (70%) of the 10 homicide/suicides police had responded on at least 1 prior occasion to one of the parties' residences. In at least 1 of those 7 cases, the police runs had not been domestic violence-related. In 1 of the 7 cases, police had responded to the perpetrator's home many years before, when he was married to someone else and living in another county. Three (30%) of the 10 perpetrators had attended batterer intervention.

Nine (90%) of the 10 victims did not have any contact with victim advocacy services. One victim received court outreach when she was victimized by a prior batterer but did not have subsequent contact with victim advocates while she was involved with the batterer who ultimately killed her. Artemis Center received a referral for 1 victim, but was unable to contact her because they were not provided with a safe telephone number for the victim.

At the time of death 7 (70%) of the 10 perpetrators were under the influence of alcohol and 4 (40%) of them were also under the influence of drugs (ranging from marijuana, to cocaine, to prescription drugs). Five (50%) of the 10 victims were under the influence of alcohol and 4 (40%) of them were also under the influence of drugs (ranging from marijuana, to cocaine, to prescription drugs) at the time of death. Causes of death were firearms (80% of cases) and strangling (20% of cases).

Female Perpetrated Homicides

Eleven (26%) of the 42 homicides reviewed by the Committee were perpetrated by females. In all (100%) of the female perpetrated homicides the perpetrators and victims shared the same racial/ethnic identity. More than half (64%) of the couples were African American. Female perpetrators tended to be younger (average age 36 years) than male perpetrators of homicide (average age 39 years) and male perpetrators of homicide/suicide (average age 45 years). The average age of male victims was 40 years. Seven (64%) of the 11 female perpetrators were younger than their male victims by an average of 9 years.

In 8 (73%) of the female perpetrated homicides the couples had never been married to each other. Yet, 8 (73%) of these fatalities occurred in couples who were sharing living quarters. Three (27%) of the couples were married, and 5 (45%) of the couples were living together. The length of relationships where female perpetrated homicide occurred tended to be shorter (avg. 5 years) than relationships where male perpetrated homicide (avg. 8 years) and homicide/suicide (avg. 11 years) occurred. The length of relationships where female perpetrated homicide occurred ranged from about 1 year to 13 years.

In only 1 (9%) of the 11 cases of female perpetrated homicide was one of the parties attempting separation at the time of the homicide. None (0%) of the female perpetrators had been divorced from or were divorcing their victims. However, 3 (27%) of the 11 female perpetrators killed their partners after learning of their partners' infidelity. Causes of death were firearms (64%), stabbing (27%) and automobile (9%).

In 8 (73%) of 11 cases of female perpetrated homicide, the male victim/decedents had been perpetrators or alleged perpetrators of prior domestic violence-related offenses. Victim advocates attempted outreach to 5 (63%) of the 8 female perpetrators who were victims in prior domestic violence cases. Only 2 (40%) of the 5 female perpetrators followed up with victim services. (For a breakdown of these contacts see section L.)

In 2 (18%) of 11 cases of female perpetrated homicide, the females had been perpetrators or alleged perpetrators of prior domestic violence-related offenses. Neither (0%) of the female homicide perpetrators had been ordered to attend the Women Who Resort to Violence group.

C. Gender

Overall

All (100%) of the cases reviewed involved heterosexual relationships. Of victims, 31 (74%) were female and 11 (26%) were male. Conversely, of perpetrators, 11 (26%) were female, and 31 (74%) were male.

Homicide/Suicide Cases

In the 10 homicide/suicide cases all (100%) of the perpetrators were male. This is consistent with national data which indicates that the predominant majority of homicide/suicide acts are committed by men.

Female Homicide Perpetrators

Eight (73%) of the 11 female perpetrators were known to have been previously battered by the man they killed. Two female perpetrators had been charged with domestic violence-related offenses on more than one occasion prior to the homicide. Two other female perpetrators had been charged with previous violent crimes, but these offenses were not domestic violence-related. In 3 cases, there was no known history of any domestic violence, although 1 of the female perpetrators had experienced significant violent trauma perpetrated by someone else not long before the homicide.

D. Children

Twenty-four (57%) of the 42 victims had children living in the home at the time of the homicide. In 15 (63%) of those 24 cases, children were present at the time of the incident. Of the 15 cases where children were on the scene, the children witnessed the incident 53% of the time. The level of involvement was relatively direct, with some children reportedly escaping through windows. Some attempted to intervene and were injured. A total of 58 dependent children lost at least one parent in these 42 homicide cases. (In addition, some of the victims had adult children who lived independently.)

E. Age

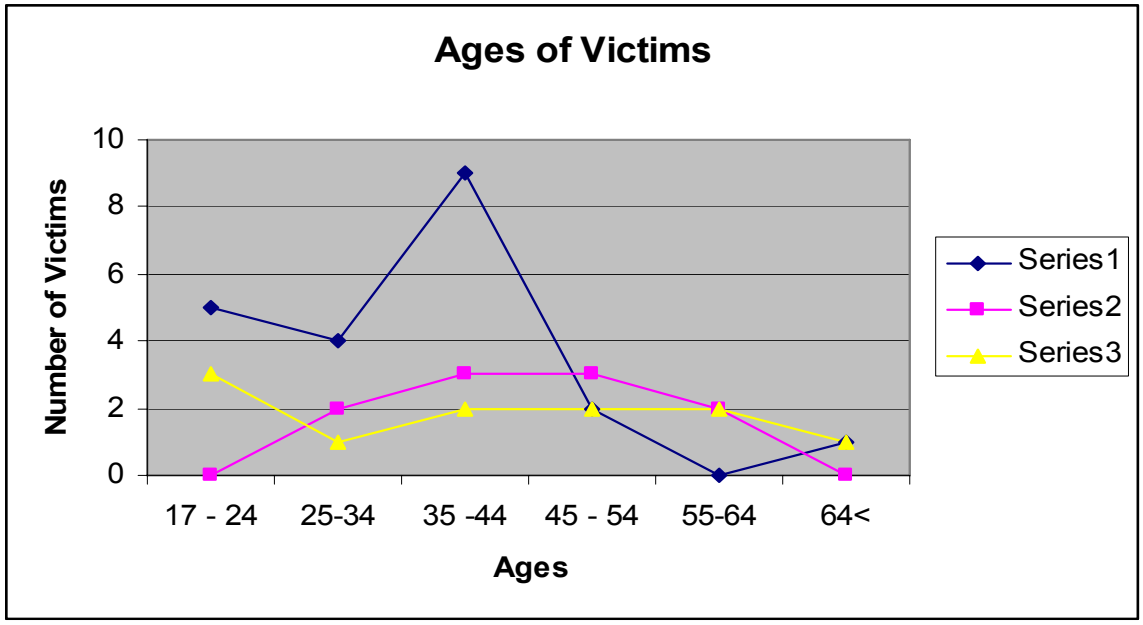
In 13 (62%) of 21 male perpetrated homicides, the perpetrators (avg. age 39 yrs.) were older than the victims (avg. age 36 yrs) by an average of 7 years.

