Intimate Partner Homicide in Utah
1994-1999

A Report from the Utah Intimate Partner Violence Death Review Team

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Cover photo: Courtesy of the Utah Travel Council

"Utah! Unique in all the World" photographer Frank Jensen

This one is called"Thor's Hammock." Bryce Canyon is known for its colorful rock formations.

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EXECUTIVE SUMMARY

BACKGROUND

This report summarizes the findings and work of the Intimate Partner Violence Death Review Team (IPVDRT). This team was established by the Utah Department of Health in 2000 as an Advisory Committee after the Department's Violence and Injury Prevention Program received a one-year grant from the STOP Violence Against Women Act (VAWA). The IPVDRT was a multi-disciplinary team that met twice per month for nine months to review all femicides, female homicides perpetrated by an intimate partner that occurred between 1994 and 1999.

DATA POINTS

The multi-disciplinary review focused on the period from 1994-1999. Overall, there were 131 female homicides during the study period. Of those, 64 (49%) were perpetrated by an intimate partner according to the IPVDRT's case definition. The 64 cases included one murder-for-hire female homicide commissioned by an intimate partner. In this case, the intimate partner was considered the only perpetrator for the purposes of this review and its findings.

The intimate partner was not the only victim in all of these crimes. The 64 cases that received an extensive review revealed four other victims of homicide. Those deaths are not included in the findings. One of those additional victims was a boyfriend and three were children of three separate victims.

The background of the victim's and perpetrator's lives varied. While some were young with short relationships, others were older with much longer relationships. Each of the victim's stories was unique. The women were from different social and ethnic groups, economic levels, and age groups. Although each was unique, there were often recurring elements. Information on those elements is contained in the Findings Section of this report.

The victims ranged in age from 15-79 with an average age of 34.5 years. The majority (75.0%) of victims were White, non-Hispanic females. Another 18.8% were Hispanic, 4.7% were Black, and 1.5% were Asian. Three of the victims were pregnant at the time of their deaths. Pregnancy was suspected in another victim but was unable to be determined due to the deterioration of the body. Two of the confirmed pregnancies were in the second trimester, while one was in the first trimester. The IPVDRT identified 104 adults and children as victims. Certainly there were more children who the team was unable to identify, as well as other secondary victims, such as parents and siblings. The victims represented sisters, daughters, aunts and grandmothers; this fact did not escape the consciousness of the IPVDRT. Many of the reviews were challenging. Too often members uttered the words "if only."

Intimate partner homicides account for 20% of all Utah homicides each year, approximately 10 female victims per year which comprises 40% of all female homicide victims. The IPVDRT's reviews focused on identifying challenges and proposing solutions. It is imperative to continue these reviews and provide information toward preventing additional deaths. The IPVDRT is seeking funding to continue this effort and expand the scope of the reviews at present.

If funding is received, then it is highly recommended to continue these reviews. In the future, the team should meet monthly, closer in time to the homicide under review. A more timely review would allow for more rapid identification of the factors contributing to each case. These factors would identify appropriate intervention and prevention measures for implementation.

IPVDRT'S TOP TEN RECOMMENDATIONS

- Continue and expand the review of intimate partner violence homicides to include all domestic violence homicides.
- Develop and implement a public educational campaign that addresses appropriate responses for known victims of domestic, intimate partner, or stalking violence.
- Increase training for healthcare personnel regarding domestic, intimate partner, and stalking violence.
- Require all judges and prosecutors to obtain mandatory continuing education credit in domestic, intimate partner, and stalking violence.
- Require domestic, intimate partner, and stalking violence education for all attorneys practicing family law.
- Increase domestic, intimate partner, and stalking violence education for the clergy, the elderly, and minority populations.
- Develop a metro task force for domestic, intimate partner, and stalking violence that includes law enforcement, Child Protective Services, prosecutors, and others as appropriate.
- Create a statewide data system which includes linked data from all law enforcement agencies, District Courts, Justice Courts, Juvenile Courts, the Division of Family and Child Services, and the Department of Corrections.
- Increase available funding for victim advocate programs in Utah.
- Increase treatment resources for children who witness intimate partner homicides.

GOALS

The goals of the IPVDRT included:

1) Identify and review all female homicides perpetrated by an intimate partner that occurred between 1994 and 1999.
2) Facilitate and improve communication among agencies that deal with victims and/or perpetrators of intimate partner violence.
3) Initiate a process of developing protocols and agreements to improve agency responses and/or interventions.
4) Cultivate discussion and action to establish an unified multi-agency approach to intimate partner violence.
5) Continue working toward a reduction in the rate of intimate partner violence deaths in Utah.

CASE DEFINITION

For this project, the IPVDRT case definition included the following criteria: the death of a female aged 15+, classified as a homicide by the Medical Examiner, and perpetrated by a male boyfriend, ex-boyfriend, husband, or ex-husband according to law enforcement or the Medical Examiner. The criteria for the IPVDRT case definition exceeded the criteria for the widely accepted domestic violence homicide case definition of: a homicide perpetrated by a spouse or someone living as a spouse of the other party; or related by blood or marriage to the other party; or shared one or more children in common with the other party; or biologically parented the other party's unborn child; or, resided in the same residence as the other party. The IPVDRT definition includes individuals who never resided together or shared a child in common; yet the Medical Examiner or law enforcement identified as a boyfriend, ex-boyfriend, husband, or ex-husband. It is narrower than the standard definition of a domestic violence homicide because it does not include familial, non-intimate relationship homicides.

