"Tell the world what happened to me."

– Maria Teresa Macias (1959-1996)

Findings and Recommendations from the Washington State Domestic Violence Fatality Review

December 2002



Margaret Hobart for the

Washington State Coalition Against Domestic Violence

The Washington State Coalition Against Domestic Violence

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Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Washington State Department of Social and Health Services.

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About the cover:

The figures on the cover represent the lives taken by domestic violence abusers in Washington between September 1, 2000 and August 31, 2002. Also included in the totals are two murders from August 2000 which we were unable to include in our previous report and analysis.

"Si yo muero, quiero que le digas al mundo lo que me ocurrió a mí. No quiero que otras mujeres sufran lo que estoy sufriendo. Quiero que se las escuche."

"If I die, I want you to tell the world what happened to me. I don't want other women to suffer as I have suffered. I want them to be listened to."

- Maria Teresa Macias (1959-1996), Sonoma County, California, 1996

THE MARIA TERESA MACIAS STORY¹

For over a year before she was murdered by her husband Avelino, Maria Teresa Macias pursued every possible avenue to escape his years of violence against herself and their three children. She reported to Child Protective Services, obtained restraining orders, cooperated with investigators, attended counseling, brought her mother in from Mexico and her sister from Ireland, and tirelessly reported new incidents to authorities, verbally and in writing. In just the last three months of her life, between January and April 1996, Teresa and witnesses reported Avelino's crimes against her to the Sheriff's Department on at least eighteen different occasions.

Teresa solicited the help of friends, professionals, battered women's groups, churches and Latino organizations, stayed at shelters, studied English, got help to translate for police, meticulously documented, spoke publicly about abuse, and reached constantly for two goals—to live in peace with her children, and to help other women who find themselves victims of abusive men.

Teresa's struggle to be free of Avelino's violence was relentless. And it was doomed. The help she reached for, failed her at every turn. After Child Protective Services took her children because she was unable to keep Avelino away from them, Teresa made a comment to her mother that seemed to describe the efforts of her entire last year. "Instead of helping me," Teresa told her mother, "They sank me even more."

On April 15, four days before she was going to take the final step of fleeing north with her kids, Avelino lay in wait at the Sonoma house she and her mother were due to clean.

Avelino ended Teresa's life with a bullet to the head, shot her mother through the legs, and then turned the gun on himself.

In the last couple weeks of her life,
Teresa became enveloped by an
ominous sense that Avelino would
indeed succeed in his threats to kill her. If he did,
she told her mother, she wanted the story told. "If
I die, I want you to tell the world what happened
to me. I don't want other women to suffer what I
am suffering," she said. "I want them to be
listened to."

Soon after her murder, hoping to honor her daughter's words, Maria Teresa's mother filed a lawsuit accusing the Sonoma County Sheriff's Department of violating Maria Teresa's constitutional right to equal protection under the Fourteenth Amendment. In June 2002, the Sonoma County Sheriff paid a one million dollar settlement to Maria Teresa's family. During the course of the lawsuit, the Ninth Circuit Appellate Court established for the first time, and in the most unambiguous language to date, women's rights to sue law enforcement agencies for discriminatory practices when they fail to properly respond in instances of domestic abuse.

This report is dedicated to Maria Teresa Macias' memory and to the hope that telling her story and the stories of other abused women will help bring an end to women's suffering.

¹ Quoted with permission from the Women's Justice Center in Santa Rosa, California. Copyright by Marie De Santis, Women's Justice Center. More information about Maria Teresa Macias is available on the Women's Justice Center website, http://www.justicewomen.com.

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IN THIS REPORT

Executive Summary: A brief overview of the Domestic Violence Fatality Review's goals, our key findings and recommendations, as well as a complete list of all the recommendations contained in this report.

Introduction: Addresses the relationship of this report to our 2000 report.

Overview: A quantitative summary of the domestic violence fatality cases we have tracked, and those we have reviewed in depth. This section contains descriptive information about the fatalities, such as who was killed, their ages and races, how frequently homicidal domestic violence abusers were also suicidal and what weapons were used.

Findings and Recommendations: Findings and recommendations are based on the eleven domestic violence fatalities reviewed in depth by Fatality Review panels between September 2000 and August 2002. In each section, we have summarized key findings in bold type, included narrative which explains in detail how we arrived at these findings, and then made detailed recommendations which respond directly to those findings.

Appendices: Appendix A explains in detail the history of the Domestic Violence Fatality Review (DVFR) and how we identify and review domestic violence fatalities. Appendix B provides a glossary of terms used in this report. Appendix C outlines the protocol for citizen requests for review of a particular fatality by the DVFR.

A note about language used in this report: With one exception, all the individuals who committed homicides in the cases reviewed by Fatality Review panels were male. In the one instance in which a woman committed the homicide, she was defending herself from her male abuser, who had broken into her house and was threatening her. This is consistent with national trends and our prior findings that most domestic violence homicides are committed by male abusers against their female intimate partners, and that men commit the majority of murders overall.² Thus, we will generally refer to victims with female pronouns and murderers and abusers with male pronouns.



² The Bureau of Justice Statistics reports that at least 75% of murders attributable to intimate partners are women killed by male partners. Looking at murder generally, men commit 91% of murders of women overall and 89% of murders of men overall. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Special Report: Intimate Partner Violence*, by Callie Marie Rennison, Ph.D. and Sarah Welchans, NCJ-178247 (Washington, DC: U.S. Department of Justice, May 2000).

9/15/00, Annette Smith, 32, bludgeoned by her husband

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And...

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EXECUTIVE SUMMARY

Since 1997, at least 209 people died at the hands of domestic violence abusers in Washington state. Consistent with national trends, about one-third of women who are murdered in Washington are killed by their current or former intimate partner.³ While men killing their female current or former intimate partner comprises the largest portion of domestic violence-related homicides, we cannot understand the true death toll of domestic violence unless we also examine the many other homicides which take place as abusers seek to control their intimate partners. The children, friends and families of victims of domestic violence are at risk when abusers become homicidal.

The Domestic Violence Fatality Review's (DVFR) 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. We seek to do this by bringing together locally based, multi-disciplinary review panels for a detailed examination of domestic violence fatalities. These panels focus on the events leading up to the homicide; they seek to identify gaps in policy, practice, training, resources, information and collaboration. Information generated by in-depth reviews of eleven domestic violence fatality cases conducted between January 1, 2001 and August 31, 2002 forms the basis for the specific findings in this report. However, the sum of our experiences reviewing a total of forty-one cases since the inception of the DVFR provides the foundation for the entire report.

This report is the DVFR's second to issue findings and recommendations. The first report, *Honoring Their Lives, Learning from Their Deaths*, was released in December 2000.⁴ The findings and recommendations from the 2000 report continue to be relevant; this report should be considered its companion, not its replacement. In the 2000 report we noted that: "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." This continues to hold true in our more recent findings; Fatality Review panels frequently identified large gaps in community response to the abuse victims experienced prior to their deaths. Chief among these were the following:

- A lack of contact with community- or system-based domestic violence advocates.
- Friends, family and neighbors who knew about the abuse but did not know how to support the victim and help her obtain safety.
- The failure of intervening professionals (police, prosecutors, judges, doctors, social workers and counselors) to recognize the danger abusers' suicidal threats and behaviors represented to their families. We have found that abusers are suicidal in about one-third of domestic violence fatality cases. A quarter of domestic violence fatalities are homicide-suicides.
- Criminal justice system response to abusers that was weak, inconsistent and did not contribute significantly to victim safety. Abusers rarely faced consequences for non-compliance with the (often minimal) terms of their sentences for domestic violence assaults committed prior to the murders.
- The significant barriers to accessing help from the criminal justice, civil justice and social service systems that domestic violence victims with limited English proficiency faced. Higher rates of domestic violence homicides in Asian and Hispanic populations reflect the sometimes lethal consequences of these barriers.
- Civil courts ill-prepared to oversee the formulation of parenting plans which would protect the safety of the victims and their children when victims did leave their abusers and filed dissolutions or obtained protective orders, and a lack of access to representation in civil matters.

³ Data from the Washington Association of Sheriffs and Police Chiefs (WASPC), Uniform Crime Reporting Section, Crime in Washington annual reports.

⁴ Washington State Coalition Against Domestic Violence, Honoring Their Lives, Learning from Their Deaths: Findings and Recommendations from the Washington State Domestic Violence Fatality Review, by Margaret Hobart (Seattle: WSCADV, 2000). To obtain a copy of the previous report or additional copies of this report, see the Coalition's website at http://www.wscadv.org.

Below are our top-priority recommendations. These are followed by a complete listing of all the recommendations in the report.

A NOTE ABOUT THE RECOMMENDATIONS:

While the findings in this report come directly from the observations of Fatality Review panel members, the recommendations do not. Review panels are not recommendation-making bodies. Rather, they focus on identifying issues and gaps in response to domestic violence. The recommendations contained in this report were formulated in conversation with a series of advisory groups convened over the last year. This report could not have been written without the important contributions review panel members and advisory group members made. However, the Washington State Coalition Against Domestic Violence takes full responsibility for the recommendations contained herein, and the reader should note that some DVFR panel or advisory group members may have differing opinions about what should be done to rectify the problems identified during the course of reviewing individual cases.

KEY RECOMMENDATIONS

- All courts issuing civil Protection Orders should establish advocacy in their Protection Order offices, and ensure that advocates have extensive training in how to assist women in safety planning.
- Domestic violence programs should increase their outreach and services to friends and family of domestic violence victims in order to increase the capacity of people in the community to support battered women.
- 3. Sentences for domestic violence offenders should send a clear message that domestic violence is a crime and abusers will be held accountable. Because the bulk of domestic violence cases are prosecuted as misdemeanors, any additional funding directed toward the criminal justice system for improving response to domestic violence should be put into probation and post-sentence supervision for misdemeanor domestic violence cases.

- 4. Law enforcement agencies should be mandated to work with their community to come up with a plan for providing equal protection and access to Limited English Proficient individuals in their community.
- 5. Courts should employ well-trained evaluators who can provide assistance to judges in civil proceedings by conducting thorough assessments for domestic violence and providing recommendations regarding custody and visitation which protect the safety of domestic violence victims and their children.
- 6. In order to increase judicial accountability to the community, the state should provide funding (or seek federal funding) for court watch programs. These programs should be based in local domestic violence agencies or collaborate closely with them.
- 7. Health professionals, psychologists, counselors, suicide specialists, batterer's treatment providers, medical providers, law enforcement, prosecutors, mental health professionals and domestic violence advocates should work together to establish protocols for identifying the combination of suicide and domestic violence and responding in ways that minimize the danger that suicidal domestic violence abusers pose to intimate partners, children and others.

SUMMARY OF RECOMMENDATIONS

A summary of recommendations follows. Please note that each section of the report explains in detail how our findings led us to make these recommendations.



FRIENDS, FAMILY, NEIGHBORS: COMMUNITY

Increasing the Capacity of Friends, Family and Neighbors to Support Domestic Violence Victims

- ▼ All organizations mounting public education campaigns regarding domestic violence should include messages about building the capacity of friends, family and neighbors to support battered women and (when safe) encourage change on the part of the abuser.
- ▼ Public education should provide people with concrete examples of how to recognize the level of danger, intervene and support a victim of domestic violence.
- Domestic violence agencies should critically examine their philosophies, mission statements, policies and procedures and eliminate barriers within their agency to providing support to friends and family of battered women.
- Domestic violence agencies should consider providing support, problem-solving strategies and information to friends and families as an important part of their work.
- Rather than seeing themselves as the victim's support network, domestic violence agencies should assist domestic violence victims in building support networks in their community among friends, family, neighbors and co-workers.
- Domestic violence advocates should consistently ask battered women if they can help them talk to their support system about the abuse and how their support system can help them (and their children) stay safe.
- ▼ Funders of domestic violence agencies should see building the capacity of communities surrounding battered women to respond to domestic violence as a legitimate and important part of domestic violence agencies' work.
- When on the scene of a domestic violence crime, law enforcement should hand out domestic violence referral information to witnesses, friends, family and neighbors who are also present.
- Curricula and trainings focused on effective advocacy should address working with family and friends to increase their capacity to support battered women.
- Domestic violence programs throughout Washington state need more information about strategies and models for community organizing-based approaches



to domestic violence prevention and intervention.

- ▼ Domestic violence programs should develop "best practices" models for friends and family which emphasize working collectively, deciding who to involve, obtaining expert help with clarifying the issues and problem solving, deciding when (and when not to) call law enforcement, and safe, ethical communication with battered women and abusers.
- Domestic violence advocates and others concerned about domestic violence should consider creative ways to harness new money aimed at strengthening families and direct it toward victim safety and abuser accountability.
- ▼ Federal programs promoting fatherhood and marriage should refrain from blanket statements and promotional materials which imply any father is better than no father, or that marriage is always superior to single parenthood.

Understanding and Addressing Community Reluctance to Involve Law Enforcement When Witnessing Abuse

- ▼ Everything possible should be done to protect the identities of people who call 911 to report crimes.
- ▼ Callers to 911 should be informed of the policy to protect the identity of the caller.
- Crime prevention-oriented public education campaigns should address people's fears regarding confidentiality and safety when they call law enforcement.
- Policy makers and community members should recognize the corrosive effects widespread availability of guns have on the social fabric of communities and seek to minimize access to guns.
- Police, prosecutors and judges should all enforce federal and state laws intended to deprive abusers of access to weapons.
- Block Watch organizers should raise and address the issue of domestic violence and other forms of family violence (e.g., child abuse and elder abuse), help neighbors develop a common understanding of how they want to respond to these problems, and be sure that everyone knows about the resources available for domestic violence victims in their communities.

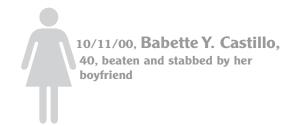
- ▼ The state should oversee the creation of model discussion guidelines regarding domestic violence for law enforcement representatives to Block Watch meetings.
- Policy makers, community leadership, domestic violence agencies and law enforcement agencies should recognize that poor policing practices, strained police/community relations and lack of police accountability to the community all expand abusers' power because victims and others are reluctant to call the police as a result.
- ▼ Policy makers, community leadership and domestic violence advocates should pair calls for vigorous law enforcement response to domestic violence with calls for rigorous law enforcement accountability to the community around issues of brutality, bias, racial profiling and cooperation with Immigration and Naturalization Service (INS).
- Domestic violence agencies should ally with organizations working for greater police accountability in their communities.
- Law enforcement agencies should have clear policies of non-cooperation with INS and make sure that immigrant communities in their jurisdiction are informed about these policies.

THE NEED FOR FOCUSED PREVENTION EFFORTS

- State government and local communities need to commit to focused prevention efforts which mobilize support and resources around children exposed to violence and/or who show signs of being violent themselves.
- Policy makers should move from a punitive to preventative model for violence. Prevention is more effective, more humane, and in the long run, more cost efficient.

WEAPONS

- ▼ Each jurisdiction in the state should establish a protocol for gun removal and destruction for (at minimum) all convicted domestic violence offenders.
- Each jurisdiction should establish a protocol for gun removal and storage for domestic violence offenders subject to protective orders, and offenders on probation or court supervision with suspended or continued sentences.



- Protocols should address methods for identifying gun possession (e.g., searching licenses, asking victims), use of court orders and search warrants to compel surrender of weapons, processes for offenders to voluntarily turn over weapons to law enforcement and destruction schedules.
- The "special request for law enforcement" section of Protection Orders should include the option to ask for help in removing guns from the respondent's home.

HOMICIDE-SUICIDE

- ▼ Every professional (Child Protective Services, mental health, law enforcement, prosecutors, probation, medical personnel, substance abuse treatment providers, domestic violence advocates, housing advocates, Temporary Aid for Needy Families workers) who may come in contact with domestic violence perpetrators or victims should understand the increased risk of homicide when suicide and domestic violence coexist and be prepared to accurately identify this combination, as well as respond to it in ways that increase victim safety.
- ▼ Health professionals, psychologists, counselors, suicide specialists, batterer's treatment providers, medical providers, law enforcement, prosecutors, mental health professionals and domestic violence advocates should examine their institution's/discipline's policies and practices to identify:
 - Barriers to identifying the combination of suicide and domestic violence
 - Barriers to taking concrete steps to increase victim safety when the combination is identified
 - Barriers to collaboration with other professionals when responding to suicidal abusers
- Professionals across disciplines should work together to establish protocols for:
 - Identifying the combination of suicide and domestic violence
 - Responding in ways that minimize the danger that suicidal domestic violence abusers pose to intimate partners, children and others

- All suicidal men should be screened for a history of domestic violence.
- ▼ 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 coexists with a history of domestic violence.
- 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.
- Judges should use all the tools at their disposal to ensure the removal of firearms when abusers are suicidal.
- ▼ Everyone who intervenes should take as much responsibility as possible for responding to the danger suicidal abusers pose.

Homicide and Suicide Threats and Protection Orders

- ▼ Courts should ensure that the minority of petitioners who mention homicide threats, and the even smaller number who mention suicide threats, are connected to advocacy, made aware of their increased danger given these threats and supported to engage in immediate and detailed safety planning.
- Judges should order that abusers surrender their guns when granting Protection Orders.
- Protection Order advocates should inquire specifically about homicide and suicide threats, inform women of their increased danger if these are being made and safety plan accordingly.
- ▼ Safety plans for women reporting homicide and suicide threats should include getting weapons out of the house and car.



CHEMICAL DEPENDENCY AND MENTAL HEALTH ISSUES

Barriers to Effective Support

- ▼ Domestic violence and chemical dependency programs should partner with one another to provide cross-training as well as services to one another's clients.
- Domestic violence and chemical dependency programs should develop policies and procedures that maintain safety for all program participants while providing services to substance-abusing domestic violence victims. 5
- Providers need to be aware of the increased risk to victim safety when a domestic violence victim is working towards sobriety, and thereby reducing the abuser's control. Domestic violence agencies and chemical dependency programs should coordinate safety plans and relapse prevention plans accordingly.
- Community education regarding domestic violence should inform people of the dangers of domestic violence, the importance of taking threats seriously, the increased lethality when substance abuse is involved and the community resources available for victims, their friends and families.

Interactions with Law Enforcement

- ▼ Domestic violence and chemical dependency programs must take into account the fact that calling 911 may not be an option for women dealing with substance abuse, and assist the victim in developing alternative safety-planning strategies.
- ▼ Domestic violence programs should provide outreach to women in chemical dependency treatment programs, jails, prisons and homeless shelters in an effort to reach women who are not being connected with domestic violence services.
- Chemical dependency treatment programs should provide outreach to women in domestic violence programs, jails, prisons and homeless shelters.
- Law enforcement officers should be held accountable for following their department's domestic violence policy, regardless of any biases or judgments about mentally ill and/or chemically addicted women they may personally hold.

⁵ Good models exist both locally and nationally for such policies: the Washington State Coalition Against Domestic Violence (www.wscadv.org) can assist agencies in identifying relevant models.

The Combination of Chemical Dependency, Mental Health and Domestic Violence

- ▼ Probation department units focusing on domestic violence, chemical dependency and offenders with mental health issues should be linked so that the cases can all go through one probation officer, increasing the ability of that probation officer to hold the defendant accountable for treatment and to more effectively track compliance.
- ▼ Substance abuse treatment should never be mandated in lieu of batterer's treatment.
- Treatment providers should not rely on a client's selfreport regarding the severity of domestic violence. Particularly when offenders are attending programs on court order, providers should obtain criminal histories from probation officers and/or public records.
- Chemical dependency programs should screen for domestic violence and refer abusers to batterer's treatment when it is identified.

