

Honoring their  
**Lives,**

Learning from their  
**Deaths:**

*Findings and  
Recommendations from  
The Washington State  
Domestic Violence Fatality Review  
December 2000*

Margaret Hobart FOR THE  
**Washington State Coalition Against Domestic Violence**

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**Dedicated to the  
battered women,  
their children, friends,  
and family members  
who have lost their lives  
to domestic violence  
and  
to the battered women  
who struggle to  
stay alive every day.**

## In This Report

### Executive Summary

A summary of the highest priority recommendations.

### Overview

An overview of the problem of domestic violence homicide, which describes the Washington State Domestic Violence Fatality Review, and discusses the data which underlie the findings and recommendations.

### Findings and Recommendations

The findings and recommendations are primarily based on the 30 in-depth domestic violence fatality reviews conducted in the past three years in eight Washington counties. Here you will find subsections separated by both issue area and discipline. Some issue areas (the frequency of homicide-suicide, the role of poverty, issues of access and bias, the treatment marginalized women received, guns) were so important they merited focused discussion. Following these sections are several discipline-focused sections: health care and the criminal justice system. These sections focus in on particular aspects of the community intervention in domestic violence.

*A note about language used in this report.* With one exception, all the individuals who committed homicides in the cases reviewed by the fatality review panels were male. This reflected the fact that most domestic violence homicides are committed by males against their female intimate partners.<sup>1</sup> Also with one exception, all the domestic violence victims in the cases reviewed were female. One case involved a gay man killing his male partner. Thus, we will generally refer to murderers and abusers with male pronouns, and victims with female pronouns.

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While the woman who spoke these words was referring to the “disappeared” in Argentina, her words ring universally true. We say the names of those who were killed in order to draw attention to the institutional and systemic problems which allowed their deaths. This report names and tells the stories of battered woman, their children and family members who died as a result of domestic violence. The Domestic Violence Fatality Review honors their lives by ensuring that they are not forgotten and by ensuring we have learned from their deaths.

Throughout this report, you will find the names of the victims of domestic violence homicides. Each name represents a complex story of suffering and abuse, attempts to get help, interactions with friends and family, and contacts with various institutions and organizations. We tell these stories and make recommendations so that a different story may be told in the future. By identifying the factors that allowed their death, we hope that each year will bring fewer and fewer deaths to be remembered.

Below are brief stories about just four of the domestic violence fatalities which have occurred in Washington State since 1997. What cannot easily be conveyed here or in the rest of the report is the pain and fear domestic violence victims suffered prior to these deaths, or the mourning and loss their families and communities felt after the murders. This report is based on over 100 stories like these four. Each is unique in its details, but all share the common element of intimate partner violence.

**Sarah** became involved with Robert when she was about 19, and they had a son a year later. After three years, she decided to leave the relationship. Over time, she filed two Protection Orders against Robert, and sought support from the local domestic violence program. One day, while she spoke with domestic violence advocates at a community center, Robert arrived there, looking for her. While Sarah hid, terrified, the police were called. They discovered that Robert had a gun in his car. Sarah later told a judge that her “life was in danger” and she was “certain that Robert intended to kill me and anyone else who stood in his way that afternoon.” Robert violated Sarah’s Protection Order several times, and was arrested on several occasions, but never spent significant time in jail. Sara had moved in with her twin sister, Charity, and started court proceedings to clarify custody and visitation. Sarah and Charity were busy pursuing school and work and caring for Sarah’s son. On the day of Sarah’s murder, she and Robert had a court date to resolve visitation issues. Early that morning, Robert broke into Sarah and Charity’s home, and shot each of them multiple times. He then left his two-year-old son unsupervised in the house. A neighbor later found the child wandering around outside. Robert disappeared. Three months later, a hiker found his body. He had committed suicide.

*“Where there are  
no names, there are  
no deaths,  
in every country of  
the world.”*

LAURA BONAPARTE,  
ONE OF THE  
MOTHERS OF THE PLAZA  
DEL MAYO OF ARGENTINA,  
SPEAKING AT THE  
COUCHICHIING INSTITUTE  
ON PUBLIC AFFAIRS  
IN OTTAWA, CANADA,  
SEPTEMBER 1995.

Matthew had dated **Kristine** for about a year before she broke up with him. She had been dating Rodney for about a month, during which time Matthew had threatened Kristine with death at least three times because of her new relationship. The morning of the murder, Kristine had obtained a temporary Protection Order against Matthew. Rodney and Kristine were staying with friends and hiding from Matthew. Matthew discovered their location, and, along with an accomplice, forced his way into the house. His accomplice jumped on Rodney and held him down while Matthew shot him in the back at close range, killing him. Matthew then turned the gun on Kristine and pulled the trigger, but the gun did not fire. He and his friend then ran away. Matthew was convicted of first-degree murder and sentenced to 41 years in prison. He is currently appealing his case.

**Gertrudes** was a well-liked nursing supervisor at Harborview Medical Center. After enduring an abusive marriage for 27 years, she filed for a divorce and protection order. Her son also filed for a protection order against his father, Victor, citing threats, his possession of a weapon and prior suicide attempts. Victor violated both his son's and Gertrudes' protection orders, and appeared in court on one of the violations just days before killing Gertrudes. On the day he killed her, Victor attacked Gertrudes in the driveway of his home. Witnesses saw him pull her from her car, yelling "Why couldn't you love me?" before shooting her. He then cried out, "My wife! What have I done" and "I'm sorry" and finally, "I want to be with you!" before shooting himself in the chest in an unsuccessful suicide attempt. After her death, friends and family talked about the years of abuse Gertrudes and her children had suffered, and how Victor was obsessed with and stalked Gertrudes. At the sentencing hearing, his 18-year-old son asked that Victor never be let out of jail. Victor pleaded guilty to first-degree murder in order to avoid a possible death sentence, and was sentenced to 31½ years.

Richard had a history of abusive behavior. He had previously been jailed for threatening to kill a girlfriend's family when she broke up with him. The day before the murders, Richard's wife, Londa, had told him she wanted a separation and Richard made an unsuccessful suicide attempt with pills. He had also threatened to make her life a "living hell" if she took the kids away from him. The next day, his wife called the police early in the morning, saying Richard was acting suicidal and brandishing a rifle. He had probably already killed the two youngest children, **Meghan and Zach**, at that point, and possibly intended to kill the rest of his family. Londa escaped through a window along with her two older children from a previous marriage. Police arrived to find Richard armed and standing on his porch. Eventually an officer tackled him. Soon after, the bodies of the children were discovered. After the murder, neighbors commented on how devoted Richard was to his children. Richard pleaded guilty to two counts of first-degree aggravated murder in order to avoid the possibility of the death penalty. He was sentenced to life in prison without the possibility of parole.

## EXECUTIVE SUMMARY

01/05/1997:

**Joylee Middleworth, age 29,  
administered fatal overdose  
of drugs by husband**

Since 1976, at least 31,260 women were killed by their current or former intimate partners in the United States. Between 30 and 50% of all female homicide victims are killed by their current or former male intimate partners, compared to less than 4% of male homicide victims killed by an intimate partner.<sup>2</sup> In Washington, the number of female victims of intimate partner homicide have remained fairly steady through the 1990s, with an average of 25 women killed per year between 1990 and 1999. Consistent with national trends, about 30% of female homicide victims in Washington State are killed by their intimate partners. However, it is not just intimate partners that are at risk when domestic violence abusers become homicidal. Between January 1997 and August 2000, 91 women were killed by their current or former male intimate partners. An additional 35 people were killed in domestic violence-related fatalities. These included the children, friends, and family of the abused women. Two law enforcement officers were killed by abusers as they intervened in domestic violence.

The Washington State Domestic Violence Fatality Review (DVFR) came about because battered women's advocates were concerned that after 25 years of reforms aimed at improving community response to domestic violence, the death toll arising from this social problem has held relatively steady. The Washington State Domestic Violence Fatality Review's primary goals are to: promote cooperation, communication and collaboration among agencies investigating and intervening in domestic violence; identify patterns in domestic violence-related fatalities; and formulate recommendations regarding the investigation, intervention, and prevention of domestic violence.

The DVFR seeks to accomplish these goals by bringing together key actors in local social service, advocacy, and justice systems for detailed examination of fatalities. Focusing on public records, fatality review panels analyze community resources and responses to prior violence, and generate information relevant to policy debates about domestic violence.

Domestic violence fatality review panels have conducted 30 in-depth reviews of domestic violence fatalities as of December 2000. The Fatality Review has tracked 130 domestic violence-related fatalities from all over the state between January 1997 and August 2000. This report contains findings and recommendations from the 30 in-depth fatality reviews as well as analysis of the data from the 130 cases.

A summary of the most important recommendations follows. Please be aware that the report contains many more recommendations addressing specific gaps and problems identified by the panels.

<sup>2</sup> US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends or Girlfriends*, by Lawrence A. Greenfield et al., NCJ-167237 (Washington, D.C.: U.S. Department of Justice, March 1998).



02/02/1997:

Richard Beckstead, age 31,  
shot by his new girlfriend's  
estranged husband

### Key Themes

Several themes should be noted which influenced almost all of the findings and recommendations.

- 1) We do not know if a model coordinated response to domestic violence could have saved the battered women, or their children, friends, and family from being murdered. We *do* know that none of the victims experienced a model response to domestic violence.
- 2) When battered women and their violent partners *did* come into contact with social service, civil and criminal justice systems, it seemed that attention to victim safety was minimal, inconsistent, or nonexistent.
- 3) Women of color, women who are limited English-speaking, and women who did not conform to idealized notions of "the innocent victim" were less likely to be the recipients of "best practices" as a result of conscious or unintentional biases on the part of the law enforcement officers, medical professionals, and social service providers they encountered.
- 4) Everyone who makes contact with a battered women should remember that domestic violence is potentially lethal, that they may be the one opportunity the battered woman has to get accurate information and support, and act accordingly.

### Public Awareness and Prevention

- 1) Schools should implement violence prevention programs which address domestic violence at every grade level.
- 2) Community education must go beyond the message that domestic violence is bad and actually teach community members how to identify abuse, how to talk to victims, and how to report and stay safe.
- 3) Community education should build a community ethic in which each person feels domestic violence is his/her business, and understands the importance of calling the police when witnessing domestic violence.
- 4) Communities of color, immigrant, refugee and limited English-speaking, disabled, and gay/lesbian/queer communities should be supported financially and otherwise in developing targeted and culturally specific community education campaigns regarding domestic violence.

### Suicidal Abusers

- 1) Public education should indicate that intimate partner violence combined with suicidal threats indicates increased danger to the suicidal person's family.
- 2) Professionals in all fields should understand that when domestic violence and a history of suicidal behaviors (e.g., prior suicide attempts, communication of intent or desire to kill oneself) co-exist, this dramatically increases the risk of homicidal behavior toward an abuser's intimate partner and her loved ones.



02/08/1997:

Neva Gallatin, shot by her ex-boyfriend

- 3) Professionals should act on their duty to warn the current or former intimate partner of the increased risk of homicide when they come into contact with an individual whose history of suicidal behaviors co-exists with a history of violence.
- 4) Law enforcement officers, prosecutors, court-based advocates, and judges should all understand the increased danger suicidal threats represent and address battered women's safety appropriately.
- 5) Judges should use all the tools at their disposal to ensure the removal of weapons when abusers are suicidal.
- 6) Suicide specialists (on crisis lines, in hospitals, and mental health settings) should receive training on the relationship between suicidal behaviors and homicide risks when domestic violence is present.
- 7) Mental health and batterer's intervention providers need specialized training in appropriate interventions for multi-problem violent suicidal men.
- 8) Domestic violence advocates, suicide and batterer's intervention specialists should work together to create strategies for responding to suicidal batterers, and recommend legislative changes if necessary.
- 9) Everyone, in any context, who notes the concurrence of suicidal behaviors and domestic violence should take the opportunity to educate the battered woman about the significant danger this represents to her, her children, and other family members.
- 10) Advocates should always ask a victim about the abuser's suicidal behaviors. If there is a history of suicidal ideation, they should inform/educate women about the risk of homicide and intensify safety planning.
- 11) Training for CPS workers, judges, and court evaluators should emphasize that when fathers have a history of abusive and controlling behaviors towards the child's mother, combined with a history of suicidal behaviors, children may be in danger.
- 12) Parents with a history of perpetrating domestic violence and suicidal behaviors should not have unsupervised visitation until they have completed a batterer's intervention program which also thoroughly addresses suicidal behaviors, and have fully resolved both suicidal behaviors and controlling impulses.

### **Economic Barriers, Education, and Poverty**

- 1) All programs serving poor women should:
  - make information about local domestic violence programs available
  - train their staff in identifying domestic violence and providing appropriate referrals
- 2) Temporary Aid to Needy Families (TANF) offices and local domestic violence programs should develop cooperative relationships in order to facilitate getting support, information, safety planning, and services to battered women.
- 3) Funding and support for subsidized housing should be expanded.
- 4) Access to higher education should be made more affordable.
- 5) Women making use of TANF should be supported in pursuing

2/14/97:  
Eva Lawrence, age 42,  
stabbed by her husband

meaningful educational opportunities, including two- and four-year college degrees, as these dramatically improve earning potential.

### **Marginalized Women**

- 1) Domestic violence programs should create stronger linkages with community organizations serving homeless women, substance abusers, women in the sex industry, and public defenders.
- 2) Domestic violence programs should extend advocacy and education efforts into drug treatment programs, jails, and prisons in order to reach marginalized battered women.
- 3) Domestic violence programs should offer help in resolving outstanding warrants, and become familiar with the processes for doing so.
- 4) Courts should move towards cooperation with domestic violence programs in this arena, recognizing that resolving warrants denies abusers a tool and helps battered women make use of the legal system to resist violence.
- 5) In small towns, professionals and service providers must take extra care to ensure that their familiarity with a victim (either as a result of informal contact, rumors, or stories) does not affect providing the best possible advocacy and intervention.

### **Teens**

- 1) Adults need to recognize that teens may make themselves vulnerable to one another in very short periods of time, and can quickly get into abusive relationships.
- 2) People who work with teens in any capacity should receive training regarding teen dating violence and domestic violence, and teen advocacy resources in the community.
- 3) Communities should ensure that schools can function as a “community resource center” for teens, providing them with more of what they need in terms of support, anti-violence education, and social work resources.
- 4) Schools should:
  - find ways to provide meaningful resources to young people encountering domestic violence at home or in an intimate relationship
  - include teen dating violence in any anti-violence curriculum
  - train adults within the school to respond quickly and decisively with teens who are in danger
  - respond to dating violence in ways which do not stigmatize the victim or place the burden of safety solely on her (i.e., allowing the abuser to continue attendance at school and essentially forcing the victim to leave the school)
  - send a message to all students that violence is intolerable and back it up with action and sanctions against violent youth when it occurs

### **Access to the Social Service and Justice Systems for Limited English Speakers**

04/05/1997:

**Meghan and Zach Morgan,  
age 7 and 6, shot by their father  
after their mother told him she  
wanted a divorce**

- 1) Institutions such as law enforcement, hospitals, domestic violence programs, and TANF offices should create collaborative relationships with grassroots organizations based in limited English-speaking communities.
- 2) Mainstream organizations and funders should work in collaboration, provide resources and expertise, and help build leadership and resources within the limited English-speaking community.
- 3) Mainstream organizations (including domestic violence programs) should also work to make their own programs and services relevant and accessible for battered women with limited English skills.
- 4) Mainstream organizations and community members must make issues of access to justice and services for immigrant/refugee and limited English speakers a priority, and push for system accountability in this arena.
- 5) Children should *never* be asked to translate at domestic violence crime scenes.
- 6) Consistent with our state law, law enforcement agencies should conduct investigations of domestic violence crimes with qualified interpreters.
- 7) Medical providers and others screening for domestic violence should remember that even if a person speaks some English, they may feel more comfortable talking about emotional, sexual, or complex issues (like rape, intimidation, threats, barriers to leaving) in their own language.
- 8) All professionals who intervene in domestic violence should vigilantly examine their own attitudes and biases about women who have limited English-speaking ability and/or come from immigrant/refugee communities.
- 9) Bilingual/bicultural advocates should be supported by their workplaces in efforts to network and connect with others doing similar work.

### **Children's Safety, Domestic Violence, and Child Abuse Investigation**

- 1) The DSHS Children's Administration (which encompasses the Division of Children and Family Services) should engage in community partnerships to develop philosophy, policy, and protocols for identifying and responding to domestic violence between adult intimate partners.
- 2) New policies should be backed up with intensive training for DCFS workers to ensure their appropriate implementation.
- 3) Training should involve locally based domestic violence advocates and emphasize the importance of forging links with local resources.

04/08/1997:

Debennie Bernard, age 23,  
shot by her ex-boyfriend

### Health Care Providers

- 1) All health care providers should always conduct a domestic violence screen with all of their patients, including teens and the elderly.
- 2) Health care providers should examine all their forms and mechanisms for processing information to ensure that they reflect the organization's concern for appropriate intervention in domestic violence.
- 3) Health care workers should strive to convey to their patients that when an individual wishes to talk about violence in the home, someone in the medical setting will be willing and able to offer resources and help.
- 4) Prenatal care providers should consistently ask about abuse and follow the best practices regarding domestic violence defined in the *Perinatal Partnership Against Domestic Violence* manual.
- 5) Geriatric providers should be especially alert to screening for domestic violence when older men become depressed or suicidal.
- 6) Advocates and medical providers should come together to create best practices for screening for abusive behavior, including protocols, "scripts," and how to respond if violence is revealed.
- 7) If a patient reveals that he is currently violent and controlling towards his current or former intimate partner and is also suicidal (or has a recent history of suicidal behavior), the health care provider should act on their duty to warn by contacting the person's partner to warn her about the risk of homicide.
- 8) Alternative health care providers need to be brought into the dialogue about responding to domestic violence in the health care setting.
- 9) Health care providers need to approach domestic violence screening with cultural sensitivity and thoughtfulness regarding the need for translation.

### Guns

- 1) Washington State should bring its laws in line with federal laws which prohibit gun ownership for persons subject to domestic violence-related court orders.
- 2) Weapons removal for domestic violence offenders should be a top priority for everyone in the criminal justice system.
- 3) Judges should order all convicted domestic violence offenders and respondents to Protection Orders to surrender all firearms.
- 4) Consequences for failure to comply with weapons surrender orders should be meaningful, such as revocation of a Stipulated Order of Continuance and/or a night in jail.
- 5) Federal prohibitions on weapons possession after the conviction of a domestic violence crime should be enforced, and known violations should be referred to the federal prosecutor.

## Protection Orders

- 1) PO offices should be staffed by well-trained domestic violence advocates who can provide safety planning and education as well as advocacy.
- 2) Translation should be available for PO advocates and/or PO offices should be staffed by bilingual advocates.
- 3) Protection Order forms should ask about the history of homicidal or suicidal thoughts, threats, or behaviors.
- 4) Judges, advocates, and court staff should make an effort to educate women regarding their increased risk of homicide when they note that the respondent to the order threatens homicide or suicide, and urge her to contact a domestic violence program for shelter and/or safety planning.
- 5) Any judge hearing Protection Orders should have adequate training about domestic violence to ensure that the way they handle hearings will not do more harm than good. Training should cover:
  - All provisions of a Protection Order
  - The intent of the enabling legislation
  - The danger that suicide and homicide threats pose
  - Ordering the removal of weapons
  - Creating an environment which conveys a message that abuse and violence are unacceptable, and that the court system will support victims of violence
- 6) Judges, pro-tems, and commissioners should treat all PO petitioners with respect and courtesy, and avoid saying anything that might discourage a domestic violence victim from seeking help from the court in the future.
- 7) Judges should respond to all the petitioner's requests and seek to maximize the usefulness of the PO for the domestic violence victim.
- 8) PO violations should be taken seriously by law enforcement and prosecutors.

## Barriers to Accountability and Victim Safety in the Criminal Justice System

Law enforcement:

- 1) Law enforcement agencies should do everything they can to implement the Washington Association of Sheriffs and Police Chiefs (WASPC) *Model Operating Procedures for Law Enforcement Response to Domestic Violence*.
- 2) Police and Sheriff's departments should have mechanisms in place to monitor the quality of domestic violence incident reports.<sup>3</sup>
- 3) WASPC should expand sections in the *Model Operating Procedures* on screening for suicide and responding to suicidal abusers.
- 4) Officers should attempt to remove guns from the home whenever possible, and particularly when the abuser has a history of homicidal or suicidal threats.

04/10/1997:

**Sheila Slaughter and her boyfriend  
Ricky King, age 32 and 30, shot by  
her estranged husband**

<sup>3</sup> While some departments have instituted specialized domestic violence units, this is not the only alternative for building strength and accountability regarding domestic violence interventions. Establishing specialists within each patrol squad who can serve as a resource for other officers is another alternative. This sort of program provides incentives for patrol officers to learn more about domestic violence and demonstrate excellence in this arena, as it can affect promotion.

04/12/1997:

Tamie Jaramillo, age 32,  
shot by her boyfriend

- 5) Officers should routinely ask victims about the abuser's history of making homicidal or suicidal threats. If suicide or homicide threats have been made, officers should educate the victim as to the increased risks the abuser poses to her and her children, and urge the victim to call a domestic violence program for help with safety planning.
- 6) Police and Sheriff's departments should implement mechanisms for tracking patterns in domestic violence calls (i.e., multiple calls from one address) and following up on domestic violence cases.
- 7) Officers should ask victims reporting PO violations about previous reported and unreported violations in order to help assess danger levels and to facilitate tracking patterns in violations.
- 8) Domestic violence victim information pamphlets with up-to-date resources (and in multiple languages, when appropriate) should always be given out.

