

In “**Homicides Related to Intimate Partner Violence: A Seven Year Review (2003-2009)**”, the Oregon Health Authority made several key findings⁶:

- Approximately **one in five** homicides in Oregon was related to IPV.
- Intimate partners committed **46%** of the homicides **among females ages 15 and older**.
- **Women** were more likely than men to be killed by an intimate partner.
- **80 percent of female victims were killed by their current husbands or boyfriends** in the incidents of IPV-related homicide.
- **Men** in the incidents of IPV-related homicide were far more likely than women to be killed by someone other than an intimate partner.
- Approximately **two thirds of victims** who were killed by an intimate partner were living with their perpetrators when the incident occurred.
- **More than 40 percent** of the incidents of intimate partner homicide were followed by a suicide or suicide attempt.
- **Three in four homicide-suicide events were related to IPV**.
- **Gunshot wound** was a predominant mechanism of death in the incidents of IPV-related homicide.
- **Sixty-five percent of victims** who were killed by an intimate partner were at her/his own home when the incident occurred.

Domestic Violence Affects Everyone

The greatest cost to our communities of Intimate Partner and Family Violence is the tragic loss of life; especially on a local level, the aftershock effects of these deaths are often felt for generations. However, there is also a **staggering amount of abuse** that occurs outside of those situations where death results. The deaths of our fellow Oregonians attract more of our focus and media-driven attention, while the insidious nature of Domestic and Family Violence not resulting in death ensures that it is hidden behind closed doors and off the front pages of our daily newspapers. Despite this, we need to maintain awareness and recognize that there is a **true epidemic** of Intimate Partner and Family Violence in our state:

Nine percent (or about 78,000) of **Oregon** women reported being physically assaulted by an intimate partner in the past five years, and three percent had been assaulted in the preceding month.⁷ While there is **severe under-reporting** of these crimes to law enforcement, victims who do not reach out to police are, in many instances, still requesting assistance in other ways. And the need is only increasing. In 2011, Oregon domestic and sexual violence programs answered **175,295** calls for help, a **4% increase over 2010**.⁸ On September 15, 2011, the National Network to End Domestic Violence conducted a national census of services. In **Oregon**, 46 out of 47 local domestic violence programs participated.

⁶ Id.

⁷ Drach, L. (2005) Costs of Intimate Partner Violence Against Oregon Women. Portland, OR: Oregon Department of Human Services, Office of Disease Prevention and Epidemiology

⁸ Oregon Department of Human Services (2011): Striving to meet the need: Summary of services provided by the Sexual and Domestic Violence Programs in Oregon.

During that one day, 1,692 victims were served—738 were provided emergency shelter or transitional housing. Unfortunately, there were 423 unmet requests for services; 70% of those requests were for housing.⁹ There are other startling statistics that came out of the census: 42% of programs reported not enough funding for needed programs and services and 31% reported no available beds or funding for hotels.¹⁰ A victim who is unable to escape abuse risks additional and potentially worse abuse, homelessness, or both.¹¹

The effects of IPV/Family Violence on Oregon’s economy, communities, and health are real and tangible. IPV victimization is strongly associated with mental health problems, such as depression, anxiety, and post-traumatic stress disorder (PTSD).¹² The total number of mental health care visits in Oregon for female IPV victims age 20-55 is estimated at just below 220,000 every year.

The costs of intimate partner sexual and physical assault in Oregon exceeds \$50 million each year, nearly \$35 million of which is for direct medical and mental health care services.¹³ Additionally, from July 2009 through December, 2010, \$9,174,847.00 was spent on emergency assistance for victims of domestic violence through the Temporary Assistance for Domestic Violence Survivors Program (TA-DVS). Approximately 556 families a month who are escaping Domestic Violence receive help from this program.¹⁴

Furthermore, IPV victims often lose time from work, household chores, or leisure activities due to injuries and mental health issues. The estimated cost of lost productivity due to IPV-related physical and sexual assault amounts to \$9.3 million dollars per year.¹⁵

These statistics could go on and on with each more sobering than the next.