Family and Couples Counseling

- Prior to family (or couples) counseling sessions, chemical dependency treatment providers should screen each family member individually for domestic violence. If domestic violence is identified, traditional family counseling should not be a part of the treatment plan, and providers should develop individual safety plans with family members, including children.⁶
- Chemical dependency and domestic violence programs should form collaborative partnerships in order to assist in the development of screening tools.
- Substance abuse programs providing counseling to family members should routinely provide information and referrals to local domestic violence agencies.
- Substance abuse and mental health providers should always screen individually for domestic violence and avoid offering couples counseling when it is identified.
- When consulted on a criminal domestic violence case, mental health providers should recognize that judges take their recommendations very seriously, and therefore should only make such recommendations after receiving extensive domestic violence training or consulting with a domestic violence agency.

■ Judges should check mental health providers' qualifications when accepting their recommendations regarding domestic violence. They should inquire into whether the mental health provider has received training on domestic violence, whether they are qualified to make recommendations in this area, and what information the mental health professional gathered prior to making the recommendation.

STALKING

Educating Friends and Family

- ▼ Domestic violence agencies should include stalking in brochures and other outreach information, discuss stalking as a part of abusers' tactics and inform people that they can call a domestic violence agency for support and safety planning around stalking.
- ▼ Domestic violence agencies should extend safetyplanning efforts to include friends, family, co-workers and neighbors of the victim.
- Domestic violence agencies should designate at least one advocate to receive specialized training on stalking, and develop it as their area of expertise.
- Domestic violence agencies should track the number of clients and crisis line callers who are victims of stalking, in order to generate prevalence statistics to assist with community education and to identify the need for resources.

Criminal Justice System Response to Stalking

- ▼ Prosecutors should file stalking charges more frequently and consistently.
- When an abuser has stalked the victim in addition to some other crime (assault, violation of a Protection Order), prosecutors should charge stalking as a separate crime.



⁶ According to the American Medical Association, 75% of wives of alcoholics have been threatened and 45% have been physically assaulted by their husbands, highlighting the need for appropriate response to domestic violence in substance abuse treatment programs. See the AMA's Diagnostic and Treatment Guidelines on Domestic Violence (Chicago: American Medical Association, 1994).



- Law enforcement officers should record stalking as a separate crime on their reports.
- Law enforcement should receive specialized training on recognizing and documenting stalking, collecting evidence and documenting the victim's fear and extreme emotional distress.
- ▼ State-level criminal justice agencies, such as the Washington Association of Sheriffs and Police Chiefs and the Washington Association of Prosecuting Attorneys, should work collaboratively with domestic violence organizations to develop model protocols for criminal justice response to stalking.
- Assigning a specific detective to each stalking case is a "best practices" model that should be routinely followed. Patrol officers should be trained to inform victims to call 911 to report incidents of stalking, have officers take a report and assign a case number, and then inform the assigned detective of each new incident.
- Law enforcement agencies should identify an officer who can receive additional training on stalking and become an in-house expert.
- Domestic violence agencies, law enforcement and prosecutors should develop and distribute tools that assist victims in documenting stalking, such as a stalking log.
- Law enforcement, prosecutors and the courts should routinely provide stalking victims with information on resources available for safety planning and support.
- Stalking victims should not appear in person at court hearings for criminal cases or civil court orders. The court and prosecutor's office should routinely arrange for stalking victims to participate in court hearings via telephone conference calls, rather than in person, to avoid rewarding the stalker with additional contact.

HOLDING ABUSERS ACCOUNTABLE

Meaningless Processing of Cases

- Sentences for domestic violence offenses must impose consequences on the abuser that send a clear message that domestic violence is a crime and abusers will be held accountable (e.g., jail time, work release, intensive probation).
- Domestic violence sentences should include frequent post-sentencing reviews by the court which involve both the judge and (if available) the probation officer assigned to the case.
- Domestic violence assaults that involve weapons and injuries should be prosecuted as felonies.
- Because the bulk of domestic violence cases are prosecuted as misdemeanors, any additional funding directed toward the criminal justice system for improving response to domestic violence should be focused on probation and post-sentence supervision for misdemeanor domestic violence cases.
- Monitoring domestic violence cases should be a priority for community corrections, since it is likely that the perpetrator will repeatedly assault the victim.
- ▼ Local jurisdictions should establish misdemeanor domestic violence probation programs which are staffed such that intensive monitoring can take place.⁷
- When making a determination regarding the frequency and intensity of monitoring, probation departments should examine the entire criminal history of domestic violence offenders, as well as Protection Orders filed against them, rather than focusing solely on the incident leading to conviction.
- Community corrections officers should strive to make contact with the victim, and inform her regarding her options if they feel the abuser is violating the terms of their sentence.

Meaningful Sentences for Domestic Violence Offenses

■ Judges should not rely on Stipulated Orders of Continuance or suspended jail time unless the resources exist for close, timely and automatic review of the case.

⁷ The Washington State Coalition Against Domestic Violence has published model guidelines for all jurisdictions to follow in post-arrest supervision of domestic violence offenders. Washington State Coalition Against Domestic Violence, *Post-Arrest Model Response for the Supervision of Domestic Violence Offenders*, by Roy Carson (Olympia, Washington: WSCADV, 1999).



- If offenders do not comply with the terms of their sentences, then judges should immediately revoke suspended sentences and impose jail time.
- Jail space should be prioritized for violent offenders with a high likelihood of recidivism, such as domestic violence offenders.
- Judges should avoid imposing fines for domestic violence crimes in cases where the offender and victim share finances.
- If the resources and expertise exist within a probation program to monitor it, then judges should consider work release as an alternative to suspended sentences when it seems that the perpetrator's income is important for the domestic violence victim's well-being.
- Work release should only be considered if the safety of the victim during the time the perpetrator is out of the program can be ensured. Ideally, this would be determined by an advocate within the prosecutor's office, in conversation with the victim.

Batterer's Treatment and Batterer Accountability

- ▼ Domestic violence offenders should never be sentenced to "anger management" or other nonstate-certified treatment programs. If the court wishes them to seek treatment, the sentence should clearly state that it must be from a state-certified domestic violence perpetrator treatment program.
- Judges, probation officers and batterer's treatment providers must acknowledge that batterer's treatment is not appropriate in every case, is not available for every abuser and is not effective for many abusers.
- Judges should only require batterer's treatment when well-run, certified programs in the abuser's native language are available; the abuser is amendable and appropriate for treatment, and the violence in the relationship is in the early stages and has not escalated to severe physical violence.
- Judges and prosecutors should develop a variety of sentencing options for abusers, which should include treatment in a state-certified program, frequent court review, jail time, work release, electronic home monitoring, a combination of jail and treatment (or

- domestic violence treatment in jail) and/or intensive probation.
- Jails should consider establishing "in-house" batterer's treatment programs, so that perpetrators could begin receiving treatment while in jail.

Access to Justice for Limited English Proficient Domestic Violence Victims

- Children should never be asked to translate.
- Consistent with our state law, law enforcement agencies should conduct investigations of domestic violence crimes with qualified interpreters.
- 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.
- 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.
- Law enforcement agency policies regarding obtaining translation at crime scenes should be clear and training provided.
- Law enforcement agencies should hold officers accountable for conducting inadequate investigations when they fail to follow policies regarding translation.
- ▼ Officers should obtain a complete statement from the victim at the scene of every domestic violence crime. When language barriers exist, officers should let the victim write out a statement in their first language, or if literacy is a concern, record the victim's statement in their own language, using the AT&T Language Line to interpret their questions if necessary. Law enforcement agencies should equip officers with digital or tape recorders for this purpose.
- ▼ Personnel in government institutions should reflect the community they are serving. All parts of the criminal justice system should prioritize hiring people who can communicate with Limited English Proficient (LEP) individuals in their population.
- Law enforcement agencies should be mandated to work with their community to come up with a plan for providing equal protection and access to LEP individuals in that community. These plans should be made public.

- Law enforcement agencies should strive to create partnerships with local resources, like university language departments, in order to obtain interpretation and translation assistance.
- Law enforcement agencies should consider using federal Violence Against Women Act monies to hire court-certified interpreters.8
- Law enforcement agencies should be aware that federal anti-discrimination law prohibits discrimination on the basis of national origin, which includes discrimination on the basis of English proficiency.⁹
- When taking a call from a cell phone, 911 call takers should always read back addresses, saying each number individually, to verify they have understood the caller (e.g., one, nine, two, five Maple Street).
- Community-based agencies and providers of English as a Second Language classes should educate LEP individuals about how to make use of 911 and the availability of interpreters when they call 911.

Pattern Identification and Danger Identification Within the Criminal Justice System

- When the tools exist to examine histories and patterns of behavior (such as access to computerized information regarding prior arrests, charges, convictions, criminal No Contact Orders, civil Protection Orders and Anti-Harassment Orders), investigators, prosecutors and judges should make use of these tools.
- Law enforcement officers, prosecutors and judges should examine histories and patterns of behavior in domestic violence cases when assessing for danger and considering how to proceed (e.g., asking the victim about abuse history and consistently making use of computerized databases).
- The Washington Association of Prosecuting Attorneys should create and disseminate model guidelines for prosecutors on how to bring multiple events to light when prosecuting and sentencing domestic violencerelated crimes.
- Judges and prosecutors should be aware that State v. Grant, 83 Wn. App. 98, 920 P.2d 609 (1996) supports admission of prior acts of domestic violence for the

- purpose of helping the jury understand the unique characteristics of domestic violence and place the current incident in context.
- Prosecutors should consider filing stalking charges alongside assault charges more frequently, as this does allow the judge and the jury to see a longerstanding pattern of abusive behavior.
- ▼ RCW 10.99.030.6(b) should be amended to include the directive that officers should obtain a history of prior acts of domestic violence (e.g., death or suicide threats, assaults against victim and others, stalking, protective order violations and other threatening behaviors) from the victim at the scene and from computer records.
- Officers should be required to fill out supplemental domestic violence forms when they determine probable cause exists to make an arrest.
- Minimally, domestic violence reports should include a checklist of questions to ask and actions to take like that provided in Washington State's Model Operating Procedures for Law Enforcement Response to Domestic Violence 10 and officers should be held accountable for completing these tasks.
- Law enforcement agencies, prosecutors and community corrections should all identify and allocate funds for personnel to research prior violent crime (domestic violence and non-domestic violence) arrests, criminal and civil protective orders, charges, convictions and dismissals prior to decision making about action on those cases. This information should be taken into account when considering the safety of the victim.
- ▼ Probation departments need to ensure that they have identified the abuser's history. Probation officers' time and support staff allocations should include consideration of the time and effort it may take to track down information across multiple jurisdictions.



⁸ The Washington Administrative Office of the Courts offers a certification program for interpreters to work in state court proceedings.

⁹ See "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," Federal Register, vol. 67 p.19237-19252 (April 18, 2002).

¹⁰ Washington Association of Sheriffs and Police Chiefs, Model Operating Procedures for Law Enforcement Response to Domestic Violence (Olympia, Washington: WASPC, revised 1999). Checklist is included in Appendix E-1.

- Intensity of probationary monitoring in felony and misdemeanor domestic violence cases should be determined by the individual's entire history of domestic violence and other violent crime, not just specifics of the case for which the abuser was convicted.
- ▼ The Washington Association of Sheriffs and Police Chiefs, the Washington Criminal Justice Training Center and the Washington Association of Prosecuting Attorneys should work with the Washington State Coalition Against DomesticViolence to design a model risk assessment checklist for law enforcement officer use on the scene of domestic violence crimes.
- Law enforcement, 911 call takers, prosecutors, community corrections officers and advocates should obtain training and build expertise regarding lethality risk assessment.
- Advocates, police officers, prosecutors, probation officers and other professionals in contact with battered women should make the effort to ask victims (separate from the abuser) "What is the meaning of this behavior to you?" if the behavior described does not seem dangerous at face value. Asking this question can encourage women to articulate their fears and make their knowledge about the batterer's motivations and patterns of behavior visible to others.

Releasing Abusers on Personal Recognizance

- Every effort should be made to contact domestic violence victims and assess for danger before bail is set or an offender is released on personal recognizance.
- RCW 10.99 should be amended to direct judges to examine a complete criminal history before releasing a defendant in a domestic violence case on personal recognizance.
- Jurisdictions should improve the information available to both prosecutors and judges in order to inform bail requests and conditions for pre-trial release by making use of available network technologies to make police reports, 911 tapes and photographs available in digital form to prosecutors and judges.

Domestic Violence Incident Reports: The Importance of Quality Information

Incident reports for domestic violence cases should include written descriptions that accurately capture the physical and emotional demeanor of the victim,

- suspect and children, as well as include a description of the scene, any excited utterances and the victim's version of events.
- Law enforcement agencies (in collaboration with prosecutors' offices) should consider documenting domestic violence cases with digital cameras and implementing a system of information-sharing via computer networks so that photographs can be immediately available to prosecutors and judges.
- All policies regarding use of cameras at crime scenes should address the victim's access to and control over the photos.

Information-Sharing and Accountability Across Jurisdictions

- All jurisdictions should ensure adequate resources to comply with the provisions in RCW 26.50.100(1) and RCW 10.99.040(6) regarding immediate entry of civil and criminal protective orders into computerized systems.
- Data entry on matters pertaining to violent crimes and violations of civil and criminal protective orders should be prioritized.
- Courts, municipalities and the state need to continue to work to increase information-sharing capacity between jurisdictions.
- Judges, prosecutors and probation officers must be committed to making full use of available technology for obtaining information on prior case histories.
- RCW 10.31 should be amended to add a section specifying that officers shall arrest offenders on assault and domestic violence-related warrants, regardless of where they originated.
- Law enforcement agencies should change their policies and practice to direct officers to always arrest on assault and domestic violence-related warrants, regardless of where they originated.
- Probation departments should establish (if necessary) and follow policies for responding to probation violations when offenders are out of county.





When a domestic violence victim calls a probation officer to request intervention, this should raise a red flag and indicate a need for action or more intensive probation on the case.

Connecting Women to Advocacy Once Criminal Justice System Is Involved

■ Researchers should utilize federal Violence Against Women Act funds to address these questions: Is having community-based advocacy organizations initiate contact with domestic violence victims after police contact useful for battered women? Do battered women welcome this sort of intervention and make good use of it? Does having a program like this in place reduce women's risk of being assaulted again? Does it result in more services to more women (especially women outside the mainstream) or not?

Children, Child Protective Services and Batterer Accountability

- ▼ Child Protective Services response should be focused on holding the abuser accountable for their actions and not punishing the non-abusing parent for being unable to control the abuser's actions.
- Child Protective Services response should include an assessment for domestic violence, be non-punitive towards the non-abusing parent and prioritize the victim's safety and access to support services.

CIVIL ISSUES

Missed Opportunities for Intervention in the Civil Justice System

- ▼ All players in the civil system should receive education regarding: identifying domestic violence, resources for support, lethality indicators and what to do if lethality seems high. Training should include examples of appropriate action given varied roles (e.g., attorney, judge, commissioner, advocate).
- Legal education should emphasize identifying and responding to domestic violence regardless of area of specialty.

Representation in Protection Order Hearings

- Funding should be increased for legal aid programs for representation in domestic violence and family law matters.
- ▼ The state should consider re-allocating available federal funding for legal representation of domestic violence victims in civil cases.
- ▼ The State Bar Association and local bar associations should create pro bono panels that will take domestic violence and family law cases. Individuals who participate should be recognized for their efforts.
- ▼ The State Bar Association should award Continuing Legal Education credits for pro bono representation in family law and domestic violence cases.
- Law schools should prioritize the creation and support of legal clinics for representation of domestic violence victims in domestic violence and family law cases.
- ▼ The availability of low-cost or free legal representation should be advertised where low-income and Limited English Proficient people are likely to access the information, such as welfare offices, radio stations and laundromats.

Access to Justice

- ▼ If a person shows up at court during business hours, they should be able to obtain a Protection Order that day.
- ▼ Each jurisdiction should create a plan for issuing Protection Orders whenever the court is open.¹¹

Misinterpretation of the "Imminent Harm" Clause

- ▼ The wording of RCW 26.50.010(1) defining "domestic violence" should be changed from "domestic violence is...the infliction of fear of imminent harm" to "domestic violence is...the infliction of actual fear of harm even if such fear is subjective..."
- Until this legislative change can be accomplished, the State Bar Association should contract with an agency with expertise in domestic violence and family law to create a model brief regarding overcoming narrow interpretations of the "imminent harm" clause in RCW 26.50.010(1) which result in denying Protection Orders.

¹¹ In some cases, judges may not be present in person in the courthouse, because they may be in another court or county. In these cases, one possible model is for the clerk to fax the order to the judge, and for the judge to hold the hearing by telephone or via video conference with the person seeking the order.



Interpreters and Translation

- The Washington State Supreme Court and Access to Justice Board should make ensuring adequate court interpretation a priority for all cases, especially in domestic violence cases.
- Protection Order forms should be available in translated form in all courts, consistent with RCW 26.50.035(d)(5).

Advocacy

- All courts issuing civil Protection Orders should establish Protection Order advocacy programs for domestic violence victims.
- Counties should strive to establish Protection Order advocacy programs that (minimally) meet the needs of their largest non-English-speaking populations.
- ▼ Protection Order advocacy programs should have access to interpreters, or ideally, the advocacy should be done in the victim's first language.
- ▼ The state should seek or reallocate federal Violence Against Women Act funds to increase information and training for legal advocates in the civil system through the creation of a manual for legal advocates and interactive training tools which can be used repeatedly and individually (e.g., web-based or CD-ROM interactive training).

Lack of Enforcement of Court Orders

Protection and No Contact Orders should be enforced vigorously; violations should be prosecuted to the fullest extent possible.

Criminal and Civil Protective Orders, Custody and Visitation

- Courts should include children in No Contact Orders (NCO), or define terms of visitation with children while the NCO is in place that protect the safety of the victim and the children.
- ▼ Courts should send a clear message to victims that they will be supported in obtaining all the protection

- the NCO offers and that they are not obligated to compromise the NCO in order to offer the defendant access to the children.
- Courts should offer women the full relief provided for in RCW 26.50.060.
- ▼ Protection Orders should specify visitation arrangements which address both the battered woman's and the children's safety.
- Rather than refer women to another civil proceeding to determine parenting plan arrangements, courts should employ a neutral, welltrained evaluator who can:
 - assess for the existence of domestic violence
 - obtain all available prior civil and criminal justice records which may bear on the existence of domestic violence, including Protection Orders, arrest records and information regarding the offender's history of compliance with court orders
 - speak to corroborating sources
 - assess for the domestic violence victim's and children's safety and provide the judge with wellinformed recommendations
- ▼ Evaluators should be employed by the court in order to maintain neutrality, and so that the court can ensure accountability, consistency in approach and ongoing training. This is preferable to using guardians ad litem who may not have in-depth training about domestic violence or extensive experience with it.¹²
- Evaluators providing assessments for use in determining custody and parenting plans should be highly trained in how to do assessments, as well as the dynamics of domestic violence (including danger assessments). Evaluators should have experience working with victims and/or perpetrators prior to becoming an evaluator.
- If resources are limited, evaluators should minimally be available to provide assessments regarding domestic violence, custody and parenting plans for people requesting Protection Orders.
- ▼ Legal advocacy organizations should appeal judges' denials of requests to make custody decisions at the Protection Order level when courts consistently do not honor the intention of the law.

¹² King County Family Court Services serves as a good model for this approach.