In homicide/suicides, the perpetrators (avg. age 45 yrs.) and the victims (avg. age 44 yrs.) tended to be older than perpetrators and victims in male perpetrated homicides and female perpetrated homicides. In 6 (60%) of 10 homicide/suicides, the female victims were older than their male perpetrators by an average of 3 years.

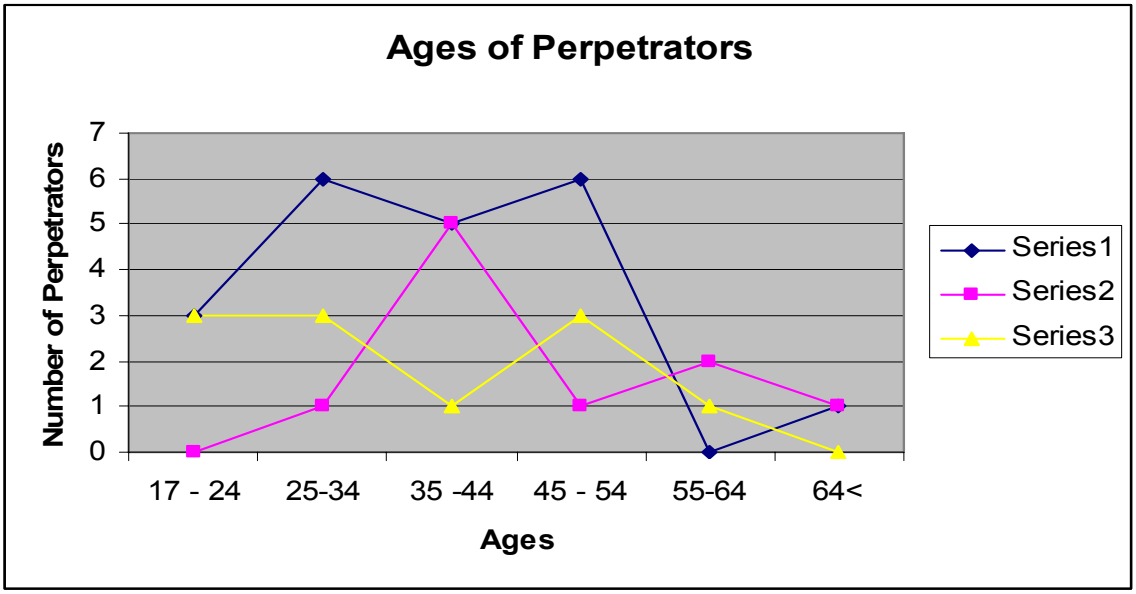
Female homicide perpetrators (avg. age 36 yrs.) tended to be about the same age as female victims of male perpetrated homicides (avg. age 36 yrs), but tended to be younger than male perpetrators (avg. age 42 yrs.) and female victims of homicide/suicide (avg. age 44 yrs.). Seven (64%) of the 11 female perpetrators were younger than their male victims by an average of 9 years.

The age breakdown for perpetrators and victims is provided below.

	Overall	Male Perpetrated Homicides & Homicide/Suicides	Male Perpetrated Homicides	Homicide / Suicides	Female Perpetrated Homicides
Total Cases	42	31	21	10	11
Avg. Age of Perpetrators	39 yrs	42 yrs	39 yrs	45 yrs	36 yrs
Perpetrators' Age Range	20-86 yrs	20-86 yrs	20-86 yrs	29-59 yrs	23-47 yrs
Avg. Age of Victims	39 yrs	40 yrs	36 yrs	44 yrs	40 yrs
Victims' Age Range	17-79 yrs	17-79 yrs	17-79 yrs	32-63 yrs	20-69 yrs
Men Older Than Women	57% (24 cases)	55% (17 cases)	62% (13 cases)	40% (4 cases)	64% (7 cases)
Avg. Age Differential	7 yrs	7 yrs	7 yrs	6 yrs	9 yrs
Women Older Than Men	33% (14 cases)	35% (11 cases)	24% (5 cases)	60% (6 cases)	27% (3 cases)
Avg. Age Differential	4 yrs	4 yrs	4 yrs	3 yrs	3 yrs
Couples the Same Age	10% (4 cases)	10% (3 cases)	14% (3 cases)		9% (1 case)



Series 1 – Male Perpetrated Homicides – Ages of Female Victims
Series 2 – Homicide/Suicides – Ages of Female Victims
Series 3 – Female Perpetrated Homicides – Ages of Male Victims



Series 1 – Male Perpetrated Homicides – Ages of Male Perpetrators
Series 2 – Homicide/Suicides – Ages of Male Perpetrators

Series 3 – Female Perpetrated Homicides – Ages of Female Perpetrators

F. Race

Thirty-eight (90%) of the 42 cases involved couples with the same racial/ethnic identity.