Prosecutors:

- 1) Prosecutors' offices should organize resources and personnel to ensure that best practices regarding domestic violence prosecution are followed.
- 2) Prosecutors and judges should follow the guidelines for charging and sentencing suggested in *The Final Report of the Washington State Domestic Violence Task Force* and further elaborated in the Washington Association of Prosecuting Attorneys (WAPA) Handbook.<sup>4</sup>
- 3) WAPA should create a model sentencing grid regarding domestic violence which may be quickly and easily referenced, addressing consequences for multiple domestic violence offenses, noncompliance with sentencing, and PO violations.
- 4) WAPA should make a recommendation to the legislature regarding changing the evidentiary rules to increase the admissibility of prior domestic violence acts in court, as they are for sex offenses.
- 5) Whenever possible, pre-sentence investigations should be conducted.

Sentencing:

- 1) Communities need to engage in serious dialogue regarding the allocation of criminal justice resources, especially prosecutor's time, courtroom/judicial time, jail and prison beds, and post-sentence supervision capacities, and decide if they want these resources allocated to violent or nonviolent offenders.
- 2) The legislature should commission a study of Washington's jail and prison space allocation.
- 3) When domestic violence offenders receive non-jail time sentences, then the conditions of sentencing should be extensive, clear, and enforced.
- 4) The Judicial Association should continue to take an active role in encouraging judges to get more domestic violence training.

<sup>4</sup> Office of the Administrator for the Courts, *Final Report of the Washington State Domestic Violence Task Force* (Olympia, Washington: June 1991) and Washington Association of Prosecuting Attorneys, *Prosecutor's Domestic Violence Handbook*, by Pamela B. Loginsky (Olympia, Washington: WAPA, 2000).



**05/17/1997:  
Rae Custer, age 81,  
shot by her husband**

- 5) Prosecutors, judges, and community corrections officers should inform victims that the effectiveness of batterer's intervention programs is debatable, and her partner's attendance at the program is not guaranteed to increase her safety.<sup>5</sup>
- 6) The Judicial Association should study and make sentencing policy recommendations regarding abusers who are not amenable to or appropriate for batterer's treatment.
- 7) Community-based domestic violence advocacy programs should seek resources to set up domestic violence Court Watch programs as an avenue for increasing understanding of the local judiciary's approach to domestic violence.
- 8) Violent offenders, including domestic violence offenders, should be given priority for jail space over nonviolent offenders.

#### Post-sentence supervision:

- 1) Probation and community corrections officers should expand their bilingual staff and have timely, efficient access to interpreters so that monitoring of non-English-speaking offenders can take place.
- 2) Domestic violence offenders should have active community supervision, regardless of which level court imposes the sentence (municipal, district, county).
- 3) The Criminal Justice Training Commission should include specialized training on how to supervise domestic violence offenders in the standard curriculum for probation and community corrections officers.
- 4) Judges should firmly enforce conditions of probation and impose meaningful consequences for failing to comply (e.g., a night in jail).
- 5) Probation and community corrections officers should routinely ask about depression and suicidal thoughts, and possess a clear protocol for responding to depressed and/or suicidal domestic violence offenders.

<sup>5</sup> Problems with defining success are well explained in Dr. Jeffrey Edelson, "Do Batterer's Programs Work?" in *Future of Intervention with Battered Women and their Families*, ed. J.L. Edelson and Z.C. Eisikovits (Thousand Oaks, CA: Sage, 1996). An abbreviated version is available on the web at [www.mincava.umn.edu/papers/battrx.htm](http://www.mincava.umn.edu/papers/battrx.htm). In the paper, Dr. Edelson makes the point that from the battered woman's point of view, the only meaningful measure of success is if the abuse stops permanently, not if it is reduced in frequency or no longer rises to the level of criminality. An end to the abuse is rarely the measure used when intervention programs report their success rates.



05/18/1997:  
 Cirilia Saldana-Rodriguez,  
 age 34, shot by her  
 daughter's ex-boyfriend

## OVERVIEW

### ■ The Death Toll from Domestic Violence: An Overview

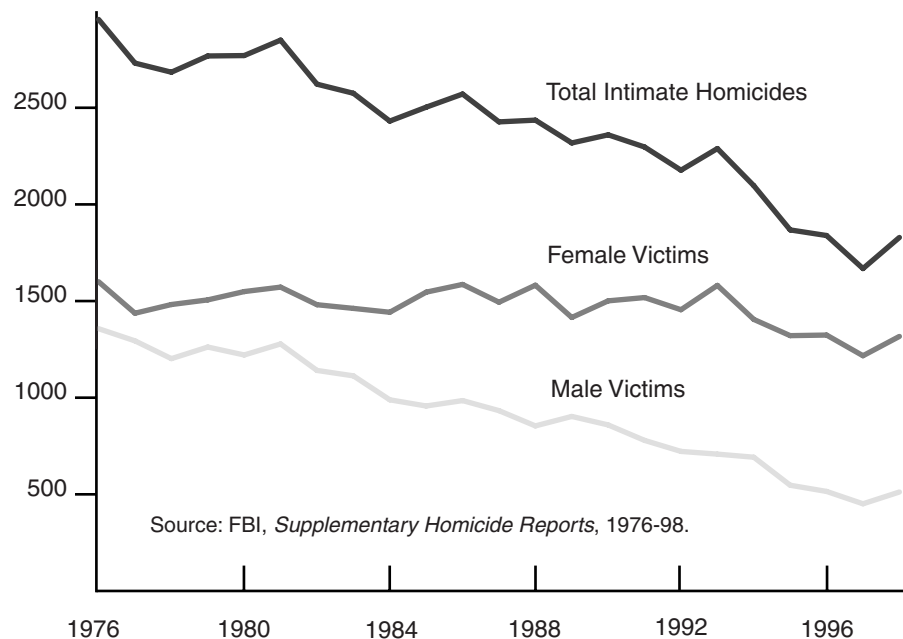
#### National Overview

Since 1976, at least 31,260 women have been killed by their current or former intimate partners in the United States. Between 30 and 50% of all female homicide victims are killed by their current or former male intimate partners, compared to less than 4% of male homicide victims killed by an intimate partner.<sup>6</sup>

While homicide rates have fallen dramatically since the early 1990s, one category of homicide has remained relatively steady: the murder of women by their male intimate partners. At the same time, rapid declines have been noted in the murder of men by their female intimate partners. The number of men killed by their female intimate partners dropped by 60% between 1976 and 1996.

#### Number of Intimate Homicides Per Year

Intimates are defined to include spouses, ex-spouses, boyfriends and girlfriends



The rate of decline in intimate partner homicide varies considerably by race. According to the Bureau of Justice Statistics, the number of African American males killed by African American females dropped by 74% between 1976 and 1998, while the number of white males killed dropped by 45%. Homicide rates per 100,000 people made similar drops, with the most dramatic being in murders of African American men and women by their intimate partners. From 1976 to 1996, the number of homicides committed by African American intimate part-

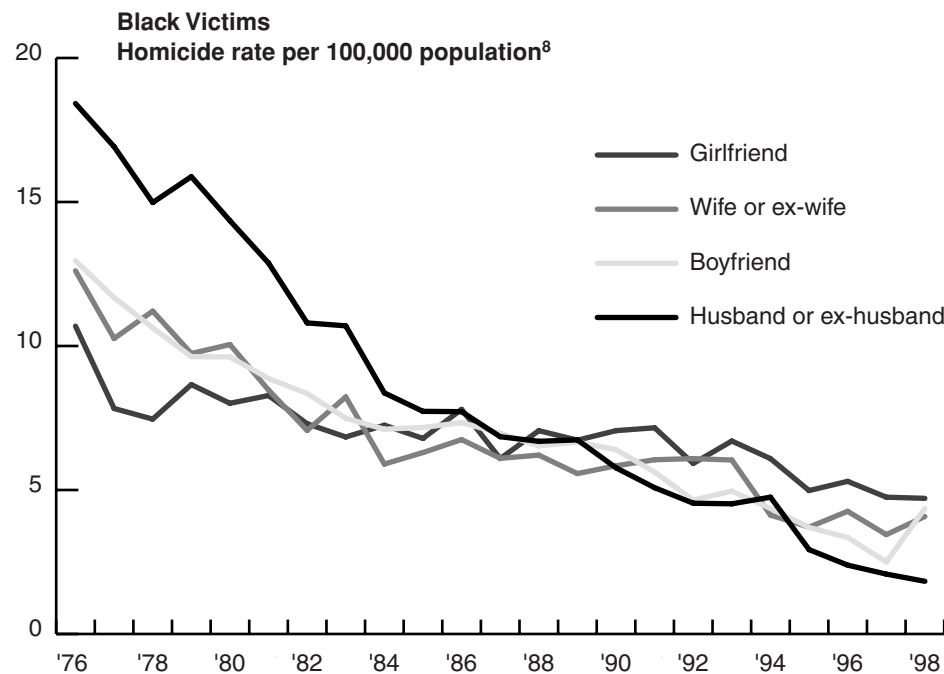
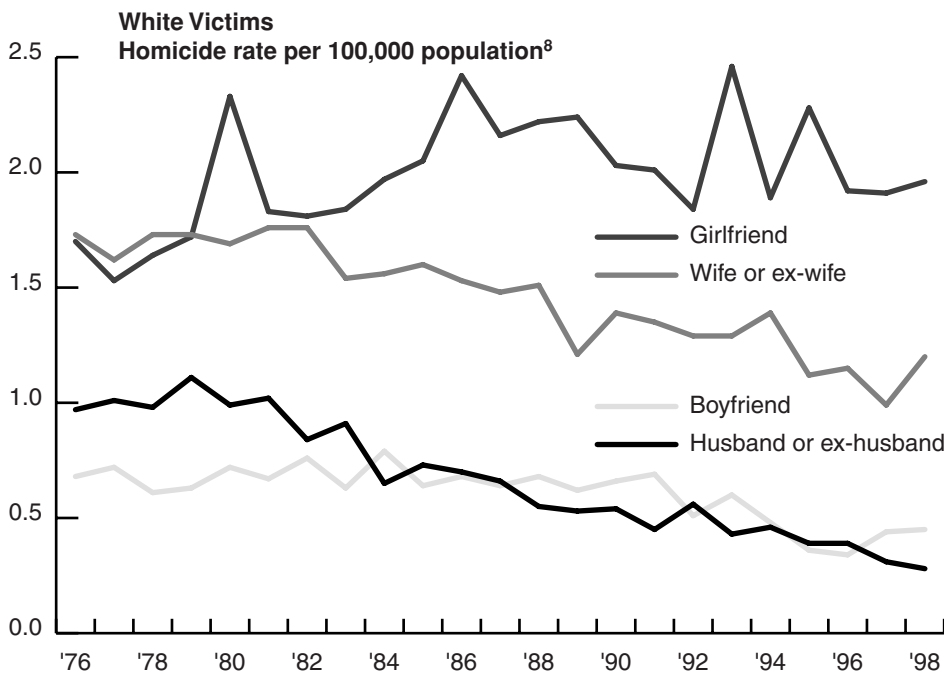
<sup>6</sup> US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends or Girlfriends*, by Lawrence A. Greenfield et al., NCJ-167237 (Washington, D.C.: U.S. Department of Justice, March 1998).

**05/21/1997:  
Dianna Meyer, age 16,  
shot by her boyfriend**

ners decreased from 14 per 100,000 African Americans to just under 4 per 100,000. Intimate murder rates held relatively steady for white female victims, and declined slightly for white males. While the intimate partner homicide rate has dropped for African American women, they are still murdered by their intimate partners at a rate three times higher than white women.<sup>7</sup>

These findings raise two important questions. First, how do we account for the significant racial differences? Second, why has the overall murder rate for women remained so consistent?

**Intimate Homicide Rate by Race, Gender, and Relationship, 1976-98**



7 U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Homicide Trends in the United States*, by James Alan Fox and Marianne W. Zawitz (Washington, D.C.: U.S. Department of Justice, updated 1998). This report is available on the web at <http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm>. Regrettably, the Bureau of Justice Statistics does not break out statistics for racial/ethnic groups other than black/white. Clearly, this results in a loss of nuance in analysis of these figures.

8 Note: The homicide and population data are for persons ages 20-44. The number of married or divorced persons is the population base used to calculate spouse and ex-spouse rates and the number of never married or widowed persons is the population base used to calculate boyfriend/girlfriend rates. Source: Federal Bureau of Investigation, *Supplementary Homicide Reports*, 1976-98.

**5/26/1997:**  
**Helen Hargrave, age 71,**  
**shot by her husband**

In considering the first question, we must keep in mind that these findings have significant limitations in that they do not control for socio-economic status. Because African Americans are disproportionately represented among the poor, separating race and class becomes very difficult. However, some smaller studies of homicides have suggested that when socio-economic status is factored in, racial differences become much less important.<sup>9</sup>

Further, domestic violence researchers have also suggested that domestic violence assaults may be treated differently by law enforcement and health professionals. African American victims of domestic violence may find that their complaints are taken less seriously, or that domestic violence protocols are not always followed when they are the victims. Evan Stark has commented that “if inadequate police protection leads to a domestic violence homicide, the problem is not race, but racial bias.”<sup>10</sup>

The second question (why men continue to kill their female intimate partners at similar rates as they did 20 years ago, while women’s murders of men have been significantly reduced) is a troubling one. The answer may lie in part in the differences between the dynamics behind intimate partner homicides committed by men and by women. Research indicates that in both types of homicides (i.e., females killing male partners and males killing female partners), the homicide usually follows the male partner’s abuse of the female partner. In other words, women’s murders of men are often rooted in self-defense or desperation to end the abuse, while men’s murders of women generally seem to be the disastrous endpoint of a pattern of violence and control.

Some researchers have suggested that the rise of domestic violence shelters, legal advocacy, and other services for battered women, combined with the easing of divorce laws and the lessening of stigma on divorce, may play a role in the reduction of male homicides. To the degree that escaping domestic violence has become somewhat easier, women may find themselves less likely to resort to homicidal violence.<sup>11</sup>

### **Intimate Partner Homicide in Washington State**

In Washington the number of female victims of intimate partner homicide has remained fairly steady through the 1990s. Consistent with national trends, about 30% of female homicide victims in Washington State are killed by their intimate partners. Also consistent with national trends, more women are killed by their intimate partners each year than are men.

In addition to homicides in which the perpetrator is the intimate partner of the victim, the Domestic Violence Fatality Review (DVFR) also tracks homicides which occur as an outgrowth of intimate partner violence, but in which the victim does not have an intimate relationship with the perpetrator (e.g., the domestic violence abuser kills his

<sup>9</sup> Neil Websdale, *Understanding Domestic Homicide* (Boston: Northeastern University Press, 1999), 6.

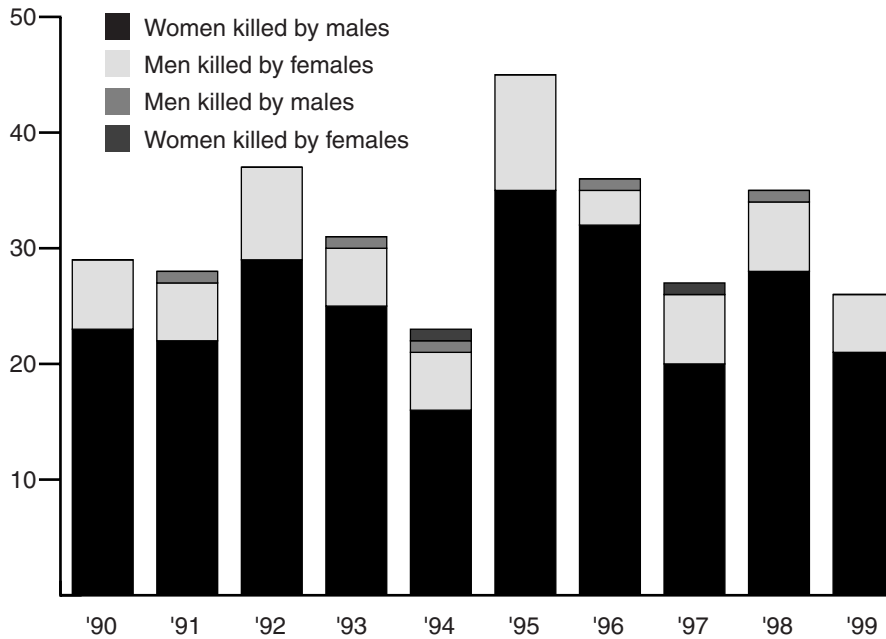
<sup>10</sup> Evan Stark, “The Myth of Black Violence,” *Social Work* 38:4 (1993): 485-90, quoted in Websdale, 1999.

<sup>11</sup> Laura Dugan, Daniel Nagin, and Richard Rosenfeld, “Explaining the Decline in Intimate Partner Homicide: The Effects of Changing Domesticity, Women’s Status, and Domestic Violence Resources,” *Homicide Studies* 3 (1999): 187-214.

06/03/1997:  
**Mary Ginger, age 43,**  
**beaten by her boyfriend**

partner's mother as the mother comes to her daughter's aid, or an abusive ex-boyfriend kills his former partner's new boyfriend). Counting these cases provides a more accurate picture of the human cost of domestic violence.

**Homicides of Intimate Partners in Washington State**



The incidence of intimate partner homicides corresponds roughly with population density. Some counties have reported no intimate partner homicides in the last nine years. This could mean any of the following: none have occurred, agencies involved did not report crime statistics to Washington Association of Sheriffs and Police Chiefs (WASPC), intimate partner homicides were incorrectly classified as accidents, or homicides committed by intimate partners went unsolved.

Please note that the table on the following page shows a conservative count of intimate partner homicides, and does not reflect all the domestic violence-related fatalities in Washington during this time. These numbers are drawn primarily from the WASPC *Crime in Washington Reports*, and from 1997 onward, augmented with information gained from news accounts of domestic violence fatalities. While indicating the scope of the problem, these numbers undoubtedly represent an undercount. The table includes only those homicides in which one intimate partner kills another, and excludes any case in which the relationship between the victim and perpetrator was ambiguous (such as a roommate or an acquaintance). If others were killed along with the perpetrator's intimate partner (i.e., the abuser kills his wife and two children), those victims have been included. However, cases in which the intimate partner survived or was not the focus of a homicide attempt but friends, family or others were killed have been excluded.

06/11/1997:

Lorraine Wood, age 47,  
 shot by her daughter's boyfriend

**Intimate Partner Homicides by County and Year**

	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	Total
Adams											0
Asotin											0
Benton	1			1		2				1	5
Chelan		1	2	1					1		5
Clallam				3	1	1			1		6
Clark	2			1	1		1	2	1	1	9
Columbia											0
Cowlitz		2				1	3		1	1	8
Douglas				1			1				2
Ferry		1									1
Franklin	1		1						2		4
Garfield											0
Grant			5	1			2		2		10
Grays Harbor	2	1		1							4
Island								1			1
Jefferson											0
King	6	9	18	9	10	21	12	10	10	13	118
Kitsap	1	3	1	1	2	2	2	4	1	2	19
Kittitas										1	1
Klickitat			1								1
Lewis			1								1
Lincoln											0
Mason			1	1			1		2	1	6
Okanogan		1			2		1	1		1	6
Pacific									1		1
Pend Oreille											0
Pierce	12	3	13	6	1	12	6	5	3	2	63
San Juan									1		1
Skagit				1			1				2
Skamania										1	1
Snohomish	1		2	2	1	4	1	3	1	1	16
Spokane	3	4	4	1	2	2	5	2	2	3	28
Stevens				3	2	2					7
Thurston	2					1	2	1	2	3	11
Wahkiakum										0	
Walla Walla					1			2			3
Whatcom			1		3	3		1			8
Whitman				1							1
Yakima	2	2	1	4	3	1	2	2	1		18
<b>TOTAL</b>	<b>33</b>	<b>27</b>	<b>51</b>	<b>38</b>	<b>29</b>	<b>52</b>	<b>40</b>	<b>34</b>	<b>32</b>	<b>31</b>	<b>367</b>

## Crime Statistics

Crime statistics prove useful for sketching the outlines of the problem and suggesting the toll domestic violence takes in human lives, but they have significant limitations as well. An over-reliance on crime statistics to define the problem results in an undercount of domestic violence-related fatalities for at least five reasons:

- 1) In their drive to gain power and control over their intimate partners, abusers sometimes kill people other than their intimate partner. Methods for tracking crimes which focus exclusively on the victim/offender relationship as opposed to the circumstances surrounding the homicide do not reliably identify domestic violence-related deaths of law enforcement officers, bystanders, advocates, or the battered woman's friends and family, thus they do not indicate the true human cost of domestic violence.  
Further, while crime statistics do count the murders of children by parents or relatives as domestic violence, it is impossible to distinguish revenge-oriented child "assassinations" (the calm, planned murder of children after a battered woman announces her intention to leave, for example) from other child homicides.
- 2) Crime statistics cannot assist in identifying non-homicide domestic violence-related deaths. The incidence of homicide-suicides is frequently obscured, and suicides committed by battered women as a result of the despair and entrapment they experience do not register in crime statistics at all. At present, the Washington DVFR has not pursued inquiry into women's suicides to assess whether they are domestic violence-related.
- 3) Crime statistics are not updated when a murder is solved *after* the statistics are reported, and about 33% of homicides are unsolved when statistics are compiled. Thus, a portion of the cases in which the victim/offender relationship was unknown at the time of reporting turn out to be domestic violence-related, but the statistics do not reflect this.
- 4) Some jurisdictions do not submit statistics to crime-reporting agencies.
- 5) Some domestic violence homicides are mistakenly classified as "accidental" and never trigger criminal charges or prosecution; therefore, they never make their way into crime statistics. Thus, we must assume that crime statistics reflect only part of the problem.

06/13/1997:

Sarah Warmbo and her twin sister,  
Charity Warmbo, age 22,  
shot by Sarah's ex-boyfriend

06/16/1997:

Arlene Lau, Sammy Lau, and  
Terence Lau, ages 49, 21, 17,  
shot by husband/father

## ■ History, Background and Funding of the Washington State Domestic Violence Fatality Review

The Washington State Domestic Violence Fatality Review came about because battered women's advocates were puzzled that after 25 years of reforms aimed at improving community response to domestic violence, the death toll arising from this social problem has held relatively steady. Advocates thought that by conducting in-depth examinations of domestic violence fatalities, communities would be able to identify persistent gaps in the response to domestic violence, examine what prevents communities from holding abusers accountable, understand the barriers battered women face as they seek to end the violence in their lives, as well as define directions for change and improvement. Advocates also hoped to compile statistics on domestic violence fatalities which were more detailed and complete than those available from criminal justice resources.