Oregon Domestic Violence Fatality Review Team

The purpose of the Domestic Violence Fatality Review Team (DVFRT) is to review domestic violence-related fatalities and make findings and recommendations which can ultimately prevent domestic violence from reaching its most tragic conclusion: death.

As noted, the DVFRT reviews only IPV-related deaths.¹⁶ The goal of each review is to be as thorough, in-depth, and insightful as possible. Toward this goal, the DVFRT attempts to obtain and

⁹ National Network to end Domestic Violence: '11 Domestic Violence Counts: Oregon Summary

¹⁰ Id.

¹¹ Approximately 63% of homeless women have experienced domestic violence in their adult lives (National Network to End Domestic Violence).

¹² Id. at page 4.

¹³ Id at iii. As noted in Drach’s report, these numbers are based on a subset of victim: women age 20-55 years old. They do not include the cost of IPV against men or against women younger than 20 or older than 55. The numbers are based on 2001 dollars and should be adjusted for inflation. The numbers also do not include all services that victims might need, including criminal justice services, services for children who witness IPV, social services (e.g., shelter stays or employment assistance), and some medical services. Also, these numbers were in part based on national numbers, so the costs might be higher or lower.

¹⁴ Department of Human Services’ Domestic Violence Intervention biennial report, 2011.

¹⁵ Id. at 11.

review as much information as is available about the involved parties, their relationship, and life circumstances leading up to and including the fatality incident. Information can include law enforcement reports, criminal histories, medical and autopsy reports, newspaper stories, and other non-privileged agency information.¹⁷ Additionally, team members also endeavor to interview family, co-workers, friends, and personal and professional acquaintances who may have relevant information about the victim and/or perpetrator. This type of review allows for not only a deeper understanding of the particular fatality we are reviewing, it also provides for a broader and more textured consideration of Intimate Partner Violence, generally. However, the in-depth nature of the review limits the number of fatalities that the DVFRT is able to review each year: There are between 15-30 members of the multi-disciplinary DVFRT, each of whom is volunteering his/her time to the process; there is no dedicated staff person(s) who is responsible for obtaining and organizing materials, scheduling and conducting interviews, or setting up and confirming the logistics of meetings and case reviews¹⁸. Furthermore, each review is separated into two one-day meetings. The first meeting is held in the location where the fatality occurred. The second meeting occurs approximately two weeks later and is held in either Portland or Salem. Therefore, due to the combination of resource and time limitations, and the exhaustive format of the review, the DVFRT seeks to review only two fatalities each calendar year. Obviously, this number is but a fraction of the IPV fatalities that occur in Oregon over a 12-month period of time.

Nonetheless, the DVFRT is confident that this type of process will be able to inform and improve our reaction to and prevention of Intimate Partner Violence and the fatalities resulting from this epidemic.¹⁹

DVFRT's Mission:

Improve the coordinated statewide response to and prevention of domestic violence and domestic violence fatalities in the state of Oregon.

DVFRT's Core Values and Philosophy:

The work of the DVFRT is guided by these core values:

- A) Respect for survivors and the dead, as well as their families, communities, and loved ones, and for the local service providers, responders, and colleagues;
- B) Personal responsibility to maintain awareness of how domestic violence affects our lives;
- C) Cultural competence and sensitivity in our work;

¹⁶ Please refer to the attached DVFRT Protocol and Policies for the statutory guidelines determining which fatalities fall within the purview of the DVFRT.

¹⁷ Unlike Child Fatality Review Teams, the DVFRT does not have the ability to subpoena information for a review. Additionally, for example, there are confidentiality obligations which restrict many non-profit and community-based advocates from sharing information about domestic/intimate partner violence victims with whom they may have had contact.

¹⁸ Please refer to attached DVFRT Protocol and Policies for list of recommended members of DVFRT.

¹⁹ The DVFRT engaged in comprehensive research of other Fatality Review Teams during the development of its Protocol and review process procedures.