In the 21 cases where male perpetrators killed female victims but did not kill themselves, 18 (86%) cases involved couples with the same racial/ethnic identity. Nine (43%) of the cases involved Caucasian couples and 9 (43%) of the cases involved African American couples, while 2 (10%) cases involved African American perpetrators and Caucasian victims, and 1 (5%) case involved a Latino perpetrator and a Caucasian victim.

Eight (80%) of the 10 homicide/suicides involved Caucasian couples.

In all (100%) of the female perpetrated homicides, the perpetrators and victims shared the same racial/ethnic identity. Seven (64%) of the couples were African American, and 4 (36%) of the couples were Caucasian.

The breakdown by racial/ethnic identity is provided below.

	Overall	**Male Perpetrated Homicides & H/S**	**Male Perpetrated Homicides**	**Homicides/ Suicides**	**Female Perpetrated Homicides**
Total Cases	42	31	21	10	11
Caucasian Perpetrator & Victim	50% (21 cases)	55% (17 cases)	43% (9 cases)	80% (8 cases)	36% (4 cases)
African-American Perpetrator & Victim	40% (17 cases)	32% (10 cases)	43% (9 cases)	10% (1 case)	64% (7 cases)
Caucasian Perpetrator & African-American Victim	2% (1 case)	3% (1 case)		10% (1 case)	
African-American Perpetrator & Caucasian Victim	5% (2 cases)	6% (2 cases)	10% (2 cases)		
Latino Perpetrator & Caucasian Victim	2% (1 case)	3% (1 case)	5% (1 case)		

G. Relationship

In 28 (67%) of 42 cases the couples were never married.

In 23 (55%) of 42 cases the couples were either married (21%) or living together (33%) at the time.

In the 10 homicide/suicides, 8 (80%) cases occurred in couples who were either married (30%) or living together (50%) at the time. However, one of the married couples had been living apart for several years.

In 8 (73%) of the 11 female perpetrated homicides, the couples were never married. However, in 8 (73%) of these cases the couples were either married (27%) or living together (45%) at the time.

The breakdown of relationships is provided below.

	Overall	Male Perpetrated Homicides & H/S	Male Perpetrated Homicides	Homicides/ Suicides	Female Perpetrated Homicides
Total Cases	42	31	21	10	11
Current Spouse	21%* (9 cases*)	19% (6 cases)	14% (3 cases)	30%* (3 cases*)	27% (3 cases)
Ex-Spouse/ In Process of Divorcing	12% (5 cases)	16% (5 cases)	19% (4 cases)	10% (1 cases)	
Live-In Intimate Partner	33% (14 cases)	29% (9 cases)	19% (4 cases)	50% (5 case)	45% (5 cases)
Ex Live-In Intimate Partner	19% (8 cases)	19% (6 cases)	24% (5 cases)	10% (1 case)	18% (2 cases)
Dating, Never Lived Together	10% (4 cases)	10% (3 cases)	14% (3 cases)		9% (1 case)
Couples Who Were Never Married - Unknown If They Ever Lived Together	5% (2 cases)	6% (2 cases)	10% (2 cases)		

**In one homicide/suicide case, the couple was married but had been living apart for several years.*

Length of Relationship

Determining the length of these relationships is an inexact science, and the figures given here should be regarded as estimates provided by family members. In 3 cases, the Committee was unable to find even an estimate of the length of the couples' relationships.

	Overall	Male Perpetrated Homicides & H/S	Male Perpetrated Homicides	Homicide / Suicides	Female Perpetrated Homicides
Cases w/ Data Available	39 cases	28 cases	19 cases	9 cases	11 cases
Average	8 yrs	9 yrs	8 yrs	11 yrs	5 yrs
Range	<1 yr – 50 yrs	<1 yr – 50 yrs	<1 yr – 50 yrs	2 – 37 yrs	1 – 13 yrs

H. Cause of death

The top 3 causes of death were firearms (55%), stabbing (24%) and strangulation (7%).

The breakdown for cause of death is provided below.

	Overall	Male Perpetrated Homicides & H/S	Male Perpetrated Homicides	Homicide / Suicides	Female Perpetrated Homicides
Total Cases	42	31	21	10	11
Firearm	55% (23 cases)	52% (16 cases)	38% (8 cases)	80% (8 cases)	64% (7 cases)
Stabbing	24% (10 cases)	23% (7 cases)	33% (7 cases)		27% (3 cases)
Strangulation	7%* (3 cases*)	10% (3 cases)	5% (1 cases)	20%* (2 cases*)	
Either Strangulation or Blunt Force, Both Occurred	2% (1 case)	3% (1 case)	5% (1 case)		
Automobile	2% (1 case)				9% (1 case)
Burning	2% (1 case)	3% (1 case)	5% (1 case)		
Drowning	2% (1 case)	3% (1 case)	5% (1 case)		
Blunt Force	2% (1 case)	3% (1 case)	5% (1 case)		
Either Stabbing or Automobile Both Occurred	2% (1 case)	3% (1 case)	5% (1 case)		

**In one homicide/suicide case the Coroner declared the cause of death "Unknown, Possibly Strangulation."*

I. Domestic Violence History

In 29 of 42 cases (69%) the couple had documented history of domestic violence.

Twelve of the 42 homicides (29%) occurred in the wake of pending or recent domestic violence-related criminal cases or violent conduct that could have been charged. In 8 (19%) of the 42 cases, domestic violence charges were pending at the time of the homicide. Additionally, 3 (7%) perpetrators had domestic violence-related charges dismissed within 3 months of the homicide. (In one of these cases, the charges were dropped because the Prosecutor's Office could not locate the victim to serve her. The victim was staying in the shelter at the time.) Domestic violence charges were not taken against 1 perpetrator because the victim did not appear at the Prosecutor's Office. (The victim failed to appear because she was in the hospital recovering from abuse-related surgery.) Finally, 1 victim reported a domestic violence-related assault 1 month before her batterer killed her, but she requested and police agreed to drop the matter before the perpetrator was arrested.