The Domestic Violence Fatality Review (DVFR) began in 1997 with Federal Violence Against Women Act (VAWA) funds, administered through the Office for Crime Victims Advocacy in the Department of Community, Trade, and Economic Development, and was originally housed in the Department of Social and Health Services. The first 18 months focused on creating a statewide model for domestic violence fatality reviews, and starting three pilot review panels to test the model. The model itself and the process used to develop it are fully documented in *Homicide at Home*.<sup>12</sup>

In January 2000, the DVFR moved from DSHS to the Washington State Coalition Against Domestic Violence (WSCADV). A second VAWA grant allowed the DVFR to begin implementing the model throughout the state. The 2000 Washington legislative session provided funded and continued implementation of the DVFR. These moneys are administered through DSHS Children's Administration.

<sup>12</sup> Washington State Department of Social and Health Services, Children's Administration, *Homicide at Home: Washington State's Domestic Violence Fatality Review Project*, by Margaret Hobart (Olympia, Washington: DSHS, December 1999). This publication is available from the Washington State Coalition Against Domestic Violence.



## ■ An Overview of the Domestic Violence Fatality Review

07/13/1997:  
Teresa Shannon, age 39,  
shot by her girlfriend

### Purpose

The Washington State Domestic Violence Fatality Review's primary goals are to promote cooperation, communication and collaboration among agencies investigating and intervening in domestic violence; identify patterns in domestic violence-related fatalities; and formulate recommendations regarding the investigation, intervention and prevention of domestic violence.

The DVFR seeks to accomplish these goals by bringing together key actors in local social service, advocacy and justice systems for detailed examination of fatalities. Focusing on public records, fatality review panels analyze community resources and responses to prior violence, and generate information relevant to policy debates about domestic violence.

The DVFR does not assign blame for fatalities to individuals, agencies or institutions. Instead, the perpetrator of the homicide or suicide is assumed ultimately responsible for the fatality. It also does not seek to identify patterns of individual pathology on the part of the batterer or battered woman. Rather, the DVFR focuses on problems in community response to domestic violence: gaps in services, policy, practice, training, information, communication, collaboration or resources.

The Fatality Review also tracks domestic violence-related fatalities throughout the state using a variety of data sources, including news accounts, crime statistics, and vital statistics in order to provide analysis of patterns. Extensive data is kept on reviewed cases, and a more limited set of data on unreviewed cases.

### How the DVFR Defines Domestic Violence Fatality

We define a domestic violence fatality as: *those fatalities which arise from an abuser's efforts to seek power and control over his intimate partner.*

In creating a definition of "domestic violence fatality" and setting criteria for review, we wanted to capture the scope of the problem more fully and accurately than legal definitions and existing crime statistics.

Law enforcement agencies and FBI crime reports identify domestic violence homicides through the victim/offender relationship. "Domestic violence" crimes are those in which the relationship of the victim to the perpetrator is that of a family or household member, or someone whom the victim is dating or has dated.<sup>13</sup> Some states, like Washington, include same-sex relationships in their definition. "Intimate partner homicides" form a significant subgroup of the larger category of "domestic violence homicides." These are the homicides in which the victim is the current or former wife, husband, boyfriend or girlfriend of the perpetrator. Homicides in which the vic-

13 RCW 10.99.020 and RCW 26.50.010.

07/20/1997:

Karen Dowell and her boyfriend  
John Hunter, age 35 and 24,  
shot by her estranged husband

tim was the child, parent, sibling, or any family relationship other than marriage are excluded from this category. Defined this narrowly, cases in which homicidal batterers kill law enforcement officers, their former partner's new love interests, or bystanders do not count as domestic violence fatalities.

In contrast to the legislative definition's reliance on the victim/perpetrator relationship, the DVFR focuses on the *context* of the fatality. This allows us to capture more fully the human cost of domestic violence.

### **Why Our Definition is Broader/Narrower than the Criminal Definition**

This definition of domestic violence fatality is both wider and narrower than the one used by most criminal justice system reporting agencies. It is *wider*, in that it takes into account that abusers sometimes kill non-family members. It is *narrower* in that the DVFR definition excludes some cases in which family members and co-habitants kill one another but the deaths do not take place in the context of intimate partner violence. Thus, cases where siblings kill siblings, or children kill parents, and death by child abuse cases are excluded (unless it is clear that intimate partner violence was also involved).

Using this definition, domestic violence fatalities include:

- 1) All homicides in which the victim was a current or former intimate partner of the perpetrator.
- 2) Homicides of people *other than* the intimate partner which occur in the context of domestic violence or in the context of attempting to kill the intimate partner. (For example, situations in which an abuser kills his current/former intimate partner's friend, family or new intimate partner, or those in which a police officer is killed while intervening in domestic violence.)
- 3) Homicides occurring as an extension of or in response to ongoing abuse between intimate partners. (For example, when an ex-spouse kills their children in order to exact revenge on his partner.)
- 4) Suicides which may be a response to abuse.

### **Central Activities of the Domestic Violence Fatality Review**

- 1) In-depth review of domestic violence fatalities

**Composition of Fatality Review Panels.** During the initial definition of the model for the DVFR, it became clear that the best information about fatalities would be generated at the local level, with panel members who were closely involved in the community response to domestic violence. Thus, locally based, multi-disciplinary panels conduct the in-depth reviews of fatalities.

Review panels are generally convened at the county level. In some cases, multi-county review panels exist. Because people commonly move across county lines to access services in rural areas, multi-coun-

08/14/1997:  
 Barbara Farr, age 54,  
 shot by her husband

ty panels allow the DVFR to more fully capture the potential points of intervention. Additionally, because fewer deaths occur in these less dense communities, involving several rural counties in one review affords the opportunity for a broader group to benefit from the lessons learned during the review. Core panel participants include:

- Municipal, District and Superior Court judges
- Municipal, District and County-level prosecutors
- Municipal and County-level law enforcement agencies
- Court and/or prosecutor-based domestic violence advocates
- Local hospital staff
- Battered women's shelters and advocacy organizations
- Child protective services
- Community corrections/probation officers
- Health Department workers, often from First Steps programs or community clinics
- Agencies/organizations serving specialized populations: people of color, limited English-speaking, immigrant/refugees, gay/lesbian/queer/transgendered
- Military liaisons for areas close to military bases
- Humane Societies and animal cruelty investigators
- Batterer's intervention programs

Whenever possible, we also include local mental health and substance abuse treatment providers, and leaders of religious communities. If, in preparing for a case it becomes clear that either individual had contacts with a particular agency, doctor, attorney, religious leader, etc., we contact that professional and invite them to the review.

**Where review panels exist.** Domestic Violence Fatality Review panels began functioning in Pierce County, Spokane County, and Chelan/Douglas/Okanogan Counties in 1998. More recently, panels have convened in Yakima/Kittitas Counties and King County. Panels have conducted in-depth reviews of 30 domestic violence fatalities as of December 2000. An overview of those fatalities follows in the next section.

**Confidentiality and Access to Information.** Proceedings of DVFR panels are confidential and protected from discovery by a third party, as mandated by RCW Title 41 passed by the State Legislature in the 2000 session. Further, participants in Fatality Review panels are protected from any liability arising from their participation on the panel.

Currently, the DVFR does not have access to confidential information, such as batterer's intervention, medical or mental health records, unless the information is releasable for research purposes or we have obtained a release from next of kin. This poses some limitations for panels, but we have also found that a wealth of information exists in the public records.

08/25/1997:  
Aubrey Kouchalakos, age 8,  
shot by her father after bitter  
divorce and custody proceedings  
with mother

**Criteria for in-depth review by a Domestic Violence Fatality Review panel.** Because of review panel members' reluctance to influence civil or criminal adjudication, and limitations on access to information, the following criteria were developed for case selection:

- the death fits with the DVFR's definition of a domestic violence fatality
- the criminal justice system has identified the perpetrator
- the case is closed with no appeal pending (or the prosecutor in charge of the appeal agrees that a fatality review will not affect issues under appeal and gives his or her permission to the review)
- the fatality was as recent as possible, given the other constraints

At present, the Fatality Review's criteria rule out unsolved homicides, deaths which never triggered a criminal investigation because they were classified as accidental, and cases in which prosecution or a civil suit is pending.

**The process for review.** Review panels generally meet quarterly, and focus on fatalities which have occurred after 1995. Panels identify which cases they would like to review. When possible, the goal of the panel is to review all the domestic violence fatalities which meet the project's criteria for review from 1995 to the present. This is not possible in urban counties because of the large number of fatalities, but it has been possible in rural counties.

Once the panel has identified a death for review, DVFR staff requests all public records related to the individuals involved. This includes Protection Orders, dissolution filings, parenting plans, court records related to criminal convictions, law enforcement incident reports, and the homicide investigation. In some cases, research agreements exist with law enforcement agencies, easing access to incident reports related to events which did not result in a conviction. When we are able to identify surviving family members, the Fatality Review sends them a letter explaining the purpose of the DVFR and inviting them to share any information they would like by contacting the Fatality Review's staff. Staff synthesize the events described in these public documents (and by family members) into a Case Chronology and distribute this document to review panel members several weeks prior to the review.

Review panel members read the Case Chronology and examine their own agency's records for contacts with the domestic violence victim, the domestic violence perpetrator, or the children. If the agency has served any member of the family, it is up to the panel member to identify how much information is disclosed about those contacts during the review, given the profession's or agency's confidentiality constraints.

The panel meets for several hours to discuss each case. Additions and corrections to the Case Chronology are noted, and the panel works to identify missed opportunities for intervention, barriers to battered women obtaining safety, and the ability of the system to

hold abusers accountable for their violence. Two products are generated from the review: a detailed summary of the discussion, which is sent out to all attendees for their approval, and a completed Case Information Form (our data collection instrument) for entry into the DVFR's database.

08/27/1997:  
Tina Olsen, age 32,  
stabbed with machete by boyfriend

Review panel members do not generate recommendations. Instead, they generate information and identify issues and problems. The recommendations in this report are based on a careful reading and synthesis of all the issues and problems identified in reviewed deaths.

## 2) Data collection

The second central task of the DVFR consists of collecting data on both reviewed and unreviewed domestic violence fatalities. The Fatality Review has developed a detailed data collection tool, with the goal of tracking the circumstances of domestic violence fatalities.

The DVFR seeks to identify all domestic violence fatalities in the state and collect a limited amount of information on each one, including the names and birth dates of the victim and perpetrator, their relationship, the date of the fatality, weapon used, charges filed and outcomes, and a brief summary of the circumstances of each homicide or suicide. We use a variety of means to identify domestic violence fatalities: news accounts of homicides and suicides, Washington Association of Sheriffs and Police Chiefs crime reports, medical examiner records (when available), and vital statistics data from the Health Department.

**Limits of the DVFR's data collection.** While combining these records yields a more complete count of domestic violence fatalities than any one source alone, several problems still exist in accurately tracking the human toll of domestic violence. A significant number of women commit suicide each year. Experiencing domestic violence may increase women's risk of depression and suicidal behavior, but without access to more confidential information than we currently have, it is very difficult for review panels to determine when women's suicides are related to the despair and hopelessness some women feel in abusive relationships. Secondly, anecdotal information suggests that some homicides are mis-identified as "accidental deaths." Again, without access to confidential information, it may be difficult to identify these cases. A significant portion of murders go unsolved, and many missing person cases exist involving women which also remain unsolved. It is likely that some portion of these murders and missing person cases involve domestic violence homicides, and these are missing from our data. Finally, it is likely the Fatality Review's data minimizes the incidence of murder in same-sex relationships. Without in-depth examination, it is not possible to know if homicides in which the perpetrator is listed as an acquaintance or roommate involve same-sex intimate partners or not. The Fatality Review has not undertaken the sort of detailed examination which would allow us to identify which of those cases involve intimate partnerships.

09/11/1997:  
Margaret Delevan, age 52,  
shot by her husband

## ■ Cases Examined by the Domestic Violence Fatality Review

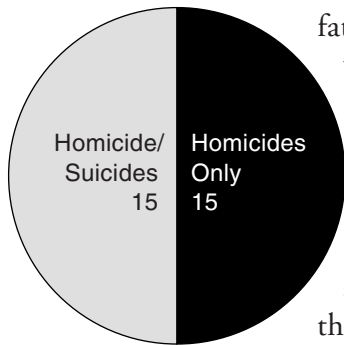
This section examines two sets of domestic violence fatalities:

- 1) Cases which were reviewed in depth by Domestic Violence Fatality Review panels in Pierce County, Spokane County, Chelan/Douglas/Okanogan Counties, Yakima/Kittitas Counties, and King County.
- 2) All identified domestic violence fatalities occurring between January 1997 and August 2000 through news accounts, WASPC crime reports, and (in some counties) medical examiner records.

	Reviewed cases	Total cases
Number cases	30	130
Total homicide victims	35	137
Total perpetrators	30	130
Total suicides	15	42
Date range of fatalities	Mar 92 to Feb 2000 (see chart below)	Jan 97 to August 2000
Drawn from which counties?	Pierce, Spokane, Chelan, Douglas, Okanogan, Yakima, Kittitas and King County	Throughout the entire state

### Overview of the Cases Reviewed by DVFR Panels

A summary of differences between the reviewed and total cases:



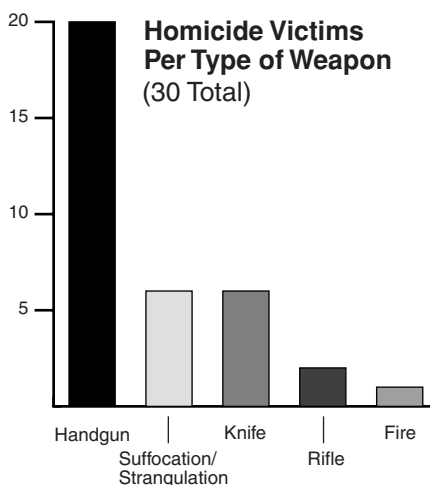
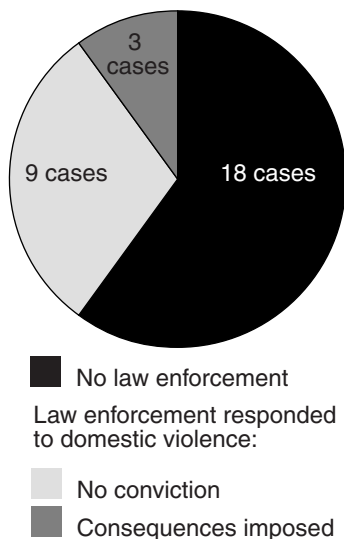
To date, the DVFR has conducted 30 reviews of domestic violence fatalities. Because five of these cases involved multiple homicide victims, the total number of homicides was 35. Fifty percent of the 30 reviewed cases (n=15) were homicide-suicides, where the abuser killed himself immediately after killing his intimate partner and/or her children. Ninety-seven percent of the reviewed homicides were committed by men; the one exception involved a woman who killed her intimate partner after a considerable history of domestic violence in which she was the victim. When the number of victims of homicide are aggregated with the number of deaths by suicide, the total death toll for the 30 reviewed cases rises to 50.

Only five cases (17%) of the reviewed fatalities occurred before 1995; half of the cases reviewed occurred during or after 1997 (n=15). The table at right summarizes the distribution of these cases by year of death:

	No. Cases	% Reviewed Cases
1992	3	10.0%
1993	0	0.0%
1994	2	6.7%
1995	4	13.3%
1996	6	20.0%
1997	9	30.0%
1998	3	10.0%
1999	2	6.7%
2000	1	3.3%
<i>Total</i>	<i>30</i>	<i>100.0%</i>



**Prior Law Enforcement Intervention in Domestic Violence Homicide Cases**



11/09/1997:  
 Soung Pheach and her mother  
 Ey Rin, age 27 and 47,  
 shot by Soung's estranged husband

While law enforcement investigations of homicides found friends and family willing to describe a history of domestic violence prior to the murder, we were able to identify law enforcement intervention in only 40% of cases. Indeed, only 10% of the violent partners had been convicted or agreed to a Stipulated Order of Continuance for a violence-related crime prior to committing the homicide (chart above, left).

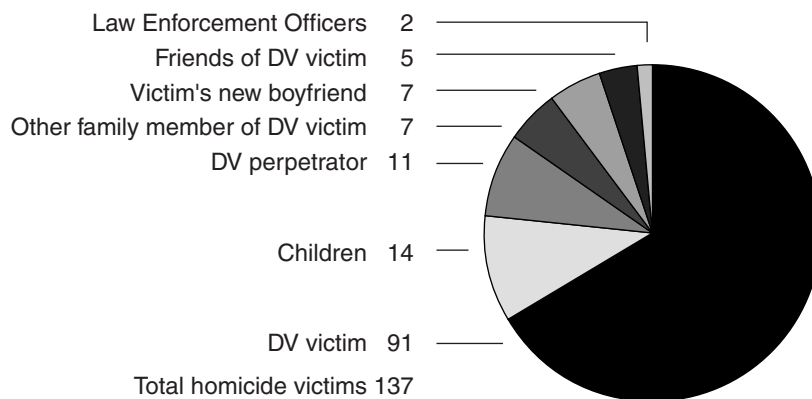
Guns were by far the most common weapons used in domestic violence homicides (chart above, right).

**Total Cases Overview**

A total of 130 cases which occurred between January 1997 and August 2000 comprise the larger pool of domestic violence fatalities examined in this report. Some of these cases (9%) involved multiple homicide victims, thus the total number of homicide victims is 137. Again, female intimate partners were the overwhelming majority of victims. Seven women killed their male intimate partners. Of these, no charges were filed in three cases because it was clear the woman was acting in self-defense. While charges were filed in the remaining cases, all the women claimed histories of abuse. Three abusers were killed by friends or family of battered women during confrontations.

When men who are violent towards their female intimate partners become homicidal, the danger extends to the friends and family of the domestic violence victim. Out of a total of 137 homicides,

**Multiple Victims in Domestic Violence Homicide Cases**





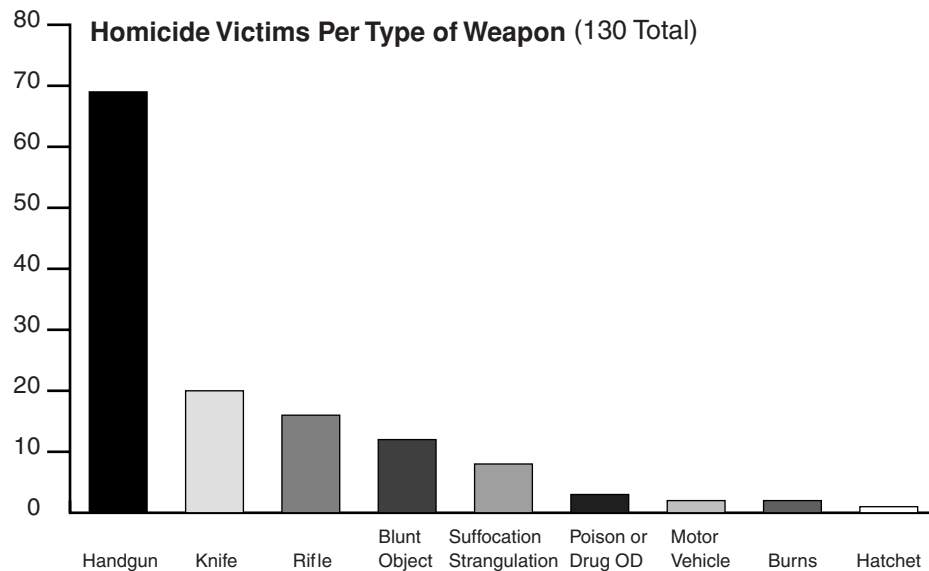
12/21/1997:  
Pacita Marcelo, age 48,  
beaten with an object by  
her boyfriend

25% were children, friends or family members of the abused woman. In some cases, while the domestic violence victim survived, she saw her mother, her children, or her new love interest killed.

Significantly, 28% of the domestic violence homicides involved suicides as well. This is discussed in more detail in the section on Suicidal Abusers (starting on page 31).

Ten percent of the homicide victims were the children of the domestic violence victim. These cases are distinguished from other child abuse deaths in that they were not necessarily preceded by mistreatment of the child. Their genesis lies in the desire to control and punish the mother of the children; these murders were often preceded by the abused woman announcing she was leaving, or they took place during custody disputes and separations preceded by domestic violence. In most cases, intimate partners were killed along with their children, but three children were killed during visitation or when out of the presence of their mother.

Guns were the most common means of killing.



## FINDINGS AND RECOMMENDATIONS

1/2/1998:  
Dorothy Ure, age 66,  
shot by her husband

What follows are findings from the Domestic Violence Fatality Review panels, based on the 30 reviewed cases. Review panels did a great deal of work identifying themes and problems in the cases examined.

### How the Recommendations were Formulated

While the findings come directly from the review panels, the recommendations do not. Review panels are not recommendation-making bodies; they instead focus on identifying problems, barriers, and gaps in all relevant systems and institutions that interact with the batterer and his intimate partner. To formulate recommendations, the Fatality Review staff, based at WSCADV, convened an advisory group of experts in various areas (law enforcement, batterer's intervention, child welfare, etc.) to examine the aggregated findings of the review panels and provide advice. We would like to credit the review panel members' hard work for providing the foundation from which recommendations arose, and the members of the advisory group for providing guidance. We have worked hard to stay true to the review panels' discussions and the general directions pointed out during reviews. However, WSCADV takes full responsibility for these recommendations, and the reader should note that some review panel members may have differing opinions about what should be done to rectify the problems identified.