PROCESS

The IPVDRT was established as an Advisory Committee of the Utah Department of Health, and appropriate agencies were invited to select participants for the reviews. A procedure for review, data forms, and confidentiality forms were developed; all participants of the IPVDRT signed a confidentiality form. The IPVDRT Project Coordinator reviewed all female homicides identified by the Medical Examiner or the Office of Vital Statistics according to the aforementioned case definition criteria. If the case met the case definition criteria, the Project Coordinator used Medical Examiner files and law enforcement consultations to establish the relationship between the victim and the perpetrator. Further, cases were grouped by law enforcement jurisdictions to facilitate the review process for six years of data. The review of each case was scheduled in accord with the law enforcement agency that was responsible for the investigation. Two weeks prior to each IPVDRT meeting, IPVDRT members were provided with information for the cases under review in the subsequent meeting. Each member of the IPVDRT brought appropriate case information from their agency or office; if necessary, IPVDRT members handled additional follow-up at a second meeting. The law enforcement officers who were responsible for the criminal investigations were invited to attend the meetings when their cases were scheduled to be reviewed. When they attended, they provided valuable information for the review process beyond the data form questionnaire and follow-up phone calls associated with every case.

INFORMATION GATHERING

IPVDRT members worked to gather as much information as possible on both the victim and perpetrator. Categories of records gathered included: law enforcement, protective orders, social services, shelter contact, legal, and medical. The level of information gathered on each individual may have varied in some cases. This occurred for several reasons. One reason is due to relocation of the individuals. Not every individual had been in the state of Utah for an extended period of time. Therefore, information from their previous state or county of residence may have been unavailable. Another reason is that individuals were identified (both perpetrators and victims) with one or more aliases which also added to the difficulty of gathering information. Additionally, medical record information requests were made to Utah hospitals which were within close geographic proximity to where the death occurred or where the individuals were known to have lived. These factors may have contributed to missed information. Another limitation in medical information was that some of the older records may no longer have been in existence and the information contained in them would not have been identified. In spite of these and other limitations, the team gathered information for review on each death. The findings of those reviews follow in this report.

FINDINGS

A total of 131 female homicides in Utah from 1994-1999 was identified. Sixty-four (49%) cases met the inclusion criteria for review by the IPVDRT. One of the cases included in the findings was a murder-for-hire commissioned by a current spouse. The spouse was considered the perpetrator although he was not responsible for the physical act of murder. The other 67 homicides were either perpetrated by an unknown individual or an individual who was not an intimate partner. Below are more detailed data for the reviewed intimate partner homicides.

Table I provides demographic characteristics of the victims. They ranged in age from 15-79, with 73% under 40 years of age. Most of the women were White, non-Hispanic (75%) followed by Hispanic, Black, and Asian. Hispanic victims represented 18.8% of the victims; while Hispanics represented 9% of Utah's population based on data from the 2000 Census. Three of the women were confirmed to be pregnant at the time of their death. Two were in their second trimester and one was in her first trimester.

Table II provides demographic characteristics of the perpetrators. They ranged in age from 17-79, with 67.2% under 40 years of age. Most of the men were White, non-Hispanic (67.2%) followed by Hispanic, Black, Asian, and Native American. Hispanic perpetrators were over-represented in the statistics. They represented only 9% of the general population, yet accounted for 20.3% of the perpetrators.

Table I. Age and Racial Distribution of the Victims (N=64)

Age		
Range 15-79	Average Age 34.5	
Under 20 Years	8	(12.5%)
20 - 29 Years	21	(32.8%)
30 - 39 Years	18	(28.1%)
40 - 49 Years	7	(10.9%)
50 - 59 Years	4	(6.3%)
60 & Older	6	(9.4%)
Race		
White	48	(75.0%)
Hispanic	12	(18.8%)
Black	3	(4.7%)
Asian	1	(1.5%)

Table II. Age and Racial Distribution of the Perpetrators (N=64)

Age		
Range 17-79	Average Age 37	
Under 20 Years	5	(7.8%)
20 - 29 Years	20	(31.3%)
30 - 39 Years	18	(28.1%)
40 - 49 Years	9	(14.1%)
50 - 59 Years	7	(10.9%)
60 & Older	5	(7.8%)
Race		
White	43	(67.2%)
Hispanic	13	(20.3%)
Black	4	(6.3%)
Asian	3	(4.7%)
Native American	1	(1.5%)

Table III. Victim's Education (N=64)

Table III provides the educational completion level of the victims. Most (78%) of the women were high school graduates or greater. Educational information was incomplete for the perpetrators.

Victim's Education	
Less than 12th Grade	14 (21.9%)
Graduated High School	28 (43.8%)
Greater than High School	17 (26.6%)
Unknown	5 (7.7%)

Table IV. Relationship and Living Arrangement (N=64)

The relationship between the perpetrator and the victim was most often husband (46.9%), although the victim and perpetrator often were estranged. Overall, half of the women were living with the perpetrators and half were living apart. In over half of the cases, there was an element of separation even if the women remained in the home prior to the homicide. In a few cases, the women had indicated to others they were going to leave the relationship very close to the time of the homicide. Those having an element of separation include those who had separated or those who had expressed to others and the perpetrator their intent to separate.