Of the 10 cases of homicide/suicide, 5 (50%) of the couples had a documented history of domestic violence. In addition, 1 perpetrator had been charged with domestic violence-related offenses while he was married to another woman.

Of the 11 homicides perpetrated by females, 8 (73%) of the perpetrators were known to have been previously battered by the man they killed. Two female perpetrators had been charged with domestic violence-related offenses on more than one occasion prior to the homicide. In 3 cases, there was no known history of any domestic violence, although 1 of the female perpetrators had experienced significant violent trauma perpetrated by someone else not long before the homicide.

J. Protection Orders

In 4 cases there was a Temporary Protection Order (issued by a criminal court) or Civil Protection Order (issued by the Domestic Relations Court) in place at the time of the homicide. In 2 cases, Temporary Protection Orders had been dismissed within 3 months prior to the homicides due to dismissal of the criminal cases.

K. Perpetrators on Probation or Parole at the Time of the Homicide

One female perpetrator was charged with felonious assault in a non-domestic violence-related case and was out of jail on a $20,000 bond at the time of the homicide.

One male perpetrator had been convicted of rape (non-domestic violence related), was out of prison on parole and had a Warrant on Indictment pending for an alleged burglary at the time of the homicide.

L. Victim Services

Victim advocates attempted outreach and/or provided services to 9 (29%) of the 31 victims killed by male perpetrators and attempted outreach to 5 of the female perpetrators. Only 1 of the 10 victims in homicide/suicide cases had contact with victim advocates, but this occurred when she was involved with a prior batterer. Details of the victim services provided to homicide victims and female perpetrators are provided below.

Services Received by Female Homicide Victims (including Homicide/Suicides)
Out of 31 homicides perpetrated by males, 9 (29%) victims had some form of contact with victim advocacy services prior to their deaths. Three of the 9 victims had contact with victim advocacy services while they were involved with a prior batterer who was not the perpetrator of their homicides. Only 1 of these 3 victims had further contact with victim advocacy services when she was involved with the batterer who ultimately killed her. Two of these victims had contact with victim advocacy services while they were involved with a prior batterer who was not the perpetrator of their homicides but did not have contact with victim advocates while they were involved with the perpetrators who ultimately killed them. In 1 of these cases there was no documented domestic violence with the batterer who ultimately killed her.

Victims' contacts with victim advocacy services broke down as follows:

2 victims received shelter and court outreach*
2 victims received court outreach* and ongoing services
1 victim received services via a hotline call, but no follow up services
1 victim received services via a hotline call and follow up services
1 victim declined any service at court outreach*
2 victims received court outreach* when they were victimized by a prior batterer but did not have
subsequent contact with victim advocates while they were involved with the batterers who ultimately killed them. One of these victims spent 40 minutes with an advocate, during which time safety planning was discussed. The other victim did not respond to 2 outreach attempts (1 telephone call, and 1 letter).

**Victim advocates "provide outreach" to victims by approaching them at court, sending an introductory letter or calling a victim once a police report has been generated and passed on to Artemis Center. Outreach is simply an offer to provide information about the legal justice system and victim services. Once this initial contact has been made by the victim advocate, a victim may or may not choose to follow up by seeking additional services.*

Services Received by Victims in Homicide/Suicide Cases
Nine of the 10 victims in homicide/suicide cases did not have any contact with victim advocacy services. One victim received court outreach when she was victimized by a prior batterer but did not have subsequent contact with victim advocates while she was involved with the batterer who ultimately killed her. Artemis Center received a referral for 1 victim, but was unable to contact her because they were not provided with a safe telephone number for the victim.

Services Received by Female Homicide Perpetrators

Of the 11 female perpetrators, 8 (73%) were victims in prior domestic violence cases involving the partner they ultimately killed. One female perpetrator's husband had killed his ex-wife many years before. Victim advocates attempted court outreach to 5 (63%) of the 8 perpetrators who were victims in prior domestic violence cases involving the partner they ultimately killed. One victim followed up by petitioning for an *ex parte* Civil Protection Order with the accompaniment of a victim advocate. One victim followed up with 1 call to the DV Hotline. None of the other 3 women followed up with victim services.

Female perpetrators' contacts with victim advocacy services broke down as follows:

2 victims received court outreach. In one of these cases, a victim advocate attempted to call the victim 3 times and sent a letter. The victim did not respond.
1 victim received court outreach and called the hotline to firmly decline services
1 victim received court outreach and called the hotline once, but did not follow up with services.
1 victim received court outreach and court accompaniment at an *ex parte* Civil Protection Order Hearing. She did not appear at the full hearing.

M. Batterer Intervention

Overall

Of the 29 cases where there was a documented history of domestic violence, 7 perpetrators (24%) had been ordered into batterer intervention. Six perpetrators had completed a batterer intervention program, and 1 perpetrator had recently been in a batterer intervention program.

One perpetrator received treatment for sex offenders while he served time in prison for rape (non-domestic violence-related).

Male Perpetrated Homicides

Fifteen (71%) of the 21 male homicide perpetrators had been perpetrators or alleged perpetrators of prior domestic violence-related offenses. Four (19%) of the 21 perpetrators had attended batterer intervention.

Homicide/Suicides

Of the 10 cases of homicide/suicide, 6 (60%) perpetrators had a documented history of domestic violence, and 2 (33%) of these 6 perpetrators had completed batterer intervention. One perpetrator was participating in court ordered batterer intervention when he killed his partner.