Addressing Domestic Violence in the Dissolution of Marriage Process

- ▼ The State Bar Association should contract with agencies with expertise in domestic violence and family law to provide Continuing Legal Education courses and to create and disseminate the following model briefs:
 - How to raise the issue of domestic violence in custody cases
 - Making the connections between domestic violence and harm to children, including an up-to-date literature review which will help attorneys bring the scholarly work in this area to judges' attention
 - How to construct a parenting plan which addresses women's and children's safety

Judicial Bias and Lack of Information Regarding Domestic Violence

- Continuing legal and judicial education should include ample opportunities for training on diversity and bias in the legal system.
- Judges and all other professionals involved in dissolution proceedings must rigorously examine their biases and seek to ensure that they do not affect rulings.
- Judges should avoid punishing women for claiming they have been abused and should not be surprised to see a great deal of domestic violence coming through their courts.
- ▼ Courts need alternatives to criminal convictions in order to determine the presence of domestic violence. The best of these is an "evaluator" model.
- Judges, commissioners and pro tem judges and commissioners should be mandated to receive domestic violence training.
- ▼ Regardless of whether or not it is mandated, judges should seek out training on domestic violence.

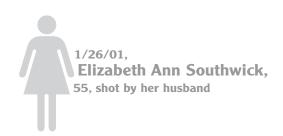
Custody Cases and Family Court Response to Domestic Violence

- Any judge hearing Protection Orders and family court cases should be required to receive training on how to respond to domestic violence in parenting plan decisions once it has been determined.
- Judges should structure parenting plans in ways that place the burden on abusers to prove that they are following court orders, as opposed to expecting

- victims to demonstrate to the court that the abuser has not complied, or assuming abusers will act in good faith to comply with the order.
- ▼ The state should prioritize funding for establishing supervised visitation resources for family law cases where there have been findings of abuse against a parent or child.
- Courts should create in-house evaluator programs which can gather information regarding the impact of domestic abuse on children and make appropriate recommendations to the court.
- ▼ The State Bar Association should oversee the creation and dissemination of a model brief making the connections between domestic violence and the harm to children.

Guardians ad Litem

- Continuing education requirements for guardians ad litem (GALs) should include training in working with diverse communities.
- An "in-house" evaluator model is preferable to using GALs in domestic violence cases, unless a GAL can demonstrate in-depth training on and experience with domestic violence.
- When judges do assign a GAL in a case which includes allegations of abuse, the judge should ensure that the GAL has adequate training regarding identifying domestic violence, assessing for danger, ensuring victim safety and working with diverse communities.
- Each court administrator should set standards for GALs to be assigned to domestic violence cases and designate a separate roster of people qualified to work in this area.
- ▼ To assist with this, the Gender and Justice Commission, in collaboration with organizations with domestic violence expertise, should issue a model set of qualifications and training standards for GALs assigned to domestic violence cases.

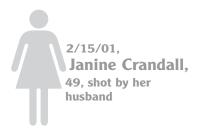


- ▼ The state should contract with an organization with expertise in the area of domestic violence and family law matters for the creation of an in-depth, comprehensive training curriculum for GALs who are assigned to cases where allegations of domestic violence have been made.
- The Gender and Justice Commission should collaborate with domestic violence organizations to create model protocols for GALs and evaluators in cases involving domestic violence.

Holding the Judiciary Accountable

- Funding should be prioritized to create a domestic violence appellate project.
- The legal community, in conjunction with communitybased domestic violence programs, should create appellate panels to seek review of inappropriately adjudicated domestic violence Protection Orders and custody orders.

- Communities should demand that judges take responsibility for holding domestic violence abusers accountable once they have pleaded guilty or have been convicted.
- ▼ The state should provide funding (or seek federal funding) for court watch programs. These programs should be based in local domestic violence agencies or collaborate closely with them.
- Domestic violence programs or court watches should evaluate judicial performance regarding domestic violence and report these findings to the community, so that people can take this information into account when voting to retain or release judges.



INTRODUCTION

With this report, we seek to tell the world what happened to victims of domestic violence who have been killed, in the hope that other women will not suffer and die as they did. We tell their stories because the lives lost were valuable lives, and we believe we must bring meaning to those losses by resolving to learn from them. We tell their stories because we know that the problems, barriers, failures and squandered opportunities for intervention that the murdered victims of domestic violence faced continue to plague battered women every day, and continue to place them, their children, friends and family at risk of devastating violence.

What we see in the fatality review process is that in many cases, the potential existed for friends, family and professionals to identify the escalating danger posed by the abuser prior to the homicide. Frequently, the battered woman had sought help from law enforcement for assaults, told people about the abuser's death threats, and had been clear that she was in fear for her life. Often, the opportunities for effective intervention were lost. We believe that at least some domestic violence-related homicides are preventable, perhaps more so than any other category of homicide. By examining the lives that are lost to domestic violence, we hope to learn how to lessen the death toll and increase community involvement in the prevention of domestic abuse.

Readers unfamiliar with the Domestic Violence Fatality Review (DVFR) may wish to turn to Appendix A, which explains in some detail the history of the DVFR and how we gather data and review cases.

RELATIONSHIP OF THIS REPORT TO OUR 2000 REPORT

The DVFR issued a report in December 2000, Honoring their Lives, Learning from their Deaths, which covered the Fatality Review's findings from its inception in 1997 through August 2000. That report contains a series of

recommendations aimed at almost every part of the coordinated response to domestic violence.¹³

This report builds upon *Honoring Their Lives* and should be considered its companion as opposed to its replacement. None of our findings in the last two years would suggest that the problems identified in our 2000 report no longer exist, and the recommendations made in that report are still valid. In the cases we examined between September 2000 and August 2002 (discussed in the following sections), many of the same issues emerged as were identified in the 2000 report. Rather than repeat many of the same topic areas and discussions as in *Honoring Their Lives*, this report brings forward some new areas of concern and elaborates on previous findings.

WHAT IS A 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.

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 law enforcement 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.¹⁴

¹³ Washington State Coalition Against Domestic Violence, Honoring Their Lives, Learning from Their Deaths: Findings and Recommendations from the Washington State Domestic Violence Fatality Review, by Margaret Hobart (Seattle: WSCADV, 2000).

¹⁴ While suicides which may be a response to abuse fit within our criteria, current limitations on our staff and access to confidential information make it impractical to attempt to track these cases with any accuracy at present. Thus, the findings presented here do not address domestic violence victim suicides.

OVERVIEW

DOMESTIC VIOLENCE FATALITIES DISCUSSED IN THIS REPORT

Please note that this report makes reference to four different sets of fatalities:

- 1. All fatalities which have occurred since January 1, 1997.
- 2. Fatalities which occurred in the two years between September 1, 2000 and August 31, 2002 (since the 2000 Domestic Violence Fatality Review report).
- 3. All reviewed cases: The forty-one cases the DVFR has reviewed in depth with locally based, multi-disciplinary review panels (as described in Appendix A) since 1998.
- 4. Recently reviewed cases: The eleven cases reviewed in depth by review panels in the two years since our last report.

A glossary of terms used in this report to describe cases and fatalities can be found in Appendix B.

While we track all domestic violence fatalities occurring in Washington state (as described in Appendix A), staffing constraints dictate that we can review only a small portion of these fatalities in depth. We gather a great deal of information on reviewed cases from both public records and review panels. The anecdotes, detailed information about cases, and findings discussed in this report reflect that information. For unreviewed cases, we gather a smaller amount of information with news accounts as our primary source: the date and circumstances of the fatality, names, ages, genders and relationships of those involved. Death certificate information allows us to determine the race of homicide victims, and the Justice Information System allows us to track prior protective orders, civil and criminal cases.

DOMESTIC VIOLENCE FATALITIES DISCUSSED IN THIS REPORT

	ALL CASES (UNREVIEWED & REVIEWED)		REVIEWED CASES		
DATE RANGE OF FATALITIES	All fatalities which occurred from January 1997 through August 2002	Fatalities which occurred from September 2000 through August 2002	All cases reviewed in depth (fatalities occurred between March 1992 and October 2001)	All cases reviewed in depth since September 2000 (fatalities occurred between February 1997 and October 2001)	
NUMBER OF CASES	230	95	41	11	
TOTAL NUMBER OF FATALITIES (INCLUDES PERPETRATOR SUICIDES)	308	122	67	17	
CASES DRAWN FROM WHICH COUNTIES	Entire State	Entire State	Pierce, Spokane, Chelan, Okanogan, Yakima, Kittitas, King, Clark, Franklin	Pierce, King, Clark, Franklin	



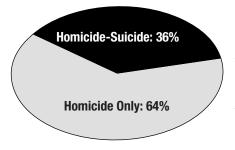


REVIEWED CASES

Since our last report in December 2000, the Domestic Violence Fatality Review has reviewed eleven cases in depth, involving a total of seventeen fatalities (thirteen homicides and four suicides). Forty-five percent of these cases occurred in 2001.

YEARS IN WHICH RECENTLY REVIEWED DOMESTIC VIOLENCE FATALITIES OCCURRED

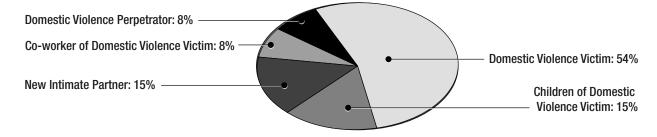
YEAR FATALITY OCCURRED	NUMBER OF CASES	PERCENT OF REVIEWED CASES
1997	2	18%
1998	1	9%
1999	2	18%
2000	1	9%
2001	5	45%
TOTAL	11	100%



All of the eleven reviewed cases included a homicide. Thirty-six percent (n=4) of the reviewed cases were homicide-suicides. One (9%) case had three homicide victims; all the others involved only one homicide victim.

HOMICIDE-SUICIDE VS. HOMICIDE ONLY IN REVIEWED CASES

Ten out of eleven of the recently reviewed cases were committed by men. We reviewed one case in which a male domestic violence perpetrator was killed by the battered woman in self-defense. The thirteen homicide victims included battered women, their children, co-workers and new intimate partners.

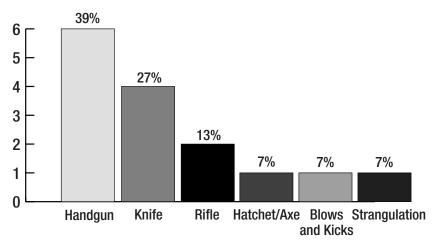


HOMICIDE VICTIMS IN REVIEWED CASES

Eight (62%) of the thirteen homicides in reviewed cases were committed with firearms.

The number of methods for killing totals more than the number of homicide victims because some deadly assaults involved more than one weapon.

OVERVIEW OF ALL DOMESTIC VIOLENCE CASES SINCE 1997 AND CASES BETWEEN SEPTEMBER 2000 AND AUGUST 2002



MEANS OF KILLING IN REVIEWED CASES

Total: 15 weapons used on 13 homicide victims

Who died in domestic violence-related fatalities?

A total of 122 people died in domestic violence fatalities between September 1, 2000 and August 31, 2002. Of these, 64% (n=78) were domestic violence victims, their children, friends or family killed by domestic violence perpetrators. Thirty-six percent (n=44) were perpetrators of domestic violence. The majority of perpetrators killed themselves, but some were killed by their intimate partners or others in self-defense.

Between January 1, 1997 and August 31, 2002, a total of 308 people died in domestic violence fatalities. Of these, 68% (n=209) were domestic violence victims, their children, friends and family killed by domestic violence perpetrators. The rest were perpetrators of domestic violence. Deaths of perpetrators are discussed in more detail in the following section.

ALL DOMESTIC VIOLENCE FATALITIES	9/1/2000- 8/31/2002	1/1/1997- 8/31/2002
Female domestic violence victim killed by current/former husband/boyfriend	52	131
Female domestic violence victim killed by other male intimate (housemate, caregiver)	2	6
Female domestic violence victim killed by female intimate partner	0	1
Female domestic violence victim killed by perpetrator's associate	1	1
Male domestic violence victim killed by female current/former wife/girlfriend	2	11
Male domestic violence victim killed by male intimate partner	0	1
Children killed by male domestic violence perpetrator	6	19
Friends/family killed by male domestic violence perpetrator	10	24
New boyfriend killed by male perpetrator	3	11
Co-worker killed by male perpetrator	1	1
Law enforcement killed by male perpetrator	1	3
Male domestic violence perpetrator killed by woman in self-defense, no prosecution	4	7
Male domestic violence perpetrator killed by woman, case prosecuted, but history of abuse claimed	4	8
Male domestic violence perpetrator killed by friend or family of the abused woman	5	9
Male domestic violence perpetrator killed by law enforcement (suicide by police)	4	7
Male domestic violence perpetrator suicide	27	68
All decedents	122	308

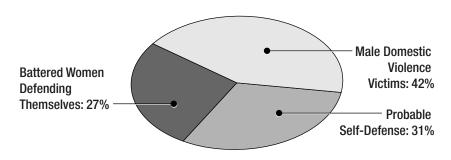
DEATHS OF DOMESTIC VIOLENCE PERPETRATORS

Distinguishing Between Deaths of Abusers and Male Domestic Violence Victims

Since January 1, 1997, a total of twenty-six men have been killed by their female intimate partners. Our findings indicate that the majority of these homicides were preceded by the male partner's abuse of the female partner. These homicides break down into three categories:

- Battered women defending themselves: Homicides which were so clearly in self-defense that no charges were ever filed against the woman (six cases), or the woman was acquitted based on a self-defense argument (one case). For example, in one case, the abuser had two domestic violence convictions for assaulting his estranged girlfriend, had a criminal No Contact Order against him and had made death threats. He broke into the battered woman's home as she slept, began threatening her and would not leave. She shot him in self-defense and immediately called 911.
- Probable self-defense: Homicides in which prosecutors did file charges, but the woman claimed that there was a history of
 abuse and those claims were credible enough to prevent conviction on first or second degree murder charges (eight cases).
 In most of these cases, the women were convicted of first or second degree manslaughter. We have classified the cases in
 which the woman claimed abuse/self-defense and was convicted of manslaughter as ones in which the homicide victim
 was a perpetrator of domestic violence.
- Male domestic violence victims: Homicides in which the woman was convicted of first or second degree murder, or in which the woman did not make any abuse or self-defense claims (eleven cases). In three of these cases, the women claimed a history of abuse or that they were acting in self-defense. While we cannot be sure that defense lawyers in these cases were successful in presenting all the evidence which may have helped their clients, in the absence of in-depth review we are assuming that if the woman was convicted of first or second degree murder, the claims of prior abuse or self defense were not convincing enough to sway the jury. Thus, in those cases, we have classified the male homicide victim

as a victim of domestic violence. In one of the eleven cases, the woman's husband was very ill and dying, and she claimed the death was a mercy killing in accord with her husband's wishes. She was convicted of homicide with a controlled substance. Since we cannot rule out abuse of power and control in this case, we have counted the man in this case as a domestic violence victim.



MEN KILLED BY WOMEN BETWEEN 1/1/97 AND 8/31/02

Total Cases: 26

Domestic Violence Perpetrators Killed by Friends or Family of Abused Women

In addition to the fifteen domestic violence perpetrators who were killed by current or former partners in self-defense since 1997, another nine were killed by friends or family of the battered woman. No charges were filed in three of the cases. These cases often involved an abusive ex-boyfriend or ex-husband breaking in or forcing their way into the battered woman's home, making threats and assaulting her or others present.



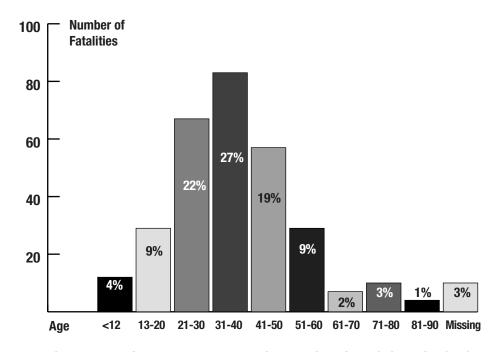


Suicide by Police

Law enforcement officers were forced to shoot seven abusers since 1997. We refer to these cases as suicide by police because in virtually every case, the abuser chose to engage in behavior which essentially forced the police to shoot at them. For example, in one case, officers arrived to find the abuser standing over the battered woman, stabbing her. They ordered him to stop and pepper-sprayed him, but when he continued to stab his wife, they were forced to shoot him. In other cases, abusers fired shots at officers and rushed at them with knives.

Age at Time of Fatality

This chart includes all decedents: domestic violence victims, children, friends and family of the domestic violence victims, abuser suicides and homicides of abusers.

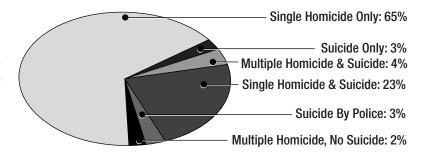


AGE AT TIME OF FATALITY: ALL DECEDENTS FROM 1/1/97 TO 8/31/02

Total Fatalities: 308

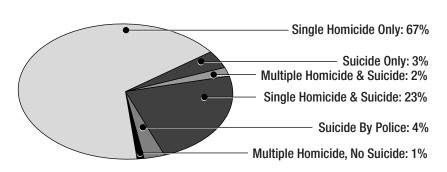
Homicide-Suicides

Abusers committed or attempted suicide in more than one-third of the domestic violence fatality cases we have tracked since 1997.



DOMESTIC VIOLENCE FATALITY CASES FROM 1/1/97 TO 8/31/02

Total Cases: 230



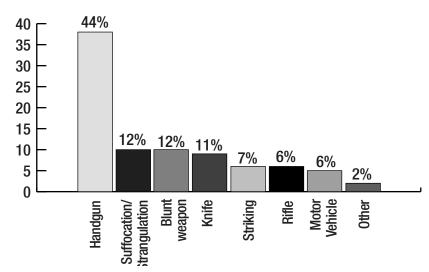


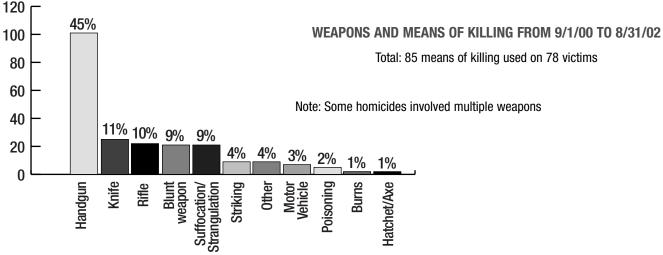
DOMESTIC VIOLENCE FATALITY CASES FROM 9/1/00 TO 8/31/02

Total Cases: 95

WEAPONS AND MEANS OF KILLING

Domestic violence perpetrators killed 55% (n=43) of their victims with rifles or guns between September 1, 2000 and August 31, 2002. Looking at all murders tracked since January 1, 1997, domestic violence perpetrators have killed 59% (n=123) of homicide victims with a gun or rifle.



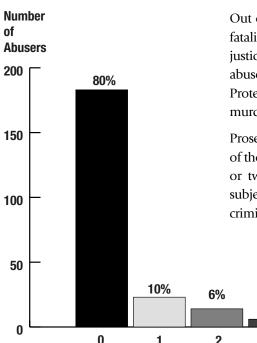


WEAPONS AND MEANS OF KILLING FROM 1/1/97 TO 8/31/02

Total: 233 means of killing used on 209 victims



Prior Contacts with the Justice System



Out of the 230 domestic violence perpetrators involved in all domestic violence fatalities since 1997, 50% had some sort of contact with the civil or criminal justice system prior to the domestic violence fatality. ¹⁵ Twenty-seven (12%) of the abusers had been restrained by a criminal No Contact Order or temporary civil Protection, Restraining or Anti-Harassment Order at some point prior to the murders.