Relationship of Perpetrator to Victim	
Husband	30 (46.9%)
Ex-Husband	2 (3.1%)
Boyfriend	23 (35.9%)
Ex-Boyfriend	9 (14.1%)
Living Arrangement of Victim and Perpetrator	
Living Together	32 (50.0%)
Living Separately	31 (48.4%)
Unable to Determine	1 (1.6%)
Element of Separation	
Yes	34 (53.1%)
No	30 (46.9%)

Table V. Length of Relationship (N=64)

The length of the relationship between the victims and perpetrators varied from less than one year up to 45 years. Over half of the cases were categorized as relationships under five years in duration. One-fourth of the cases were categorized as relationships greater than ten years duration. The appropriate category for five cases could not be determined.

Length of Relationship	
Less than 1 Year	6 (9.4%)
1 - 5 Years	28 (43.7%)
6 - 10 Years	9 (14.1%)
Greater than 10 Years	16 (25.0%)
Unable to Determine	5 (7.8%)

Table VI. Length of Separation (n=34)

Over half of the victims, who had an element of separation from the perpetrator, had been separated for less than six months. A third of those were separated for less than one month. A category for seven of the victims was undetermined.

Length of Separation	
In Process of Separating	6 (17.6%)
Less than 1 Month	5 (14.7%)
1 - 5 Months	9 (26.5%)
6 - 12 Months	3 (8.8%)
Greater than 1 Year	4 (11.8%)
Unable to Determine	7 (20.6%)

Table VII. Prior Police Response for the Victim (N=64)

Law enforcement reported a prior response to the victims' residence in almost 40% of the cases. Information on the type of response was not gathered from all law enforcement agencies. Law enforcement representatives who attended the meetings frequently confirmed previous responses for domestic related calls in several cases. It is important to note that policy regarding mandatory arrests for domestic violence crimes was not implemented until July 1, 1995.

Prior Police Response	
Yes	25 (39.0%)
No	28 (43.8%)
Unknown	11 (17.2%)

Table VIII. Primary Homicide Method and Type of Firearm (N=64)

The majority (54.7%) of women were killed by firearms. Of those, the vast majority were killed with a handgun. Stabbing was the next most frequent method. In several cases, a combination of methods was used. For instance, women were often beaten in addition to being strangled or stabbed.

Primary Method	
Firearm	35 (54.7%)
Stabbing	12 (18.8%)
Strangulation	10 (15.6%)
Poison/Narcotics	3 (4.7%)
Bludgeon, Beat, or Push	2 (3.1%)
Drown	2 (3.1%)
Type of Firearm (n=35)	
Handgun	27 (77.1%)
Rifle	4 (11.4%)
Shotgun	3 (8.6%)
Other	1 (2.9%)

Table IX. Location of Homicide and Person Reporting (N=64)

Most frequently (43.8%), the victim was killed at a residence shared with the perpetrator. A third of the time the victim was killed at her separate residence. In two cases, the victim was killed at the perpetrator's separate residence.

A member of the victim's family reported the homicide to law enforcement over a quarter of the time. In three of the cases reported by a family member, a child of the victim reported the homicide. In two of the cases reported by a neighbor or stranger, a child of the victim informed the neighbor of the homicide and the neighbor reported it to law enforcement. Another quarter of the time, the perpetrator reported the homicide.

Location	
Victim & Perpetrator Residence	28 (43.8%)
Victim Residence	21 (32.8%)
Perpetrator Residence	2 (3.1%)
Car or Roadway	5 (7.8%)
Campground or Park	2 (3.1%)
Other	6 (9.4%)
Person Reporting Homicide to Law Enforcement	
Victim Family Member	18 (28.1%)
Perpetrator	16 (25.0%)
Neighbor or Stranger	16 (25.0%)
Friend or Acquaintance	7 (11.0%)
New Intimate Partner	2 (3.1%)
Perpetrator Family Member	5 (7.8%)

Table X. Children and Exposure (N=64)

Available data indicated that 44 of the victims had one or more child. Of those women, 28 (63.6%) had children in common with the perpetrator. Twenty (31.3%) of the homicides either were witnessed by children, or children were present at the location during the homicide. Stories about children witnessing the homicide distressed IPVDRT members. Further frustration resulted from the lack of information on the subsequent status of those children.

Victims With Children	
Yes	44 (68.8%)
No	20 (31.2%)
Exposure of Children	
Witnessed or Present	20 (31.3%)
Found Body	2 (3.1%)

Table XI. Presence of Local Family Member (N=64)

Of the 64 victims, 45 had an immediate or extended family member (other than the perpetrator) who lived in or near their community. Although the information was incomplete, the IPVDRT identified cases where a family member of the victim was told that the perpetrator was going to kill her. This delineates the importance of educating the public regarding signs of intimate partner violence, as well as appropriate responses. In the future the IPVDRT will collect more specific information in this data area.

Presence of Local Family Member	
Yes	45 (70.3%)
No	19 (29.7%)

Table XII. Victim's Employment (N=64)

Nineteen (30%) of the homicide victims were unemployed. Similarly, although the data was incomplete, cases were identified by the IPVDRT where a co-worker was told that the perpetrator was going to kill her. Therefore, the workplace would be an important setting to educate partners about intimate partner violence and appropriate responses.