### Key Themes and Findings

While the rest of this report goes on to discuss particular aspects of the community response to domestic violence, several key themes and findings should be noted which influenced almost all of the findings.

- 1) We do not know if a model coordinated response to domestic violence could have saved the battered women, or their children, friends, and family from being murdered. We *do* know that none of the victims experienced a model response to domestic violence.
- 2) When battered women and their violent partners *did* come into contact with social service, civil and criminal justice systems, it seemed that attention to victim safety was minimal, inconsistent, or nonexistent.
- 3) Women of color, women who are limited English-speaking, and women who did not conform to idealized notions of "the innocent victim" were less likely to be the recipients of "best practices" as a result of conscious or unintentional biases on the part of the law enforcement officers, medical professionals, and social service providers they encountered.
- 4) Everyone who makes contact with a battered women should remember that domestic violence is potentially lethal, that they may be the one opportunity the battered woman has to get accurate information and support, and act accordingly.

01/23/1998:

David Kenneth Stone, age 42,  
shot by his girlfriend's  
ex-boyfriend

## ■ Public Awareness/Prevention

In almost all of the reviewed cases, friends, family and/or neighbors knew about the domestic violence. They had either witnessed prior assaults, heard death threats from the abuser, or heard about the violence from the battered woman. This generally came to light in interviews with law enforcement officers after the murder.

Abusers told relatives of their partners about their homicidal intentions, battered women called friends and told them the abuser had a gun to their head, neighbors watched as the batterer dragged a woman down the sidewalk by her hair, adult children of one abused woman knew their father kept a loaded gun in the house and threatened their mother with it, co-workers often knew about abuse or saw the bruises, neighbors heard fighting, screaming and banging. And yet, very few of these people knew what to do in response to what they heard and saw.

Friends and family often did not seem to know what to say to support women in leaving, accessing supportive resources, or taking steps to safety. Emotional and practical support of family and friends is critical for victims coping with violence, since many will never call the police, access a shelter, tell their doctor about the abuse or file for a Protection Order. Ordinary people need to know how to identify and respond to domestic violence in their community and take responsibility for doing so.

Frequently, even when they witnessed an assault, friends, family and neighbors did not call the police. Although police intervention is no guarantee of victim safety or batterer accountability, when no one else is willing to intervene, it is the only way to interrupt violence. Additionally, not calling the police virtually guarantees that the batterer will not be held accountable for his actions and the victim will not be any safer. When someone calls the police, it can give the message to both victim and batterer that the abuse is not okay and that people are concerned. When no one calls, battered women remain isolated.

Panels discussed extensively the reasons friends, family and neighbors would not call law enforcement or provide other forms of support to battered women. The primary reasons identified were:

- Acceptance of violence and abuse as normal
- Simply not knowing what to say or how to start a supportive conversation
- Not taking homicidal threats seriously
- Victim blaming
- Ignorance about community resources
- Fear of the batterer and his potential retaliation for helping the battered woman or calling the police
- A reluctance to bring law enforcement into a home or neighborhood because of warrants or prior bad experiences with police

02/05/1998:

Jeanne Williams, age 34,  
strangled by her ex-boyfriend

- Seeing abuse as the victim's problem, a private matter for the couple, and not wanting to get involved
- A lack of clarity about what was and was not illegal
- Not knowing what would happen once police were involved, and thus feeling that calling was a big gamble

#### ▲ Recommendations

- 1) *Schools should implement violence prevention programs which address domestic violence at every grade level.*
- 2) *Community education must go beyond the message that domestic violence is bad and actually teach community members how to identify abuse, how to talk to victims, and how to report and stay safe.*
- 3) *Community education strategies need to take into account the reasons why people hesitate to help and address them directly.*
- 4) *Community education should build a community ethic in which each person feels domestic violence is his/her business, and understands the importance of calling the police when witnessing domestic violence.*
- 5) *Domestic violence awareness training should be integrated into existing community education programs: new city and county employee orientations, Neighborhood Watch, workplace orientations, after-school programs, etc.*
- 6) *Community education campaigns should not rely on written information alone, but also make use of radio, cable, and TV.*
- 7) *Communities of color, immigrant, refugee and limited English-speaking, disabled, and gay/lesbian/queer communities should be supported financially and otherwise in developing targeted and culturally specific community education campaigns regarding domestic violence.*
- 8) *Community education should emphasize that any person who witnesses a domestic violence assault should call the police.*

## ■ Suicidal Abusers

Review panels felt that the findings regarding the danger of suicidal abusers were among the most important for the following reasons:

- A large portion of domestic violence fatalities involve suicide
- Model policies and practices for most disciplines do not thoroughly address the relationship between suicide and homicide
- Many communities lack awareness regarding how to evaluate and respond to suicide threats
- Many professionals lack the necessary skills to effectively confront and address these issues

General discussion and recommendations follow here, but please note that recommendations regarding screening and responding to suicidal thoughts in relation to domestic violence are also woven throughout the report.

All of the homicide-suicides among cases in Washington (reviewed and unreviewed) were committed by men. This is consistent with

02/25/1998:  
Elaine Beaubien, age 67,  
shot by her ex-boyfriend

national findings indicating that most homicide-suicides are committed by men.<sup>14</sup>

An additional four men committed suicide after attempting to kill either their partner or her new love interest, and another three killed persons before or after their unsuccessful suicide attempts. Another three men essentially goaded the police into shooting them (usually by pointing a gun at officers and threatening to shoot) as they responded to domestic violence, a phenomenon referred to as “suicide by police.” Thus, abusers were suicidal in 35% of the domestic violence fatalities overall (this includes cases in which no homicide occurred), and in 31% of the 123 cases in which a homicide was committed.

**Homicide and Suicide Cases January 97 to August 2000 (Total cases)**

Type of case	Number	Percent
Attempted homicide then completed suicide (no homicide)	4	3.1%
Suicide by law enforcement (no homicide)	3	2.3%
Homicide and attempted (unsuccessful) suicide	3	2.3%
Homicide(s) and suicide	35	26.9%
Homicide(s) only, no completed suicide or suicide attempt	85	65.4%
<i>Total cases</i>	<i>130</i>	<i>100.0%</i>

Suicidal abusers were more likely to kill multiple victims: half of the 12 cases with more than one homicide victim were followed by suicides of the murderer.

Review panels examined 10 (26.3%) of the 38 homicide cases involving attempted or completed suicides that occurred between 1997 and 2000. We also reviewed an additional five homicide-suicides which occurred prior to 1997. Fifty percent of the reviewed cases were homicide-suicides.

**Key Risk Factors**

All but one of the homicide-suicides in reviewed cases were committed with guns readily available to the perpetrator in the home. Domestic violence, homicidal and/or suicidal threats, and guns form a potentially deadly combination, and anyone who intervenes in domestic violence should respond to it appropriately by educating the victim about her risks and doing everything in their capacity to remove the guns.

Panels noted that even when the last documented suicide attempt occurred several months before the homicide, other risk factors, like stalking, guns, substance abuse, and violence, in combination with this history, signaled increased risk of homicide or homicide-suicide.

**▲ Recommendations**

*Every effort should be made to block the abuser’s access to guns when a history of suicidal threats, substance abuse, stalking, domestic violence, and the presence of deadly weapons co-exist.*

<sup>14</sup> Websdale, *Understanding Domestic Homicide*, 16.

## Community Awareness

The suicidal abuser's partner, friends and/or family knew of the abuser's suicidal threats prior to the homicide in five (17%) of the reviewed cases. In two of these five cases, victims had noted suicide threats in their Protection Order narratives; and in a sixth case, the police had documented suicide threats. Thus, it was clear to panels that someone had known about the suicidal thoughts in at least six (20%) of the homicide-suicide cases.

Panels agreed that community education about suicide was inadequate, and that the friends or family of the suicidal men in the cases reviewed probably did not know where to call for help, what would happen if they did call, or how to respond to disclosures of suicidal feelings.

### ▲ Recommendations

- 1) *Communities need increased education about resources for their suicidal friends or family members.*
- 2) *Public service announcements, posters, and educational materials should help people identify what to say to someone who is suicidal.*
- 3) *Public education should indicate that intimate partner violence combined with suicidal threats indicates increased danger to the suicidal person's family.*

## Lack of Adequate Response from Professionals

Review panels noted that the victims and perpetrators in the reviewed homicide-suicide cases were not isolated, and that many potential points of intervention existed prior to the homicide-suicide.

Panels also noted that law enforcement, criminal/civil justice, social service, and medical professionals rarely screened for histories of suicidal ideation, and when suicidal thoughts were clear, often deferred responsibility to act to other agencies. Finally, professionals did not seem to realize that when men who are abusive towards their intimate partners threaten suicide, that this indicates an increased risk of homicide.

A variety of professionals had seen several of the men who committed homicide-suicides: doctors, psychologists, psychiatrists, court evaluators, law enforcement officers, etc. A psychiatrist had recently written a letter to the court for one man, supporting his request for unsupervised visitation. The patient later killed his daughter during an overnight visit before killing himself. In another case, a man had received counseling and anti-depressant medication through his HMO. Others had multiple contacts with police.

Panels noted a general reluctance (or perhaps lack of skill) on the part of professionals to concurrently address both the suicidal behaviors and the domestic violence in these multi-problem abusers. In all cases where these multi-problem abusers encountered professionals, only one part of the problem was identified and addressed: either the professional identified the abuser as a criminal, and ignored suicidal

03/02/1998:

**Debbie Rowan, age 33,  
beaten with baseball bat  
and stabbed with axe by  
her husband**

04/15/1998:  
Oum Duang Cheth, age 37,  
shot by a male friend

behaviors and substance abuse; or the professional viewed and treated the abuser as mentally disturbed or drug-addicted, and ignored violence and abuse towards other people. This fragmentation resulted in inaccurately identifying and assessing the problem and not attending to the actual danger these violent multi-problem men posed to their families. This pattern led to a lack of action which left battered women and their family members vulnerable and unsafe.

▲ Recommendations

- 1) *Professionals in all fields should understand that when domestic violence and a history of suicidal behaviors (e.g., prior suicide attempts, communication of intent or desire to kill oneself) co-exist, this dramatically increases the risk of homicidal behavior toward an abuser's intimate partner and her loved ones.*
- 2) *Professionals should act on their duty to warn the current or former intimate partner of the increased risk of homicide when they come into contact with an individual whose history of suicidal behaviors co-exists with a history of violence.*

### **Criminal Justice System Response to Suicidal Abusers**

Many criminal justice system professionals who come in contact with multi-problem, suicidal abusers prefer to refer the abuser to another professional for a suicide assessment (e.g., probation officer refers individual to a mental health professional). While the intent of this referral is often to ensure the thoroughness and accuracy of the assessment, the decision to refer out produces other more grave problems than those averted through the referral. The primary problem in referring involves the significant time lag from date of referral to the date the findings from the assessment are received and reviewed. During this period of time (which can span up to several months), the woman and her loved ones may remain at considerable risk for being murdered by the abuser. This risk may be further increased as the abuser is under the scrutiny of the criminal justice system for violent behavior. Because time is of the essence, a suicide screen and assessment should be done whenever the opportunity exists, and acted upon quickly and appropriately.

▲ Recommendations

- 1) *Any criminal justice system professional who has ongoing contact with a known domestic violence abuser (e.g., probation officers) should screen for suicidal thoughts, threats, and behaviors, and have a clear protocol for response when the answers are affirmative.*
- 2) *Protocols for response to suicidal threats should include warning any current or former partners of their risk of homicide, safety planning, and providing resources/referrals to local domestic violence programs.*
- 3) *Every intervener should act as if they were the only intervener and take as much responsibility as possible for responding to danger.*

Panels found that court processes for ordering mental health evaluations move too slowly to effectively respond to suicidal threats and protect vic-



tim safety. In one case, the court ordered a domestic violence offender to obtain a mental health evaluation at his sentencing because the police report indicated he had made suicide and death threats. The court received the results from this evaluation almost three months from the day of the original incident report. The abuser killed his wife and another family member the following day.

05/26/1998:

Lita Ariola Olson, age 39,  
shot by her husband

#### ▲ Recommendations

- 1) *Law enforcement officers should immediately call in mental health professionals when the primary aggressor in a domestic violence situation threatens suicide.*
- 2) *Law enforcement officers, prosecutors, court-based advocates, and judges should all understand the increased danger suicidal threats represent and address battered women's safety appropriately.*
- 3) *Criminal justice system professionals should ensure that partners of suicidal abusers receive information regarding the danger of homicide, safety planning, and referrals to domestic violence programs.*
- 4) *Judges should use all the tools at their disposal to ensure the removal of weapons when abusers are suicidal.*

### **Mental Health Professionals, Batterer's Intervention Providers, and Suicide Specialists**

Panel members with expertise in the area of batterer's intervention and suicide intervention emphasized that suicidal domestic violence abusers require specialized treatment significantly different from standard interventions offered to the general suicidal population and the general population of domestic violence abusers. Routine interventions for suicide which do not directly address the power/control issues related to the abuse do not effectively alleviate suicidal and homicidal thoughts. Routine interventions for domestic violence which do not directly address the suicidal threats also will not be effective in reducing danger. Bifurcating the issues and focusing on one and not the other does not decrease risks of murder for the battered woman and other family members.

The mental health practitioners and professionals who intervened with suicidal persons in the reviewed cases did not seem to screen for past violence towards family members, and did not appear to understand that a suicidal person who has a history of abuse and control towards their intimate partner may pose a homicide risk. Panels found that mental health and batterer's intervention providers needed information and training regarding suicide interventions for domestic violence offenders, the duty to warn victims of the risk of homicide, options for involuntary holds with this population, and victim safety.

#### ▲ Recommendations

- 1) *All suicidal men should be screened for a history of violence.*
- 2) *Suicidal behaviors (e.g., a history of prior suicide attempts, current suicidal urges, or expressed intent) in combination with a history of*

05/30/1998:  
Wade Conn, age 31,  
shot by female friend's  
ex-boyfriend

- intimate partner abuse should signal a risk of homicide to the intimate partner and other family members (like children).*
- 3) *Suicide specialists (on crisis lines, in hospitals, and mental health settings) should receive training on the relationship between suicidal behaviors and homicide risks when domestic violence is present.*
  - 4) *Suicide specialists should screen for domestic violence when talking with suicidal individuals.*
  - 5) *When suicidal men reveal that they have a history of violence towards their intimate partner, then a protocol should be in place directing the specialist to warn the intimate partner of the risk of homicide.*
  - 6) *Mental health and batterer's intervention providers need specialized training in appropriate interventions for multi-problem violent suicidal men.*
  - 7) *Experts in the area of suicide and batterer's intervention should team with advocates to create model treatment guidelines for suicidal abusers.*
  - 8) *Treatment outcome research focusing on suicidal domestic violence abusers is needed to ensure that treatment approaches targeting this group of multi-problem abusers are indeed effective.*

### **Mental Health/Criminal Justice System Interface**

When police are the first respondents to suicide and mental health issues, they must call on mental health professionals for immediate assistance or advice, or have the person involuntarily committed. Significant gaps exist in mental health and criminal justice responses to suicidal batterers: the law empowering mental health professionals to involuntarily commit people specifically requires that the person have a mental disorder, such as a clinical depression or psychosis. However, a domestic violence abuser's suicidal thoughts may appear to stem from situational factors, not a mental disorder. Thus, abusive individuals threatening suicide may not qualify for involuntary holds. At the same time, jails cannot keep someone who is threatening suicide unless they have appropriate space and resources for that person (a padded room and constant monitoring). As a result, a suicidal abuser may be taken to the hospital by law enforcement, then released back into the community because he does not appear mentally disordered. When this happens, the suicidal abuser has avoided both legal sanction and mental health intervention. This leaves the battered woman vulnerable.

#### **▲ Recommendations**

*Domestic violence advocates, suicide and batterer's intervention specialists should work together to create strategies for responding to suicidal batterers, and recommend legislative changes if necessary.*

### **Information for Intimate Partners of Suicidal Abusers**

Many battered women may not realize that suicide threats signal increased danger to themselves and their children; however, a compassionate, clear and concerned communication from an advocate,

06/09/1998:

Stephanie Brock, age 16,  
stabbed by her boyfriend

professional, or authority figure can provide women with critical information they can use to assess their risk and plan for their safety.

One good intervention is not enough. A battered women may need to hear a consistent message multiple times from several people (i.e., the responding police officer, the prosecutor's advocate, her doctor) about the risk of homicide in order to recognize and act effectively in light of this information.

Finally, panels noted that most educational and safety planning materials regarding domestic violence do not make clear the additional risk of homicide which exists when abusers are suicidal.

#### ▲ Recommendations

- 1) *Everyone, in any context, who notes the concurrence of suicide and domestic violence should take the opportunity to educate the battered woman about the significant danger this represents to her, her children, and other family members.*
- 2) *Advocates should always ask a victim about the abuser's suicidal behaviors. If there is a history of suicidal ideation, they should inform/educate women about the risk of homicide and intensify safety planning.*
- 3) *When battered women do not want to leave the relationship in spite of the risks, interventions should focus on harm reduction and safety planning: removing guns or ammunition, creating a safe room with a lock on the door, identifying other potential weapons and making them harder to access, planning escape routes, ensuring access to a telephone, etc.*
- 4) *When an abuser is suicidal and the woman has left, advocates should always advise women to use a police escort if they must return to the home or come in contact with the abuser.*

#### Children's Safety

Review panels examined two cases in which suicidal men with histories of intimate partner violence killed children along with or instead of their intimate partner. Several unreviewed cases in which suicidal domestic violence abusers killed their children have occurred over the past three years.

Panels observed that looking for the typical signs of child abuse in order to judge children's safety does not help identify the risk of a homicide-suicide involving the child. Child killings were not preceded by the usual signs of child abuse. Neighbors, friends and even CPS workers described homicidal fathers as being involved, loving parents prior to the murder. In the two reviewed cases in which children were murdered, parents were separated and conflicts over custody and visitation had ensued. It seemed quite clear that killing the child stemmed from the abuser's efforts to continue to exert control or exact retribution against their partner for leaving. (Judging by news reports only, this held true for some of the unreviewed cases involving children as well.)

07/01/1998:  
Unnamed man, age 41,  
strangled by his boyfriend

▲ Recommendations

- 1) *Training for CPS workers, judges, and court evaluators should emphasize that when fathers have a history of abusive and controlling behaviors towards the child's mother, combined with a history of suicidal behaviors, children may be in danger.*
- 2) *Parents with a history of perpetrating domestic violence and suicidal behaviors should not have unsupervised visitation until they have completed a batterer's intervention program which also thoroughly addresses suicidal behaviors, and have fully resolved both suicidal behaviors and controlling impulses.*

## ■ Economic Barriers, Education, and Poverty

While it is clear that women of all races and classes experience domestic violence, review panels noted that the proportion of women who faced significant economic barriers to leaving seemed considerably high.

Panels verified that 53.3% (n=16) of the domestic violence victims in reviewed cases were employed, and that 36.7% were unemployed (n=11). While we were not able to verify educational levels for all domestic violence victims, it seemed that, generally, the level of educational attainment was low. We were unable to confirm whether any of the victims had a college education.

### DV Victim's Level of Education in Reviewed Cases

	n	%
Some high school	5	16.7
Graduated from high school	4	13.3
GED	2	6.7
AA degree	2	6.7
Other license or certificate	1	53.3
Missing	16	53.3
<i>Total</i>	<i>30</i>	<i>100.0</i>

Experiencing domestic violence frequently disrupts women's efforts to achieve educational goals and to become economically secure. Other research has shown that abusers often sabotage or undermine their partners' attempts to obtain job training and education.<sup>15</sup> Certainly these dynamics may have affected the women in reviewed cases.

Based on income levels revealed in public documents, or on panel members' knowledge of local salaries and public assistance grants, review panels estimated or verified income levels for 12 of the 30 domestic violence victims. Forty percent of the 30 domestic violence victims in reviewed cases (n=7) earned over \$1000 per month (but only one earned more than \$2000 per month). Sixteen percent had incomes under \$500 per month (n=5). Of the victims for whom

15 Jody Raphael and Richard Tolman, "Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Welfare and Domestic Violence" A Research Compilation from the Project for Research on Welfare, Work, and Domestic Violence, a collaborative project of Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk and Mental Health, April 1997. This report is available on the web at <http://www.ssw.umich.edu/trapped/pubs.html>

income figures were unavailable, 20% were clearly living lives marked by poverty (n=6). Overall, it seemed that at least 36% of the victims had very low incomes, and most of the others, while somewhat more secure, faced financial barriers to leaving the relationship.

07/01/1998:  
 Unnamed woman, age 28,  
 shot by her ex-husband

In the reviewed cases, over half the domestic violence victims lived with their abusive partners at the time of the fatality. Panel members pointed out that many of these women would have faced significant economic barriers had they attempted to leave their relationships: low earning potential, rents which would have absorbed most of their incomes, waiting lists for subsidized housing, childcare costs, and the difficulty of saving or obtaining enough money to secure a rental. It was clear that for most of these women, the basic costs of living for themselves and their children would exceed their income. While the victims may have hoped to obtain child support in the future, or perhaps a portion of shared assets (if any existed), they generally would not have been able to access these funds immediately.

In considering the cases of women who had children but little education, panels thought that their options for economic independence were extremely narrow, and it would have been very difficult to leave. Victims who were teenagers when they became involved with their abusers or became pregnant while teenagers had all left high school and were particularly economically vulnerable.

Seventy-three percent of the domestic violence victims (n=22) either had children or were pregnant. Of these, it seemed likely (but panels could not verify) that 13 were eligible for and may have accessed WIC (Women, Infants and Children nutrition program), TANF (Temporary Aid for Needy Families), or (depending on the age of their children) AFDC (Aid for Families with Dependent Children, now TANF) for financial assistance. Thus, these public aid programs were important potential points of intervention, support, and education. While TANF workers are directed by law and policy to screen applicants for domestic violence, panel members believed that this took place rather inconsistently.