Prosecutors had filed a total of 111 domestic violence charges against 20% (n=47) of the abusers at some point prior to the fatality. Of that group, 79% had only one or two charges filed against them. Twenty-five percent (n=12) had been the subjects of civil protective orders, and an additional five had been restrained by criminal No Contact Orders.

10% 6% Prior Domestic Violence Charges Filed

0 1 2 3-5 6-10 10+

NUMBER OF DOMESTIC VIOLENCE CHARGES PRIOR TO HOMICIDE

Children: Victims of and Witnesses to Domestic Violence Homicides

Homicidal abusers endanger their children in numerous ways. Many have witnessed their father's abuse of their mother prior to the homicide.

Children may also:

- become the abuser's homicide victims (abusers killed six children of their intimate partners between September 1, 2000 and August 31, 2002, and a total of nineteen since January 1997).
- be traumatized by witnessing the murder of their mother or by the sudden and violent loss of their mother, even if they did not witness it.
- be present when their father or stepfather commits suicide, kills someone else or is killed by the police or by their mother in self-defense.

Looking at all the fatalities tracked since 1997, children under the age of eighteen were at the scene of the fatality in 17% (n=39) of the cases (total of 57 children). It is probable that this represents an undercount since it is based on news accounts of murders, which do not always include information about the children.

¹⁵ This figure may be an undercount. We obtained this information by matching names and birth dates or birth years with information in Washington State's Justice Information System. Information on some individuals may not have been properly entered into the state's computerized databases, and some abusers may have histories we were unable to locate because we lacked their date of birth or other identifying information. We were able to match 174 names, but had to discard 22 of those because we could not be certain that the person named was actually the abuser in the domestic violence fatality case. Of the remaining 152 for which matches were found, 115 had histories of domestic violence, violent and nonviolent crimes, or protective orders against them.

At least 59 of the women killed by male intimate partners had children. Of these, 45 women had a total of 86 minor children living in their home at the time they were murdered. At least 78 children under 18 were left motherless by domestic

Not present at the homicide: 50%

Killed alongside mother: 9%

Witnessed the homicide: 15%
In dwelling where homicide occurred: 26%

violence murders since 1997. (This number would be even higher, but abusers killed eight children along-side their mothers.) As the accompanying pie chart demonstrates, when a woman with minor children living in her home was killed by a current or former husband or boyfriend, the victim's children were present at the scene 50% of the time.

MINOR CHILDREN OF DOMESTIC VIOLENCE HOMICIDE VICTIMS

86 Children of 45 Murdered Women

RACE AND RISK OF DOMESTIC VIOLENCE-RELATED DEATH FOR WOMEN OF COLOR

Race of Homicide Victims

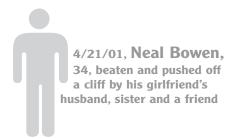
The Domestic Violence Fatality Review was able to obtain 175 homicide victims' race using death certificate data from January 1997 through December 2001. (Information on deaths after December 31, 2001 was not available at the time of this report, and race was not noted for some deaths.) This includes all individuals killed by abusers: battered women, their friends, family and new intimate partners. It also includes domestic violence abusers killed in self-defense but not suicides or suicides by police. Excluded from these numbers are victims under the age of eighteen.

RACE AND GENDER OF DOMESTIC VIOLENCE HOMICIDE VICTIMS

RACE	WOMEN	MEN	MISSING*	TOTALS	PERCENT
WHITE	87	34	2	123	70%
BLACK	8	10	0	18	10%
NATIVE AMERICAN	4	2	0	6	3%
ASIAN/PACIFIC ISLANDER	14	2	0	16	9%
HISPANIC	13	5		18	10%
MISSING	2	10		12	7%
				193 **	110% **

^{*} One woman's unborn twins died as the result of an assault; their gender was not recorded.

^{**} Note that numbers total more than 175 and 100%. "Hispanic" is not considered or recorded as a race on death certificates, like white or Asian; it is treated as a separate category. Thus, a person may be classified as both white and Hispanic, or black and Hispanic.



Women of Color Face a Greater Risk of Domestic Violence-Related Homicide than White Women

Using statistical methods to examine the domestic violence homicide rate in populations of women reveals that the risk of being killed in a domestic violence-related homicide is greater for women of color than for white women. Starting with the race of domestic violence victims as recorded on death certificates, we compared the rates of murder of women of color to white women, using a formula which takes into account population as reported by the U.S. Census. ¹⁶ African American women, Asian/Pacific Islander women and Hispanic women are all at least twice as likely to be the victims of a domestic violence homicide than white women. In other words, even though the actual numbers of domestic violence-related homicides of African American, Asian and Hispanic women are lower than the number of homicides of white women, they are disproportionately higher based on the populations of these groups.

Because the total numbers of domestic violence fatalities are low from a statistical point of view (clearly, from a human point of view, they are too high), the margin of error on the calculations is relatively large. For example, the estimated rate of deaths for Hispanic women is 2.5 times higher than that of white women, but taking into account the margin of error, it could be anywhere from 1.26 to 4.39 times higher. Even though the margin of error is fairly wide, this finding is statistically significant. It means that we can be sure the rate is, in fact, higher than that of white women, and there is almost no chance that it is lower.

RELATIVE DOMESTIC VIOLENCE HOMICIDE RISK RATES BY RACE

Race ¹⁷	Number of deaths	Rate compared to white women	95% confidence interval for rate
White women	87	Comparison group	
African American women	8	2.7 times greater	1.14 to 5.62
Native American women	4	Difference in rate is not statistically significant	
Asian/Pacific Islander women	14	2.3 times greater	1.23 to 4.13
Non-Hispanic women	100	Comparison group	
Hispanic Women	13	2.5 times greater	1.26 to 4.39



¹⁶ Rates were calculated based on the number of deaths of victims eighteen and over between 1997 and 2001 compared to the adult population during that time. The rate is then expressed in terms of 100,000 person years (the domestic violence homicide rate for white women is .945 per 100,000 person years for that time period).

¹⁷ Please note that we are using race information from death certificates (as opposed to the victim's self-identification), and then comparing it to race information from the U.S. Census. Both death certificate and Census data use a race classification system in which "Hispanic" is not included as a race, but as a separate category. Some people are coded as "white, Hispanic" and others are "white, non-Hispanic" or "black, Hispanic," etc. Therefore, the numbers in the first table include Hispanics within other races. The second table compares Hispanic versus non-Hispanic. In that table, non-Hispanic includes whites and all other races as well.



We did not find a statistically significant elevated rate of domestic violence homicides for Native American women. Rates for Native Americans overall (men and women) were statistically significant, with a rate 2.8 times greater than for whites overall. However, when separated by sex (i.e., Native men compared to white men and Native women compared to white women), the rates were not significantly different from whites. It is possible that we have a less accurate count of Native American domestic violence-related deaths, as getting information about murders on reservations is more challenging than getting information about murders off reservations. Our two primary methods for identifying deaths (newspapers and Washington Association of Sheriffs and Police Chiefs *Crime in Washington* reports) are less reliable for deaths occurring on reservations, because not all reservation police agencies report crime information to WASPC and newspapers may not cover all murders on reservations.

As with any statistical finding regarding race, it is important to question what the variable "race" is actually capturing or indicating, because race is so often closely correlated with poverty, barriers to educational attainment or other factors. In this case, at least for Asian and Hispanic women, it is likely that the race variable is also correlated with limited English-language skills, which may have a critical effect on women's ability to obtain help when experiencing domestic violence. Finally, it is possible that the disproportionate number of women of color killed points to the problems of racism within institutions which should be helping victims obtain safety and holding abusers accountable.

Our in-depth reviews of deaths of women of color indicate that the following factors account for this disproportionate risk:

- Lack of access to domestic violence victim services which are culturally appropriate and/or available in the victim's native language.
- Systemic disadvantage or bias based on race/culture in the justice system (e.g., lack of interpretation at crime scenes, lack of interpretation in civil court hearings, lack of low-cost or free representation to women with limited English proficiency, reluctance to take the abused woman seriously).
- Disadvantages associated with the poverty which is disproportionately experienced by people of color: difficulty accessing safe housing and transportation to victim services, inability to attain economic independence from the abuser, lack of access to resources.

We have attempted to demonstrate throughout this report the ways in which racial bias in social service and justice systems disadvantage women of color. Please see further discussions in the following sections: Improving Law Enforcement and Community Relations (p. 47) and Access to Justice for Limited English Proficient Domestic Violence Victims (p. 64).



Domestic Violence Homicides by County¹⁸

The table below represents the number of domestic violence-related fatalities (as defined by the Domestic Violence Fatality Review, see Appendix B for glossary of terms) in each county by year. This includes homicides of domestic violence victims, their children, friends and family, self-defense homicides in which abusers were killed and abuser suicides. Suicides by police (see glossary) are included under suicides. All the suicides are of abusers. As discussed in the section on homicide-suicide, most suicides were committed after one or more homicides. It is likely that the numbers in this table represent an undercount of domestic violence fatalities. Some domestic violence homicides may be unsolved, mistakenly classified as accidents or unreported.

DOMESTIC VIOLENCE FATALITIES BY COUNTY: 1997-2002

COUNTY		1997	1997	1998	1998	1999	1999	2000	2000	2001	2001	2002	2002	TOTAL
Adams	COUNTY	Homicides	Abuser	Fatalities										
Asotin Chelan			Suicides		Suiciaes									
Benton								- 4	-					
Chelan		4	_			4	4	1	1	4	_			
Clallam		1	1			1	1			1	1			
Clark 3				1										-
Columbia Cowilitz		I	_					1						
Cowlitz		3	2	2	2	1				5	1			
Douglas Ferry Franklin 2														1
Ferry						1						1	1	
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 $^{^{18}}$ Please note that data for 2002 reflects only the first eight months of the year, January 1 through August 31.

MULTIPLE SYSTEM FAILURES

In reading this report, we ask that you keep in mind that each domestic violence victim and perpetrator had contacts with multiple systems; multiple opportunities existed for quality intervention and for holding the perpetrator accountable. In many cases, there were multiple gaps in response to the domestic violence, and the victim faced multiple barriers to safety. Most of this report is organized around themes or particular parts of the community's response to domestic violence; however, this can obscure the way in which multiple system failures can snowball in a battered woman's life. The following story about "Rebecca's" (a pseudonym) life in the years prior to her death illustrates the way in which system failures can have a cascading effect.

Some of the earliest information we have about Rebecca's murderer, "Mike" (a pseudonym), is regarding criminal charges filed against him when he kicked in the door of his girlfriend's home (not Rebecca) in order to see if she was with another man. Mike was arrested for trespassing and malicious mischief, but was released without bail at arraignment. The prosecutor did not actually file charges against him until five months later.

GAP: Immediate release from jail and slow filing times allow abusers to feel they can harass, assault or intimidate their partners with impunity. These practices discourage victims from feeling that the criminal justice system can provide any help in creating safety in the short term, and they give abusers ample time to intimidate victims into refraining from calling police again or participating in prosecution.

Because of continuances and Mike's absences at court, sentencing in this case did not occur until a year later (almost eighteen months from the time the crime was committed). At some point, a warrant was issued for Mike's arrest.

Later, Mike engaged the assistance of police in order to attempt to enforce an order giving him custody of his chil-

5/17/01, **Dr. James Dale Holloway**, 40, shot by his colleague's stalker

dren from a previous relationship. Officers verified that he had an active warrant for his arrest, but did not arrest him.

GAP: The system's lax response had encouraged Mike to feel so confident about not being held accountable that he initiated contact with the police himself. His assumption that his abusive acts would not be taken seriously was affirmed when police did not take him into custody on his warrant.

Eventually, Mike received a deferred sentence, a fine payable via work crew and two years with no similar violations.

GAP: This long separation between the crime and sentencing (over a year) undermines the notion of abuser accountability. Mike was not referred to certified batterer's treatment. The court imposed a deferred sentence, but had no probation department to monitor compliance with the terms of sentencing.

Mike did not pay the fine or show up for work crew. He did not show up for the hearings set to review the case. A warrant was issued. However, enough time went by that the court determined that the deferral was complete. Almost three years after the incident, the case was dismissed. Mike had served no time in jail, paid no fines, attended no treatment, avoided work crew, and had not been arrested on his warrant.

GAP: The system gave Mike a message that he would not be held accountable for his abusive behaviors. Batterer's treatment experts on Fatality Review panels caution that such failures embolden abusers.

The earliest official information we could find about "Rebecca" is that she fled a neighboring state and filed a Protection Order in Washington. In it, she explained that she was six-and-a-half months pregnant and living in a car because of her current husband's abuse, threats and drug use. He had threatened to take her baby from her. She described him as controlling and expressed fear for her life and the life of her unborn baby. She requested the exclusive use of their car in the Protection Order. The order also reveals that she had recently accessed healthcare, but was living in poverty. The judge granted the protective order, but did not allow her exclusive access to the car.

GAP: The Protection Order office did not have any advocates; thus, Rebecca did not receive referrals to shelter or domestic violence services which could have provided her support and assistance with safety planning during this difficult time.

Rebecca had her baby. Soon after, her husband took the child back to the neighboring state and would not allow her access to the child. He filed a Protection Order against her to keep her away, accusing her of having a drug problem. Rebecca was either too scared to challenge her exhusband around the issue of access to her child or did not have the knowledge and support to do so.

GAP: The Fatality Review panel presumed that Rebecca gave birth at a hospital and perhaps obtained some prenatal care prior to the birth. These contacts with medical providers represented important opportunities to screen for domestic violence and make referrals, which would also have increased the child's safety and well-being.

GAP: Apparently the court in which Rebecca's husband filed the Protection Order did not have any means to evaluate for the presence of domestic violence or the most appropriate custody determination. Too few free or low-cost civil legal resources exist for battered women to assist with family law matters, and many people do not know how to access the few that are available. Without representation, advocacy or knowledge of available resources, Rebecca was unable to get her child back.

At some point soon after her child's birth and her separation from her husband, Rebecca and Mike met. After the homicide, some friends said that Mike initially "protected" Rebecca from her former husband.

About eight months after the birth of her child, Mike called the police because Rebecca was attempting suicide. She apparently was in pain and despair over not being able to see her baby. Police reports note that "she continually talked about killing herself because her baby had been taken away from her at birth." Rebecca was taken to a hospital for a mental health evaluation.

GAP: We could not verify that Rebecca was screened for domestic violence at the hospital. It was also unclear as to whether any of the mental health professionals addressed her lack of access to her child or attempted to

connect her to legal or advocacy resources which might have provided her assistance with this extremely painful problem.

Weeks later, a neighbor called to report Rebecca and Mike fighting. The responding officers (one of whom responded to the suicide attempt) noted in their report that Rebecca had mental health problems and was "not credible."

GAP: Having attempted suicide in response to the pain she felt over being denied access to her baby, Rebecca was labeled as "not credible," and thus perhaps not a "real" battered woman. As a result, officers did not make an arrest, even though Rebecca described being hit. Rebecca and Mike both received a message that the system would not take action to protect her from his assaults.

Soon after that, Rebecca's ex-husband reported his car stolen (Rebecca had possessed it since leaving him) and Rebecca was arrested and held on \$10,000 bond. Rebecca eventually pleaded guilty to charges in this case and was sentenced to ten days in jail, (after having already served twenty-two days as a result of not being able to make bail), drug treatment, probation and restitution and fines totaling \$1700. This is in contrast to the paltry amount of time most abusers spend in jail for their domestic violence assaults and the frequency with which they are given suspended sentences which allow them to avoid jail time almost completely. A bright spot here was that Rebecca was able to obtain drug treatment and establish a good relationship with her probation officer.

GAP: The criminal justice system was much more responsive to an abuser's complaint about property than Rebecca's earlier complaints about abuse.

GAP: The probation department did not routinely screen for domestic violence or seek to make connections between domestic violence and offender's crimes, so Rebecca did not receive any intervention for the abuse she was experiencing from Mike through the probation department.

GAP: It is also not clear whether or not the substance abuse treatment program addressed domestic violence, or had any collaborative relationship established with the local domestic violence program. So, while Rebecca received some assistance during this time, it is unlikely

that anyone helped her identify the abuse she was experiencing from Mike or connected her to resources regarding the domestic violence.

Around this time, Mike was in a car accident, and cited for drunk driving. During that investigation, officers found several illegal concealed weapons on his person. Mike was arrested but released on personal recognizance with no bail. He did not show up for court hearings, and the case was dismissed after his death.

Also around this time, Mike and Rebecca's landlord filed to have them evicted for non-payment of rent. Charges were also filed against Mike for non-payment of child support for his two children from a previous relationship. Mike never showed up for his arraignment hearings regarding these charges, perhaps having learned from experience that failing to appear in court was an effective way to avoid consequences.

Throughout this time, Rebecca had repeated visits to medical providers because of some chronic medical conditions. It also appeared that she was on disability.

GAP: Visits to medical providers provided multiple opportunities to screen for domestic violence and ensure that Rebecca was connected to resources which could help her assess the danger she faced from Mike, develop a safety plan and get support. Panel members agreed these opportunities were probably lost because her medical providers did not have a policy of universal, consistent screening for domestic violence.¹⁹

GAP: Because she was receiving disability payments, Rebecca had contact with some sort of case manager; she may have been receiving food stamps as well. It is likely that she visited DSHS offices in order to maintain her benefits. These contacts provided opportunities to screen for domestic violence and provide information. The Fatality Review panel determined that this was not standard practice for DSHS offices in the years prior to Rebecca's death, so these opportunities were probably lost.

The Fatality Review panel was unable to determine the degree of knowledge friends and family had regarding the abuse that Rebecca experienced at Mike's hands. However, Mike's sister was so concerned about his extreme behavior and potential for violence that she avoided him and did not allow him around her family. Rebecca's family lived near to her, and she worked intermittently during the time she was with Mike. It is likely that she, like most of the women whose cases we have reviewed, revealed the abuse to people close to her.

GAP: Friends and family often do not know how to be helpful when abuse is revealed. Domestic violence programs do not routinely reach out to friends and family and make it clear that they can call hotlines for advice and problem solving regarding providing assistance to loved ones who are abused. Public education campaigns routinely express that "abuse is bad," but do not provide concrete information about how friends and family can support battered women.

Mike killed Rebecca and himself approximately two years after they met. Rebecca was in her mid-thirties. The child she was never allowed to know was almost two years old.





¹⁹ For a model training and educational tool to assist medical providers when screening for domestic violence in a healthcare setting, see 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 the Washington State Coalition Against Domestic Violence at 206-389-2515. For model policies, protocols and training curricula related to healthcare and domestic violence, see the Family Violence Prevention Fund's website at http://www.fvpf.org/health.

FRIENDS, FAMILY, NEIGHBORS: COMMUNITY

The battered women in reviewed cases, like most battered women, were often part of multiple communities which sometimes overlapped. They lived in neighborhoods where they spoke with their neighbors and people noticed the abuse they were experiencing. Some worked and had confidants among their co-workers. Some had family who lived with them or close by. Some were a part of ethnic or identity-based communities, in which friendship and family networks coalesced around cultural events. Some were involved in churches. Frequently, members of these communities knew of or witnessed abuse. All of these communities constitute potential support systems for women experiencing violence.

When considering the role of the friends, family, neighbors and co-workers surrounding domestic violence victims and perpetrators, Domestic Violence Fatality Review panels commonly focused on two issues:

- the need to increase the capacity of friends, family, neighbors and co-workers to support domestic violence victims, and
- the need to understand and address the reasons why other people knowledgeable about or witness to the abuse did not call the police more often.