Victim's Employment	
Yes	30 (46.9%)
No	19 (29.7%)
Unable to Determine	15 (23.4%)

Table XIII. Victim's Contacts with Healthcare Professionals (N=64)

As indicated, the hospitalization and emergency room statistics are under-represented due to limitations of data collection. The IPVDRT identified that 38 (59.4%) of victims visited an emergency room or hospital for treatment within a year of their death. More than two-thirds of the victims, 44 (68.8%), had children. This could suggest contact with an OB/GYN or pediatrician beyond other hospital-based physicians. Therefore, the tertiary healthcare setting would be an important setting to educate abused partners about intimate partner violence and appropriate responses. Currently, training for healthcare professionals exists through a partnership among the Utah Department of Health, the Utah Domestic Violence Advisory Council Health Care Committee, and the Office of the Attorney General.

Victim's Contact with Healthcare Professionals	
Hospitalization	16 (25.0%)
Emergency Room Visit	22 (34.4%)
Women with Children	44 (68.8%)
Victim contact with a hospital-based physician for symptoms which would warrant screening for domestic or intimate partner violence	12 (18.8%)

Table XIV. Protective Orders and Domestic Violence Services (N=64)

Nine victims had a protective order against the perpetrator at the time of their homicide. Five (55.6%) victims had reported at least one violation of that protective order. Additionally, three perpetrators had protective orders filed by other women in addition to their victim's protective order.

In addition to the nine women who had obtained a protective order, another three had contact with another type of domestic violence service. Usually, the time between obtaining a protective order and the homicide was very short, a few days in some cases.

Protective Orders	
Perpetrator had a protective order against him with a woman other than the homicide victim	3 (4.7%)
Victim had a protective order against the perpetrator at the time of the homicide	9 (14.1%)
Victims who reported protective order violations prior to their homicide	5 (55.6%)
Domestic Violence Services	
Victims who received some contact with domestic violence services (including protective orders, shelter, victim advocates)	12 (18.8%)

Table XV. Prior Contact with DCFS (N=64)

Sixteen (25%) of the homicide perpetrators had prior contact with the Division of Child and Family Services (DCFS) as alleged perpetrators of child abuse or neglect. Four (6.3%) of the homicide perpetrators had prior contact with DCFS as a victim of child abuse or neglect. Overall, 19 (29.7%) perpetrators had prior contact with DCFS.

Eight (12.5%) of the homicide victims had prior contact with DCFS for alleged child abuse or neglect. Ten (15.6%) of the homicide victims had prior contact with DCFS as a victim of child abuse or neglect. Overall, 17 (26.6%) victims had prior contact with DCFS.

Prior Contact with DCFS for Alleged Child Abuse or Neglect

Total Number of Perpetrators with prior DCFS contact:	19 (29.7%)
Number of perpetrators as:	
perpetrator	16 (25.0%)
victim	4 (6.3%)
perpetrator and victim	1 (1.6%)
Total Number of Victims with prior DCFS contact:	17 (27.0%)
Number of victims as:	
perpetrator	8 (12.5%)
victim	10 (15.6%)
perpetrator and victim	1 (1.6%)

Table XVI. Substance Use at the Time of Homicide (N=64)

Substance use data at the time of the homicide was gathered inconsistently for perpetrators. Of the 64 perpetrators, 30 (46.9%) were positive for either alcohol or drugs at the time of the homicide. Substance usage was suspected among three additional perpetrators (4.7%). Less than one-third of the victims were positive for alcohol or drugs at the time of death.

Substance Use at the Time of Homicide

Perpetrators	
Yes	30 (46.9%)
No	11 (17.2%)
Suspected	3 (4.7%)
Unable to Determine	20 (31.2%)
Victims	
Yes	20 (31.3%)
No	42 (65.6%)
Unable to Determine	2 (3.1%)

Table XVII. History of Substance Abuse (N=64)

There appears to be a difference between victims, 13 (20.3%), and perpetrators 38 (59.4%) with regard to a history of substance abuse. Indication of a substance abuse history was obtained from law enforcement, DCFS, or medical records. In 34 (26.6%) cases substance abuse history was not available from the data sources.

History of Substance Abuse	
Perpetrators	
Yes	38 (59.4%)
No	14 (21.8%)
Unable to Determine	12 (18.8%)
Victims	
Yes	13 (20.3%)
No	29 (45.3%)
Unable to Determine	22 (34.9%)

Table XVIII. Perpetrator's Police Records (N=64)

Forty-eight (75%) of the perpetrators had a prior police record. The offenses ranged from drug or alcohol offenses to aggravated assault. Of those offenses, 33 (68.8%) perpetrators had a record that included one or more violent offense. Of the perpetrators with a prior record, 13 (27.1%) had a domestic violence offense. The sentences inconsistently ranged from counseling to probation.

Prior Police Record	
Any Offense	48 (75.0%)
Violent Offenses (n=48)	
Any Violent Offense	33 (68.8%)
Domestic Violence Offense	13 (27.1%)

The IPVDRT discussed perpetrator's known juvenile records; however, the IPVDRT did not review complete data. Among perpetrators with juvenile records, several had extensive, even violent, juvenile records. In future reviews, more complete information will be gathered.