#### ▲ Recommendations

- 1) *All programs serving poor women should:*
  - *make information about local domestic violence programs available*
  - *train their staff in identifying domestic violence and providing appropriate referrals*
- 2) *TANF workers should receive training and support in screening for domestic violence, responding to disclosures, and making referrals to local domestic violence programs.*
- 3) *TANF workers should be held accountable for adhering to policy regarding screening for domestic violence.*
- 4) *TANF offices and local domestic violence programs should develop cooperative relationships in order to facilitate getting support, information, safety planning, and services to battered women.*

07/09/1998:

Nancy Giraldes, age 46,  
stabbed by her husband

- 5) *Funding and support for subsidized housing should be expanded.*
- 6) *Domestic violence programs should be supported in creating longer-term transitional housing programs.*
- 7) *Staff of programs for pregnant teens should receive training regarding domestic violence.*
- 8) *Programs serving pregnant teens should make information about domestic violence and local resources available to their clients.*
- 9) *Access to higher education should be made more affordable.*
- 10) *Women making use of TANF should be supported in pursuing meaningful educational opportunities, including two- and four-year college degrees, as these dramatically improve earning potential.*

## ■ Marginalized Women

In over half of the reviewed cases, panels noted that victims did not conform to conventional or idealized notions of “battered women.” This fact may have interfered with law enforcement, social service and medical professionals’ ability to respond appropriately to them. This group of victims were often perceived as too young, too old, too flawed, too laden with other problems, too substance-abusing, to be a “real” battered woman. As a result, the quality and quantity of the interventions they received fell short of best practices.

Women with multiple problems (domestic violence, alcohol abuse, legal problems) are less likely to get the help they need because few programs address these challenges simultaneously. Single-focus programs may be reluctant to take on these women as clients, knowing that providing help will be complex, difficult, and possibly beyond the scope of their training. A scarcity of resources for services leads agencies to “ration” their services, focusing on the most easily helped people and avoiding the more difficult situations.

Panels also noted that when victims had warrants, appeared intoxicated, were clearly poor, or were generally less sympathetic for some reason, police reports were often less specific and thorough.

### ▲ Recommendations

- 1) *Everyone providing domestic violence education should emphasize that battered women may be imperfect, unsympathetic, and struggling with multiple problems.*
- 2) *Domestic violence programs should create stronger linkages with community organizations serving homeless women, substance abusers, women in the sex industry, and public defenders.*
- 3) *Domestic violence programs should extend advocacy and education efforts into drug treatment programs, jails, and prisons in order to reach marginalized battered women.*
- 4) *All professionals who intervene in domestic violence must vigilantly examine their own attitudes and biases about women who substance abuse, have criminal histories, are loud, rude or uneducated, act unappreciative, etc.*



## Warrants and Prior Arrests

Three of the victims had warrants related to failures to appear in court or pay fines. Police arrested one woman on an old warrant after responding to a call from a friend regarding domestic violence. Women with warrants avoided calling law enforcement for assistance, even though friends and family confirmed after their murders that abuse was ongoing and severe. Unresolved warrants effectively expand the abuser's power over their partner, depriving her of a tool for interrupting the violence and holding him accountable. Panels observed that when women have criminal histories, police, prosecutors, judges, juries and social service providers view them less sympathetically. This can result in less vigorous efforts to hold the abuser accountable or ensure her safety.

Panel members noted that battered women may not know that it is sometimes possible to clear up warrants without going to jail. Domestic violence advocacy organizations did not seem to possess expertise regarding warrants. Panel members pointed out that when battered women can clear warrants, it frees them from the abuser's threats to turn them in, allows them to call the police when they need help, and opens the possibility of cooperation with prosecution. Thus, resolving warrants is an important part of a safety plan. Addressing warrants can make a domestic violence program more relevant and valuable to marginalized battered women who might otherwise think a domestic violence program has little to offer them.

While people must be held responsible for their behavior, it can also be useful to remember that experiencing domestic violence can lead to impoverishment (because of abuser's economic abuse, sabotaging jobs and schooling, and sometimes deliberate attempts to ruin credit in order to render the victim less able to leave and more vulnerable) and crime, and battered women's criminal histories should be seen in this perspective.<sup>16</sup>

### ▲ Recommendations

- 1) *Domestic violence programs should treat resolving warrants as an advocacy issue.*
- 2) *Domestic violence programs should not deny women services because they have outstanding warrants.*
- 3) *Domestic violence programs should offer help in resolving outstanding warrants, and become familiar with the processes for doing so.*
- 4) *Courts should move towards cooperation with domestic violence programs in this arena, recognizing that resolving warrants denies abusers a tool and helps battered women make use of the legal system to resist violence.*

## Misidentification of the Primary Aggressor

Three women never called the police again after being arrested themselves when police responded to domestic violence. Misidentification

07/18/1998:

**Matthew Lozeau, age 28,  
shot by his female friend's  
ex-boyfriend**

<sup>16</sup> Beth Richie offers an excellent discussion of this dynamic in the lives of African American women in her book, *Compelled to Crime: The Gender Entrapment of Battered Black Women* (New York: Routledge Press, 1996). (12)



07/26/1998:  
Christa Garcia, age 18,  
shot by man because she rejected  
his advances

of the primary aggressor and arrest of the domestic violence victim sends a very powerful negative message to the domestic violence victim: that calling for help is a dangerous gamble which may result in more power for the abuser and that no one will really help her. Law enforcement officers need ongoing training on identification of the primary aggressor and distinguishing self-defense from assault.

### **Negative Labeling**

In several cases which took place in small towns, it became clear that some victims had been negatively labeled long before their abuser killed them. The small-town environment can facilitate arriving at negative community consensus about a person. In a larger city, it is unlikely that people in the police department, court, and hospital would all know when a woman started having sex as a teenager, who or how many people she had slept with. This anonymity may protect women somewhat from negative biases. Panels thought that religious leaders could be helpful in counter-balancing negative labeling.

#### **▲ Recommendations**

- 1) *In small towns, professionals and service providers must take extra care to ensure that their familiarity with a victim (either as a result of informal contact, rumors, or stories) does not affect providing the best possible advocacy and intervention.*
- 2) *The religious community, especially in small towns, should take a strong stand that violence is never justified.*
- 3) *Religious leaders should provide leadership regarding compassionate, non-victim-blaming attitudes.*

## **■ Teens**

Four of the murder victims in reviewed cases had become involved with their abusers as teenagers. Of these, two were under the age of 18 at the time of their death. In a fifth case, the mother of a teen was killed by her daughter's estranged boyfriend.

Some potential helpers in these cases did not accurately identify the fact that the teen was in an abusive relationship because the relationship was short, and the victim and abuser did not live together; therefore, the relationship did not display the typical pattern in domestic violence. Adults may be reluctant to label a teen as "battered." This lack of recognition can lead to withholding of information, support, and resources.

#### **▲ Recommendations**

- 1) *Adults need to recognize that teens may make themselves vulnerable to one another in very short periods of time, and can quickly get into abusive relationships.*
- 2) *People who work with teens in any capacity should receive training regarding teen dating violence and domestic violence, and teen advocacy resources in the community.*

07/28/1998:

**Lucia Barela Vargas, age 31,  
killed with blow to the head by  
her husband**

Panels found that adults in these teens' lives were often reluctant to intervene or confused about how to do so. In some cases, potential helpers (in schools, shelters, social service agencies) did not attempt to speak with the teen privately about problems because they felt that they needed parental permission to "counsel" the child.

Panels noted a diffusion of responsibility when it came to intervening with teens. In one case, several adults had identified the victim as "a good kid in trouble," but none felt that it was their specific responsibility or role to intervene directly with her. School personnel had unsuccessfully attempted interventions through the mother, but stopped there. Strategies for getting help to teens cannot rest on the assumption that all parents are functional and communicate with their children. Interventions which always rely on parents will inevitably fail a portion of teens whose parents are absent, neglectful, drug-addicted, or committed to violence as a way of problem solving.

In another case, the teen was in a group home and a ward of the state. Several agencies were involved in her case management, but responsibility for actually ensuring the safety of the teenager was unclear, so no one did. Both these teens died before their 17th birthdays, even though several adults knew they were in trouble.

#### ▲ Recommendations

- 1) *Multi-disciplinary workgroups focused on case management for teens should have clear delineation of roles in order to avoid inaction.*
- 2) *Each person who interacts with a teen victim of domestic violence, or notices a teen in trouble, should assume that the burden of helping that teen falls on him or her.*

#### Resources for Teens

Most communities have few or no safe, positive environments for teenagers to hang out and encounter helpful adults in a non-threatening environment, like a teen center.

#### ▲ Recommendations

*Teen centers and teen shelters which provide safe, nonviolent, positive environments with access to responsive adults are needed in each community.*

Schools are central to most teens' lives. Schools are a prime location for providing support and education around domestic violence. In the reviewed cases, schools did not have strong or developed programs for educating teens about domestic violence, or reaching out to them once they fell into trouble. Most schools do not have the resources to provide teens with the information and support they need to evaluate and escape abusive relationships.

#### ▲ Recommendations

*Communities should ensure that schools can function as a "community resource center" for teens, providing them with more of what they need in terms of support, anti-violence education, and social work resources.*

07/17/1998:

Kimberly Young, age 41,  
shot by man with whom she was  
having an affair

## Prevention Education

Prevention education and support for teenagers is scarce, and what little does exist is under-funded and under-supported. While some domestic violence programs offer domestic violence prevention education in local schools, school systems in Washington have not embraced domestic violence prevention education and support for battered teens in any systemic manner. Additionally, teens need ongoing support and education. Panels agreed that a one-hour presentation in a class once a year in the absence of ongoing support is inadequate, and education efforts cannot be successful without the creation of concurrent support systems for teens battered by their partners.

### ▲ Recommendations

#### 1) Schools should:

- find ways to provide meaningful resources to young people encountering domestic violence at home or in an intimate relationship
  - include teen dating violence in any anti-violence curriculum
  - train adults within the school to respond quickly and decisively with teens who are in danger
  - respond to dating violence in ways which do not stigmatize the victim or place the burden of safety solely on her (i.e., allowing the abuser to continue attendance at school and essentially forcing the victim to leave the school)
  - send a message to all students that violence is intolerable and back it up with action and sanctions against violent youth when it occurs
- #### 2) Teen prevention education should include development of peer advocacy, ongoing support systems, and community organizing skills.

In at least one case reviewed, the parents *did* recognize that the relationship was dangerous, but were unable to find support regarding how to intervene.

When a teen girl runs away to be with an abusive partner, identifying the appropriate intervention can be difficult. Currently, the paths for retrieving runaways involve bringing the youth into the juvenile criminal system.

### ▲ Recommendations

- 1) Parents and communities need non-criminalizing alternatives to responding to runaway situations.
- 2) Parents need strategies and support for intervening to avoid igniting more rebellion.

## Violent Teen Boys

In at least one case, the abuser who eventually murdered his wife had started his violence as a juvenile, assaulting his mother; these assaults continued into his 20's and it is not clear that anyone ever offered the

mother resources for support. Two of the teen boys who murdered their teen girlfriends also had histories of violence towards others.

Parents who become the victims of their teen sons' violence currently have few options beyond subjecting their child to the criminal justice system, which may be unacceptable for some people.

When teens start acting out violently, this may be an indication of a history of abuse, and they need help coping with that abuse as well as accountability for perpetrating violence.

#### ▲ Recommendations

- 1) *Parents abused by their children need support and resources for coping with their violent child.*
- 2) *Early intervention programs should exist for children/young adolescents who begin to act out violently.*

## ■ Access to the System

A tendency exists in the majority culture in the U.S. to blame domestic violence fatalities in immigrant/refugee communities on "culture." Such characterizations distract from the significant problems identified: lack of access to services, lack of meaningful advocacy, and lack of strong criminal justice intervention in domestic violence generally. One of the common threads between cases involving immigrants/refugees and cases involving U.S.-born individuals was a general lack of effort by the criminal and civil justice systems to control the batterer and keep the victim safe. A focus on an immigrant/refugee's culture also ignores the fact that the bulk of domestic violence murders in Washington are committed by white, U.S.-born, English-speaking men.

Thirteen percent of the 30 reviewed cases (n=4) involved victims and families who spoke English as a second language, and were immigrants or refugees to this country. While all the murdered women faced significant barriers in attempting to access help from law enforcement, courts, medical providers, social services, and domestic violence programs, review panels noted that this set of victims also faced additional and daunting barriers, including:

- the reasonable expectation of encountering bias and racism when seeking help
- institutional and individual racism on the part of professionals involved in the community response to domestic violence
- a lack of translation
- a lack of language-accessible, culturally appropriate services

In spite of these barriers, these battered women and their families had made remarkable efforts to access help in three out of four of these cases. Victims in these cases filed a total of five Protection Orders, and called the police several times. In three out of the five calls to police,

07/19/1998:

**Chastity Bartram, age 28,  
shot by ex-boyfriend**

07/20/1998:

Linda Charlene Wilson, age 35,  
shot by her boyfriend

the abuser possessed a weapon and had threatened the victim and/or other family members with it. In all of the cases involving limited English speakers, victims of domestic violence and their families encountered law enforcement agencies with inadequate translation resources, particularly for misdemeanor crimes.

### **Advocacy and Outreach**

While review panels identified translation at crime scenes as an important issue, they also agreed that the creation of meaningful advocacy for immigrant/refugee battered women was the most important priority. Panel members noted that when organizations have bilingual/bicultural people on staff, this increases opportunities for more natural and spontaneous connections to sub-communities.

#### **▲ Recommendations**

- 1) *Institutions such as law enforcement, hospitals, domestic violence programs, and Temporary Aid to Needy Families (TANF) offices should create collaborative relationships with grassroots organizations based in limited English-speaking communities.*
- 2) *The community should look for ways to strengthen the infrastructure of limited English-speaking communities - this can mean providing funding to create, support, and expand organizations aimed at serving these groups, valuing the expertise of bilingual members of these communities, and facilitating community organizing and community identification of needs and strategies for meeting those needs.*
- 3) *Mainstream organizations and funders should support self-determination and self-definition of problems and solutions in limited English-speaking communities.*
- 4) *Mainstream organizations and funders should work in collaboration, provide resources and expertise, and help build leadership and resources within the limited English-speaking community.*
- 5) *Mainstream organizations should also work to make their own programs and services relevant and accessible for battered women with limited English skills.*
- 6) *Community-based domestic violence programs should implement strategies to reach out to limited English-speaking communities, and provide battered women from those communities the services they want and need.*
- 7) *All of the institutions involved in community response to domestic violence (particularly law enforcement, but also medical and social service providers) should move in the direction of creating a workforce which reflects the communities they serve.*
- 8) *Mainstream organizations and community members must make issues of access to justice and services for immigrant/refugee and limited English speakers a priority, and push for system accountability in this arena.*

### Accountability for Limited English Speakers/Refugee Offenders

08/01/1998:

Lindzi Paulsen, age 46,  
strangled by her ex-boyfriend

Domestic violence offenders who cannot be served by existing batterer's intervention programs because of language or cultural barriers may end up with fewer consequences for their violent actions. This is because judges (rightly) avoid sending them to an inappropriate intervention provider, but they may not impose alternative consequences either. One of the violent men in the cases reviewed by panels was eventually found guilty of fourth-degree domestic violence assault, and one was given a Stipulated Order of Continuance with some conditions. However, active, language-accessible, post-sentence supervision was not available to them. One batterer ended up with two domestic violence convictions but, because no language-accessible, culturally appropriate batterer's intervention program existed in his area, he was not ordered into batterer's intervention.

Referrals to mental health agencies are not adequate, as most do not provide batterer's intervention or have expertise in this area. Additionally, a support group or mental health model for confronting and changing violent behavior is very foreign to many immigrant and refugee men. Programs which build knowledge and ability to provide peer support and intervention within communities should be created and supported.

#### ▲ Recommendations

- 1) *Mental health agencies serving minority communities need support and technical assistance regarding creating batterer's intervention programs.*
- 2) *When referrals to batterer's intervention are inappropriate because of language/culture, judges should impose long-term, active monitoring (with adequate translation), and jail time for repeat offenses and violations of the terms of sentencing.*

### Translation/Interpretation

A significant need exists to increase access to translation at domestic violence crime scenes. None of the law enforcement agencies involved in these cases allocated funds for interpreters at misdemeanor crime scenes. Because most domestic violence assaults are perceived as misdemeanors, this means officers usually attempt investigation with no translation. In one notable case, the incident report lacked the specificity and clarity to support prosecution. The result was a failure by the criminal justice system to hold a violent individual accountable for his criminal behavior, and a lack of investment in victim safety. The battered woman's estranged husband had shown up with a gun, stating his intention to kill her. Because of a lack of adequate translation in the first response, law enforcement officers did not obtain statements from the victim and the two witnesses with enough detail to aid in prosecution. Officers also did not attempt to find the husband. Once the prosecutor realized that the prosecution's case could not proceed without more detail (literally months later), lack of trans-



**08/07/1998:**  
**Carolyn Durall, age 35,**  
**hit in the head with a blunt object**  
**by her husband**

lation made locating the witnesses and victim difficult. Because of this, the abuser never faced prosecution for this assault. He killed his wife with a gun almost a year later to the day of the original incident.

Most departments seem to have a formal or informal policy of making use of friends, children, neighbors or other family members to translate who are relatively more fluent in English. This creates significant problems in domestic violence cases, and undermines the accuracy of the investigation.

Children should *never* be asked to translate regarding domestic violence because:

- they may feel unsafe telling everything
- the battered woman may be reluctant to speak freely about the assault(s) in an effort to protect her children (for example, the abuse may involve sexual assaults by the children's father that she would rather not reveal to them)
- children may be "punished" by the abuser later for aiding in his arrest
- children's vocabulary may not be adequate to explain what happened
- children at the scene may be upset themselves, impeding their ability to speak in a second language

Similarly, friends or family members may not provide accurate or full translation because of their own victim-blaming or judgmental attitudes, or fear of retaliation by the abuser or community leaders. People asked to provide translation may feel threatened and unsafe doing so, but may also feel uncomfortable refusing a law enforcement officer's request.

Using non-professional translation impedes adequate investigation into the crime. Non-professional translators may flatten, mis-report or distort the tone or content of a threat. This means that accurate lethality assessments cannot be done, and the prosecutor will receive inaccurate or limited information, negatively affecting the ability to make accurate charging decisions or pursue a case aggressively. The WASPC *Model Operating Procedures for Law Enforcement Response to Domestic Violence*<sup>17</sup> suggests law enforcement use state-certified interpreters, the AT&T Language Bank, or, for deaf people, the Washington Telecommunications Relay Service, to provide translation at domestic violence crime scenes.

#### 1) At homicide scenes

Translation seemed to be a problem even in some of the homicide investigations. At the scene of one homicide, a law enforcement officer asked a six-year-old child to translate for the first family member on the scene who had discovered the bodies of the two victims. The panel noted that this was extremely problematic, because of the potentially traumatic content of what is said and the possibility that

<sup>17</sup> Washington Association of Sheriffs and Police Chiefs, *Model Operating Procedures for Law Enforcement Response to Domestic Violence* (Olympia, Washington: WASPC, revised 1999).



the adult would not provide all the information they possessed in order to protect the young child.

08/15/1998:  
Lori Wolf, age 34,  
shot by her ex-boyfriend

In another case, a hostage situation went on for at least an hour, and because no translator was present, the young hostage had to provide translation while the murderer held a gun to her head. In several cases, law enforcement officers took statements about the homicide from the murderers in English, even though it was clear that their English was quite limited. In one case, officers asked a friend of a relative of the perpetrator to translate the Miranda warnings, and were apparently hoping that this person could stay and provide translation during questioning as well. This sort of reliance on friends, family, victims, acquaintances, and non-professional translators can result in compromised investigations, mistakes that threaten effective prosecution, and therefore, compromised justice. Washington state law states that it is the “policy of this State to secure the rights, constitutional and otherwise of persons who, because of a non-English speaking cultural background, are unable to readily understand or communicate in the English language and who consequently cannot be fully protected in legal proceedings unless qualified interpreters are available to assist them.”<sup>18</sup>

#### ▲ Recommendations

- 1) *Children should never be asked to translate.*
- 2) *Consistent with our state law, law enforcement agencies should conduct investigations of domestic violence crimes with qualified interpreters.*
- 3) *Law enforcement training on domestic violence should emphasize using appropriate sources of translation, and avoiding use of friends, children, or family members as translators on domestic violence calls.*
- 4) *Domestic violence organizations and/or coalitions of social service providers may want to consider creating a pool of paid, on-call translators with specialized domestic violence training who can be available to the police, prosecutors, and probation officers, as well as community-based organizations.*

Some law enforcement agencies referred to a policy of making use of the AT&T Language Line for translation. In fact, none of the police reports, even for homicide investigations, indicated any effort to make use of this resource. Review panels identified a significant gap between policy and practice.

#### ▲ Recommendations

- 1) *Law enforcement agency policies regarding obtaining translation at crime scenes should be clear and training provided.*
- 2) *Law enforcement agencies should hold officers accountable for conducting inadequate investigations when they fail to follow policies regarding translation.*

08/17/1998:

Juanita Garnica-Maddox, age 25,  
shot by her ex-boyfriend

We recommend that communities and law enforcement agencies engage in a critical discussion of allocation of resources and make the effort to provide that translation within existing budgets. Use of the AT&T translation service is a compromise step: awkward and not always comfortable for the battered woman, but preferable to using children or neighbors or not seeking out translation at all. It is also a relatively cost-effective way to provide translation. Some departments have officers tape the entire conversation, even while using translation, so that the opportunity to transcribe and obtain professional translation services exists in the future.

## 2) Translation in social services and health care

While lack of translation was most easily documented in the criminal justice system, medical and social service providers also often fell short in terms of training and access to translation.

For example, it was clear in at least one case that medical providers had not consistently provided translation or had been impatient with limited English skills. This compromises care, as screenings and interventions may be much more effective when conducted in the patient's native language. Impatience, bias, and racism on the part of mainstream service providers result in barriers to resources, and ultimately contribute to the danger battered women face.