Female Perpetrated Homicides

Of the 11 homicides perpetrated by females, 8 (73%) of the women were known to have been previously battered by the man they killed. In these cases none (0%) of the male victims had been ordered into a batterer intervention program.

In 2 (18%) of 11 cases of female perpetrated homicide, the women had been perpetrators or

alleged perpetrators of prior domestic violence-related offenses. Neither (0%) of the female homicide perpetrators had been ordered to attend the Women Who Resort to Violence group.

N. Alcohol/Drug Use

In 20 (48%) of the 42 cases the perpetrators and/or the victims had histories of drug/alcohol abuse. The Coroner determined that alcohol or drugs were present at the time of the homicide in 24 victims (57%). Twelve perpetrators (29%) were known to be using drugs/alcohol at the time of the homicide. In many cases, alcohol/drug use at the time of the homicide could not be determined due to the time lapse between the offense and the perpetrator's arrest. Due to the limited information available, the Committee is unable to draw conclusions about the role of alcohol and drugs in these homicides and homicide/suicides.

O. Aggregate Lethality Assessment Analysis

The case review process has evolved over time. Lethality assessments were added to the case review process after some of the early case reviews were conducted. Since then, the Committee has conducted lethality assessments based on the information available in 32 cases. In some cases, it is likely the Committee was unaware of the presence of additional lethality indicators.

Frequency of Lethality Indicators Present

Lethality Factor	No. of Cases
Documented History of Domestic Violence	29
Recent Termination/Attempted Termination of Relationship	21
Drug/Alcohol Abuse	20
History of Criminal Activity	18
Perpetrator Had Access to Weapons	16
Victim Was Attempting to Separate	15
Repeated or Escalated Violence	15
History of Assaults on Others	13
More Than One Police Run	12
Use of Weapons	12
Female Victim/Female Perpetrator had Contact with a Victim Advocate	11
Obsessive Behavior (following, monitoring, substantiated telephone harassment)	11
Ownership - Sees Victim as Property	11
Prior DV Arrests/Convictions	11
Property Damage Intended to Intimidate/Control	10
Violence or Threats in Public	10
Depression	10
Prior Treatment for DV	9
Strangulation/Choking of Victim	9
Threats with Weapons	9
Serious Injury	8
Homicidal/Suicidal Threats	8
Ignores Police/Court/Probation Orders	8
Pending Criminal Charges	8
Stalking Behavior	7
Isolation of Victim (Social/Physical/Financial)	6
Violence in Presence of Children	6
Threats to Kill	5
Prior Violation of Protection/Restraining Orders	5
Child Abuse	5
Forcible Entry to Gain Access to Victim	4

Frequency of Lethality Indicators Present (Cont.)	
Lethality Factor	**No. of Cases**
Any Other Unusual or Concerning Behavior Reported by Victim	3
Perpetrator Interfered with Victim's Access to Emergency Services (i.e. Pulled phone from wall)	3
Sexual Assault/Abuse	3
Threats to/Harassment of Victim's Family/Friends	3
Threats to Abduct Child	2
Violence During Pregnancy	2
Perpetrator has Weapons Training	1
Threats of Abuse or Animals	1
Threats of Sexual Assault/Abuse	1
Abuse of Animals	1
Sadistic/Terrorist/Hostage Acts	1

Number of Cases Where Lethality Was Assessed	32
Highest Number of Lethality Factors Present	29
Lowest Number of Lethality Factors Present	1**
Average Number of Lethality Factors Present	10

*In the 32 cases where Lethality Assessments were conducted only 3 offenders received prior treatment for domestic violence. However, out of the 42 cases reviewed by the Committee a total of 7 perpetrators received batterer intervention prior to the homicide.

**There was 1 case where a lethality assessment was included in the case review, and the Committee found only 1 lethality indicator – job loss.

IV. Emerging Trends

1. Significant differences between male perpetrated homicides, male perpetrated homicide/suicides and female perpetrated homicides are emerging

The people involved in male perpetrated homicides, male perpetrated homicide/suicides and female perpetrated homicides appear to have different characteristics and may require different intervention strategies**.** For example, female victims of male perpetrated homicide are more likely to follow up with victim advocacy services than female perpetrators who have been victimized by the men they subsequently kill. In addition, female victims of homicide/suicide are the least likely to have had contact with victim advocacy services before their death.

In the past, the Committee has not gathered information about victims' and perpetrators' economic status or perpetrators' social supports (or lack thereof). Expanded methods of data collection may reveal significant differences among perpetrators and victims of the different types of domestic violence-related homicide in these and other areas.

2. Many victims consider their physician their only community resource for dealing with domestic violence

Interviews with survivors of 4 victims revealed that two victims relied on their doctors for help with personal problems. According to a close relative, one victim received prescriptions for anxiety and depression from her primary care physician but would not have gone to a therapist for assistance. A close relative of another victim asked the perpetrator's physician for assistance on behalf of the victim and the rest of the family. A close relative of yet another victim said that victim would *never* have called the Domestic Violence Hotline.

3. Victims who utilized victim advocacy services were less likely to kill their partners

To date, 9 (29%) out of 31 female victims had some form of contact with victim advocacy services prior to their deaths. Seven (78%) of the 9 victims availed themselves of victim advocacy services beyond outreach.

However, victims who went on to murder their abusers had fewer contacts with victim services after outreach. Of the 11 female homicide perpetrators, 8 (73%) were victims in prior domestic violence-related cases involving the partner they ultimately killed. Victim advocates attempted court outreach to 5 (63%) of the 8 women, but only 2 (40%) of the 5 women followed up with services.

A comprehensive DOJ study of the past quarter century found that the number of women killed annually in domestic violence incidents has dropped slightly, by 18%. Over the same time period, the number of men killed annually in domestic violence incidents has dropped dramatically, by two-thirds. (Rennison, *Intimate Partner Violence, Bureau of Justice Statistics Special Report* (May, 2000), NCJ 178247.) Domestic violence experts believe the drop in the number of male homicide victims is due to the increasing availability of victim advocacy services to battered women, who are then able to utilize advocacy supports and safety planning to get safe instead of resorting to violence.