Table XIX. Perpetrators Under Supervision of Adult Probation and Parole (N=64)

Of the 64 perpetrators, five (7.8%) were under the supervision of an Adult Probation or Parole Officer at the time of the homicide.

There was one victim under supervision at the time of the homicide.

Perpetrators Under Supervision of Adult Probation and Parole	
Yes	5 (7.8%)
No	59 (92.2%)

Table XX. Perpetrator's Employment (N=64)

Twenty-two (34.4%) of the perpetrators were unemployed at the time of the homicide.

Perpetrator's Employment	
Yes	33 (51.6%)
No	22 (34.4%)
Unable to Determine	9 (14.0%)

Table XXI. Perpetrator's Prior Suicide Attempts or Threats (N=64)

The team identified seven (11.1%) perpetrators who previously threatened or attempted suicide. The other 57 (88.9%) were categorized as unknown. This information is incomplete due to the aforementioned data limitations of healthcare records. In future reviews, key informant interviews (family, friends, employers, etc.) will be utilized in order to gather more complete information.

Perpetrator's Prior Suicide Attempts or Threats	
Yes	7 (11.1%)
Unknown	57 (88.9%)

Table XXII. Perpetrator's Suicide

After the Homicide (N=64)

At the time of the homicide, or within days of the homicide, 25 (37.5%) of the perpetrators completed suicide. Another attempted suicide, but did not succeed. It should be noted that one of the suicides was categorized as a "blue suicide." This category includes perpetrators who were shot by police after raising a weapon. Officially, blue suicides are recorded as homicides.

Perpetrator's Suicide after the Homicide	
Yes	24 (37.5%)
Blue Suicide	1 (1.6%)
Attempted	1 (1.6%)
No	38 (59.3%)

Table XXIII. Perpetrator's Sentences (n=39)

The perpetrator's sentences varied. Four perpetrators were convicted of capitol felonies and received life in prison. One of those convicted of capitol felony was sentenced in Texas. This perpetrator killed his intimate partner in Utah, fled to Texas, and killed her child in Texas. Consequently, he was not tried for the Utah homicide. Another perpetrator was charged federally and was sentenced to 20 years in federal prison. Seventeen (43.6%) were convicted of first degree felonies and received sentences of five years to life. Ten (25.6%) were convicted of second degree felonies and received sentences of 1-15 years in prison. One perpetrator was convicted of negligent homicide and his sentence was completed by the time of the review (Class A Misdemeanor). Another perpetrator was charged as a juvenile. Five (12.8%) cases remain open or pending.

Perpetrator's Sentences		
Capitol Felony, death penalty, life without parole, or life with parole	4	(10.2%)
Federal Sentence (20 yrs.)	1	(2.6%)
First Degree Felony, 5 years to life in prison	17	(43.6%)
Second Degree Felony, 1-15 years in prison	10	(25.6%)
Class A Misdemeanor, up to 1 year in prison	1	(2.6%)
Juvenile Sentence	1	(2.6%)
Open/Pending cases	5	(12.8%)

Recommendations

Beyond reviewing the intimate partner homicides, it is equally important to provide recommendations for improvement. The recommendations are divided into three categories: 1) Education and Outreach, 2) Public System Responses and, 3) Resources. The IPVDRT invites individuals, organizations, and agencies to use these recommendations to design and implement appropriate interventions. The IPVDRT prioritized their top ten recommendations among the categories in the Executive Summary. The IPVDRT believes that all of these recommendations would provide a great benefit for all of the women in our communities.

Education and Outreach

- Increase domestic, intimate partner, and stalking violence education and outreach among minority populations.
- Increase domestic, intimate partner, and stalking violence education and outreach among clergy.
- Increase domestic, intimate partner, and stalking violence education and outreach for the elderly population.
- Increase training for healthcare personnel in all aspects of interpersonal violence.
- Increase outreach and education for the homeless and runaway populations.
- Increase education among law enforcement, especially to address parolees involved in a domestic and intimate partner violence situations.
- Increase education of law enforcement to access services for children in domestic and intimate partner violence situations.
- Increase education and outreach among school teachers and counselors.
- Require domestic, intimate partner, and stalking violence education for cosmetologists prior to licensing.
- Require education for police dispatchers regarding domestic, intimate partner, and stalking violence.
- Require education for law enforcement officers who respond to calls that may be related to domestic, intimate partner, and stalking violence.
- Integrate stalking violence education into domestic and intimate partner violence education.
- Develop and implement curriculua regarding domestic, intimate partner, and stalking violence at the elementary school level.
- Develop and implement a public education campaign that focuses on helping victims of domestic, intimate partner, and stalking violence.
- Develop a curriculum that delineates the difference between anger management treatment and domestic violence treatment.
- Develop and place domestic, intimate partner, and stalking violence educational materials in safe and inconspicuous locations for women, who may be involved in domestic, intimate partner, and stalking violence (i.e. women's restrooms).
- Develop and place preventive educational materials in locations where males at high risk for becoming perpetrators congregate (i.e. bar restrooms).