In two of the cases, the social service and domestic violence programs in communities where the murders occurred did not have specialized, culturally appropriate programs and services aimed at reaching the immigrant communities the perpetrator and victim came from.

In each case, one or two community-based domestic violence workers were bilingual/bicultural. However, resources for bilingual/bicultural advocacy were not adequate to fully meet the needs in these communities. The existence of a few advocates could not bring about the substantial changes needed in other institutions to make them accessible. Additionally, domestic violence victim advocates who work in immigrant/refugee communities need support and continued opportunities for developing knowledge and skills. Being one of the few people providing advocacy in a particular community can be isolating. Bilingual advocates may be pressured, ostracized, or threatened by abusers and even community leaders.

### ▲ Recommendations

1) *Medical providers and others screening for domestic violence should remember that even if a person speaks some English, they may feel more comfortable talking about emotional, sexual, or complex issues (like rape, intimidation, threats, barriers to leaving) in their own language.*

- 2) *All professionals who intervene in domestic violence should vigilantly examine their own attitudes and biases about women who have limited English-speaking ability and/or come from immigrant/refugee communities.*
- 3) *Bilingual/bicultural advocates should be supported by their workplaces in efforts to network and connect with others doing similar work.*
- 4) *Domestic violence program literature should emphasize that services are free.*

08/29/1998:  
 Rodney Smith, age 29,  
 shot by female friend's  
 estranged husband

## ■ Children's Safety, Domestic Violence, and Child Abuse Investigation

The Department of Social and Health Services Division of Children and Family Services (DCFS), had been involved with families prior to the murders in at least three of the reviewed cases. Domestic violence had not been clearly identified in any of these cases by the worker.

It was clear that DCFS workers in these cases did not screen for domestic violence. They also did not avail themselves of the public records (Protection Order filings, conviction records, Family Court Services reports) which would have indicated a history of abuse, even though the workers took time to investigate and interview several other sources of information, like psychologists and counselors. In one case, the eventual murderer called DCFS for the first time the day he was served with Protection Order papers. The panel felt that had the worker been aware of this, she may have asked more about domestic violence and made sure her investigation took into account events in civil and criminal court.

Current DCFS policies and practices do not adequately instruct workers to screen for domestic violence. Policies are also open to being misinterpreted by workers to mean that if the children witness domestic violence against their mother, then the mother has exposed her children to maltreatment.

DCFS can be an important point of intervention and assistance for battered women and their children, and good models exist for child welfare systems' response to domestic violence.

### ▲ Recommendations

- 1) *The DSHS Children's Administration (which encompasses the Division of Children and Family Services) should engage in community partnerships to develop philosophy, policy, and protocols for identifying and responding to domestic violence between adult intimate partners.*

09/12/1998:

Olivia D. Hodson, age 20,  
struck in the head by her boyfriend

- 2) *Policies should include:*
  - *Universal and effective screening for domestic violence with both parents, including screening for suicidal and homicidal threats.*
  - *Checking for the existence of current or defunct Protection Orders and domestic violence convictions and obtaining copies of Protection Orders.*
  - *Establishing collaborative, information-sharing relationships with Family Court Services and other workers who provide civil courts with parenting and domestic violence evaluations.*
  - *Routine referral to local resources for battered women when domestic violence is identified.*
- 3) *DCFS policies should emphasize an approach in which the worker's interactions and interventions with family members attempt to meet the following three goals:*
  - *to protect the child;*
  - *to help the abused mother protect herself and her children, using non-coercive, supportive, and empowering interventions whenever possible; and*
  - *to hold the domestic violence perpetrator, not the adult victim, responsible for stopping the abusive behavior.<sup>19</sup>*
- 4) *New policies should be backed up with intensive training for DCFS workers to ensure their appropriate implementation.*
- 5) *Training should involve locally based domestic violence advocates and emphasize the importance of forging links with local resources.*

Please see additional recommendations regarding children in the section on suicidal abusers (page 31).

## ■ Health Care Providers

Because medical records are generally confidential, panels had limited information regarding contacts with health care professionals in most cases. It is likely that most of the victims, perpetrators, and children involved in domestic violence fatalities had contact with a health care professional at some point in the five years prior to the murders. However, these contacts probably *did not* take place in the context of seeking emergency medical care for a domestic violence-related injury. Panels had verification that victims sought medical care for violence-related injuries in only four (13%) of the reviewed cases.

Good models for intervention in the health care setting exist. These generally advocate a short domestic violence screen for every patient.<sup>20</sup> Generally, panels felt that if all the health care providers involved with the domestic violence victims and perpetrators followed best practices for medical settings, more of the battered women may have received resources, information, and support.

19 The Family Violence Prevention Fund, *Child Abuse and Domestic Violence: Creating Community Partnerships For Safe Families: Suggested Components of an Effective Child Welfare Response to Domestic Violence*, by Janet Carter & Susan Schechter (San Francisco: FVPF).

20 Please refer to the *Perinatal Partnership Against Domestic Violence* manual, principal author Patricia J. Bland, M.A., CCDC CDP, in collaboration with the Washington State Department of Health (Olympia, Washington: Department of Health, 2000). This publication is available from WSCADV. Additionally, the Family Violence Prevention Fund provides extensive technical assistance and resources related to health care and domestic violence, including model policies and protocols, training curriculums, etc. Please see their website at <http://www.fvpf.org/health/>.

Medical providers serving on panels related varying levels of effort in their organizations to train personnel and establish protocols for responding to domestic violence. Many providers have received some domestic violence education. However, panels noted that while training and education may raise awareness, clear protocols and a solid infrastructure to support them drive changes in practice. Many health care providers still do not have these critical elements in place.

09/28/1998:  
Kavita Babber, age 13,  
strangled by older teenager  
she was involved with

#### ▲ Recommendations

- 1) *All health care providers should always conduct a domestic violence screen with all of their patients, including teens and the elderly.*
- 2) *Domestic violence screening should not be confined to initial visits; health care providers should find a way to routinely ask about violence and safety in the home.*
- 3) *Health care providers should establish protocols which allow for immediate access to a social worker or advocate if a woman reveals that she is experiencing domestic violence.*
- 4) *Health care providers should examine all their forms and mechanisms for processing information to ensure that they reflect the organization's concern for appropriate intervention in domestic violence.*
- 5) *Health care workers should strive to convey to their patients that when an individual wishes to talk about violence in the home, someone in the medical setting will be willing and able to offer resources and help.*
- 6) *Providers should inform a domestic violence victim that the documentation about her abuse exists and let her know it is confidential but will be available to her if she ever needs it for a court case.*

#### Pediatricians

In 14 (48%) of the 30 reviewed cases, women had children in common with their abuser or were pregnant by the abuser at the time of the fatality. An additional five women had children with a partner other than the abuser. Thus, 65% of the women had children, and 15 (51%) of them had children living with them either full- or part-time. Most of the domestic violence victims' children were under 20. Twelve of the women (40%) had children who were 10 years old or younger.

#### ▲ Recommendations

- 1) *Pediatricians should see the abuse of women as a pediatric issue, as is suggested by the American Academy of Pediatrics.<sup>21</sup>*
- 2) *Battered women's advocates and pediatricians should work together to create best practices protocols, curriculum, and educational materials for training pediatricians.*
- 3) *Protocols and training should address:*
  - *Indicators that children have witnessed abuse*
  - *Safe ways of asking children about violence*
  - *Key messages to give to children about domestic violence (i.e., it's not your fault)*

21 The American Academy of Pediatrics has issued a very strong policy statement on this topic: "The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women," *Pediatrics* 101, no. 6 (June 1998): 1091-1092. Also available on the web at <http://www.aap.org/policy/re9748.html>

09/29/1998:  
Dion Hamilton, age 33,  
stabbed by her boyfriend

- *How to intervene when the perpetrator accompanies the children*
- *When and how to involve CPS*
- *Documentation*
- *Potential use of medical records in custody disputes*

### **Prenatal Care and Childbirth Education**

Twenty percent of the battered women (n=6) were pregnant in the five years prior to the fatality. We were not able to ascertain if these women had been screened for domestic violence during their prenatal care. Panel members also noted that childbirth education classes and materials generally do not address the possibility of domestic violence as a part of the experience of pregnancy.

#### 1) Prenatal care providers

##### ▲ Recommendations

*Prenatal care providers should consistently ask about abuse and follow the best practices regarding domestic violence defined in the Perinatal Partnership Against Domestic Violence manual.*

#### 2) Childbirth education classes

Childbirth educators should be brought into dialogue with domestic violence advocates regarding the risk of abuse during pregnancy and the need to address abuse in the context of prenatal care and education.

##### ▲ Recommendations

- 1) *Childbirth education should address the possibility that pregnant women may experience abuse.*
- 2) *Childbirth educators should work with domestic violence advocates to create a model lesson plan regarding abuse and develop training regarding responding to disclosures of abuse.*

### **Geriatrics and Other Specialists**

Twenty percent of the 15 homicide-suicide cases reviewed (n=3) involved older abusers who had health problems and/or chronic pain. In all of these cases, emotional and physical abuse preceded the homicide-suicide. For this population in particular, medical professionals were a key potential point of intervention, for both the victim and abuser.

##### ▲ Recommendations

- 1) *All health care providers should screen for abuse, regardless of patient age or their specialty.*
- 2) *Geriatric providers should not rule out domestic violence just because of their patients' ages.*
- 3) *Geriatric providers should be especially alert to screening for domestic violence when older men become depressed or suicidal.*



10/01/1998:

Cynthia Ann Henson, age 20,  
shot by her husband**When the Abuser is the Patient**

Review panels verified that at least four of the domestic violence abusers had been seen by medical personnel for a variety of complaints in the five years prior to the murder. Even health care providers who routinely screen women for domestic violence may not regularly ask men about violence. However, health care providers have the opportunity to convey a message about the need to change and get help in a non-punitive environment. Further, identifying abusive behavior in combination with suicidal behaviors can be critical for helping the patient and reducing the risk of homicide to the abuser's partner and children.

## 1) Screening men for abusive behavior

## ▲ Recommendations

- 1) *Health care providers should screen men for their engagement in abusive behavior.*
- 2) *Advocates and medical providers should come together to create best practices for screening for abusive behavior, including protocols, "scripts," and how to respond if violence is revealed.*

## 2) Homicidal and suicidal behaviors and the duty to warn

## ▲ Recommendations

- 1) *Once the patient reveals the presence of domestic violence, the health care provider should assess for safety by asking about the existence of suicidal or homicidal thoughts or actions, as well as the presence of guns.*
- 2) *When speaking with people about depression or history of suicidal behaviors, doctors should ask about domestic violence, violence towards others, and the presence of homicidal thoughts.*
- 3) *If a patient reveals that he is currently violent and controlling towards his current or former intimate partner and is also suicidal (or has a recent history of suicidal behavior), the health care provider should act on their duty to warn by contacting the person's partner to warn her about the risk of homicide.*

**Interventions for Violent Teens**

One teen boy who killed his teen girlfriend had been seen for a child abuse related injury two years prior to the murder. While medical staff determined the cause of the injury, they did not call Child Protective Services. The panel felt that this represented a squandered opportunity for a potential intervention with a troubled young person.

## ▲ Recommendations

*Medical providers should report all child abuse.*



10/01/1998:

Mary Louise Oakes, age 76,  
shot by her husband

### **Alternative Health Care Providers**

One abused woman had visited an alternative care provider for a domestic violence-related injury. Review of that case made clear to the panel that while an increasing number of people seek help from alternative care providers, this group has not been the target of domestic violence education efforts.

#### **▲ Recommendations**

- 1) *Alternative health care providers need to be brought into the dialogue about responding to domestic violence in the health care setting.*
- 2) *Leaders and policy makers in alternative health care should team up with domestic violence advocates to create educational materials and opportunities appropriate for their particular disciplines.*

### **Cultural Sensitivity and Translation**

Four of the women who had documented contacts with medical providers or who had been pregnant in the five years before the murder spoke English as a second language and were rooted in non-American cultures. Panel members with expertise in working with these populations pointed out the need for cultural sensitivity when performing domestic violence screening. With some women, rather than asking directly about violence, it may be preferable to ask more indirectly about how things are going at home, or if anything is troubling at home.

Providing translation in the health care setting is critical when working with women who are limited English-speaking. Some patients may not feel the need for an interpreter for a routine health check in which they anticipate answering yes/no questions, but will want an interpreter to discuss more complex issues like violence in the home. If a woman senses that a medical provider is impatient with their accent or limited English skills, they are much less likely to reveal difficult and personal information, such as their experience of violence.

#### **▲ Recommendations**

- 1) *Health care providers need to approach domestic violence screening with cultural sensitivity and thoughtfulness regarding the need for translation.*
- 2) *Once a limited English-speaking patient discloses domestic violence, the provider should ask again about the need for an interpreter.*
- 3) *Interpreters in the health care setting should have domestic violence training.*

## ■ Guns

10/11/1998:

**Rosemary Casey, age 40,  
shot by her husband**

Guns were overwhelmingly the weapons of choice in both reviewed and unreviewed homicides. In the reviewed cases, 74 of the victims were killed by rifles or handguns. In the total cases, 62% of the homicide victims were killed with rifles or handguns.

### Federal Law

Federal law exists forbidding respondents to Protective Orders and people convicted of domestic violence-related crimes from possessing a gun.<sup>22</sup> However, panel members pointed out that Washington State RCWs are not consistent with federal law, and do not completely prohibit gun ownership for respondents to court orders.<sup>23</sup> Technically, state law cannot supercede federal law but this discrepancy causes confusion, and judges do not consistently use their authority to ensure surrender of weapons in Protective Order, Restraining Order, and No Contact Order hearings.

### ▲ Recommendations

*Washington State should bring its laws in line with federal laws which prohibit gun ownership for persons subject to domestic violence-related court orders.*

### Surrender of Weapons

Twenty-two abusers killed twenty-seven victims with guns in the reviewed cases. In seven of those cases, the murderer killed their victims with a gun they possessed in violation of the federal law. Panels noted that several of these individuals used guns they had possessed prior to their domestic violence conviction or the filing of the PO. Efforts had not been made to ensure surrender of weapons.

In one case, the abuser had been subject to a Restraining Order and had turned his weapons in to a police department. However, at some point the restraining order was dropped and he was allowed to retrieve his guns. He committed a homicide-suicide shortly thereafter.

Panels noted that orders to surrender guns need to be effective. In one case, the abuser was required to turn his gun over to his son, who lived with him in the same house. This approach did nothing to reduce the abuser's access to deadly weapons and increase victim safety. When surrender of weapons is ordered, guns should be turned in to the local law enforcement office.

Under RCW 9.41.800, if clear and convincing evidence exists that the party has “used, displayed, or threatened to use a firearm or other dangerous weapon in a felony, or previously committed any offence that makes him or her ineligible to possess a firearm” a judge entering a PO, NCO, or RO *must* require the party to surrender the firearms/weapons and prohibit the party from obtaining a weapon. Further, the statute

<sup>22</sup> 18 U.S.C. section 922(g)(8).  
<sup>23</sup> RCW 9.41.810.

10/22/1998:  
Rondell Lee Arnett, age 48,  
shot by her boyfriend

allows judges to require surrender of weapons at their discretion if a preponderance of evidence exists, or if they feel that possession of the weapon presents a serious and imminent threat to public health or safety.

▲ Recommendations

- 1) *Weapons removal for domestic violence offenders should be a top priority for everyone in the criminal justice system.*
- 2) *Every effort should be made at each step of the criminal justice intervention (police incident report, prosecutor contacts, sentencing) to ascertain and document what firearms the abuser possesses.*
- 3) *Judges should order all convicted domestic violence offenders and respondents to POs to surrender all firearms.*
- 4) *When surrender of firearms is a condition of sentencing, then the abuser should be required to show a receipt for the weapons from the appropriate law enforcement agency at a hearing set within 48 hours of sentencing.*
- 5) *When individuals fail to provide proof they have surrendered their weapons, judges should issue warrants for their arrest.*
- 6) *Consequences for failure to comply with weapons surrender orders should be meaningful, such as revocation of an SOC and/or a night in jail.*
- 7) *When weapons surrender is a part of sentencing, probation and community corrections officers should check with courts, the victim, and the offender to ensure this has been carried out.*
- 8) *Federal prohibitions on weapons possession after the conviction of a domestic violence crime should be enforced, and known violations should be referred to the federal prosecutor.*
- 9) *Rather than completely dropping all conditions of Restraining Orders, No Contact Orders, and Protection Orders, judges should seek to keep some conditions in place, especially the surrender of weapons.*

**Gun Dealers**

In one case, the abuser bought his weapon just days prior to the murder. Here, a system failure occurred at the point of the gun dealer, who should not have sold a weapon to someone subject to a PO.

▲ Recommendations

*Gun dealers should be held accountable for failures to follow federal law.*

## ■ Protection Orders

10/29/1998:

Jody Peters, age 25,  
stabbed by her boyfriend

In 37% of the 30 reviewed cases (n=11), the victim (or, in one case, her mother) had filed for a Protection Order. Three out of four of the limited English-speaking victims filed for Protection Orders. We were able to verify contact with a community-based domestic violence agency by only one of these women.

### The Need for PO Advocacy

Many more women file for Protection Orders each year than can be served in domestic violence agencies. For this reason alone, panels identified the lack of domestic violence advocacy available in most Protection Order offices as a critical gap, representing an important lost opportunity to increase victim safety by providing them with support, information, resources, and safety planning.

Lack of advocacy negatively impacts the Protection Order process itself. Without advocacy, women in crisis may not know what information is most important to present to judges, or how to present their complicated situations in a clear way. This can lead to the omission of important information about safety issues the court may need in order to make decisions.

Protection Orders function as only one part of a comprehensive safety plan. Without advocacy, it is unlikely that safety issues will be addressed in the PO process. Applicants for Protection Orders generally have between ten minutes and two hours between the time they fill out the paperwork and when they see the commissioner or judge. This unused time, when a woman could be talking to an advocate, represents a lost opportunity to provide support and education to women in danger.

### ▲ Recommendations

- 1) *PO offices should be staffed by well-trained domestic violence advocates who can provide safety planning and education as well as advocacy.*
- 2) *Translation should be available for PO advocates and/or PO offices should be staffed by bilingual advocates.*

### Homicidal and Suicidal Threats

Almost half the women who filed for Protection Orders mentioned the abuser's death threats and/or suicide threats in their Protection Order narratives. With no advocate on-site, no one had the time, responsibility, or expertise to understand the import of these disclosures. Thus, even as these women foretold their own deaths, no one was available to offer them support and resources or offer them assistance in safety planning. This highlights the need for PO advocates.

Panels wondered if many battered women mentioned death threats or suicide threats, and if it would be viable to target these cases for extra intervention. In response, the Domestic Violence Fatality Review pulled

11/00/98:  
Kelly Conway, age 20,  
killed by a man who wanted to  
date her

all the Protection Orders from four randomly chosen weeks in one year at one Superior Court with no PO advocacy program, in order to see how many women mentioned suicidal or homicidal threats. We found only a few mentions of homicide or suicide threats among these orders. In contrast, 44% (4 out of 9) of the women whose murders were reviewed in that particular county mentioned death threats in their PO. A fifth woman mentioned her abuser's suicide threats in her PO narrative and a sixth told police about death threats.

▲ Recommendations

- 1) *Protection Order forms should ask about the history of suicidal thoughts, threats, or behaviors.*
- 2) *Judges, advocates, and court staff should make an effort to educate women regarding their increased risk of homicide when they note that the respondent to the order threatens suicide, and urge her to contact a domestic violence program for shelter and/or safety planning.*
- 3) *PO forms should ask about homicidal threats.*
- 1) *Judges should take homicidal and suicidal threats very seriously and seek to block an abuser's access to the victim.*

### Judicial Training and Courtroom Environment

Panel members did not feel confident that domestic violence victims were consistently treated with respect by judges/commissioners when filing for Protection Orders.

In some jurisdictions, pro-tem judges frequently heard Protection Order cases. Panels noted that pro-tem judges often have the least experience or training with regard to domestic violence. In one case, a transcription of the hearing was available, and it was quite clear that the pro-tem judge had spoken with curtness and condescension to the victim, telling her the court would take a "dim view" of her if she went back to the offender. Judicial condescension undermines battered women's attempts to obtain safety and can make them feel the justice system will not be of assistance to them.<sup>24</sup>

▲ Recommendations

- 1) *Any judge hearing Protection Orders should have adequate training about domestic violence to ensure that the way they handle hearings will not do more harm than good. Training should cover:*
  - *All provisions of a Protection Order*
  - *The intent of the enabling legislation*
  - *The danger that suicide and homicide threats pose*
  - *Ordering the removal of weapons*
  - *Creating an environment which conveys a message that abuse and violence are unacceptable, and that the court system will support victims of violence*

<sup>24</sup> See James Ptacek, *Battered Women in the Courtroom: the Power of Judicial Responses* (Boston: Northeastern University Press, 1999) for an excellent discussion of the impact of judicial attitudes on battered women.

2) *Judges, pro-tems, and commissioners should treat all PO petitioners with respect and courtesy, and avoid saying anything that might discourage a domestic violence victim from seeking help from the court in the future.*

11/06/1998:  
Dawn Hawkins, age 31,  
shot by her husband

### **Maximizing the Usefulness of Protection Orders: Ruling on Custody, Visitation and Weapons Possession**

Panels in some counties realized that judges and commissioners did not allow victims of domestic violence to benefit from all the forms of relief specified in the Protection Order legislation.<sup>25</sup> For example, in several of the POs, judges and commissioners did not respond to the victim's requests to specify custody issues or child visitation schedules. The statute specifically allows for the court to decide on these practicalities, even if a dissolution is in progress. Instead, women were referred to family court to resolve the issue. RCW 26.50.060 (1)(c) makes clear that the court can make residential provision with regard to minor children in a PO.