Post-homicide investigations repeatedly revealed that neighbors, friends and family often had far more knowledge about the abuse than any social service, civil or criminal justice professional. In every single one of the eleven cases reviewed since September 2000, friends, family or neighbors knew of abuse or stalking by the abuser prior to the homicide. Friends, family or neighbors knew specifically of death threats in over half (54%) of the cases, and in all but one of those cases, knew of prior threats with guns as well. Looking back on all the cases reviewed since the start of the Domestic Violence Fatality Review, the pattern holds, with over half of the victim's friends or family knowing about the death threats, and far more than that knowledgeable about or witness to abuse. In most cases it was clear that family and friends truly wanted to help the battered woman, but did not know what to do.

In some cases, the abuser told friends or family of his intention to kill his partner. In other cases, friends, neighbors

and family heard assaults or threats prior to the homicide. In one case, the victim had written in her request for a Protection Order that she was afraid her abuser would kill her, so it is possible she had shared these fears with friends and family. Just two months later, a neighbor heard the abuser yelling at the victim that he would kill her, but did not take the threat seriously because the abuser was drinking. That same abuser told his brother that the upcoming Saturday (the day of the murder) would be "different than all other Saturdays." His brother was unsure what this meant, but also discounted it because the abuser was drinking. One abuser told four people he planned to kill his partner in the week before the murder, asking them for various forms of help with the murder (such as use of their car). None of them apparently took these threats seriously; one thought little of it because the abuser had threatened the same thing a couple times before and had not "followed through."

Another abuser told a neighbor that he planned to kill his estranged wife. The neighbor thought he was talking "crazy" but tried to get him to agree to wait a few days, and talked to the victim about changing her behavior so as not to upset the abuser. Fatality Review panel members noted that in this case, the neighbor tried to be helpful, but did not realize that talking to the victim about her behavior was both ineffective and victim blaming. Perhaps if this person had more information about what to do when he was concerned about a domestic violence victim's safety, he could have offered the victim information or advice which would have helped save her life.

Reflecting on a homicide-suicide, a neighbor said that the victim had told her about a night the abuser had held a gun to her head. According to the neighbor, the couple's daughter was so scared by her father's threats that she spent most of the night throwing up. Her son wanted to call 911, but the abuser threatened to kill the whole family if he did so. The abuser killed his victim within a week of this incident.





One victim's sister witnessed the abuser slamming the victim's head into the wall, causing a hole, and pushing her head under running water. The sister tried to call the police, but the abuser took the phone from her, and no report was ever made. Later, she found out that the abuser had threatened her sister with a knife. This same victim's family was aware of the abuser's violations of a No Contact Order, and confronted him on it. He admitted he knew he was supposed to stay away but kept showing up anyway. However, no one reported these violations to law enforcement.

Another victim's mother told police that the abuser had beaten her daughter for nine years, and that she had picked up the victim and children from their house in the middle of the night many times because of violence. Her sister said that the victim was in a "living hell" with the abuser, and that she could not remember how many times she had seen her sister with black eyes, bruised arms and a bruised throat. In the days before her murder, this woman told her sister that she was seeking but could not find a safe haven for herself and her two children. The same woman's neighbor told homicide investigators that she noticed the battered woman "flinch" whenever the abuser yelled at her.

Sometimes other people were themselves targets of the batterer's abuse, and in those cases knew firsthand of their abuse. In one case, two men who had dated the domestic violence victim after her divorce were assaulted or threatened themselves. The abuser broke one man's nose and called the other with death threats. Neither of these incidents were reported. In a case which painfully highlighted the importance of the workplace as a potential site for offering support, the battered woman called the supervisor of her night job the night of her murder to say that she couldn't come in because of a "fight" at her house. The supervisor's response was to tell the woman to come in anyway. She showed up at work shaking and crying, with a clearly visible black eye and swelling on her face. She told a friend at work that she feared for her children's safety, being home with the abuser. Because her place of employment was unprepared to address domestic violence among employees, no one at the workplace was able to offer this woman any meaningful help. Shortly after she returned home, her abuser killed her and two of her children. Her supervisor, like most supervisors, probably had no information or training about what steps he could have taken to respond to the disclosure of a "fight" or evidence of the violence the woman had clearly experienced.

Sometimes friends or family offered the victim helpful information. In at least one case, a friend gave the battered woman information about how to obtain a Protection Order. Fatality Review panel members noted this intervention as a supportive and positive bright spot in an otherwise very sad story. For the most part, however, it seemed that family, friends and neighbors did not know how to support the battered woman, frequently did not fully recognize the danger the victim was in and often were hesitant to call on law enforcement for assistance.

INCREASING THE CAPACITY OF FRIENDS, FAMILY AND NEIGHBORS TO SUPPORT DOMESTIC VIOLENCE VICTIMS

Review panels often concluded that members of the communities surrounding the domestic violence victim and abuser were potentially valuable and under-utilized resources for providing support and accountability.

Most community-based domestic violence agencies have not emphasized their ability to provide support to friends and family in publicity materials, nor have they provided any services (support group, in-person meetings) to friends or family.

Domestic violence agencies are best positioned to provide information and support to concerned friends, family members and neighbors. Domestic violence agencies (and their funders) have historically conceptualized their work as focused on victims of domestic violence (and to a limited degree, their children) only. While this emphasis has been understandable given the origins of most agencies and funding limitations, we believe it needs to be rethought. In some agencies, when friends or family call, advocates urge them to get the battered woman to call.





Although it might be beneficial if the woman did call directly, educating the people to whom she has turned for support is a valuable endeavor.

Advocates on Fatality Review panels and advisory groups talked about their need for training and information on working with friends and family (particularly if the domestic violence victim had not yet contacted them). Panels agreed that advocates should be respectful, sensitive to issues of confidentiality and avoid pathologizing the domestic violence victim when working with friends and family.

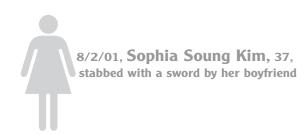
Recommendations:

- All organizations mounting public education campaigns regarding domestic violence (such as public health agencies and community-based advocacy programs) should include messages about building the capacity of friends, family and neighbors to support battered women and (when safe) encourage change on the part of the abuser.
- Public education should work in the direction of building a moral position against domestic violence, but it cannot stop there. Education should also provide people with concrete examples of how to recognize the level of danger, intervene and support a victim of domestic violence.
- Domestic violence agencies should critically examine their philosophies, mission statements, policies and procedures and eliminate barriers within their agency to providing support to friends and family of battered women.
- Domestic violence agencies should consider providing support, problem-solving strategies and information to friends and families as an important part of their work.
- Rather than seeing themselves as the victim's support network, domestic violence agencies should assist domestic violence victims in building support

- networks in their community among friends, family, neighbors and co-workers.
- Domestic violence advocates should consistently ask battered women if they can help them talk to their support system about the abuse and how their support system can help them (and their children) stay safe.
- Funders of domestic violence agencies should see building the capacity of communities surrounding battered women to respond to domestic violence as a legitimate and important part of domestic violence agencies' work.
- When on the scene of a domestic violence crime, law enforcement should hand out domestic violence referral information to witnesses, friends, family and neighbors who are also present.
- Curricula and trainings focused on effective advocacy should address working with family and friends to increase their capacity to support battered women.

Some programs in our state have begun working from a community organizing and advocacy model which consciously seeks to assist the victims of domestic violence in expanding their support networks, getting help staying safe and enlisting communities and workplaces in thinking very concretely about how they wish to respond to domestic violence.

National models for community organizing-based approaches to domestic violence also exist.²⁰ These programs move in the direction of creating "best practices" for friends, family, neighbors and co-workers, and proactively work to increase the ability of people involved in the lives of battered women to provide substantive support.



²⁰ The best models place interpersonal violence in the context of violence and oppression the community members have faced historically and may continue to face in their present environment. (For example, many immigrants have faced extensive war-related violence in their countries of origin; this history of violence may be intimately tied to how people in the community perceive and think about domestic violence.)

Recommendations:

- Domestic violence programs throughout Washington state need more information about strategies and models for community organizing-based approaches to domestic violence prevention and intervention.
- Domestic violence programs should develop "best practices" models for friends and family which emphasize working collectively, deciding who to involve, obtaining expert help with clarifying the issues and problem solving, deciding when (and when not to) call law enforcement, and safe, ethical communication with battered women and abusers.

The cultural pressure to preserve a two-parent family and make sure that children have fathers in their lives can negatively affect the ability of a community to support domestic violence victims in ending abusive relationships.

Compounding the pressures which already existed to keep children in contact with their fathers, regardless of the danger this may pose to them and their mother, the federal government is moving in the direction of allocating millions of dollars to "encourage the formation and maintenance of healthy, two-parent married families and encourage responsible fatherhood."²¹ Policy makers, public health educators, advocates, judges and community members should recognize that no evidence indicates children are better off in two-parent families in which one parent is abused than they are in peaceful single-parent households.

Recommendations:

- Domestic violence advocates and others concerned about domestic violence should consider creative ways to harness new money aimed at strengthening families and direct it toward victim safety and abuser accountability.
- Federal programs promoting fatherhood and marriage should refrain from blanket statements and promotional materials which imply any father is better than no father, or that marriage is always superior to single parenthood.

Understanding and Addressing Community Reluctance to Involve Law Enforcement When Witnessing Abuse

Fatality Review panels identified that victims and their friends, family and neighbors fear police intervention will be more harmful than helpful if they think that police intervention will lead to:

- Danger to themselves or their family if the abuser knows they called.
- Ineffective response, which can make the abuser more angry/dangerous but does not control him or keep the woman safe. (This concern is elaborated in the section on criminal justice system response.)
- A response compromised by racism (and therefore dismissive, trivializing, condescending or humiliating).
- Police brutality.
- Immigration and Naturalization Service (INS) involvement.
- Arrest of the victim and not the perpetrator.

Although people surrounding the victims and perpetrators of intimate homicides often knew of the abuse and even of death threats or intentions to kill, many did not call law enforcement, even when witnessing abuse. This highlights the deep ambivalence many people have about calling the police, the difficult choices people witnessing abuse make and the strained relations which sometimes exist between law enforcement agencies and the communities they serve. However, in some instances, the abuser was so intimidating and potentially dangerous, only law enforcement officers could have stopped the abuse taking place in the moment. Many factors may be involved when people avoid calling the police to report domestic violence; several of these factors are discussed below, as well as recommendations for improving community interaction with law enforcement.



²¹ H.R. 4737, 107th Cong. (2001).

Fear of the Abuser

People are often afraid that an abuser will know they called the police and will retaliate against them.

When people call 911, they may be asked to identify themselves and give their address, but they may be unsure about who has access to that information.

Recommendations:

- ▼ Everything possible should be done to protect the identities of people who call 911 to report crimes.
- Callers to 911 should be informed of the policy to protect the identity of the caller. 911 call takers should provide callers with assurances regarding confidentiality, and let them know who does and does not have access to the identifying information they gather.
- Crime prevention-oriented public education campaigns should address people's fears regarding confidentiality and safety when they call law enforcement.

Guns short-circuit social accountability.

In discussing the barriers to effective community intervention in domestic violence, Fatality Review panels and our advisory groups pointed out the way in which the presence of guns effectively disables social accountability structures. When friends, family or neighbors fear that an abuser has a gun, it becomes very difficult for anyone other than law enforcement to intervene, but it also may be very frightening to even consider calling law enforcement.

Recommendations:

▼ Policy makers and community members should recognize the corrosive effects widespread availability of guns have on the social fabric of communities and seek to minimize access to guns. In particular, as discussed in our 2000 report, police, prosecutors and judges should all enforce federal and state laws intended to deprive abusers of access to weapons.

Increasing Community Consensus Regarding Law Enforcement Intervention in Domestic Violence

People may not be sure if calling the police is the right thing to do in the case of domestic violence, and may have few opportunities to think through and

discuss their options for responding to domestic violence.

Block Watch programs provide a forum in which neighbors come together to discuss their response to crime. However, Block Watches do not consistently address the topic of domestic violence or other forms of privatized violence, such as child or elder abuse. This is in spite of the fact that many neighborhoods are more likely to be affected by these problems than the burglaries and other sorts of "stranger crimes" often emphasized in these meetings.

Recommendations:

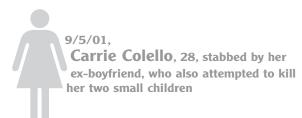
- ▼ Block Watch organizers should:
 - raise and address the issue of domestic violence and other forms of family violence (e.g., child abuse and elder abuse),
 - help neighbors develop a common understanding of how they want to respond to these problems, and
 - be sure that everyone knows about the resources available for domestic violence victims in their communities.
- The state should oversee the creation of model discussion guidelines regarding domestic violence for law enforcement representatives to Block Watch meetings.

Improving Law Enforcement and Community Relations

Some minority communities have strained relations with law enforcement. Distrust or fear of being labeled a traitor to one's community may discourage the battered woman or people around her from calling for help.

Recommendations:

▼ Policy makers, community leadership, domestic violence agencies and law enforcement agencies should recognize that poor policing practices, strained police/community relations and lack of police



accountability to the community all expand abusers' power because victims and others are reluctant to call the police as a result.

- Policy makers, community leadership and domestic violence advocates should pair calls for vigorous law enforcement response to domestic violence with calls for rigorous law enforcement accountability to the community around issues of brutality, bias, racial profiling and cooperation with Immigration and Naturalization Service.
- Domestic violence agencies should ally with organizations working for greater police accountability in their communities.

In several cases involving battered immigrant women, we found no evidence of attempts to involve law enforcement.

When considering why women may have refrained from seeking help for the abuse prior to the homicides, Fatality Review panel members who work closely with immigrant communities spoke of the fear many people have of being turned over to Immigration and Naturalization Service (INS) by law enforcement. In a few Washington communities, law enforcement regularly uses INS or Border Patrol officers as interpreters. When law enforcement agencies assist in raids or report on individual victims or perpetrators to INS, calling law enforcement for help with domestic violence and other violent crimes is not an option for many victims. When law enforcement agencies work closely with INS, it erodes the law enforcement partnership with immigrant communities, and thus gives abusers greater control within those communities.

Recommendations:

■ Law enforcement agencies should have clear policies of non-cooperation with INS and make sure that immigrant communities in their jurisdiction are informed about these policies.



THE NEED FOR FOCUSED PREVENTION EFFORTS

In many cases, the abuser was on a path of trouble and violence from early adulthood, if not earlier. Fatality Review panels and expert advisory groups often agreed that the point at which the abuser came to the attention of the system for domestic violence abuse was often long past the point at which effective interventions could have been mounted to prevent that person from choosing a path of violence.

We do not have access to juvenile criminal records, but based on statements made by family members it was clear that some abusers were in the juvenile system prior to the assaults in adulthood.

Consistently effective models for ensuring that domestic violence abusers stop using physical and psychological abuse and other tactics for power and control over others simply do not exist. As this report describes in later sections, batterer's treatment and criminal justice responses have not effectively deterred (or prevented) domestic

violence. On the other hand, focused early identification and prevention strategies for children at risk may be a much more effective means for reducing violence.

Recommendations:

- ▼ State government and local communities need to commit to focused prevention efforts which mobilize support and resources around children exposed to violence and/or who show signs of being violent themselves. These children should receive supportive early interventions focused on improving their ability to cope with the pressures they face and their family's ability to provide a nurturing, nonviolent environment.
- Policy makers should move from a punitive to preventative model for violence. Prevention is more effective, more humane, and in the long run, more cost efficient.



WEAPONS

Guns are the most common weapon used in domestic violence homicides.

Since 1997, at least twelve domestic violence homicides have been committed in Washington by abusers using guns they were federally prohibited from possessing because they had a prior domestic violence conviction. The twelve offenders involved had convictions on a total of twenty-two domestic violence-related charges. And nine abusers (who later killed a combined total of thirteen people with guns) had a total of twenty-two domestic violence charges dismissed at some point prior to the murders.

Reviewed cases revealed that courts rarely move to ensure that domestic violence offenders' guns are removed as part of domestic violence convictions. Nor do they seek to ensure the removal of guns from respondents to protective orders, even when a battered woman makes clear that her abuser has made death threats.

Judges, prosecutors and law enforcement officers on Fatality Review panels explained that several barriers exist to consistent removal of a domestic violence offender's guns, even when federal and state law prohibit the offender from owing a gun:

 Most jurisdictions have no process by which to obtain guns from convicted domestic violence offenders or respondents to protective orders, and no plan for destroying or storing these guns.

- Removing guns is not a priority for judges or law enforcement.
- Some judges are reluctant to deprive a man of his guns, even when he is a domestic violence offender.

Recommendations:

- Each jurisdiction in the state should establish a protocol for gun removal and destruction for (at minimum) all convicted domestic violence offenders.
- Each jurisdiction should establish a protocol for gun removal and storage for domestic violence offenders subject to protective orders, and offenders on probation or court supervision with suspended or continued sentences.
- ▼ Protocols should address methods for identifying gun possession (e.g., searching licenses, asking victims), use of court orders and search warrants to compel surrender of weapons, processes for offenders to voluntarily turn over weapons to law enforcement and destruction schedules. Guns should not be stored for convicted domestic violence offenders, as those individuals have permanently lost their right to possess firearms. Guns also should not be returned to the community through sales.
- ▼ The "special request for law enforcement" section of Protection Orders should include the option to ask for help in removing guns from the respondent's home.

HOMICIDE-SUICIDE

At least one-third of domestic violence offenders are suicidal at the time of the fatality. Over 25% of domestic violence fatalities are homicide-suicides.

It is possible that the proportion is actually higher; this estimate is based simply on the number who kill or attempt to kill themselves. In-depth fatality reviews revealed that several (7%) of the abusers who did not commit suicide at the time of the homicide had a history of suicidal threats, thoughts or behavior, leading us to believe that the proportion of domestic violence abusers who are suicidal around

the time of the homicide is even higher than our numbers indicate.

Fatality Reviews repeatedly demonstrated that professionals did not consistently screen for suicide or recognize the increased risk of homicide it indicated.

Two of the suicidal domestic violence abusers in recently reviewed cases had extensive and repeated contacts with psychologists and/or social workers prior to the homicides. Professionals involved with both of these cases did not

identify the danger that the suicidal thoughts and history of domestic violence represented, and so did not warn the battered women in these cases of their increased risk. Fatality Review panels agreed that most professional norms and practices do not include identification of these particular risk factors.

Discussions with prosecutors, suicide specialists, mental health professionals (MHPs), domestic violence advocates, law enforcement officers, medical providers, psychologists and batterer's treatment experts have revealed that most disciplines do not have adequate training, protocols or practices to screen for the combination of suicide and domestic violence, nor are most professionals equipped to address victim safety concerns when suicide and domestic violence are identified together. The issues involved in responding to suicidal abusers, preventing them from hurting others and themselves, informing their intimate partners of the increased risk they face and providing substantive safety planning are complex and warrant further discussion both within and across disciplines.