~ Provide education regarding domestic, intimate partner, and stalking violence for participants in drug treatment programs.
~ Provide education and outreach regarding domestic, intimate partner, and stalking violence at cultural events.
~ Provide domestic, intimate partner, and stalking violence education to agencies that sponsor individuals entering the United States and provide education to those immigrating individuals on Utah laws regarding domestic/intimate partner violence and stalking.
~ Provide domestic, intimate partner, and stalking violence outreach to mothers in hospitals.
~ Renew outreach to workplaces and provide materials to be placed in restrooms, breakrooms, and other appropriate places.
~ Educate Veteran's Administration on need for domestic violence certification for staff.

Public System Responses

~ Require all judges and prosecutors to obtain mandatory continuing education credit in domestic, intimate partner, and stalking violence.
~ Require domestic, intimate partner, and stalking violence for all attorneys practicing any type of family law.
~ Create a statewide data system which includes data from all law enforcement agencies, District Courts, Justice Courts, Juvenile Courts, Division of Family and Child Services, Department of Corrections, Protective Orders, etc.
~ Develop a metro task force for domestic and intimate partner violence that includes Child Protective Services, law enforcement, prosecution counsel, and others as appropriate.
~ Develop a statewide registry of individuals convicted of homicide.
~ Develop an interdisciplinary task force for children involved with the Juvenile Court and the Division of Child and Family Services.
~ Develop an informational video for petitioners to view when they file for a protective order.
~ Develop a protocol for reporting a perpetrator's entire legal history for judges to review prior to sentencing in domestic, intimate partner, and stalking violence cases.
~ Create domestic violence courts as appropriate.
~ Establish community property laws in Utah so that women in abusive relationships could leave without suffering extreme financial hardship.
~ Involve victim advocates when threats are made by an intimate partner.
~ Involve victim advocates in responding to suicides and suicide attempts.
~ Require all governmental agencies to have an in-house policy on how to respond to victims and perpetrators of domestic/intimate partner violence.
~ Government agencies should be required to develop policy for appropriate responses for victims and perpetrators regarding domestic, intimate partner, and stalking violence and should be required to make them available in all professional government settings.
~ Require that all warrants be attached to the individual's drivers license in Department of Motor Vehicles databases.
~ Require a victim to consult with a Victim Advocate prior to removing an existing protective order;
~ Require a Bureau of Criminal Identification (BCI) check for domestic violence licensing for all domestic violence treatment programs, in order to eliminate treatment providers who are

felons, domestic violence perpetrators, or responsible for any other crime of moral turpitude.
- Provide education for court personnel regarding proper procedures for attaching warrants to a drivers license.
- Provide transition monitoring for juveniles leaving the Juvenile Court System.
- Provide a suicide watch for individuals incarcerated for domestic or intimate partner violence homicides.
- Increase outreach for male victims of domestic, intimate partner, and stalking violence.
- Educate judges to review entire histories prior to sentencing felons of domestic, intimate partner, and stalking violence.
- Adopt the Pre-Sentence Investigation process for juvenile court proceedings in order to provide judges with more complete information.
- Include safety plan information in the Emergency Packet for individuals who file for a Protective Order.
- Work with private businesses to establish a policy that details appropriate responses for victims and perpetrators of domestic, intimate partner, and stalking violence.

Resources

- Continue and expand the review of intimate partner violence homicides to include all domestic violence homicides.
- Increase available funding for victim advocate programs in Utah.
- Increase treatment resources for children who witness intimate partner homicides.
- Improve and publicize the risk assessments used by law enforcement and victim advocates.
- Improve mental health services for individuals who attempt suicide.
- Include a stalking component in domestic and intimate partner violence treatment.
- Include a stalking as a form of violence for domestic and intimate partner violence trainings.
- Develop an interpersonal violence information card that law enforcement could distribute to any woman with gang affiliations.
- Increase training and assistance in grant writing for local victim advocate programs.
- Perform research on the effects of children who witness domestic or intimate partner violence.
- Ensure that culturally sensitive domestic, intimate partner, and stalking violence materials are available for minority populations.
- Provide funding for 24-hour and 7 day a week coverage of the LINK line, the information and referral service line for domestic and intimate partner violence.

CONCLUSION

Unfortunately, intimate partner violence happens too frequently in Utah's communities. Friends, co-workers, and family members could be victims of domestic, intimate partner or stalking violence. To successfully impact this epidemic, individual and community involvement is essential.

In Utah, ten women die from intimate partner violence each year. These tragedies must be addressed by all public systems including: public health, law enforcement, the justice system, social services, and victim advocates.

The IPVDRT generated valuable information and recommendations for prevention efforts and systems improvement. It is important that these recommendations be implemented in order to reduce the incidence of domestic, intimate partner and stalking violent crimes.

Appendix A

IPVDRT Confidentiality Form

Agency Representative Agreement to Confidentiality
Name and title:_____
designated representative to the Utah Intimate Partner Violence Death Review Team
Organization:_____

The Utah Intimate Partner Violence Death Review Team (IPVDRT) has the goals of:

, Reviewing cases of intimate partner violence mortality to identify and develop recommendations to correct any system problems,

, Facilitating and improving communication among agencies that deal with intimate partner violence, and allowing for the development of protocols and agreements to improve agency interventions,

, Cultivating discussion and action to establish a unified multi-agency approach to intimate partner violence mortality, and

, Facilitating a reduction in the rate of intimate partner violence deaths in Utah.

These goals are to be accomplished through the formal review of selected fatalities in which domestic violence is considered a significant factor.