Because the risk of violence increases with separation, battered women need the most protection they can get as quickly as possible. Requiring women to file for protection as part of the dissolution action delays her ability to obtain protection. It adds another burdensome step in the process, and safety issues may not be clearly addressed within the dissolution or parenting plan. Women without representation may be especially vulnerable in these contexts. Further, the legislation enabling Protection Orders states that "Relief under this chapter shall not be denied or delayed on the grounds that the relief is available in another actions."<sup>26</sup> The Protection Order process is intended to provide immediate institutional supports for abused women who may not be able to afford the representation necessary to file dissolutions and custody actions in family court.

Although federal law prohibits the respondent to a Protection Order from possessing a weapon, PO forms do not clearly ask about the respondent's access to weapons. Further, judges generally did not ask about this, nor did they order the respondent to surrender weapons in most of the orders reviewed by panels.

#### **▲ Recommendations**

- 1) *Judges should grant protection orders based on whether or not domestic violence exists, not based on whether or not the couple has children, a pending divorce, or other issues.*
- 2) *Judges should respond to all the petitioner's requests and seek to maximize the usefulness of the PO for the domestic violence victim.*
- 3) *PO order forms should inquire whether or not the respondent possesses weapons.*
- 4) *Judges should consistently inquire about weapons and require respondents to surrender weapons to local law enforcement.*

<sup>25</sup> RCW 26.50.

<sup>26</sup> RCW 26.50.025 (2).



11/18/1998:

Norma Foltz, age 77,  
shot by her husband

## Enforcing Protection Orders and Prosecuting Violations

Generally, panels noted that law enforcement and prosecutor response to PO violations was minimal. While multiple PO violations were observed throughout the reviews, prosecutors did not file charges against any of the violators.

Battered women who have filed for POs have taken an important and risky step by seeking the justice system's support in reducing the abuser's power and control over them. How each person in the civil or criminal justice system responds to the battered woman and her abuser (the judge who hears the request for the order, the law enforcement officer who responds to the PO violation, the prosecutor who decides whether or not to file charges regarding the PO violation) conveys a powerful message about the degree to which the abuser will be held accountable for his actions, and how much the victim's safety is valued.

Compared to assaults, PO violations which involve vandalizing a car, delivering a letter, or calls to a workplace may all appear "minor" to criminal justice personnel. However, for victims, these acts are intimidating and threatening; they indicate the abuser's determination to continue to violate boundaries and exert control. The point of a PO is to hold abusers accountable for such intimidating acts, without having to wait until further violence ensues. Police and prosecutors render POs meaningless when they will not act unless the violation itself could also be classified as an assault.

In three cases, the murders occurred in close proximity to violations of court orders. In one case, the abuser had been repeatedly calling the battered woman's boyfriend and making death threats and demanding to speak to his ex-girlfriend. Police responded to one such violation the night before the murder, but did not attempt to locate the abuser. In another case, the abuser had tracked his partner to a hiding place and violated the order by waiting for her there. He left but then violated the order by repeatedly calling her. In this case, the officer correctly identified the stalking behavior and danger and took steps to arrest him. In a third case, the abused woman's sister had filed an anti-harassment order after her sister let a PO drop. The abuser violated this order almost daily for the three weeks prior to the murder. Police never tried to locate the abuser and it is also not clear that police urged the battered woman to file for a new PO. None of the reports noted the prior violations.

### ▲ Recommendations

- 1) *Police should ask about prior violations of the PO when responding to a PO violation.*
- 2) *Advocates should advise domestic violence victims to keep a log of report numbers for PO violations and/or prior assaults (if it is safe to do so) and make a point of giving police this information each time they respond.*
- 3) *PO violations should be taken seriously by law enforcement and prosecutors.*



## ■ Barriers to Accountability and Victim Safety in the Criminal Justice System

12/09/1998:

Melanie Edwards and her daughter Carli, age 33 and 2, shot by estranged husband/father

Generally, panel members felt that abusers were not held accountable for their violence prior to the murders, and that when criminal justice interventions did take place, attention to victim safety was uneven. In over half the cases, we could not find any indication that law enforcement had ever been called. These findings point to the fact that the criminal justice system alone cannot solve the problem of domestic violence.

In light of this, communities must critically examine the limits of the ability of the criminal justice system to address the deeply rooted and complex problem of intimate partner violence, and seek alternative methods of responding to and preventing domestic violence. These may include more extensive prevention education, increasing women's options for attaining true economic autonomy by improving access to college education and high-tech training skills, subsidizing battered women's moves out of state, increasing access to secure housing, and increasing community-based advocacy.

Many of the incidents reported by homicide victims prior to their murders were quite serious, involving guns, strangulation, death threats, violent property destruction, and serious assaults. However, review panels felt that the consequences for these offenses were often too soft, and would not communicate a strong message to either the victim or the offender that violence was unacceptable, and that the criminal justice system would hold the offender accountable.

In 40% of the 30 reviewed cases (n=12), review panels identified documented complaints to law enforcement regarding the abuser's domestic violence. Fifty separate incident reports were generated regarding 12 abusers (an average of four per abuser, although one abuser accounted for almost a third of the reports). Thirty four percent of these reports resulted in arrests (n=17). In every incident in which an abuser was arrested, law enforcement forwarded the case to the prosecutor. The prosecutor filed charges regarding 94% of the incidents in which an arrest occurred (n=16), and obtained a guilty plea or Stipulated Order of Continuance for nine of those incidents. Thus, 18% of the incidents documented by law enforcement resulted in some sort of consequence for the abuser. Out of nine sentences, only two involved significant jail time (one for eight days, one for 180 days with work release). Six of the nine involved either no time in jail or just overnight until their arraignment.

In the majority of reviewed cases, multiple incidents of domestic violence were documented via Protection Orders, dissolution documents, incident reports which referred to past violence, and law

12/21/1998:

Albert S. Narburgh, age 55,  
shot by his girlfriend's ex-husband

enforcement interviews with friends, family and neighbors after the murders. The disparity between the long histories of abuse experienced by victims and the relatively small number of calls to law enforcement reflects the underreporting of domestic violence. The minimal consequences imposed on violent individuals once law enforcement and prosecutors were involved indicates another common problem: the low priority placed on holding domestic violence offenders accountable by the criminal justice system, and thus the continued endangerment of battered women, even when they have taken the difficult step of calling the police.

### Law Enforcement

A total of 50 law enforcement reports were generated by the 30 reviewed cases. The quality of these reports varied considerably. A few were very detailed, documenting the scene, injuries, what victims said about violent acts and threats, and noting that domestic violence information was given out to the victim. At the other end of the spectrum, some reports regarding assaults consisted of one or two sentences. Many reports fell somewhere in between, but panels noted that weak documentation at the point of law enforcement intervention often ensured that prosecution would not go forward, or that if it did go forward, the prosecutor did not have enough documentation to pursue a trial or guilty plea, and instead had to settle for a Stipulated Order of Continuance—a milder form of accountability.

Model policies for law enforcement intervention exist, and provide excellent guidance. Many law enforcement agencies have good written policies regarding domestic violence. Review panels repeatedly saw that the challenge for law enforcement lay in getting officers to consistently *utilize* best practices or act in accordance with policy, not with identifying best practices or establishing policy. Additionally, most model policies do not adequately address the importance of identifying suicidal and homicidal threats. This is a significant shortcoming, given the large portion of domestic violence homicides which also involve suicide.

#### ▲ Recommendations

- 1) *Law enforcement agencies should do everything they can to implement the Washington Association of Sheriffs and Police Chiefs Model Operating Procedures for Law Enforcement Response to Domestic Violence (hereafter, referred to as the WASPC MOP).*
- 2) *Police and Sheriff's departments should have mechanisms in place to monitor the quality of domestic violence incident reports.<sup>27</sup>*
- 3) *Excellent response to domestic violence and increasing expertise in the area of domestic violence should be rewarded.*
- 4) *Officers who do not follow policy in responding to domestic violence should receive additional training and be held accountable.*
- 5) *WASPC should expand sections in the Model Operating Procedures on screening for suicide and responding to suicidal abusers.*

## 1) Documentation

Most reports did not indicate any effort to assess dangerousness or potential lethality by asking about threats, the presence of guns, or the victim's level of fear. Fewer than one in ten incident reports in reviewed cases documented an officer's attempts to find out if the domestic violence offender possessed a gun. In one case, the gun was removed from the home at the point of law enforcement intervention.

Most reports did not document any past history of violence or calls to the police, impeding the ability of law enforcement officers and prosecutors to identify patterns of escalating danger.

## ▲ Recommendations

- 1) *Officers should follow the guidelines for investigation and documentation outlined in the WASPC MOP.*
- 2) *Officers should ask about and document prior violence and prior calls to the police.*
- 3) *Whenever possible, officers should take a "Smith Affidavit" from the victim, especially when a pattern of abuse exists.<sup>28</sup>*
- 4) *Law enforcement should ask about and document possession of guns.*
- 5) *Officers should attempt to remove guns from the home whenever possible, and particularly when the abuser has a history of homicidal or suicidal threats. If the victim is willing to hand over guns for safekeeping, removal can be accomplished immediately.*
- 6) *When someone possesses guns in violation of federal or state law,<sup>29</sup> this violation should be reported and forwarded to the prosecutor.*
- 7) *WASPC should expand sections in the MOP on documenting the history of abuse.*

## 2) Homicide-suicide

Reviews revealed that law enforcement officers responded to calls involving 40% of the 15 of the men who committed homicide-suicides (n=6). Suicidal threats were documented in three of these cases. In two cases, officers transported abusers to local hospitals for evaluation, but they were not held for very long.

## ▲ Recommendations

- 1) *Officers should routinely ask victims about the abuser's history of making homicidal or suicidal threats.*
- 2) *If suicide or homicide threats have been made, officers should educate the victim as to the increased risks the abuser poses to her and her children, and urge the victim to call a domestic violence program for help with safety planning.*
- 3) *If an abuser is actively suicidal, officers should transport that person to the nearest appropriate hospital for evaluation.*
- 4) *Criminal issues should not be dropped just because a suicide intervention takes place.*

01/21/1999:

**Carolyn Paul, age 53,  
shot by her daughter's  
friend's boyfriend**

<sup>27</sup> While some departments have instituted specialized domestic violence units, this is not the only alternative for building strength and accountability regarding domestic violence interventions. Establishing specialists within each patrol squad who can serve as a resource for other officers is another alternative. This sort of program provides incentives for patrol officers to learn more about domestic violence and demonstrate excellence in this arena, as it can affect promotion.

<sup>28</sup> This is a sworn statement made at the time of law enforcement response. These constitute substantive evidence and can be of great assistance to the prosecutor, particularly if the victim does not wish to testify.

<sup>29</sup> Federal: 18 U.S.C. section 922(g)(8), State: RCW 9.41.040 (1)(a).

01/23/1999:

Gertrudes Lamson, age 50,  
shot by her ex-husband

### 3) Making the arrest

The 50 incidents to which officers responded resulted in 17 arrests (37%). Of the 33 cases in which no arrest was made, the primary reason for not making an arrest was the fact that the domestic violence abuser had left the scene prior to law enforcement's arrival. Officers made an effort to locate the suspect in only three (9%) of those 33 cases. (In one case, the incident involved threats with a gun, but officers noted no attempt to locate the suspect on their incident report.) Making an arrest and getting the abuser in custody is one of the most critical steps in holding an abuser accountable, as is evidenced by the fact that only the cases in which an arrest occurred were prosecuted.

#### ▲ Recommendations

*When probable cause exists, officers should attempt to locate the suspect and make an arrest.*

### 4) Tracking patterns

One abuser violated the anti-harassment order the domestic violence victim's sister had obtained 17 times (the victim lived with her sister). Officers wrote up reports in all 17 cases; however, none of the reports indicated that other violations existed, pointed to a pattern, or documented efforts to get the battered woman connected to resources and support. Officers never pursued or arrested the abuser for any of these violations. After weeks of intensively harassing his ex-girlfriend and her sister, the abuser came into the woman's apartment and shot her.

#### ▲ Recommendations

- 1) *Police and Sheriff's departments should implement mechanisms for tracking patterns in domestic violence calls (i.e., multiple calls from one address) and following up on domestic violence cases.*
- 2) *Officers should ask victims reporting PO violations about previous reported and unreported violations in order to help assess danger levels and to facilitate tracking patterns in violations.*
- 3) *If prior violations exist, dates and incident numbers should be recorded if the victim can provide them.*
- 4) *When multiple PO violations exist, officers should consider documenting the incident as stalking.*

## 5) Talking to victims

Contact with the police or sheriff may be the only chance a woman has to get the message that she does not deserve to be abused, and obtain information about resources. The quality of an interaction with police can heavily influence whether or not a woman calls again in the future, and this may be directly linked to her safety. A humane, thoughtful response to domestic violence can encourage women to feel they can call for help again.

## ▲ Recommendations

- 1) *Law enforcement officers should keep in mind that the incident they have been called to may not be the first or worst incident of violence the abused woman has experienced.*
- 2) *Officers should validate the danger women feel they are in and encourage women to access support and resources.*
- 3) *Domestic violence victim information pamphlets with up-to-date resources (and in multiple languages, when appropriate) should always be given out.*
- 4) *Officers should remember that what they say and how they say it can be as important as what they do.*

## 6) Warrants

As discussed elsewhere, routine checking for warrants resulted in one woman being arrested on old warrants when police were responding to assaults committed against her. Other women who had old warrants avoided calling the police, even when their abuser's violence was severe.

## ▲ Recommendations

- 1) *When possible, officers should use their discretion regarding running a warrant check on a domestic violence victim.*
- 2) *Officers should document the domestic violence and arrest the abuser if probable cause exists, even if they also have to arrest a domestic violence victim on a warrant.*
- 3) *When arresting a domestic violence victim on a warrant, officers should encourage her to seek support and resources for the domestic violence and assure her that she does not deserve to be abused.*

01/06/1999:

**Shawna Peterson and her sister  
Autumn Peterson, age 24,  
shot by Shawna's ex-boyfriend**

02/06/1999:

Jasmine Wayman, age 46,  
stabbed and bludgeoned with a  
sledgehammer by her husband

## Prosecutors

Overall, review panel discussions of prosecution decisions regarding charging, filing, plea bargaining, and sentencing recommendations were dominated by the following themes:

- The lack of jail space available, driving the system towards non-jail sentences even for dangerous violent offenders, which leaves victims very vulnerable.
- The apparent reluctance of many judges to impose meaningful consequences for domestic violence offenders.
- Prosecutors' reluctance to ask for sentences they know judges will not impose.
- The "rationing" of prosecutor resources for domestic violence crimes: prosecutors at both the county and city level have unwieldy workloads which prevent them from aggressively pursuing many cases. This situation results in light sentences even for serious assaults, as well as considerable delays between the incident and prosecution.
- Inconsistent commitment from county to county to holding violent offenders in jail.

Prosecutors filed charges in about 70% of the cases in which an arrest had taken place. This represents progress and the work done by advocates to push domestic violence prosecution. Sentences were imposed in most of these cases, another positive. However, if we focus simply on the processing of abusers in court and not on meaningful accountability and victim safety, we have missed the point.

When a person can:

- assault and terrorize their partner,
- get arrested but be out of jail the next day or even sooner (to again assault their partner, if they choose),
- simply fail to appear for court, or be found guilty but have their entire jail sentence suspended, or make a bargain to fulfill the conditions of an SOC and then never follow through, without ever facing real consequences (and still be free to assault their partner),

then the promise of accountability through the criminal justice system is empty, and all the efforts leading to the signed paperwork in court have not improved victim safety.

The Washington Association of Prosecuting Attorneys has published an excellent guide to prosecuting domestic violence crimes: *The Prosecutor's Domestic Violence Handbook* by Pamela B. Loginsky, most recently updated in 2000 (referred to hereafter as the WAPA Handbook).<sup>30</sup>

### ▲ Recommendations

*Prosecutors' offices should organize resources and personnel to ensure that best practices regarding domestic violence prosecution are followed.*

<sup>30</sup> Washington Association of Prosecuting Attorneys, *Prosecutor's Domestic Violence Handbook*, by Pamela B. Loginsky (Olympia, Washington: WAPA, 2000).



Some counties have a cite and release response to domestic violence crimes such as Protection Order violations. (The offender is given a ticket and told to appear in court.) In at least one case, this meant that no one trained to recognize danger signs spoke with the victim or domestic violence offender prior to the arraignment. At arraignment, no prosecutor was present to argue for a No Contact Order, conditions of release such as weapons surrender or higher bail, or explain the danger the offender posed to the victim. In that case, the abuser killed his estranged wife just days after his arraignment for the PO violation.

02/13/1999:

**Valerie Hansen, age 39,  
shot by her husband**

#### ▲ Recommendations

*Prosecutors should always be present at arraignments, sentencing, SOC revocation hearings, and motions to drop criminal No Contact Orders for domestic violence-related crimes.*

Even people who had a longstanding commitment to using violence were often treated as “first-time offenders” and their most recent crimes were seen in a vacuum. This occurred because in many counties, domestic violence cases were routinely dismissed by prosecutors up until fairly recently because they were a low priority unless the victim pledged to testify. As a result, even offenders with long histories of violence towards their intimate partners had no prior convictions when they assaulted their partners in more recent years. The historical lack of prosecution also meant that at the time of sentencing for murder, some abusers who had been arrested multiple times for domestic violence did not have any prior convictions which could affect their sentence for the homicide—a final erasure of the victim’s experience of a pattern of violence.

#### ▲ Recommendations

- 1) *Prosecutors and judges should follow the guidelines for charging and sentencing suggested in The Final Report of the Washington State Domestic Violence Task Force and further elaborated in the WAPA Handbook.*<sup>31</sup>
- 2) *WAPA should create a model sentencing grid regarding domestic violence which may be quickly and easily referenced, addressing consequences for multiple domestic violence offenses, noncompliance with sentencing, and PO violations.*

#### 1) Stipulated Orders of Continuance

Prosecutors commonly offer Stipulated Orders of Continuance (SOCs) in fourth-degree domestic violence cases. Panels frequently discussed the role of SOC in domestic violence prosecution, concerned that they did not offer adequate accountability.

For example, in at least one case, the domestic violence offender was given an SOC even though his violation involved death threats

<sup>31</sup> Office of the Administrator for the Courts, *Final Report of the Washington State Domestic Violence Task Force* (Olympia, Washington: June 1991).

03/03/1999:  
Reed Huska, stabbed by his  
girlfriend's ex-boyfriend

while gesturing with two guns. Both the WAPA Handbook and the *Domestic Violence Manual for Judges*<sup>32</sup> advise against issuing SOCs when the offense involves weapons.

▲ Recommendations

- 1) *SOCs should be offered only if: the current offense is a first offense and no other SOCs are pending, no Protection or Restraining Order was in place at the time of the assault, the assault did not involve weapons, death threats, or injuries which required medical treatment, and the victim does not want the prosecutor to seek a guilty verdict.*<sup>33</sup>
- 2) *When obtaining an SOC, the prosecutor should maximize the facts the defendant stipulates to by obtaining a sworn affidavit from the victim.*
- 3) *Consequences for violating the terms of an SOC should be swift (revocation hearings should be set in a timely manner) and meaningful (depending on the violation, the SOC should be withdrawn and a finding of guilty entered).*

2) History of violence

Because the criminal justice system focuses on one crime at a time, some domestic violence assaults and Protection Order violations may appear “minor” to police officers, prosecutors, judges, and juries. Looking only at discrete acts (such as violating a PO by showing up where a woman is hiding) obscures the way in which a pattern of domestic violence can terrorize battered women and their children. The danger and terror of domestic violence and stalking do not become clear without reference to the entire history of domestic violence, including incidents which did not result in convictions. Understanding the pattern of domestic violence can help illustrate the seriousness of a single assault and also explain why a victim has chosen not to testify against her assailant. In spite of this, law enforcement officers and prosecutors routinely neglect to ask victims about the history of violence and efforts to enlist help.

▲ Recommendations

- 1) *If law enforcement officers have not already done so, prosecutors should obtain a history of domestic violence incidents from the victim and official records.*
- 2) *Prosecutors should argue that the probative value of prior domestic violence acts outweigh their prejudicial effects.*
- 3) *WAPA should make a recommendation to the legislature regarding changing the evidentiary rules to increase the admissibility of prior domestic violence acts in court, as they are for sex offenses.*
- 4) *Whenever possible, pre-sentence investigations should be conducted.*

32 Office of the Administrator for the Courts, Washington State Gender and Justice Commission, *Domestic Violence Manual for Judges* (Olympia, Washington: 1997).

33 The WAPA Handbook offers good guidelines for use of SOCs.

- 5) *When it is not possible to conduct a pre-sentence investigation, courts or prosecutors' offices should provide judges with a current criminal history of the offender prior to sentencing.*<sup>34</sup>
- 6) *Prosecutors need training on strategies to bring in prior acts of domestic violence. One mechanism for doing this is to file stalking charges.*

**03/06/1999:  
Anouchka Baldwin, Amanda Baldwin  
and Salome Holly, age 37, 18,  
and 15, stabbed by Anouchka's  
husband (children's stepfather)**

### 3) Conviction history

Obtaining an accurate history of an offender's convictions can be critical to making appropriate charging and sentencing decisions. Even when prosecutors have access to computerized databases (i.e., WACIC, DISCIS), problems persist because many municipal courts do not report their convictions to these systems.

People from all parts of the criminal justice system who were represented on review panels (law enforcement, prosecutors, judges, probation) complained about the lack of communication/consolidation between the various computerized databases which track arrests and convictions, and noted that faulty or incomplete information could result in minimizing the danger a violent individual posed. Consolidation would allow greater efficiency.

#### ▲ Recommendations

- 1) *Efforts should be made to integrate the various criminal justice databases and to make them accessible to small municipalities.*
- 2) *All municipal courts should enter their data into the appropriate databases in a timely way.*
- 3) *Prosecutors and courts should also use all mechanisms at their disposal to ascertain histories of abuse.*
- 4) *Because the tracking technology is flawed, prosecutors and law enforcement officers should take the time to ask victims about the history of abuse, prior calls to police and arrests, and civil orders.*

<sup>34</sup> As recommended in the WAPA Handbook.