Recommendations:

- ▼ Every professional (Child Protective Services, mental health, law enforcement, prosecutor, probation, medical personnel, substance abuse treatment providers, domestic violence advocates, housing advocates, Temporary Aid for Needy Families workers) who may come in contact with domestic violence perpetrators or victims should understand the increased risk of homicide when suicide and domestic violence coexist and be prepared to accurately identify this combination, as well as respond to it in ways that increase victim safety.
- Health professionals, psychologists, counselors, suicide specialists, batterer's treatment providers, medical providers, law enforcement, prosecutors, mental health professionals and domestic violence advocates should:
 - Examine their institution's/discipline's policies and practices to identify:
 - Barriers to identifying the combination of suicide and domestic violence
 - Barriers to taking concrete steps to increase victim safety when the combination is identified
 - Barriers to collaboration with other professionals when responding to suicidal abusers

- And work together to establish protocols for:
 - Identifying the combination of suicide and domestic violence
 - Responding in ways that minimize the danger that suicidal domestic violence abusers pose to intimate partners, children and others

These protocols should include contacting partners of suicidal men who have histories of domestic violence and informing them of their (and their children's) increased risk for homicide and the limited ability of the institution to affect that risk, providing them with referrals to local resources for shelter and support, and supporting them in safety planning.

We made a number of recommendations in our 2000 report which continue to be relevant. Among these were:

- All suicidal men should be screened for a history of domestic violence.
- 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 coexists with a history of domestic violence.
- 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.
- Judges should use all the tools at their disposal to ensure the removal of firearms when abusers are suicidal.
- Everyone who intervenes should take as much responsibility as possible for responding to the danger suicidal abusers pose.





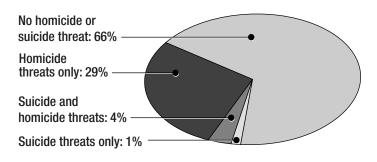
HOMICIDE AND SUICIDE THREATS AND PROTECTION ORDERS: THE DVFR PROTECTION ORDER STUDY

In response to Fatality Review panel members wondering how often women mentioned homicide or suicide threats in their Protection Orders, the Domestic Violence Fatality Review (DVFR) undertook a study of Protection Order narratives in King and Pierce counties. We looked at a random sample of over 300 Protection Orders in each county for a total of 625 orders. The Protection Orders in King County were all filed in the year 2000, and those in Pierce County were filed in 1998. Filings in which the petitioner and respondent were not intimate partners were excluded. Consistent with research on domestic violence, the majority of petitioners were women filing against male intimate partners (77%). However, 14% of the filings were by men against women. While women filing orders against male intimate partners comprised 77% of the overall sample, they accounted for 85% of the Protection Orders which mentioned homicide threats.

HOMICIDE THREATS IN PROTECTION ORDER STUDY

Sex of Petitioner/Respondent	All Protect	ion Orders	Protection Orders Mentioning Homicide Threats			
	n	%	n	%		
Missing	8	1%	0	0%		
Male/male	16	3%	5	2%		
Male/female	90	14%	18	9%		
Female/female	27	4%	8	4%		
Female/male	484	77%	170	85%		
Totals	625	100%	201	100%		

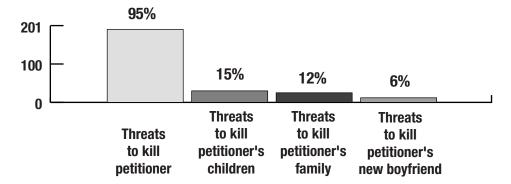
Out of the 625 Protection Order narratives examined in the DVFR Protection Order study, 210 (34%) mentioned some sort of homicide or suicide threat. Of these, the majority were homicide threats in the absence of any suicide threat (85%). However, when respondents were suicidal, they were often homicidal, too. Seventy percent of the suicidal respondents had made death threats as well.







Homicide threats were primarily focused on the petitioner; out of the 201 Protection Orders in which the petitioner documented homicide threats, those threats were focused on the petitioner in 190, or 95% of them. A smaller number mentioned threats against children (15%), family members (12%) and new dating partners (6%). In 28% of the Protection Orders, petitioners noted multiple homicide threats (e.g., towards their children and themselves, or themselves and their new boyfriend).



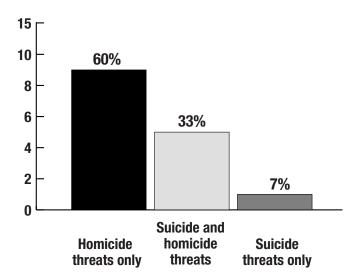
TARGETS OF HOMICIDE THREATS IN PROTECTION ORDER NARRATIVES

Percentages add up to more than 100% because some narratives mention multiple threats

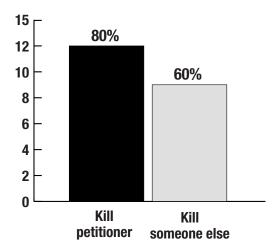
Homicide and Suicide Threats in Protection Orders Filed by Victims in Reviewed Cases

Of the forty-one cases reviewed since the inception of the DVFR, victims in fifteen (37%) filed for Protection Orders. Homicide or suicide threats were mentioned in *every single one* of those orders. Sixty percent mentioned homicide but not suicide, 33% mentioned homicide and suicide threats, and 7% mentioned suicide only.

Homicide threats were also mainly focused on the victim in reviewed cases—80% of the narratives mentioned the abuser's threats to kill the victim; 60% mentioned the abuser's threats to kill someone else. (Abusers frequently made multiple threats, so these numbers total to more than 100%.)



HOMICIDE AND SUICIDE THREATS DOCUMENTED IN PROTECTION ORDERS IN REVIEWED CASES



FOCUS OF HOMICIDE THREATS IN PROTECTION ORDERS IN REVIEWED CASES

Percentages add up to more than 100% because some narratives mention multiple threats

All of the women in reviewed cases who filed for Protection Orders documented homicide or suicide threats in their Protection Orders, while only about one-third of women filing orders in our random sample documented such threats. While 39% of the Protection Orders examined in fatality reviews mentioned the abuser's suicidal threats, only 5% of the randomly sampled Protection Orders included mention of such threats.

Recommendations:

Courts should ensure that the minority of petitioners who mention homicide threats, and the even smaller number who mention suicide threats, are connected to advocacy, made aware of their increased danger given these threats and supported to engage in immediate and detailed safety planning.

- ▼ Judges should order that abusers surrender their guns when granting Protection Orders. (See section on Weapons for further discussion on this topic.)
- Protection Order advocates should inquire specifically about homicide and suicide threats, inform women of their increased danger if these are being made and safety plan accordingly.
- Safety plans for women reporting homicide and suicide threats should include getting weapons out of the house and car.



CHEMICAL DEPENDENCY AND MENTAL HEALTH ISSUES

BARRIERS TO EFFECTIVE SUPPORT

Chemically dependent domestic violence victims faced significant barriers to accessing support.

Fatality Review panels identified substance use as an issue in 64% (n=7) of the reviewed cases over the past two years. Of those cases, 27% (n=3) of the victims and 54% (n=6) of the perpetrators struggled with chemical dependency. Although substance abuse does not cause domestic violence, the presence of both increases the severity of injuries and lethality rates.²²

At least two of the three chemically dependent victims in the cases reviewed attempted to access safe housing in their communities. Although some domestic violence shelters provide services to women using alcohol or other drugs, most do not. Similarly, most inpatient chemical dependency treatment programs are not adequately prepared to admit a domestic violence victim whose perpetrator is actively pursuing her. Many homeless or family shelters screen for domestic violence and substance abuse and will not admit women dealing with either issue, let alone both. This leaves chemically addicted battered women with very few, if any, safe housing options.

Perpetrators' abuse of alcohol or other drugs increased risks for victims.

In one reviewed case, the abuser supplied the victim with drugs, increasing the amount of control he had over her. Any attempts made by victims toward sobriety are a threat to the abuser's control and, consequently, may escalate the abuse as he tries to sabotage her recovery efforts. In addition, using alcohol or other drugs impairs the victim's ability to implement a safety plan. When chemical dependency providers and domestic violence agencies fail to address both the impact of domestic violence on sobriety and the impact of substance abuse on safety, recovery and safety interventions are less effective.

Friends and family members in the cases reviewed minimized abuse or threats of abuse when a perpetrator was

²² Donald G. Dutton, "Theoretical and empirical perspectives on the etiology and prevention of wife assault," in *Aggression and Violence Throughout the Life Span*, ed. R. DeV. Peters, R. J. McMahon, & V. L. Quinsey (Newbury Park, CA: Sage, 1992), p. 192-221.

under the influence of alcohol or other drugs. In one case, the abuser told numerous people that he planned to kill the victim, yet no one took any action to warn her or stop him. Police interviews with some of these individuals following the homicides revealed that they felt the abuser's threats did not need to be taken seriously because they were made under the influence of alcohol or other drugs. Others were reluctant to "get involved" because of their own drug use and hesitancy to have any interaction with law enforcement.

Recommendations:

- Domestic violence and chemical dependency programs should partner with one another to provide cross-training as well as services to one another's clients.
- Domestic violence and chemical dependency programs should develop policies and procedures that maintain safety for all program participants while providing services to substance-abusing domestic violence victims. ²³
- Providers need to be aware of the increased risk to victim safety when a domestic violence victim is working towards sobriety, and thereby reducing the abuser's control. Domestic violence agencies and chemical dependency programs should coordinate safety plans and relapse prevention plans accordingly.
- Community education regarding domestic violence should inform people of the dangers of domestic violence, the importance of taking threats seriously, the increased lethality when substance abuse is involved and the community resources available for victims, their friends and families.

Interactions with Law Enforcement

Panels noted that all of the chemically dependent victims in the reviewed cases had a negative history with law enforcement, potentially impeding their ability to call 911 for assistance.

Police officers did not believe one victim when she reported abuse; responding officers documented that they felt the victim was "not credible" and therefore did not

arrest the abuser. It also did not appear that officers gave her referrals to domestic violence resources. In another case, the police reported the victim to Child Protective Services for neglect of her children after responding to a domestic violence call. Clearly, neither of these responses gave the abuser the message that the violence was unacceptable, or conveyed to the victim that the criminal justice system was a viable resource to address the violence against her.

In a third case, the victim had mixed experiences with the police. She had an arrest history and active warrants (for nonviolent drug and poverty-related crimes such as possession and prostitution). Judging from statements by friends and family after the homicide, it seemed that she endured a great deal of abuse before ever calling the police. Before her involvement with the abuser who later murdered her, police arrested a prior boyfriend for assault and (appropriately) chose not to run her warrants in the course of that arrest, thus giving her the message that she would not experience punitive action if she called the police for help with an assault.

About a year later, the abuser called the police on her, claiming that she had assaulted him. Police responded to their room at the hotel where they were living. On that occasion, officers took the time to speak to the victim at some length and document her version of events, including a detailed description of the environment which supported her claims that she had not assaulted her boyfriend. The Fatality Review panel pointed out that taking a detailed statement, deciding not to arrest the victim, and not running her warrants was positive. On the other hand, it is not clear that the police gave the victim information about domestic violence resources, in spite of the fact that she told them the abuser had been preventing her from leaving and she no longer wanted to be with him.



²³ Good models exist both locally and nationally for such policies: the Washington State Coalition Against Domestic Violence (www.wscadv.org) can assist agencies in identifying relevant models.



A few days later, the victim called the police when the abuser assaulted her. Again, the officers took the time to document events carefully; as a result, the prosecutor's office was planning to move forward with charges in this case at the time of the murder. While police response was appropriate in that officers took her claim of abuse seriously—in spite of the fact that she was clearly poor, living in a disreputable hotel, involved with someone with a long history of drug-related crimes, and possibly chemically dependent herself-the officers ran her warrants at that time and arrested her for a felony warrant in a different county. The other county declined to take custody of her, and the officers took her to the hospital instead. This interaction may have given the victim the opposite message she received from previous interactions—namely, that she would experience punitive action if she called the police and may have negatively impacted her likelihood of seeking help from law enforcement in the future. Victim safety was further compromised by a lack of safe housing and the release of the abuser on personal recognizance in spite of his long, violent criminal history. The abuser murdered the battered woman shortly after his release, apparently in retaliation for her calling the police.

As illustrated in these cases, too often law enforcement did not follow a "best practices" model of responding to domestic violence calls when the victim was dealing with chemical dependency. On several occasions, they did not provide victims with information on resources or how to access law enforcement as a part of their safety plan in the future. When they connected the victim to mental health experts (in the case of the victim judged "not credible") or Child Protective Services, those resources also failed to properly assess or respond to the domestic violence. Victims of domestic violence are not always easy to identify, and while there may not be enough evidence to warrant a legal response to abuse, the victim may still be in need of services.

Recommendations:

Domestic violence and chemical dependency programs must take into account the fact that calling 911 may not be an option for women dealing with substance abuse, and assist the victim in developing alternative safety-planning strategies.

- ▼ Domestic violence programs should provide outreach to women in chemical dependency treatment programs, jails, prisons and homeless shelters in an effort to reach women who are not being connected with domestic violence services. Research indicates that 90% of women in substance abuse treatment report a history of domestic violence.²⁴
- Chemical dependency treatment programs should provide outreach to women in domestic violence programs, jails, prisons and homeless shelters.
- Law enforcement officers should be held accountable for following their department's domestic violence policy, regardless of any biases or judgments about mentally ill and/or chemically addicted women they may personally hold. This policy should clearly guide officers to provide victims with resource information, even when they do not make an arrest.

THE COMBINATION OF CHEMICAL DEPENDENCY, MENTAL HEALTH AND DOMESTIC VIOLENCE

Failure on the part of prosecutors, judges and treatment providers to address the combination of domestic violence, chemical dependency and mental health compromised efforts to address victim safety and hold perpetrators accountable.

The criminal justice system has policies and procedures for addressing chemical dependency, domestic violence and mental health separately; however, "best practices" models for addressing multiple issues do not exist.

In one reviewed case, the domestic violence victim, who was also dealing with mental health issues and chemical dependency, had a criminal history. The criminal justice system referred her to a dual diagnosis program addressing mental health and substance abuse, which the Fatality Review panel identified as a positive intervention. These programs, however, generally do not screen for or address domestic violence,

²⁴ Brenda A. Miller, Ph.D., "Partner Violence Experiences and Women's Drug Use: Exploring the Connections," (1994) in *Women and Addiction in Washington State: A Report to the State Division of Alcoholism and Substance Abuse*, ed. M. Kubbs for the Washington State Coalition on Women's Substance Abuse Issues, October 2000.

thereby potentially missing a key factor needed in an intervention plan designed to address the woman's ability to regain safety, sobriety and stability. So while the woman did well in the treatment program, she did not get connected to domestic violence resources, and remained vulnerable to her abuser.

In another case, the abuser had numerous drunk driving and domestic violence arrests. His involvement with the criminal justice system resulted in substance abuse treatment and mental health services. Experts pointed out that many chemical dependency treatment providers do not ask about domestic violence issues, and those that do may not get accurate information if they rely solely on self-reporting. Without a criminal history from the courts or probation, treatment providers cannot hold abusers accountable and do not have complete information from which to make risk assessments.

In a third reviewed case, the abuser had an extensive criminal history prior to meeting the victim, including arrests for drunk driving, indecent liberties, assault and failure to register as a sex offender. The abuser had multiple probation officers in different counties. At one point in their relationship, the police were called, and the abuser was arrested for domestic violence harassment while on probation for a drunk driving charge. Despite clear documentation that he was intoxicated at the time of his arrest, he was not charged with a probation violation. This case was later transferred to mental health court. On a different occasion, the abuser was arrested and charged for domestic violence assault, harassment, interference and a No Contact Order violation. He did not receive batterer's treatment as a result of any of these crimes. He did receive chemical dependency and mental health treatment; however, these programs did not obtain his complete criminal history and consequently never identified domestic violence as an issue to be addressed.

Recommendations:

- Probation department units focusing on domestic violence, chemical dependency and offenders with mental health issues should be linked so that the cases can all go through one probation officer, increasing the ability of that probation officer to hold the defendant accountable for treatment and to more effectively track compliance.
- Substance abuse treatment should never be mandated in lieu of batterer's treatment.

- ▼ Treatment providers should not rely on a client's selfreport regarding the severity of domestic violence. Particularly when offenders are attending programs on court order, providers should obtain criminal histories from probation officers and/or public records.
- Chemical dependency programs should screen for domestic violence and refer abusers to batterer's treatment when it is identified.

FAMILY AND COUPLES COUNSELING

Family or couples counseling can increase risk if domestic violence is an issue.

In one case reviewed, an adolescent child of the battered woman was enrolled in a substance abuse program that included family counseling as a part of treatment. In another, mental health professionals recommended couples counseling to the court as part of the treatment plan for a domestic violence perpetrator. Family and couples counseling are inappropriate treatments for families experiencing domestic violence. Not only are they unsuccessful treatments in these cases, they also can significantly increase the risk of abuse for the domestic violence victim.

While we could not be certain in the case of the family counseling referral mentioned above, Fatality Review panel members familiar with the practices of substance abuse programs thought it was unlikely that the program had practices which would have allowed its staff to identify and respond to the domestic violence between the parents of the juvenile enrolled in the program. Thus, this intervention represented a missed opportunity for providing the victim (and the adolescent in the treatment program) with support, resources and information. It also had the potential to increase the risk of escalated violence to the domestic violence victim.



Referrals to couples counseling for domestic violence offenders should not be acceptable to courts or mental health professionals. The Washington Administrative Code (WAC) states that marital or couples therapy may not take the place of required domestic violence perpetrator treatment, and that perpetrator treatment providers may not recommend marital or couples therapy until the perpetrator has completed at least six months of domestic violence perpetrator treatment and the victim has reported that the perpetrator has ceased engaging in violent and/or controlling behavior.²⁵

Recommendations:

- Prior to family (or couples) counseling sessions, chemical dependency treatment providers should screen each family member individually for domestic violence. If domestic violence is identified, traditional family counseling should not be a part of the treatment plan, and providers should develop individual safety plans with family members, including children.²⁶
- ▼ Chemical dependency and domestic violence programs should form collaborative partnerships in order to assist in the development of screening tools.

- Substance abuse programs providing counseling to family members should routinely provide information and referrals to local domestic violence agencies.
- Substance abuse and mental health providers should always screen individually for domestic violence and avoid offering couples counseling when it is identified.
- When consulted on a criminal domestic violence case, mental health providers should recognize that judges take their recommendations very seriously, and therefore should only make such recommendations after receiving extensive domestic violence training or consulting with a domestic violence agency.
- Judges should check mental health providers' qualifications when accepting their recommendations regarding domestic violence. They should inquire into whether the mental health provider has received training on domestic violence, whether they are qualified to make recommendations in this area, and what information the mental health professional gathered prior to making the recommendation.



STALKING

EDUCATING FRIENDS AND FAMILY

In cases involving stalking, the friends, family, coworkers and neighbors of the victim recognized the behaviors as stalking, yet did not understand the seriousness of the behavior, the potential lethality of the situation or know where to go for help.

In 27% (n=3) of the recently reviewed cases, Fatality Review panels identified stalking as a tactic the abuser used in gaining and maintaining power and control over his current or former intimate partner. Experts reviewing our findings noted that this is most likely an undercount, as

stalking is often not specifically identified and labeled as such. In the cases which clearly involved stalking, friends, family members, co-workers and members of a Neighborhood Watch group witnessed the abusers stalking the victims in various ways. The three stalkers each engaged in one or more of these behaviors: following the victim, regularly standing outside of her home, calling her place of work fifteen to twenty times per day to make sure she was there, driving to places she would frequent until he could locate her, using cellular phone records to see who she was calling, moving from out of state to be physically closer to her, accessing her pager messages and utilizing the infor-

²⁵ WAC 388-60-0095.

²⁶ According to the American Medical Association, 75% of wives of alcoholics have been threatened and 45% have been physically assaulted by their husbands, highlighting the need for appropriate response to domestic violence in substance abuse treatment programs. See the AMA's Diagnostic and Treatment Guidelines on Domestic Violence (Chicago: American Medical Association, 1994).

mation to locate her, calling family members, harassing friends for information, filing motions with the court and serving her with court papers as a legal means of communicating with her once an Anti-Harassment Order was in place.