- D) Collaboration with local partners will increase the impact of recommendations;
- E) Accountability to ensure that domestic violence prevention is promoted in our communities throughout Oregon;
- F) Identifying system, policy, and community challenges can improve our ability to prevent domestic violence homicide;
- G) Research and practice guide our efforts.

This multi-disciplinary team of statewide experts (DVFRT) intends to closely review select domestic violence fatalities to determine what can be learned to further reduce the likelihood of additional domestic violence fatalities in the future. The DVFRT will do so by considering the circumstances surrounding the deaths, the perceptions of the victim(s) and perpetrator of the services that were available to them, the unmet needs they had that if met could have helped prevent the fatalities, and the community response to the death(s). This review will be done in a manner that is sensitive to all involved including the victim, perpetrator, and their families and loved ones. In the spirit of the purpose of the case review the team will recognize that each individual involved in the case currently under review will have strength and resiliency factors that need to be considered. Diverse and divergent perspectives of each circumstance will be considered and incorporated to maximize what can be learned.

The charge to work collaboratively to improve statewide response requires that DVFRT members endeavor to employ a “no blame, no shame” philosophy to the case review process. The team will engage in open minded discussions on how to improve the services available to prevent domestic violence homicides and improve the lives of Oregonians.

The purpose of each case review is not to point blame, or adjudicate the case, but to identify gaps, challenges, and even successes and offer recommendations for systems improvements.

It should be noted that the ability to participate in “open minded” discussions and be as candid as possible is greatly facilitated by the confidentiality requirements that each team member agrees to at the outset of every review.²⁰ As stated in the agreement, the “efficacy of the Fatality Review process is dependent on the **quality of trust and honesty** team members and invited guests bring to it.”

Case Review and Recommendations

It was this trust and honesty, as well as the above-stated Mission, Philosophy, and Core Values that guided the DVFRT in our work as we reviewed our first fatality incident--a homicide/suicide—in April, 2012.

The first case we reviewed involved an adult male perpetrator and adult female victim. The parties had been married for a considerable amount of time. They lived in a small, coastal town. Each had adult children from previous marriages. In legal terms, both the perpetrator and the victim were

²⁰ Please see attached Confidentiality Statement and Agreement, Appendix B, of Protocol and Policies.

considered “elderly.” Family members, acquaintances, and community members reported knowing or having heard that the perpetrator had engaged in abusive behavior toward the victim prior to her death, however law enforcement was never previously involved with either party. The perpetrator used a firearm to kill the victim and himself and then set the couple’s house on fire.

The DVFRT identified several critical issues during the review of this case. Some of these include:

ISSUE	RECOMMENDATION
Senior services and cultural competency around the elderly population	<ol style="list-style-type: none"> 1) Domestic violence multi-disciplinary teams in each county whose members should include adult protection service workers 2) Improved awareness around suicidality in the elderly population
Impact of childhood trauma	<ol style="list-style-type: none"> 1) Awareness and additional research surrounding effects of childhood trauma 2) Improved trauma-informed services and intervention
Opportunities of health care to interact with victims and perpetrators of domestic violence	<ol style="list-style-type: none"> 1) Education of medical care providers around domestic violence issues including safety planning.
Inadequate and inaccurate media coverage	<ol style="list-style-type: none"> 1) Improved and accurate media reporting on domestic violence to promote public awareness
Limitation of access for victims to obtain a Family Abuse Prevention (FAPA) order	<ol style="list-style-type: none"> 1) Increased accessibility to FAPA (“Restraining Order”) processes (24-hour) to facilitate victim separation from violence and increased protection.
Lack of shelter and housing for diverse-needs populations (homeless, domestic and sexual violence survivors, families)	<ol style="list-style-type: none"> 1) Access to emergency and transitional housing to meet diversity of community needs.