03/09/1999:  
Sarah Starling, age 15,  
beaten, choked and stabbed  
by her boyfriend

## Sentencing

### 1) Jail space/priorities

It appears that judges were reluctant to impose jail time for domestic violence-related crimes, even when those crimes involved violating the terms of sentencing or a prior court order. Panels found that the most common explanations for this reluctance were concern about jail space and a lack of understanding of the seriousness of domestic violence.

Clearly, in this set of cases, all the abusers arrested or convicted for domestic violence assaults re-offended. In response, panels questioned the policy of incarcerating nonviolent offenders while at the same time supervising violent offenders in the community with scarce resources.

Failing to hold violent individuals in jail sends battered women a message that the system will not be there to control the abuser, and leaves them vulnerable to further danger. National studies of jail populations indicate that less than half of the people held in the nation's jails were held on a violent offense or had been convicted of a violent offense. And half of the nation's jail population had never been arrested for a violent crime.<sup>35</sup>

### ▲ Recommendations

- 1) *Communities need to engage in serious dialogue regarding the allocation of criminal justice resources, especially prosecutor's time, courtroom/judicial time, jail and prison beds, and post-sentence supervision capacities, and decide if they want these resources allocated to violent or nonviolent offenders.*
- 2) *The legislature should commission a study of Washington's jail and prison space allocation.* The study should include an examination of what sorts of offenders are held in jail, what percentage of jail space is being taken up by people held on mandatory minimum sentences, the ratio of violent offenders to nonviolent offenders, and the number of violent offenders immediately released into the community because of lack of jail space. If the state study finds that Washington's jails are consistent with the nation's in that the bulk of beds are taken up by people with no history of violent offenses, then the legislature should consider adopting a sentencing scheme which would reallocate resources from housing nonviolent offenders into housing violent offenders, and providing effective monitoring of violent offenders once they are released into the community.

35 U. S. Department of Justice, Office of the Justice Programs, Bureau of Justice Statistics, *Special Report: Profile of Jail Inmates 1996*, NJC-164620 (Washington, D.C.: U.S. Department of Justice, revised June 1998).

## 2) Sentencing conditions

Panels noted that the quality and specificity of non-jail sentences (SOCs and probation) varied considerably. Conditions of sentencing were often minimal and not well-defined. Additionally, cases demonstrated that noncompliance with conditions of sentence rarely resulted in serious consequences.

## ▲ Recommendations

- 1) *When domestic violence offenders receive non-jail time sentences, then the conditions of sentencing should be extensive, clear, and enforced.*
- 2) *Conditions for SOCs and probation should address contact with victim, further crimes and assaults, substance abuse, batterer's intervention, etc.*
- 3) *Consequences for noncompliance with sentencing should be swiftly imposed.*

## 3) Judicial training

Very good materials exist for judges regarding adjudicating cases involving domestic violence. Generally, it did not seem that the homicide victims in reviewed cases were the beneficiaries of excellent judicial practice prior to their deaths.

## ▲ Recommendations

- 1) *The Judicial Association should continue to take an active role in encouraging judges to get more domestic violence training.*
- 2) *The Judicial Associations<sup>36</sup> should encourage judges to follow guidelines set forth in the Domestic Violence Manual for Judges prepared by the Office of the Administrator of the Courts.*

## 4) Anger management mis-use

A number of perpetrators of domestic violence murders were sentenced to “anger management” courses instead of a batterer’s intervention program for assaults committed before the murder. Judges and defense attorneys may see anger management as a lesser consequence for “minor” domestic violence offenses because it is shorter and less expensive than batterer’s intervention programs. However, this is not an appropriate response to domestic violence. Most batterer’s intervention professionals agree that first-time offenders convicted of less harmful assaults are the best cases for successful intervention. First-time offenders who have not perpetrated serious bodily harm are the group most likely to benefit from batterer’s intervention. Thus, anger management is not appropriate.<sup>37</sup>

03/10/1999:

**Rodney D. Hill, age 45,  
shot by his girlfriend's ex-boyfriend**

<sup>36</sup> The Washington State District and Municipal Court Judges Association and the Washington State Superior Court Judges Association

<sup>37</sup> The *Domestic Violence Manual for Judges* contains a short and excellent article by Dr. Anne Ganley, a nationally recognized expert, about the use of batterer’s intervention in sentencing.

03/23/1999:

Inocencia Castaneda Sanchez, age 45,  
shot by her husband

▲ Recommendations

- 1) *Judges need ongoing education regarding the difference between anger management and batterer's intervention programs and the reasons why anger management is not an appropriate sentence for domestic violence crimes.*
- 2) *Domestic violence offenders should not be ordered to anger management in lieu of a batterer's intervention program.*
- 3) *Individuals amenable to batterer's intervention programs should be required to complete them.*<sup>38</sup>

5) Batterer's intervention

The cost of a batterer's intervention program may make some judges reluctant to require it as a condition of sentencing. Frequently, abusers can avoid attending treatment (often the only consequence imposed on them for a domestic violence crime) by saying they cannot afford it. This sends a message to the victim that the criminal justice system will not hold the abuser accountable for the violence done to her.

▲ Recommendations

*The cost of batterer's intervention programs should not be a barrier for low-income offenders, reducing offenders' ability to manipulate the system with economic arguments.*

Judges sometimes imposed conditions based on factors which had nothing to do with the most appropriate sentence for the crime. In one case, the lack of a language-accessible batterer's intervention program and the judge's reluctance to impose jail time led to very light sentencing conditions. The judge did not require the offender to attend a batterer's intervention program (which may have been an appropriate decision, given the lack of accessible programs), but no commensurate alternative consequences were imposed either. This is an inappropriate response to violent crime and gives victims the message that the system will not hold the perpetrator accountable.

▲ Recommendations

*When batterer's intervention is not a viable option, sentencing alternatives should reflect the seriousness of the crime and result in similar levels of accountability as the requirement to attend batterer's intervention.*

<sup>38</sup> According to Joan Zegree, an expert in this area, good candidates for batterer's intervention programs: acknowledge responsibility for their abusive behavior; show motivation to change; have no or minimal domestic violence history; have the language and intellectual capacity to make use of the program; have no severe psychiatric diagnoses; have no severe substance abuse problem. Taken from "Batterer's Intervention: Why Should We Bother?" by Joan Zegree, MSW, in *The A-Files* 2, no. 2 (WSCADV, June 2000).



- A) **Partnerships in batterer's intervention monitoring.** Courts frequently impose batterer's intervention as the primary requirement of domestic violence offenders' sentences. Batterer's intervention providers and community corrections officers need well-established links in order to work together to hold the abuser accountable.

▲ Recommendations

*Prosecutors, judges, and community corrections officers should inform victims that the effectiveness of batterer's intervention programs is debatable, and her partner's attendance at the program is not guaranteed to increase her safety.*<sup>39</sup>

Panels noted that the quality of batterer's intervention programs is difficult to measure and varies significantly from program to program.

▲ Recommendations

*Judges should not allow offenders to attend programs they feel do poor work, communicate poorly with the court or probation department, or do not provide adequately for victim safety.*<sup>40</sup>

Some batterers are not amenable to batterer's intervention programs. Batterer's intervention is most effective for people who do not have long histories of domestic violence, and who are motivated to change. At least half of the abusers in reviewed cases had long histories of using violence documented through interviews with friends and family or through criminal justice records. It is very unlikely that batterer's intervention would have been effective with this group. Judges do not have good alternatives to batterer's treatment, particularly if they are reluctant to impose jail time and do not have a probation department to carry out intensive monitoring. However, it is illogical that longer-term offenders who are more committed to using violence and pose a greater danger to the community should receive lesser consequences for their crimes, as well as less monitoring.

▲ Recommendations

- 1) *Offenders who are too committed to violence to be appropriate for batterer's intervention should be seen as dangerous and face alternative consequences appropriate to the crime.*
- 2) *The Judicial Association should study and make sentencing policy recommendations regarding abusers who are not amenable to or appropriate for batterer's treatment.*

04/11/1999:

**Marjorie Ann Fittro, age 35,  
run over by her boyfriend in his truck**

<sup>39</sup> Problems with defining success are well explained in Dr. Jeffrey Edelson, "Do Batterer's Programs Work?" in *Future of Intervention with Battered Women and their Families*, ed. J.L. Edelson and Z.C. Eisikovits (Thousand Oaks, CA: Sage, 1996). An abbreviated version is available on the web at [www.mincava.umn.edu/papers/battrx.htm](http://www.mincava.umn.edu/papers/battrx.htm). In the paper, Dr. Edelson makes the point that from the battered woman's point of view, the only meaningful measure of success is if the abuse stops permanently, not if it is reduced in frequency or no longer rises to the level of criminality. An end to the abuse is rarely the measure used when intervention programs report their success rates.

<sup>40</sup> A recent series of focus groups conducted by WSCADV with battered women indicated the following: 82% reported that *nothing* (either batterer's intervention or other factors in the environment, such as arrest or church counseling) permanently changed their partner's behavior. Of the women whose partners had attended treatment, 50% said their partner's behavior had grown worse. Less than a third of the women whose partners had attended batterer's intervention reported a decrease in physical abuse. Several women said their partners faced no consequences when they refused to attend treatment. Most of the women had never been contacted by the batterer's intervention program (a requirement of the WAC). More information on this study can be found in "And the Survey Says...Survivor Experiences with Batterer Intervention Programs," by Patricia J. Bland, M.A., CCDC, Karen Rosenberg, Lorraine Williams, and Karen Riggan in *The A-Files 2*, no. 2 (WSCADV, June 2000).

04/28/1999:  
Amy Reeves, age 20,  
shot by her ex-boyfriend

Batterer's intervention providers would benefit from additional information from courts regarding the people they are treating in order to accurately identify issues and risks: criminal histories, police reports, PO narratives, address histories, history of being charged with crimes (but not convicted), and arrest histories.

▲ Recommendations

- 1) *Batterer's intervention programs and community corrections departments should increase and formalize collaborative efforts to hold offenders accountable for program attendance, checking in and trading information, all while keeping victim safety and confidentiality a top priority.*
- 2) *Batterer's intervention programs should alert probation officers immediately if the offender is out of compliance, and probation officers should immediately initiate processes to hold the offender accountable for satisfying the terms of the sentence.*
- 3) *Courts should give providers as much information about the offender as possible so that interventions can be appropriately gauged.*

B) **Substance abuse treatment in conjunction with batterer's intervention.** Three abusers in reviewed cases were referred to substance abuse treatment and not domestic violence intervention. Alcohol treatment does not generally address domestic violence. Courts often order an individual to first complete alcohol treatment, then pursue batterer's intervention. Even under the best of circumstances, this means months can go by before the individual encounters a batterer's intervention program, and thus before anyone actively confronts the abusive behavior, demands the abuser take responsibility for it, and offers help in initiating change. However, for people amenable to batterer's intervention, it may be acceptable to start the intervention program as soon as the person is not actively substance abusing. In these instances, substance abuse treatment and batterer's intervention can take place simultaneously.

▲ Recommendations

- 1) *Judges should avoid sentences for domestic violence offenders which focus only on substance abuse treatment.*
- 2) *Domestic violence offenders should be required to begin batterer's intervention as soon as possible.*

6) Weapons seizure

Federal law requires that any person convicted of a domestic violence crime forfeit their right to possess guns. State, county and municipal judges do not possess the right to make exceptions to this law.

▲ Recommendations

- 1) *Prosecutors should argue for seizure of weapons at the point of conviction and when NCOs are issued.*

- 2) *Prosecutors need additional training on civil processes regarding firearm forfeiture.*

06/29/1999:  
Monica Aldaco, age 31,  
killed by her boyfriend

#### 7) Court monitoring

Communities do not monitor judicial accountability regarding treatment of domestic violence victims filing for Protection Orders or the misdemeanor sentencing of domestic violence offenders. This allows poor judicial performance to go unnoticed.

##### ▲ Recommendations

*Community-based domestic violence advocacy programs should seek resources to set up domestic violence Court Watch programs as an avenue for increasing understanding of the local judiciary's approach to domestic violence.*

#### 8) No contact orders

In at least one case, an NCO was lifted at a hearing without the victim present; the offender and his defense attorney appeared to argue for it. The review panels agreed that this was very problematic in terms of victim safety. In other cases, NCOs were dropped at the victim's request.

##### ▲ Recommendations

- 1) *Victim safety should be a primary consideration in lifting of NCOs.*
- 2) *An NCO should never be lifted without contact with the victim.*
- 3) *Judges should have clear guidelines regarding when to lift an NCO.*
- 4) *Before lifting an NCO, judges should be satisfied that the offender has made significant progress on satisfying conditions of sentence and no longer poses a danger to the victim.*
- 5) *Prosecutors should talk to victims away from their partners and be sure that the abuser has not pressured or coerced the victim to request that the NCO be lifted.*
- 6) *When an NCO is lifted at the victim's request, the judge should verbally assure the victim from the bench (and preferably in front of the abuser) that she can call the police or contact the prosecutor again if she encounters any problems in the future, and that the criminal justice system will continue to be a resource for her.*
- 7) *When possible, if a victim requests an NCO be lifted, the court should keep some elements of the NCO in place, such as gun restrictions.*

#### 9) Jail Administrators

##### ▲ Recommendations

- 1) *Violent offenders, including domestic violence offenders, should be given priority for jail space over nonviolent offenders.*
- 2) *Victims should be notified prior to the release of their abuser.*

07/06/1999:

Sharon Sullivan, age 33,  
shot by her boyfriend

### Post-Sentence Supervision

Out of 30 reviewed cases, 16% (5) of the abusers had been convicted of a domestic violence-related assault. None had spent significant time in jail. Instead, they were to comply with sentencing conditions such as going to substance abuse treatment or a batterer's intervention program. Only two had active supervision by a probation or community corrections officer. Generally, post-sentence supervision was lax. In one case, an individual who had violated Protection Orders and No Contact Orders multiple times, assaulted his wife and his parents, threatened suicide and clearly had a drinking problem, satisfied the conditions of his probation simply by mailing in a form.

#### ▲ Recommendations

- 1) *Domestic violence offenders should have active community supervision, regardless of which level court imposes the sentence (municipal, district, county).*
- 2) *Supervision levels for domestic violence offenders should be as high as possible.*
- 3) *Domestic violence offenders should never be on mail-in supervision. Supervision should be intensive for at least six to nine months and should never be reduced to less than once a month in person.*
- 4) *Lethality assessments, access to the victim, and victim safety should inform any decision regarding reducing the level of supervision.*
- 5) *The Criminal Justice Training Commission should include specialized training on how to supervise domestic violence offenders in the standard curriculum for probation and community corrections officers.*
- 6) *The curriculum for probation and community corrections officers should include assessing for lethality, how to communicate with victims, and the importance of collaboration with batterer's intervention programs to hold offenders accountable.*

Probation and community corrections officers have inadequate access to translators. This results in inadequate contact with the offender and the victim, and compromises in regard to victim safety. It is the responsibility of the criminal justice system to ensure that justice is available to every victim of a convicted offender. The fact that an offender does not speak English should not result in less monitoring or less effective monitoring.

#### ▲ Recommendations

- 1) *Probation and community corrections officers must have timely, efficient access to interpreters so that monitoring of non-English-speaking offenders can take place.*
- 2) *Probation and community corrections departments should seek to expand their bilingual staff.*

## 1) Judicial monitoring of compliance with sentence conditions

Some municipalities have no probation department to follow up on court orders. Courts try to ensure compliance in these cases with a monthly check of records for re-arrest. Panels found this a weak strategy for tracking problems; all the abuser has to do is ensure his victim is too intimidated to call the police.

From what panels could ascertain, none of the abusers were subject to mandatory follow-up court hearings to monitor progress on achieving goals.

## ▲ Recommendations

*When the only consequence for committing a crime of violence is adherence to (non-jail) conditions of sentence, then adherence should be actively monitored.*

## 2) Contact with victims

## ▲ Recommendations

- 1) *Probation and community corrections officers should have training and clear protocols for contact with the victim and the offender's new partner. Contact with the domestic violence victim should include a letter and phone call, both with a clear invitation to call the probation officer at any time to report problems.*
- 2) *Contact with victims should also emphasize their confidentiality and safety. Good guidelines regarding victim contact can be found in Post-Arrest Model Response for the Supervision of Domestic Violence Offenders.<sup>41</sup>*
- 3) *Probation offices should consider having a victim liaison with specialized domestic violence training on-site.*

## 3) Response to violations

Courts often failed to impose meaningful consequences for non-compliance with conditions of sentence. (Giving people more time to accomplish the task is not a meaningful consequence.)

When judges are overly accommodating of domestic violence offenders, giving them multiple chances to comply with the conditions of probation (for example, repeatedly extending the time to register for batterer's intervention), victims and abusers can get the message that the system does not take the assault seriously and court orders will not be enforced. Multiple extensions also allow the abuser to avoid interventions which may push him to change his behavior, or result in the victim getting more support, all leading to increased vulnerability for the victim and lack of accountability for the abuser.

## ▲ Recommendations

- 1) *Judges should firmly enforce conditions of probation and impose meaningful consequences for failing to comply (e.g., a night in jail).*

07/31/1999:

**Nicholas Boyd, age 7,  
killed by head injury/drowning by  
his father, apparently in order to  
avoid having to return the boy to  
his mother out of state**

<sup>41</sup> Washington State Coalition Against Domestic Violence, *Post-Arrest Model Response for the Supervision of Domestic Violence Offenders*, by Roy Carson (Olympia, Washington: WSCADV, 1999).

08/07/1999:

Carolyn L. Stambaugh, age 15,  
shot by her boyfriend

2) *Judges and community corrections officers should establish shared expectations and protocols for responding to probation violations, so that everyone can give the offender the same message regarding accountability.*

#### 4) Suicide/lethality assessment

Probation and community corrections officers do not routinely screen for suicidal thoughts, but this is problematic when about 25% of domestic violence homicides involve suicides as well, and suicidal thoughts on the part of abusers clearly indicate a risk for homicide and danger to the community. Visits with probation officers could serve as an important point of intervention with suicidal abusers.

##### ▲ Recommendations

- 1) *Probation and community corrections officers need training on assessing for and responding to suicidal ideation.*
- 2) *Probation and community corrections officers should routinely ask about depression and suicidal thoughts, and possess a clear protocol for responding to depressed and/or suicidal domestic violence offenders.*
- 3) *The protocol should include:*
  - *the obligation to warn the victim of the risk of homicide and connect her with resources for safety planning*
  - *how to intervene with the offender and immediately connect the offender with someone who can take the time to strategize a good intervention*
- 4) *If a probation officer or community corrections officer realizes that an offender is suicidal and has unsupervised visitation, the officer should alert the family court judge to the increased danger the abuser represents and advise against unsupervised visitation.*

#### 5) Information and notification for victims and new partners

In one case, the murderer was on probation for having killed one of his in-laws from a prior marriage. It was unclear to the panel whether or not his new intimate partner (who he later murdered) knew of his violent past. Many jurisdictions do not have clear protocols for contacting the victims and current intimate partners of domestic violence offenders, or informing new girlfriends of the offender's abuse history.

##### ▲ Recommendations

- 1) *As a part of sentencing, judges should order abusers to tell all new partners of their crimes and sentences.*
- 2) *Probation and community corrections officers should have clear written protocols for making contact with domestic violence offenders' new girlfriends/partners.<sup>42</sup>*

<sup>42</sup> One community corrections officer on a review panel explained that she required domestic violence offenders to bring their new partner into the office and tell the partner in the presence of the corrections officer about their prior crimes and sentences.



08/31/1999:  
Lan Nguyen, age 38,  
stabbed by her ex-husband

09/15/1999:  
Anita Oliver, age 52,  
shot by her estranged husband

09/17/1999:  
Beth Kennard and full term  
(unborn) baby, age 22,  
hit in head and suffocated by  
her ex-boyfriend

09/21/1999:  
Linda Cynthia Roy, age 29,  
strangled by her husband

10/09/1999:  
Celeste Graydon, age 38,  
shot by boyfriend

10/25/1999:  
Jeong Eom, age 60,  
shot by husband

11/23/1999:  
Dawn, Jesse and Deonna Briggs,  
age 27, 10, 7,  
poisoned by husband/father

12/08/1999:  
Kamay L. Arguello, age 38,  
hit in head by her boyfriend

12/18/1999:  
Elizabeth A. Nelson, age 36,  
strangled by her boyfriend

12/22/1999:  
Stephanie Leister Shinn, age 24,  
shot by her ex-boyfriend

01/05/2000:  
Stevie Marie Barber, age 21,  
burned in bed by ex-boyfriend

01/15/2000:  
Clara E. Dorsey, age 71,  
killed with hammer by her housemate

01/17/2000:  
Ethel Sergent Beard, age 44,  
shot by her boyfriend

02/24/2000:  
Maria Lilia Alcala, age 24,  
shot by her husband

04/17/2000:  
Ruth Frazier, age 46,  
shot by her husband

05/09/2000:  
Darrel Vialpando, age 43,  
shot by a female friend's husband

06/01/2000:  
Donna Ann Bankston, age 42,  
stabbed by her boyfriend

06/11/2000:  
Amy Renea Hamlin, age  
21,  
strangled by  
her ex-boyfriend

06/26/2000:  
Chanthly Ros, age 33,  
stabbed and shot by her  
ex-boyfriend

07/10/2000:  
Diane Ferguson, age 56,  
shot by her husband

07/02/2000:  
Jocelyn Thrash, age 45,  
shot by her daughter's ex-boyfriend

08/22/2000:  
Simone Sampson, age 41,  
shot by her boyfriend

09/16/2000:  
Tara Jenson, age 32,  
shot by her estranged husband

09/20/2000:  
Unnamed woman, age 70s,  
shot by her husband

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