Friends and family were often caught up in or concerned about the stalking. As noted above, abusers in the reviewed cases utilized people close to the victim to further their stalking. In one case, the abuser had lost contact with the victim over the years. He learned of her address and regained access to her through her parents. In another case, the abuser stalked his ex-wife, learned she was dating another man, and then began stalking the new boyfriend as well.

Recommendations:

- Domestic violence agencies should include stalking in brochures and other outreach information, discuss stalking as a part of abusers' tactics and inform people that they can call a domestic violence agency for support and safety planning around stalking.
- Domestic violence agencies should extend safetyplanning efforts to include friends, family, co-workers and neighbors of the victim. Outreach efforts should inform the community that this resource is available. Funding contracts for domestic violence agencies should reflect the importance of this service, and include it as a reportable outcome of victim and community services.
- Domestic violence agencies should designate at least one advocate to receive specialized training on stalking, and develop it as their area of expertise. Agencies should then utilize this expert as a trainer and consultant to all the domestic violence advocates and crisis line volunteers on stalking and how to provide the in-depth safety planning necessary when abusers use sophisticated stalking techniques.
- Domestic violence agencies should track the number of clients and crisis line callers who are victims of stalking, in order to generate prevalence statistics to assist with community education and to identify the need for resources.

CRIMINAL JUSTICE SYSTEM RESPONSE TO STALKING

Review panels found that it is difficult to get convictions on stalking cases, and the sentences for stalking are often more lenient than those for individual crimes, such as violating a Protection Order.

This can discourage law enforcement and prosecutors from pursuing stalking charges. However, experts on stalking pointed out that failure to file stalking charges gives perpetrators and victims the message that the criminal justice system does not take this crime seriously and will not hold stalkers accountable.

Of the three reviewed cases in which stalking was clearly identified, the criminal justice system was only involved in one. In the other two cases, neither the victim nor her friends, family, co-workers or neighbors reported the stalking or any of the other abuse to law enforcement, nor did they seek any civil court orders against the abuser. In the one case, the victim obtained an Anti-Harassment Order against the abuser.

The victim in this last case reported multiple incidents of stalking to law enforcement. A detective was assigned to the case, and tracked all of the incidents the victim reported to the police. The Fatality Review panel felt this was a model response, as a stalker's behavior is best understood when the entire history is taken into context. Despite this response from law enforcement, the abuser was never charged with stalking. The prosecutor did charge the abuser with violating the court order, however, due to improper service of the order, it was later found to be invalid, and all charges against the abuser were dismissed. In addition, the abuser used the criminal justice system and court appearances as a means of maintaining contact with the victim. Seeing the victim in court can serve as a reward for a stalker's criminal behavior rather than as a deterrent.



Despite multiple contacts with the criminal justice system, it appeared that no one (prosecutors, law enforcement, the court) referred the victim to a domestic violence agency, even though she had, years before, dated the stalker. Professionals within the criminal justice system focused on the stalking behavior, and did not identify the stalking victim as a domestic violence victim as well, who might benefit from the support and extensive safety planning a domestic violence program could offer.

Recommendations:

- Prosecutors should file stalking charges more frequently and consistently.
- When an abuser has stalked the victim in addition to some other crime (assault, violation of a Protection Order), prosecutors should charge stalking as a separate crime. This additional charge can more accurately reflect the nature of the crimes while serving as a backup if the other charge is dismissed, or as additional leverage in plea bargain negotiations.
- Law enforcement officers should also record stalking as a separate crime on their reports.
- Law enforcement should receive specialized training on recognizing and documenting stalking, collecting evidence and documenting the victim's fear and extreme emotional distress.
- State-level criminal justice agencies, such as the Washington Association of Sheriffs and Police Chiefs and the Washington Association of Prosecuting Attorneys, should work collaboratively with domestic violence organizations to develop model protocols for criminal justice response to stalking, emphasizing stalking as a pattern of behavior, understanding the

- behaviors in the context of what it means to the victim, highlighting the seriousness and lethality risks of stalking and including strategies for prosecuting the subtle forms of stalking that do not include overt threats.
- Assigning a specific detective to each stalking case is a "best practices" model that should be routinely followed. Patrol officers should be trained to inform victims to call 911 to report incidents of stalking, have officers take a report and assign a case number, and then inform the assigned detective of each new incident.
- Law enforcement agencies should identify an officer who can receive additional training on stalking and become an in-house expert.
- Domestic violence agencies, law enforcement and prosecutors should develop and distribute tools that assist victims in documenting stalking, such as a stalking log.
- Law enforcement, prosecutors and the courts should routinely provide stalking victims with information on resources available for safety planning and support. They should recognize that the stalker may be a current or former intimate partner, and refer the victim to a local domestic violence agency.
- ▼ Stalking victims should not appear in person at court hearings for criminal cases or civil court orders. The court and prosecutor's office should routinely arrange for stalking victims to participate in court hearings via telephone conference calls, rather than in person, to avoid rewarding the stalker with additional contact.

HOLDING ABUSERS ACCOUNTABLE

CRIMINAL JUSTICE SYSTEM RESPONSE

In our review of cases, Domestic Violence Fatality Review panels occasionally noted high-quality interventions: the police officer who took an excellent report, emphasized the danger the victim was in and encouraged and supported her to find safer housing, the probation officer who made a compassionate connection with the victim, the Protection Order advocate who spent four hours with the battered woman, the prosecutor who requested high bail

and the judge who ordered it. However, these bright spots were few and far between, and too often represented exceptions to business as usual, rather than the norm of criminal justice response.

Overall, fatality reviews reveal again and again the inconsistency of criminal justice response to domestic violence. One expert on our statewide advisory panel commented that it seemed three things went wrong for every one thing that went right, as illustrated by the following examples

from reviewed cases: abusers with multiple convictions were released without bail and given lenient sentences; judges ordered abusers to "anger management" and other programs instead of certified batterer's treatment programs; law enforcement did not arrest abusers on their warrants; judges denied women's Protection Orders despite homicide threats and the presence of weapons; women did not receive information or referrals to services for domestic violence victims; officers did not obtain interpretation at the scene when language was a barrier and so did not get victim statements; prosecutors did not pursue evidencebased prosecution, probation officers neglected to or (in one case) outright refused to hold the abuser accountable for complying with their sentence; and law enforcement, prosecutors and judges often did not recognize the danger women were in even when the victims articulated their fears of being killed.

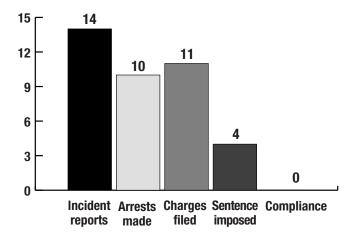
These gaps indicate a lack of leadership, lack of training, lack of commitment, lack of accountability for following good policies, lack of resources, institutionalized bias and lack of communication across (and within) jurisdictions.

Abusers need to receive a consistent message from every part of the criminal justice system that abuse is wrong, it must stop, and they will be held accountable for it. A consistent and comprehensive response to domestic violence should be the rule, rather than the exception.

CONTACTS WITH THE CRIMINAL JUSTICE SYSTEM IN REVIEWED CASES

In 64% (n=7) of reviewed cases, we identified a total of fourteen law enforcement incident reports regarding the abusers' domestic violence. Of those, ten resulted in arrest. Prosecutors filed misdemeanor charges for ten incidents and felony charges for one incident (one abuser was not arrested at the scene of the incident, but was later charged). Convictions or pleas were obtained on three abusers regarding four assaults (two committed by the same person). None of the three abusers actually complied with the terms of their sentence. One abuser did not spend any time in jail in relationship to his domestic violence charges. Another spent twenty-five days in jail because he did not make bail. The third, who had multiple domestic violence and drunk driving convictions, spent sixty days in jail after being found guilty of violating his

terms of probation twice, and on another occasion was sentenced to 150 days in jail for a felony level assault (attempting to burn down his house while his family was in it).



CRIMINAL JUSTICE SYSTEM RESPONSE TO DOMESTIC VIOLENCE INCIDENTS IN REVIEWED CASES

Most domestic violence offenses that are prosecuted are filed as misdemeanors. Consistent with this, Fatality Review panels noted that assaults were prosecuted as misdemeanors even when they involved knocking the battered woman down with a car and driving off as she lay on the ground unconscious, strangulation, death threats and threats with guns. Panels also observed that prosecutors were reluctant to ask for jail sentences in domestic violence cases and judges were reluctant to impose them, even for repeat offenders. Panels reviewed several cases in which offenders had multiple domestic violence convictions, but were not sentenced to jail. In one case, the offender had three prior domestic violence-related convictions. On the fourth conviction, he was sentenced to 365 days in jail, with 335 suspended. However, the abuser was still not required to go to jail, because the court allowed thirty days on work crew in lieu of jail. The abuser did not complete his work crew assignment and the court ordered him to serve ten days in jail, after being out free to abuse his partner for more than a year after the initial incident.



MEANINGLESS PROCESSING OF CASES

Panels looked at some cases in which court records superficially indicated a great deal of attention to the case. A closer look revealed that cases received a great deal of "processing" (charges filed, hearings scheduled, canceled and rescheduled, multiple continuances, pleas and sentences recorded, tracking of non-payment of fines), but very little actual impact upon the abuser.

Unless the court follows up on sentences in meaningful ways, even in jurisdictions with good law enforcement and prosecutor response to domestic violence, abusers will face no real consequences for their assaults. When post-sentence supervision is lax or nonexistent, the criminal justice system is ineffective in holding the abuser accountable or enhancing victim safety.

To illustrate, in one case, the abuser had eleven different domestic violence-related charges filed against him over a seven-year period (in addition to two civil Protection Orders filed against him by his family members, charges for driving while a habitual offender, reckless driving and several other traffic offenses). The domestic violence charges included violation of a Protection Order, four misdemeanor and one felony assault charges, two probation violations, one charge of violating conditions of release and several malicious mischief charges. In spite of the panoply of charges and evidence of increasing danger, this abuser spent relatively little time in jail. Bail, conditions of release and jail sentences did not get incrementally tougher with each additional charge. He was finally sentenced to sixty days after repeatedly violating probation on an assault charge, and ten days after repeatedly failing to comply with terms of sentencing in another assault case.

At one point, the abuser was charged with a probation violation for not complying with the terms of sentencing for domestic violence assault. At that time, he had three prior domestic violence-related convictions, a new domestic violence assault and malicious mischief charges pending. The court set bail at one thousand dollars. Finally, he attempted to burn down his house with his family in it. At arraignment on that charge, in spite of his extensive history of not showing up for court, violating probation and the terms of his sentences, the multiple domestic violence charges which had been filed against him in the



preceding seven years and the potential lethality of the crime he had committed, he obtained pre-trial release. At this point, the court finally imposed significant jail time (150 days and 30 days work crew). However, the sentence was amended to allow him to enter an inpatient treatment program and receive jail time credit for that program.

The panel reviewing this case observed that until this abuser actually threatened his family's life by burning down their house, he did not get a message that continuing his abuse would result in serious consequences, nor did his partner get the message that involving the criminal justice system would increase her safety. Thus, while court records show extensive processing of this abuser's cases, the material results were minimal. Before her murder, the victim in this case shared with a neighbor that she was discouraged from using the criminal justice system because it seemed that the abuser "got away with everything."

Recommendations:

- Sentences for domestic violence offenses must impose consequences on the abuser that send a clear message that domestic violence is a crime and abusers will be held accountable (e.g., jail time, work release, intensive probation).
- Domestic violence sentences should include frequent post-sentencing reviews by the court which involve both the judge and (if available) the probation officer assigned to the case.
- Domestic violence assaults that involve weapons and injuries should be prosecuted as felonies. A felony conviction yields stronger post-sentence supervision in jurisdictions with no misdemeanor probation, a felony conviction sends a more forceful message to the abuser and victim about the significance of the violence and offenders are more likely to be picked up on warrants issued in felony cases.
- Because the bulk of domestic violence cases are prosecuted as misdemeanors, any additional funding directed toward the criminal justice system for improving response to domestic violence should be focused on probation and post-sentence supervision for misdemeanor domestic violence cases.

- Monitoring domestic violence cases should be a priority for community corrections, since it is likely that the perpetrator will repeatedly assault the victim.
- Local jurisdictions should establish misdemeanor domestic violence probation programs which are staffed such that intensive monitoring can take place. The Washington State Coalition Against Domestic Violence has published model guidelines for all jurisdictions to follow in post-arrest supervision of domestic violence offenders.²⁷
- When making a determination regarding the frequency and intensity of monitoring, probation departments should examine the entire criminal history of domestic violence offenders, as well as Protection Orders filed against them, rather than focusing solely on the incident leading to conviction.
- ▼ Community corrections officers should strive to make contact with the victim, and inform her regarding her options if they feel the abuser is violating the terms of their sentence (e.g., if he violates a No Contact Order or continues to assault her). Model guidelines for working with victims of domestic violence are outlined in Post-Arrest Model Response for the Supervision of Domestic Violence Offenders.²⁸

MEANINGFUL SENTENCES FOR DOMESTIC VIOLENCE OFFENSES

Judges argue that suspended sentences are useful because they allow the system to hold a threat of jail time over the abuser's head in order to motivate action. However, Fatality Review panels found that the courts rarely follow through on threats to send abusers to jail when they fail to comply with sentences.



Out of the eleven reviewed domestic violence fatality cases in which charges were filed, only four resulted in some sort of sentence. All of these involved suspended jail time. Even with repeated violations and multiple problems, abusers were not sent to jail for any length of time commensurate with their crimes. When an abuser is given a suspended jail sentence with terms such as having to seek treatment and commit no further violations, but no close follow-up exists to ensure adherence to the terms of the sentence, it is as if the system has simply sent the abuser back to his family with permission to abuse and the information that consequences for abuse will be light to nonexistent. When jail time is suspended, abusers may feel as if they have "beaten the system." Suspended sentences are a weak tool for abusers unless focused follow-up exists in the form of postsentence review hearings and there is a strong possibility that jail time will be imposed if the abuser does not comply with the terms of the sentence. Jail space was a consideration in at least one abuser's suspended sentence, if not more. The issue of scarce jail space often hovers in the background of discussions of abusers' sentences.

In a couple of cases, fines were imposed on abusers, and court records noted that the victim ended up paying these fines. Fines are not an effective consequence for domestic violence, as they may become a burden on the victim and not the offender when they share finances.

Recommendations:

- Judges should not rely on Stipulated Orders of Continuance or suspended jail time unless the resources exist for close, timely and automatic review of the case.
- If offenders do not comply with the terms of their sentences, then judges should immediately revoke suspended sentences and impose jail time.
- Jail space should be prioritized for violent offenders with a high likelihood of recidivism, such as domestic violence offenders.
- Judges should avoid imposing fines for domestic violence crimes in cases where the offender and victim share finances.

²⁷ Washington State Coalition Against Domestic Violence, Post-Arrest Model Response for the Supervision of Domestic Violence Offenders, by Roy Carson (Olympia, Washington: WSCADV, 1999).

²⁸ Ibid., p. 4-16.

Judges and prosecutors often point out that victims do not necessarily want their abuser jailed or given a strictly enforced No Contact Order. Victims may take these positions because they need the abuser's income and/or they cannot afford to set up the two households necessitated by a No Contact Order. Victims may also be pressured or intimidated into this position by the abuser.

Recommendations:

- If the resources and expertise exist within a probation program to monitor it, then judges should consider work release as an alternative to suspended sentences when it seems that the perpetrator's income is important for the domestic violence victim's well-being. This option allows the perpetrator to earn money, does not necessitate the costs of a second household and keeps the perpetrator away from the victim when they are not at work.
- Work release should only be considered if the safety of the victim during the time the perpetrator is out of the program can be ensured. Ideally, this would be determined by an advocate within the prosecutor's office, in conversation with the victim.

BATTERER'S TREATMENT AND BATTERER ACCOUNTABILITY

The evidence regarding the efficacy of batterer's treatment does not support this particular course in every case. Some batterers are not amenable to batterer's treatment programs. Batterer's treatment is most effective for people who do not have long histories of violence and who are motivated to change.

Courts have placed a great deal of faith in various treatment methods as the best response to abusers' violence. Battered women's advocates and our state's law have urged that the most desirable treatment is from a certified domestic violence treatment provider. However, nine years after our state began certifying domestic violence treatment providers pursuant to RCW 26.50.150, courts have continued to sentence abusers to inappropriate alternatives to certified batterer's treatment programs. One very violent abuser was allowed to take a one-day "aggression control" course which focused on road rage. Another was allowed to seek treatment from a non-certified agency which had him

completing an anger management workbook. In another case, the court requested a "domestic violence evaluation" but did not specify that this should be conducted by a certified treatment provider.

Unlike state certified perpetrator treatment programs, domestic violence evaluations are not defined under the Washington Administrative code. This means that no guidelines exist for who can do them, what they entail or how they should attend to victim safety. RCW 26.50.150 states that "The Department of Social and Health Services (DSHS) shall adopt rules for standards of approval of domestic violence perpetrator programs that accept perpetrators of domestic violence into treatment to satisfy court orders or that represent the programs as ones that treat domestic violence perpetrators." In other words, programs not certified by DSHS should *not* be providing treatment to domestic violence offenders.

While certified treatment programs are preferable to non-certified treatment programs, advocates, policy makers, prosecutors, judges and community members should also be cautious about investing too much faith in batterer's treatment, as it is not an appropriate option for all domestic violence offenders. Courts should identify (non-treatment) alternatives to perpetrator treatment which hold the abuser accountable and increase the victim's safety for occasions when:

- The abuser's history, frequency and severity of violence indicate that the abuser will not be amenable to treatment,
- The batterer's treatment program decides the abuser is inappropriate for treatment, or
- No certified batterer's treatment exists in the abuser's native language (as we saw in two reviewed cases).



Recommendations:

- ▼ Domestic violence offenders should never be sentenced to "anger management" or other nonstate-certified treatment programs. If the court wishes them to seek treatment, the sentence should clearly state that it must be from a state-certified domestic violence perpetrator treatment program.
- Judges, probation officers and batterer's treatment providers must acknowledge that batterer's treatment is not appropriate in every case, is not available for every abuser and is not effective for many abusers.
- ▼ Judges should only require batterer's treatment when:
 - Well-run, certified programs in the abuser's native language are available,
 - the abuser is amendable and appropriate for treatment, and
 - the violence in the relationship (as distinct from the violence described in the incident resulting in conviction) is in the early stages and has not escalated to severe physical violence.
- Judges and prosecutors should develop a variety of sentencing options for abusers, which should include treatment in a state-certified program, frequent court review, jail time, work release, electronic home monitoring, a combination of jail and treatment (or domestic violence treatment in jail) and/or intensive probation.
- Jails should consider establishing "in-house" batterer's treatment programs, so that perpetrators could begin receiving treatment while in jail.

Access to Justice for Limited English Proficient Domestic Violence Victims

We have noted disproportionate death rates in Limited English Proficient communities (see section on Race and Risk of Domestic Violence-Related Deaths for Women of Color, p. 34). This is not because immigrant communities are more violent than non-immigrant communities; instead, it is likely tied to the inability of immigrant women to access services and information which would serve as protective factors for them with regard to the abuse.