4. More victims are surviving lethal-level trauma

Research has revealed that dramatic improvements in trauma care account for the survival of a significant number of victims who otherwise would have died at the hands of their abusers. (Michael S. Rosenwald, A Hidden Remedy for Murder, Boson Globe B1 (Aug. 4, 2002).) These survivors have valuable knowledge about the perpetrators of lethal-level assaults and the dynamics of their relationships. Interviews of survivors of lethal-level assaults could inform the death review process.

V. Implications and Recommendations

The aggregate data continues to support many of the Domestic Violence Review Committee's previous recommendations. Of those recommendations, none have been completely accomplished, although progress has been made in several areas.

The data supports continued emphasis on the following recommendations which are explained in detail below:

1. Improve the Healthcare Response to Domestic Violence
2. Educate Systems Partners about the Danger Suicidal Abusers Represent to Victims
3. Document Perpetrator Suicide/Homicide Threats in Police Reports
4. Improve Access to Victim Services
5. Law Enforcement Should Ask Victims for "Safe" Telephone Numbers
6. Complete and Submit Lethality Assessments In Time for Bond Setting
7. Reduce Access to Weapons
8. Improve Victim Access to CPOs and Counsel
9. Provide Training for Civil Attorneys
10. Enforce CPOs/TPOs and Prosecute Violations Aggressively
11. Enhance Misdemeanor Charges to Felonies
12. Prosecute Even Without the Complaining Witness
13. Follow Up If Complaining Witness Fails to Appear
14. Fast-Track Offenders Into Batterer Intervention
15. Provide a Batterer Intervention Victim Liaison
16. Order Female Offenders Into the Women Who Resort to Violence Group
17. Provide Services for Children of Homicide Victims
18. Expand Community Education Efforts
19. Increase Public Awareness of Safety Planning and the Danger of Leaving
20. Continue the Safety Assessment Process
21. Improve Communication
22. Analyze Domestic Violence Sentencing
23. Maintain and Expand the Criminal Justice Information System (CJIS) Database

1) Improve the Healthcare Response to Domestic Violence
Research has shown that 44-47% of women killed in domestic violence-related homicides were seen in the health care system during the year before they were killed. Sharps, P. W., Koziol-McLain, J., Campbell, J. C., McFarlane, J., Sachs, C., & Xu, X. (2001). Missed opportunities for prevention of femicide by health care providers. *Preventive Medicine 33,* 373-80.

Screening for domestic violence should occur at all entry points into the health care system. Healthcare providers should receive training in how to screen for domestic violence and best response practices. Healthcare providers should also receive training in screening for risks to family members posed by patients with dementia who have access to weapons and best response practices.

2) Educate Systems Partners about the Danger Suicidal Abusers Represent to Victims
Healthcare providers, mental health providers, and legal justice professionals should be educated about the significance of an abuser's suicidal threats, which are an indicator of lethality. Organizations, institutions, and individuals that work with domestic violence victims or perpetrators should collaborate on establishing protocols for identifying and minimizing the danger the combination of suicidal ideation and domestic violence poses to intimate partners and others. Systems partners should always ask a victim about the abuser's suicidal behaviors. If there is a history of suicidal ideation, they should inform and educate victims about the risk of homicide and intensify safety planning.

3) Document Perpetrator Suicide/Homicide Threats in Police Reports
Law enforcement officers should document threats of homicide and suicide in police reports and then fax those police reports to Artemis Center for follow up. When domestic violence and threats of suicide are both present, officers should recognize the increased danger to the victim. In those cases, police should provide the victim with information about the increased risk of homicide and make a referral to the Domestic Violence Hotline for safety planning and other services.

4) Improve Access to Victim Services
Safety planning with victims is an imperative. The 24-hour Domestic Violence Hotline (DV Hotline) remains the single point of access to services for victims of domestic violence in Montgomery County. The victim advocates who answer the hotline provide immediate access to crisis intervention and safety planning and link victims with other community resources. The Death Review Committee recommends continuation of this vital service.

Systems and community partners should consider the DV Hotline as a resource when they are trying to help victims and should refer victims to the DV Hotline for assistance. In addition, the Montgomery County Domestic Violence Protocol states that the Victim Information Sheet should be distributed by police at every domestic violence call. Officers and other systems partners should consider victim literacy levels when distributing printed information. Professionals of every discipline who come in contact with domestic violence victims should insure that referrals are communicated in the most effective manner possible, particularly to those victims who may have limited reading skills, language fluency, access to telephones, etc.

To further this effort, systems and community partners should receive continuing news and education about domestic violence and available resources, so that informal systems, such as the workplace or place of worship, can better assist victims.

5) Law Enforcement Should Ask Victims for "Safe" Telephone Numbers

Law enforcement officers should ask victims to provide "safe" telephone numbers that victim advocates could call without putting the victim at risk of harm by the perpetrator. In one case Artemis Center received a referral for a victim before she was killed but was unable to contact her because they were not provided with a safe telephone number.

6) Complete and Submit Lethality Assessments In Time for Bond Setting

Under R.C. 2919.251, courts must consider lethality indicators when setting bond for defendants charged with domestic violence. The Lethality Assessment Checklist is included in the DV Supplement form used by local law enforcement. However, use of the DV Supplement remains inconsistent across jurisdictions. Some law enforcement agencies require officers to complete the DV Supplement with every domestic violence police report. Some agencies only require officers to complete the DV Supplement when the suspect is charged with a felony. Other agencies permit officers to complete DV Supplements on a sporadic basis. Even when officers complete DV Supplements, they often aren't faxed to Pre-Trial Services in time for arraignments. Law enforcement officers should complete a DV Supplement form, including the Lethality Assessment Checklist, for every domestic violence case and fax it to Pre-Trial Services in time for the court to consider the information for bond setting.