The effectiveness of the Utah IPVDRT's work is conditioned upon the confidentiality of the review process and any of the information shared within it. All information and records are confidential.

I, the undersigned, as a representative of _____ and as an individual, agree to maintain the confidentiality of information obtained through the review process.

I acknowledge that the following statutes apply to records reviewed by the IPVDRT:

Ë Government Records Access Management Act 63-2-801. I understand that the intentional disclosure or providing a copy of a private, controlled, or protected record to any person knowing that such disclosure is prohibited, is punishable as a class B misdemeanor.

Ë U.C. 26-4, 26-3, and 26-2 regarding Medical Examiner records, Department of Health records, and Vital Records respectively. I understand that the intentional disclosure or providing a copy of a private, controlled, or protected record to any person knowing that such disclosure is prohibited, is punishable as a class B misdemeanor for the first offense, and a class A misdemeanor for the second offense within one year.

Therefore,

3) I will not take any case identifying material from a meeting, unless that material originated in the agency I represent, and I will return all other material shared after discussion of the record.

Ë I will not make copies or otherwise document or record material made available in these reviews, other than to note assignments given to me by the IPVDRT.

Ë I will not release confidential information about individual cases outside of committee meetings, and instead will discuss the finding of the IPVDRT in terms of trends and aggregate findings.

Ë I agree to refrain from representing the views of the IPVDRT to the media, unless I receive prior approval from the Department of Health.

Ë In the event that I am contacted by an outside party for information about a given case that is being reviewed or has been reviewed by the team, I will decline to offer case-specific information.

I understand the above and agree to maintain the confidentiality of certificates, records, and other data.

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Witness	Printed Name	Date

Appendix B

IPVDRT Data Collection Form

IPVDRT ID#:____-_____Collected by:_____ Date:_____

STUDY

What was the alleged perpetrator's relationship to the victim? *(check one)*
9 husband 9 ex-husband 9 boyfriend/partner 9 ex-boyfriend/partner 9 friend/date

Were the parties estranged? 9 yes 9 no 9 unknown

Cohabitation with perpetrator: 9 yes 9 no 9 unknown

VICTIM DEMOGRAPHICS

Victim's age *(in years)*: _____ Date of Birth:_____

Victim's marital status: 9 Married 9 Separated 9 Divorced 9 Single/Never married 9 Unknown

Length of relationship:_____ If separated, length of separation:_____

Victim's highest grade level achieved: _____ Was victim employed? 9 yes 9 no 9 unknown

Victim's race *(check one)*: 9 Caucasian 9 Native American 9 Black or African American
9 Asian/Native Hawaiian/Other Pacific Islander 9 Hispanic 9 Mixed
If Native American, indicate tribal affiliation: _____

Date & time of death or found *(mm/dd/yyyy & 24hrs.)*: _____ 9 unknown

Location of crime or where body was found *(check all that apply)*:
9 victim's residence 9 street/sidewalk 9 workplace 9 bar/club
9 perpetrator's residence 9 municipal park/playground 9 parking lot 9 schoolyard
9 motel/hotel 9 store/restaurant 9 highway/road 9 car
9 campground/recreation park 9 other *(specify)* _____

Was victim moved after death? 9 yes 9 no 9 unknown _____

Was a sexual assault analysis performed? *(check one)* 9 yes 9 no 9 unknown
If yes: 9 negative 9 positive 9 unknown

Was victim pregnant at time of death? *(check one)* 9 yes 9 no 9 unknown
If yes, trimester: 9 1 9 2 9 3

Were there alcohol or drugs in the victim's system? 9 yes 9 no 9 unknown
If yes, specify: _____

Was there evidence of previous injury? 9 yes 9 no 9 unknown
If yes, nature of injuries and estimation of when they occurred:_____
_____

IPVDRT ID#:____-_____

HOMICIDE METHODS/WEAPONS

What method(s) was/were used? *(check all that apply)*

9 gunshot 9 stabbing 9 bludgeoning 9 beating 9 strangling/suffocating 9 burning
9 smoke inhalation 9 poisoning 9 pushed/jumped from height 9 drowning 9 unknown
9 other _____

What weapon(s) was/were used? *(check all that apply)*
9 knife/other cutting instrument:_____ 9 blunt instrument:_____ 9 firearm
9 hands/feet 9 arson 9 motor vehicle 9 ligature 9 gag 9 unknown 9 other _____

If firearm was used:
Type *(check one)*: 9 shotgun 9 rifle 9 handgun 9 other_____
Bullet caliber *(check one & specify)*: 9 small _____ 9 medium _____ 9 large _____ 9 unknown
Range *(check one)*: 9 close (contact with body/soot present) 9 unknown
9 intermediate (stippling) 9 other _____
9 distant (2-3 ft. or greater/absence of soot)
Weapon legally acquired/owned? 9 yes 9 no 9 unknown
Owner: 9 perpetrator 9 victim 9 other 9 unknown Specify:_____

POLICE INFORMATION

Agency(ies): _____

Did the victim have a prior police record? 9 yes 9 no 9 unknown
If yes, nature:_____
_____

Were there prior police responses to the victim's residence? 9 yes 9 no 9 unknown
If yes, how many:_____
If yes, type(s) of call(s): 9 domestic disturbance 9 suspicious circumstance 9unknown
9 other Specify:_____