The DVFRT has offered a recommendation to address each issue we identified in the case we reviewed. Given the team’s current composition of volunteer members unsupported by a permanent staff member or funding, the DVFRT recognizes the limitations of implementing the proffered recommendations. Notwithstanding those limitations, the statutes which guide our work specifically state that the state DVFRT shall also, in addition to reviewing cases, support the work of the local domestic violence fatality review teams and work with those teams to implement those teams’ findings and recommendations.²¹ This is one of the difficulties that the DVFRT has encountered: how to carry out our statutory mandates so as to facilitate change at the local and statewide levels.

²¹ Currently, there are only two Oregon counties (Multnomah and Clackamas) which hold local domestic violence fatality reviews with any consistency. However, there are other counties which are working on developing domestic violence fatality review protocols.

Domestic violence and its related fatalities are too big of a problem to allow the tremendous efforts of the local and statewide teams to become futile. Other fatality review teams have demonstrated how this work can enable systems improvement and collaboration, increased victim safety, and greater offender accountability. The DVFRT hopes to provide the same demonstrable change within our state, as well.

The DVFRT selects the case based on both its statutory guidelines and other factors. Fatalities that are more recent, that present opportunities for review of unique issues, and those that occurred in communities willing to participate in the review are generally preferred.

Once the case has been selected, basic victim and perpetrator information is sent to the team.

Day one of the review takes place in the community where the fatality occurred. Local participants are invited to attend. A confidentiality agreement is signed by each attendee and read aloud before the review begins. Law enforcement or others who have information about the incident are asked to share. DVFRT members are asked to share information they may have from their respective agencies. A timeline of the parties' lives and relationship is created from the information gathered.

Oregon Domestic Violence Fatality Review Team

Case Review Timeline

The DVFRT's findings and recommendations are included in the report to the directors of DHS, OHA, DOJ, as well as to the Oregon legislature.

The DVFRT chair and/or co-chairs approve the case to be reviewed

The process of gathering information begins through public records requests, release of information requests, and interviews with family members, friends, co-workers and others knowledgeable about the involved parties of the case to be reviewed. A case abstract is prepared from the information gathered.

Day two of the review occurs in either Portland or Salem. This day includes debriefing the first day, identifying issues and recommendations, and reviewing systemic issues from previous reports. All materials are shredded save notes on the DVFRT's findings and recommendation

Domestic Violence Fatality Review Team

Members

<u>NAME</u>	<u>POSITION/JURISDICTION or AGENCY</u>
Sheryl Bachart	Circuit Court Judge; Lincoln County
Steve Bellshaw	Deputy Chief; Salem Police Department
Marie Cervantes	Director, Office of Adult Abuse Prevention and Investigations (DHS)
Lois Day	Director, Office of Child Welfare Programs (DHS)
Jayne Downing	Executive Director, Mid-Valley Women's Crisis Center
Linda Drach	Epidemiologist, OHA
Herman Frankel	Physician, Director, Portland Health Institute Center for Building Care Relationships
Erin Greenawald	(Co-Chair) Senior Assistant Attorney General, Oregon DOJ
Chris Huffine	Allies in Change/Batterers Intervention
Sybil Hebb	Director of Legislative Advocacy, Oregon Law Center
Erinn Kelley-Siel	(Co-Chair) Director, Department of Human Services
Kim Larson	Director, Victim Assistance Program, Marion County District Attorney's Office
Diane Lia	Mental Health Professional
Eric Mankowski	Portland State University professor
Julie McFarlane	Women's Health Program, Operations and Policy Analyst, OHA
Lisa Millet	Injury Prevention & Epidemiology, OHA
Gabby Santos	Oregon Coalition Against Domestic and Sexual Violence, Communities of Color Coalition
Nancy Seyler	Prosecutor, Warm Springs
Xun Shen	Epidemiologist, National Violent Death Reporting System, OHA
Anna Stiefvater	Public Health Nurse Consultant, OHA
Katy Stiller	Parole and Probation Officer, Yamhill County
Patricia Warford	Psychologist
Charlene Wesler	Domestic Violence survivor
Cate Wilcox	MCH manager, OHA