In addition, law enforcement officers who transport defendants charged with domestic violence to the Montgomery County Jail should complete the Supplemental Booking Slip, which includes the lethality indicators required under R.C. 2919.251. The Supplemental Booking Slip will alert jail personnel to utilize the appropriate bond schedule for defendants who bond out before arraignment.

7) Reduce Access to Weapons

In the 42 cases reviewed by the Committee, the majority of victims were killed by firearms (55%) or by stabbing (24%). Every jurisdiction in Montgomery County should establish a protocol for weapon removal for convicted domestic violence offenders and domestic violence offenders subject to protective orders. The DV Supplement forms used by law enforcement include questions that prompt officers to ask about the suspect's access to and use of weapons. Officers should attempt to remove all weapons from the home, especially when the abuser has a history of homicidal or suicidal threats.

Judges and magistrates should inquire specifically about abusers' access to weapons, should order abusers to surrender weapons as part of temporary and full protection orders, and should make surrender of weapons a condition of pre-trial release for domestic violence charges. Domestic Relations Court judges and magistrates should check "box 11" on all Civil Protection Orders. Box 11 states:

> "**RESPONDENT SHALL NOT POSSESS, USE, CARRY, OR OBTAIN ANY DEADLY WEAPON.** Respondents shall turn over all deadly weapons in Respondent's possession to the law enforcement officer who serves Respondent with this order…Any law enforcement agency is authorized to take possession of deadly weapons pursuant to this paragraph and hold them in protective custody until further Court order."

When box 11 on Civil Protection Orders is checked, process servers should seize all weapons and Concealed Carry Licenses when they serve protection orders on respondents.

Law enforcement agencies should notify gun owners who retrieve seized weapons from police property rooms that providing a weapon to a respondent under a protection order is a violation of federal law.

Violations of federal firearms laws by domestic violence perpetrators should be prosecuted aggressively.

In addition, the community should take action to reduce abusers' access to weapons. Physicians should ask their patients who are victims if their abusers have access to weapons and should refer victims to the Domestic Violence Hotline for safety planning.

On occasion men with dementia shoot their wives, sometimes fatally. Family doctors and senior services providers should routinely ask family members of patients with dementia whether the patient has access to weapons, and should strongly encourage family members to remove guns from the patients' homes. Family members with concerns should consult with law enforcement about gun safety and removal.

8) Improve Victim Access to CPOs and Counsel

A substantial number of civil domestic violence cases continue to go forward without legal representation or advocacy due to inadequate staffing for outreach at the Court of Domestic Relations. Courts issuing Civil Protection Orders should work with community-based victim advocates to ensure that victims are informed of the services available to them, and that safety planning is offered. Victims should be informed of the heightened risk that their abusers will escalate once they are served with *ex parte* Protection Orders. Victims should also be informed of expiration/limits of criminal protection orders and advised of options for civil relief. Resources and safety planning are imperative given that separation, a condition of Civil Protection Orders, is a risk factor for increased danger/lethality.

9) Provide Training for Civil Attorneys

Attorneys who represent victims in Civil Protection Order (CPO) and other family law cases should receive training in the dynamics of domestic violence, safety planning, and custody issues that affect victims and their children. Some victims feel a false sense of security when an *ex parte* CPO is issued because they do not realize that their abuser may escalate when he is served with the *ex parte* CPO. Attorneys should be prepared to advise their clients of the increased risk and either safety plan with their clients or refer them to the Domestic Violence Hotline for safety

planning.

10) Enforce CPOs/TPOs and Prosecute Violations Aggressively
Criminal and civil protection orders must be enforced by all police agencies, and violations should be prosecuted aggressively. Violations of protection orders, including non-violent violations, indicate a dangerous offender. Courts should consider revoking the bond of offenders who violate court orders while criminal charges are pending.

11) Enhance Misdemeanor Charges to Felonies
All reasonable and practical efforts must be made to prosecute enhanceable offenses as felonies. The vast majority of jurisdictions in Montgomery County do not have dedicated domestic violence detectives to conduct follow-up investigations, which are often necessary to make felony filings. This points to the necessity for thorough police reporting and use of the Criminal Justice Information System (CJIS) database to determine whether defendants have prior domestic violence convictions in other jurisdictions.

12) Prosecute Even Without the Complaining Witness
Criminal courts must engage in all reasonable efforts to prosecute cases, even when the complaining witness is not available to assist the prosecution. In 29 (69%) of the 42 cases reviewed by the Committee the couples had previously had contact with the criminal justice system because of domestic violence. In 15 (or 52%) of 29 cases where the parties had contact with the criminal justice system before the homicide, prior misdemeanor domestic violence charges were dismissed due to lack of participation of the complaining witness.

Although prosecuting a case without the testimony of the victim has become more challenging in the wake of *Crawford v. Washington*, 541 U. S. 36 (2004), the system must engage in efforts to hold domestic violence perpetrators accountable for their crimes. As stated in the Montgomery County Domestic Violence Protocol, *"criminal charges can and should be filed, and convictions obtained, in domestic violence cases irrespective of the cooperation of the victim, where there is sufficient independent corroborative evidence of the elements of the crime and the identity of the perpetrator."* In order to achieve this, law enforcement policies must emphasize thorough evidence collection at the scene as well as follow-up investigations, and prosecutors must pursue evidence-based prosecution independent of victim testimony. Courts should hear domestic violence cases whether or not the complaining witness is present, as they do in homicide cases.

13) Follow Up If Complaining Witness Fails to Appear
If a victim fails to appear at the Prosecutor's Office, the prosecutor and/or investigators should follow up with the victim to ensure the victim is not in danger. Prosecutors and investigators are encouraged to communicate with victim advocates and shelter staff regarding the victim's safety.