Did alleged perpetrator have a prior police record? 9 yes 9 no 9 unknown
If yes, involving violence? 9 yes 9 no 9 unknown
If yes, involving prosecution? 9 yes 9 no 9 unknown
If yes, involving incarceration? 9 yes 9 no 9 unknown
If yes, involving reduced charges? 9 yes 9 no 9 unknown
If yes, involving stalking? 9 yes 9 no 9 unknown
Specify: _____
_____
_____
_____

IPVDRT ID#:____-_____

Were there prior police responses to the perpetrator's residence? 9 yes 9 no 9 unknown
If yes, how many:_____
If yes, type(s) of call(s): 9 domestic disturbance 9 suspicious circumstance 9unknown
9 other Specify:_____

Who reported death: 9 stranger

9 intimate partner - Relationship:_____
9 family member - Relationship:_____
9 other:_____
9 unknown

Did child(ren) *(check all that apply)*: 9 find body 9 witness murder/present at time of murder
9 unknown 9 no children involved

With whom did the victim live? *(Include foster/adopted/step/half, check all that apply)*
9 husband 9 intimate partner 9 roommate/friend 9 child(ren) <18 9 child(ren) >18
9 parent(s) 9 alone 9 unknown
9 other family member_____
9 other *(specify)* _____

If the victim lived with children <18, how many: _____

If children <18, is the perpetrator the father? 9 yes 9 no 9 unknown
If yes, how many:_____

If others died with victim, indicate relationship *(exclude perpetrator suicide)*:
9 N/A 9 intimate partner 9 child/grandchild 9 parent/grandparent
9 non-family member: _____ 9 other family member:_____
9 other:_____

What were the circumstances surrounding death not indicated above: _____
_____
_____

LEGAL INFORMATION

Victim Restraining Orders
With perpetrator: 9 yes 9 no 9 unknown
Was victim: 9 petitioner 9 respondent
If yes: How many: _____ How recent:_____

With others: 9 yes 9 no 9 unknown
Was victim: 9 petitioner 9 respondent
If yes: How many: _____ How recent:_____
Comments:_____
_____

IPVDRT ID#:____-_____

Were there violations of Orders: 9 yes 9 no 9 unknown
If yes: How many: _____
By whom: 9 perpetrator 9 victim
What was the result of any violation:_____
_____

Was there a divorce/custody proceeding pending or recently completed? 9 yes 9 no 9 unknown
If yes, what and if completed when:_____

Perpetrator Restraining Orders (with others besides victim)
With others: 9 yes 9 no 9 unknown
Was perpetrator: 9 petitioner 9 respondent
If yes: How many: _____ How recent:_____
Comments:_____
_____

Were there violations of Orders: 9 yes 9 no 9 unknown
If yes: How many: _____
By whom: 9 perpetrator 9 other party
What was the result of any violation:_____
_____

What was the motive for homicide? *(check all that apply)*
9 dispute/argument 9 anger 9 rejection 9 separation 9 homicide/suicide 9 gang
9 drug related 9 robbery 9 burglary 9 alcohol 9 sexual assault 9 unknown
9 other _____

MEDICAL AND OTHER SOCIAL SERVICES RECEIVED BY VICTIM

Did victim have a doctor? 9 yes 9 no 9 unknown

Did victim have insurance coverage? 9 yes 9 no 9 unknown

Did victim have any prior hospitalizations or Emergency Department visits? 9 yes 9 no 9unknown
If yes, summarize:
_____
_____
_____
_____

Chronic medical conditions? 9 yes 9 no 9 unknown If yes, type _____

On any medications? 9 yes 9 no 9 unknown If yes, what _____

Any mental health history? 9 yes 9 no 9 unknown If yes, what_____

IPVDRT ID#:____-_____

Any alcohol or drug abuse history? 9 yes 9 no 9 unknown
If yes, what_____

D.V. shelter used? 9 yes 9 no 9 unknown
If yes, how many times _____ During what time frame _____
Comments: _____
_____

Any D.V. services (other than shelter) known to be accessed by the victim? 9 yes 9 no 9 unknown
Specify_____
_____

ALLEGED PERPETRATOR INFORMATION

Alleged perpetrator's age *(in years)*: _____ Date of Birth:_____

Alleged perpetrator's race: 9 Caucasian 9 Native American 9 Black or African American
9 Native Hawaiian or Other Pacific Islander 9 Hispanic
If Native American, indicate tribal affiliation:_____

Alleged perpetrator's highest grade level achieved: _____

Was alleged perpetrator employed at the time of the homicide? 9 yes 9 no 9 unknown
If yes, occupation:_____

Were alcohol or drugs found in the perpetrator's system? 9 yes 9 no 9 unknown
If yes, what _____

Any history of batterer's treatment? 9 yes 9 no 9 unknown If yes, what_____

Any history of anger management treatment? 9 yes 9 no 9 unknown
If yes, what _____

Did alleged perpetrator have a history of drug or alcohol abuse? 9 yes 9 no 9 unknown
If yes, what _____

Chronic medical conditions? 9 yes 9 no 9 unknown If yes, type_____

On any medications? 9 yes 9 no 9 unknown If yes, what_____

Any mental health history? 9 yes 9 no 9 unknown If yes, what_____

If alleged perpetrator is dead, why? 9 suicide 9 killed by other 9 killed by police 9 other 9 N/A