14) Fast-Track Offenders Into Batterer Intervention
One homicide occurred while the offender was on probation, awaiting entrance into a batterer intervention program. Offenders should be fast-tracked into batterer intervention, and the intervention ordered should closely follow the recommendations in the *Montgomery County Domestic Violence Protocol*. In 2007 the Batterer Intervention Partnership in collaboration with

the Criminal Justice Council Subcommittee on Domestic Violence and the Family Violence Collaborative conducted a survey to assess each of the local batterer intervention program's compliance with the criteria set out in the Protocol. Judges are encouraged to become familiar with the survey results and be guided by the degree to which each program complies with the Protocol.

Judges and magistrates should order offenders into batterer intervention programs that are of long duration, require offenders' full and immediate compliance with court orders to attend batterer intervention, and impose immediate accountability for noncompliance.

Domestic violence offenders should not be ordered into anger management programs because they are an ineffective response to domestic violence.

15) Provide a Batterer Intervention Victim Liaison

Batterer intervention programs should have a victim liaison to contact victims in person or by telephone. The liaison should be separate from the abuser group leader. The victim liaison should immediately report to victims every threat, every veiled threat, every act of non-compliance, and every failure to attend a batterer intervention meeting.

In addition, batterer intervention programs should be required to give victims accurate information in plain language about the limitations of batterer intervention and the conditions under which it is more likely to be effective, including complete citations to literature on the topic.

16) Order Female Offenders Into the Women Who Resort to Violence Group

In 2 (18%) of 11 cases of female perpetrated homicide, the females had been perpetrators or alleged perpetrators of prior domestic violence-related offenses. Neither (0%) of the female homicide perpetrators had been ordered to attend the Women Who Resort to Violence group. Courts are encouraged to order more women who are convicted of domestic violence-related offenses to attend Women Who Resort to Violence, which is designed for previously battered women who have resorted to violence as a means of defense or retaliation.

17) Provide Services for Children of Homicide Victims

Children at the scene of a domestic violence homicide should receive immediate therapy services to help ameliorate the trauma of witnessing such violence. Fifty-eight (58) dependent children lost at least one parent as a result of the 42 homicides reviewed from 1995 – 2007. Of the cases where children were living in the home, children were present in the home when the homicide occurred 63% of the time, and 53% of those children witnessed the homicide.

The recommendation for a multi-disciplinary team, working in concert with law enforcement and Montgomery County Children Services to respond to the needs of children in the wake of a domestic violence homicide, was instituted briefly and should be considered for re-implementation.

18) Expand Community Education Efforts

Community education efforts should be expanded. Victims, children and the general public

should receive education about non-violent controlling behaviors, such as monitoring. People who work with teens in any capacity should receive training regarding teen dating violence and teen advocacy resources in the community. The community should be reminded that efforts to reduce domestic violence not only protect adults from serious injury and death, but also protect children from serious physical and psychological harm, as well as help to prevent children from becoming a perpetrator or victim of domestic violence.

19) Increase Public Awareness of Safety Planning and the Danger of Leaving

Community education efforts should include efforts to increase public awareness of safety planning when leaving a relationship. Although leaving an abusive relationship reduces violence in the long term, the immediate threat is increased. Twenty-one (68%) of the 31 women killed by their partners in the cases reviewed were in the process of ending the relationship. At least two women were killed within moments after disclosing to the partner their intent to separate. In a third case, a homicide/suicide, a letter from the victim to the perpetrator expressing the victim's intent to leave the relationship was found near the perpetrator's personal effects. This is consistent with national findings, which indicate that separation is a risk factor for increased violence and homicide. The implication is that safety planning could be critical in reducing risk during the separation process. It is imperative that the public and professional community be made aware of this through education.

20) Continue the Safety Assessment Process

In 2006, the Montgomery County Coordinated Community Response Committee (CCR) with funding from the Montgomery County Families and Children First Council commissioned a Safety and Accountability Assessment of the 911 and police response. The resulting *Montgomery County Domestic Violence Safety and Accountability Assessment Report* included a number of recommendations for systems changes designed to enhance victim safety and offender accountability. Now that many of those recommendations have been implemented or are in the implementation phase, systems partners should conduct a second safety assessment of another part of the criminal justice system to enhance victim safety and offender accountability.

21) Improve Communication

Systems partners must continue to work on improving communication between agencies. In one case, the prosecutor's office did not charge a perpetrator because they could not locate the victim to notify her to appear at the Prosecutor's Office. The victim was staying at the shelter at the time. Even though shelter staff and victim advocates are bound by confidentiality, investigators and prosecutors should contact them when they have questions for or are trying to locate a victim. When a victim has not signed a release allowing the shelter or victim advocacy agency to communicate with the prosecutor or police about the victim's case, shelter staff and victim advocates may relay information from the police or prosecutor to the victim without confirming that they are in contact with or providing services to the victim.

22) Analyze Domestic Violence Sentencing

Domestic violence sentencing should also be analyzed for any potential significance in predicting homicide. Given that 69% of the perpetrators had a documented history of domestic violence, a study should determine what criminal sanctions had been previously placed upon the

offenders.

23) Maintain and Expand the Criminal Justice Information System (CJIS) Database
The cross-jurisdictional database went on line in fall 2005 and has proved to be a valuable tool for systems partners. Criminal justice professionals have come to rely on CJIS in their efforts to hold batterers accountable for their crimes. For example, CJIS has been helpful in identifying perpetrators with charges that can be enhanced from a misdemeanor to a felony because of a prior conviction. In addition, limited public access to CJIS can also help victims get safer. For example, victims and victim advocates can access CJIS via the Internet to determine whether a suspect is incarcerated. This information can be critical to a victim who might need to know whether it's safe to return home to pick up his/her belongings. The Death Review Committee continues to support the CJIS database and applauds efforts to bring other jurisdictions on line.