Lack of interpretation at the scene of misdemeanor domestic violence crimes was discussed at some length in the Domestic Violence Fatality Review's previous report, *Honoring their Lives, Learning from their Deaths.*²⁹ Recommendations made there still hold true:

- Children should never be asked to translate.
- Consistent with our state law, law enforcement agencies should conduct investigations of domestic violence crimes with qualified interpreters.
- 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.
- 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.
- Law enforcement agency policies regarding obtaining translation at crime scenes should be clear and training provided.
- Law enforcement agencies should hold officers accountable for conducting inadequate investigations when they fail to follow policies regarding translation.

Fatality Review panels noted that in some communities with significant Limited English Proficient (LEP) populations, law enforcement agencies, courts and prosecutors' offices have lagged far behind in hiring staff who reflect the community and can communicate with large portions of the population in that jurisdiction. Law enforcement agencies face financial pressures, and many have not made accessing interpretation at domestic violence scenes a priority. While some agencies have a policy of accessing the AT&T Language Line, none of the police reports we have examined noted accessing that service.

When law enforcement agency policies do not ensure adequate interpretation at crime scenes, investigations

²⁹ See pages 47-51. The report is available from the Washington State Coalition Against Domestic Violence, www.wscadv.org.

suffer and as a result, the possibilities of prosecution erode. Abusers and victims both get the message that the criminal justice system will not come to the aid of the victim. This emboldens the abuser and reinforces the belief that the victim is and should be under the abuser's control.

Three of the eleven domestic violence victims in reviewed cases spoke English as their second language. In all three cases, lack of adequate interpretation compromised the quality of justice system interventions, starting with 911 calls. In one case, the brother of the batterer called 911 in response to a phone call he had received from his brother, but hung up when he perceived the call taker did not speak Spanish. Officers responding to the homicide in that case had difficulty ascertaining whether or not the shooter was still present and dangerous because of an inability to communicate with bystanders.

In another case, the victim had called the police several times over the years and each interaction was compromised by lack of interpretation, as well as lack of translated written materials. The first time she called police she was extremely fearful, as her husband had called en route to her house to let her know he was on his way to kill her. While officers felt they had enough information to arrest the abuser for making felony death threats, they did not take a victim statement at the scene because of the lack of interpretation (thinking that a detective could follow up later). Officers also did not provide the victim with an information pamphlet as required by law. Discussion during the review of this case revealed that although translated versions exist, officers do not carry the brochure in multiple languages in their cars. By the time the detective attempted to contact the victim, her abuser was already out of jail (on personal recognizance). The detective did leave a victim information pamphlet in the woman's language at her home when he stopped by and she was not there. However, since the abuser was already out of jail by that time, panel members were concerned that he may have intercepted this information. When the detective and the victim actually

2/16/02, **Keenya Cook**, 21, shot by John Muhammad (the D.C. sniper) in retaliation for the support her aunt offered his former wife during their divorce

spoke over two weeks after the incident (with the aid of the AT&T Language Line), she told him that everything was alright and she no longer wished to pursue the case.

The Fatality Review panel agreed that the detective's efforts and communications with the victim were a bright spot in this case, but noted that the initial decision to put off taking the victim statement had significant ramifications: police were unable to assess for the level of danger posed by the abuser, and so he was released without bail; because of delays in making contact with the victim to obtain a full statement, the abuser had plenty of time to intimidate the victim into recanting; the victim may have felt that a slow criminal justice response that left the abuser at large was not helpful to her, as it only enraged the abuser but did not increase her safety; and the prosecutor was unable to proceed with an evidence-based prosecution. Therefore, the decision to put off obtaining the victim statement at the scene virtually guaranteed that no consequences would follow from the arrest.

The second time this woman called 911, her husband had hit her and threatened her. She had fled the house and was calling 911 on a cell phone. Unlike a 911 call made from a home phone, the caller's address does not appear when the call originates from a cell phone. Because the woman spoke English fairly well but with a considerable accent, the 911 call taker did not patch in an interpreter. When the woman told the call taker her address, the call taker did not read it back to her to verify that he had heard it correctly. A miscommunication ensued, and the call taker sent officers to the wrong address. When the terrified victim called back to ask when the police would come, the second call taker again did not verify her address. Rather than assume a problem may have existed on the dispatch end, the call taker instead implied the woman had done something wrong in leaving her house and instructed her to walk back to it. In the meantime, the abuser had loaded the children in the car and was chasing the battered woman, coming within two feet of hitting her. By the time the address issue was finally clarified, the battered woman had endured an agonizing and terrifying delay in obtaining help, and had been subjected to the call taker's frustration and condescension.

While professionals may be clear that 911 is a separate entity from the police department, most citizens equate calling 911 with calling the police. Thus, their experience with 911 colors their perception of law enforcement as well. When communicating with 911 is difficult, it discourages further contact with law enforcement.

Recommendations:

- ▼ Officers should obtain a complete statement from the victim at the scene of every domestic violence crime. When language barriers exist, officers should let the victim write out a statement in their first language, or if literacy is a concern, record the victim's statement in their own language, using the AT&T Language Line to interpret their questions if necessary. Law enforcement agencies should equip officers with digital or tape recorders for this purpose.
- Personnel in government institutions should reflect the community they are serving. All parts of the criminal justice system should prioritize hiring people who can communicate with Limited English Proficient (LEP) individuals in their population.
- Law enforcement agencies should be mandated to work with their community to come up with a plan for providing equal protection and access to LEP individuals in that community. These plans should be made public. A transparent process and a reasonable plan would enhance community trust in law enforcement.
- Law enforcement agencies should strive to create partnerships with local resources, like university language departments, in order to obtain interpretation and translation assistance.
- Law enforcement agencies should consider using federal Violence Against Women Act monies to hire court-certified interpreters.³⁰ One community in Washington has used their STOP money to fund an on-call interpreter. This allows them to have in-person interpretation by someone who is then available to interpret later in court for the same victim.



- Law enforcement agencies should be aware that federal anti-discrimination law prohibits discrimination on the basis of national origin, which includes discrimination on the basis of English proficiency. In addition to being a barrier to holding perpetrators accountable and providing for the safety of domestic violence victims, failure to provide language access to law enforcement assistance due to a lack of interpretation at crime scenes and translated written materials could become a liability concern for law enforcement agencies.³¹
- When taking a call from a cell phone, 911 call takers should always read back addresses, saying each number individually, to verify they have understood the caller (e.g., one, nine, two, five Maple Street).
- Community-based agencies and providers of English as a Second Language classes should educate LEP individuals about how to make use of 911 and the availability of interpreters when they call 911.

PATTERN IDENTIFICATION AND DANGER IDENTIFICATION WITHIN THE CRIMINAL JUSTICE SYSTEM

Domestic Violence Fatality Review panels repeatedly saw that law enforcement officers, prosecutors and judges did not seem to recognize the danger faced by the domestic violence victim. It seemed that this lack of recognition stemmed from an inability to place the most recent incident in the context of a larger pattern of abusive behavior.

The challenges to recognizing patterns of behavior within the criminal justice system are substantial; it is set up to examine incidents in isolation, and cross-jurisdictional communication barriers further prevent pattern identification. This is especially problematic in domestic violence cases, because the history and pattern of the perpetrator's behavior must be examined to determine danger, place victim choices in context (e.g., choosing not to participate in prosecution) and identify appropriate sentencing options. Failing to place individual incidents in a larger context can lead to inappropriate bail and sentencing decisions, and place the battered woman in greater danger.

³⁰ The Washington Administrative Office of the Courts offers a certification program for interpreters to work in state court proceedings.

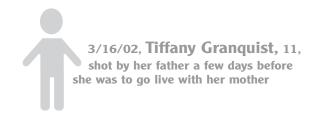
³¹ See "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," Federal Register, vol. 67 p.19237-19252 (April 18, 2002).

In one case in which the abuser had multiple convictions in the same county, courts had access to the information regarding his pattern of behavior (and its escalation), but did not impose increasingly serious consequences as a result. In another case in which the battered woman eventually was forced to kill her abuser in self-defense, the abuser had offenses in multiple jurisdictions in three different counties, complicating the ability of each jurisdiction to obtain complete information about the pattern of offenses.

Recommendations:

- When the tools exist to examine histories and patterns of behavior (such as access to computerized information regarding prior arrests, charges, convictions, criminal No Contact Orders, civil Protection Orders and Anti-Harassment Orders), investigators, prosecutors and judges should make use of these tools.
- Law enforcement officers, prosecutors and judges should examine histories and patterns of behavior in domestic violence cases when assessing for danger and considering how to proceed (e.g., asking the victim about abuse history and consistently making use of computerized databases).
- ▼ The Washington Association of Prosecuting Attorneys should create and disseminate model guidelines for prosecutors on how to bring multiple events to light when prosecuting and sentencing domestic violencerelated crimes.
- Judges and prosecutors should be aware that State v. Grant, 83 Wn. App. 98, 920 P.2d 609 (1996) supports admission of prior acts of domestic violence for the purpose of helping the jury understand the unique characteristics of domestic violence and place the current incident in context.
- Prosecutors should consider filing stalking charges alongside assault charges more frequently, as this does allow the judge and the jury to see a longerstanding pattern of abusive behavior.

Law enforcement officers frequently do not document prior history of domestic violence, violation of civil or criminal protective orders or convictions when taking a domestic violence report.



Law enforcement and prosecutors do not routinely ask women for information about the history of abuse, death threats and suicide threats in their relationships, and thus do not obtain information which would help them assess for danger. Nor do police ask friends and family who may be on the scene about history and severity of the violence. Fatality Review panels discussed situations in which friends/family may be reluctant to talk to police, but advocates also knew of cases in which people on the scene wished to talk to police but were discouraged from doing so by the responding officer.

Our reviews revealed that the occasions when victims called the police were not always the occasions when they faced the greatest violence or most danger; obtaining a history would have put their fears in context.

Many law enforcement agencies have good domestic violence supplemental forms but do not regularly utilize them. We were able to identify the use of a supplemental form in only 21% (3 out of 14) of the incident reports obtained in reviews. Officers may feel that supplemental forms are too time-consuming to fill out, or they may not be held accountable for doing so.

Recommendations:

- ▼ RCW 10.99.030.6(b) should be amended to include the directive that officers should obtain a history of prior acts of domestic violence (e.g., death or suicide threats, assaults against victim and others, stalking, protective order violations and other threatening behaviors) from the victim at the scene and from computer records.
- Officers should be required to fill out supplemental domestic violence forms when they determine probable cause exists to make an arrest.
- Minimally, domestic violence reports should include a checklist of questions to ask and actions to take like that provided in Washington State's Model Operating Procedures for Law Enforcement Response to Domestic Violence³² and officers should be held accountable for completing these tasks.

³² Washington Association of Sheriffs and Police Chiefs, *Model Operating Procedures for Law Enforcement Response to Domestic Violence* (Olympia, Washington: WASPC, revised 1999). Checklist is included in Appendix E-1.

Caseloads at almost every point in the criminal justice system are too heavy to easily allow for the time necessary to research offenders' histories of violence; this is in part why decision makers function on limited information regarding the threat offenders pose to victims.

In one fatality review, a law enforcement officer from the domestic violence unit commented that officers in his unit rarely had the opportunity to gather information on the history in a case, as we do for fatality reviews, because their caseloads were so high. Each detective in his unit was assigned an average of 110 cases per month for follow-up.

Recommendations:

- Law enforcement agencies, prosecutors and community corrections should all identify and allocate funds for personnel to research prior violent crime (domestic violence and non-domestic violence) arrests, criminal and civil protective orders, charges, convictions and dismissals prior to decision making about action on those cases. This information should be taken into account when considering the safety of the victim.
- Probation departments need to ensure that they have identified the abuser's history. Probation officers' time and support staff allocations should include consideration of the time and effort it may take to track down information across multiple jurisdictions.
- Intensity of probationary monitoring in felony and misdemeanor domestic violence cases should be determined by the individual's entire history of domestic violence and other violent crime, not just specifics of the case for which the abuser was convicted.

While lethality risk assessment tools exist, most law enforcement officers, prosecutors, judges and community corrections officers have not been trained in their use.



Because any risk assessment tool may be flawed, and because some domestic violence homicide cases do not exhibit indicators of lethality risk prior to the homicide, good intervention in domestic violence cases should never rest solely on lethality risk. Perpetrators of domestic violence should be *consistently* pursued to the fullest extent of the law, and victim safety should be *consistently* considered throughout the process. However, risk assessments may help police, prosecutors, judges and probation officers make appropriate decisions regarding abuser accountability and victim safety.

Recommendations:

- ▼ The Washington Association of Sheriffs and Police Chiefs, the Washington Criminal Justice Training Center and the Washington Association of Prosecuting Attorneys should work with the Washington State Coalition Against DomesticViolence to design a model risk assessment checklist for law enforcement officer use on the scene of domestic violence crimes.
- Law enforcement, 911 call takers, prosecutors, community corrections officers and advocates should obtain training and build expertise regarding lethality risk assessment.

Sometimes, in an effort to explain why they are fearful, victims describe behaviors or threats which may not seem significant to the listener.

In one case involving a woman with limited English proficiency, the abuser made a threat, which (when literally translated) was that he would "put it all into a boiling pot." The responding officer took the time to find out what this phrase meant to the victim (it meant that he would kill the entire family), providing a good example of figuring out why something which may not appear threatening was perceived as very threatening to the victim. In another case, the abuser constantly paged and called his estranged girlfriend to see if she was "okay" or "got home safely." Some may interpret this as benign concern, but she knew that he was stalking her, was extremely jealous and wanted to know if she was with other men. However, perhaps out of a (realistic) concern that law enforcement would or could do little about such behavior, she did not contact police about his actions.

Recommendations:

■ Advocates, police officers, prosecutors, probation officers and other professionals in contact with battered women should make the effort to ask victims (separate from the abuser) "What is the meaning of this behavior to you?" if the behavior described does not seem dangerous at face value. Asking this question can encourage women to articulate their fears and make their knowledge about the batterer's motivations and patterns of behavior visible to others.

RELEASING ABUSERS ON PERSONAL RECOGNIZANCE

Domestic violence offenders were released on personal recognizance before anyone has talked to the domestic violence victim and/or examined criminal history in order to assess for danger, even when the crime for which the person was arrested involved a gun or felony death threats to the victim.

In one case, the abuser had several non-domestic violence felony convictions (including one for possessing a firearm in violation of the law prohibiting convicted felons of having firearms, and others for menacing and sexual assault). He was released on personal recognizance after arrest and immediately began talking to friends about his plans to kill his partner in retaliation for her calling the police on him. An advocate made contact with the victim four days after the incident and one day before her murder, and she told the advocate that she was sure the abuser was capable of killing her and she was very afraid of him. Had the abuser been held on bail, the victim in this case may have had time to obtain safer housing. Instead, she was staying with family; the abuser easily found her there and killed her.

In another case, the abuser was released on personal recognizance in spite of multiple domestic violence-related convictions and a history of not showing up for court. No one from the court had made contact with the victim and assessed for danger. Processes for releasing offenders which do not include assessing for victim safety give abusers the message that the system will not stop them from engaging in violence. As a result, battered women may decide it is safer to avoid calling law enforcement, since either way the abuser will have access to them.

Because judges and prosecutors have high case loads, the individual suffering, fear and danger in particular cases is easily overlooked, especially when police reports are short, no photos are available, and prosecutors have not yet had contact with the victim to assess for dangerousness. Decision makers need more information that will help them place the current incident in context; they also need to know how to interpret information once they have it.

Recommendations:

- Every effort should be made to contact domestic violence victims and assess for danger before bail is set or an offender is released on personal recognizance.
- RCW 10.99 should be amended to direct judges to examine a complete criminal history before releasing a defendant in a domestic violence case on personal recognizance.
- Jurisdictions should improve the information available to both prosecutors and judges in order to inform bail requests and conditions for pre-trial release by making use of available network technologies to make police reports, 911 tapes and photographs available in digital form to prosecutors and judges.

DOMESTIC VIOLENCE INCIDENT REPORTS: THE IMPORTANCE OF QUALITY INFORMATION

The quality of the law enforcement officer's incident report is a critical determinant of the follow-up a case receives.

Law enforcement domestic violence incident reports sometimes lack detail and specificity. The violence experienced by women gets muted in the criminal justice system paperwork process, starting with the incident report. Events that were probably frightening struggles are often flattened out with terse language. For example, "He then kicked the door in and when [the victim] tried to call 911 [the abuser] took the phone from her. She then ran to the neighbor's house to call;" "[victim] told me that [abuser] had assaulted her." Some incident reports offer more detailed and vivid narra-





tives. For example, "[victim] was hysterical, very excited and upset. She was crying and shaking. Her voice was trembling as she spoke to us;" and "[abuser] walked into their bedroom...locking the door behind him. His body became rigid and he started to shake all over. [abuser] began yelling at [victim], asking her why she did not love him anymore...[abuser screamed], 'Our life is over, today is our last day!' [victim] took this to mean that he was going to kill her and himself." Specific, vivid and detailed descriptions in incident reports form the basis for prosecution. Particularly if the victim does not wish to testify, a strong incident report is an asset in prosecution.

Recommendations:

Incident reports for domestic violence cases should include written descriptions that accurately capture the physical and emotional demeanor of the victim, suspect and children, as well as include a description of the scene, any excited utterances and the victim's version of events.

In some cases, on-scene photos of injuries and of signs of struggle in the household could have made the violence and danger more vivid and visible to others involved with the case in the criminal justice system.

Only one of the fourteen incident reports in reviewed cases made note of taking pictures of injuries. One report noted that the woman had cut her finger trying to escape out a window, and that the abuser had slammed the side of her head against a door, but no pictures were taken. Sometimes pictures are not taken because there are no visible injuries, or the woman has called because of threats, not physical violence. However, even when the woman has been hit and has injuries or marks, law enforcement officers may not take a photo. Officers may feel that the low quality of Polaroid pictures makes them more trouble than they are worth, or that developing film and tracking it through the evidence process is too cumbersome. Officers may not have a camera, or lack a budget to pay for film and developing.

Recommendations:

- Law enforcement agencies (in collaboration with prosecutors' offices) should consider documenting domestic violence cases with digital cameras and implementing a system of information-sharing via computer networks so that photographs can be immediately available to prosecutors and judges.
- All policies regarding use of cameras at crime scenes should address the victim's access to and control over the photos.

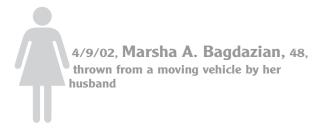
Information-Sharing and Accountability Across Jurisdictions

In the course of the fatality review process, we have repeatedly seen that protective orders and criminal charges are not entered into computerized databases in a timely fashion, significantly impeding enforcement of those orders and the ability of courts to identify danger.

In one case, an abuser had violated a Protection Order (taken out by his son) in one county, then a few days later, violated his estranged wife's Protection Order in a neighboring county. When he was arraigned on the Protection Order violation in the second county, the judge and prosecutor did not have access to the information that another Protection Order existed and that it, too, had been violated. In another case, a battered woman was in too much shock and confusion after having been knocked down by the abuser's car (and losing consciousness) to locate her copy of her Protection Order. Officers could not locate it in the computer database either. Lack of information leads to lack of consequences, giving abusers the message that court orders are meaningless and no consequences exist for violating them.

Recommendations:

- All jurisdictions should ensure adequate resources to comply with the provisions in RCW 26.50.100(1) and RCW 10.99.040(6) regarding immediate entry of civil and criminal protective orders into computerized systems.
- Data entry on matters pertaining to violent crimes and violations of civil and criminal protective orders should be prioritized.



A lack of information-sharing across jurisdictions about arrests, Protection Orders, warrants and convictions poses a significant barrier to identifying patterns of abuse and danger levels, and impairs the process of making appropriate decisions about conditions of pre-trial release, sentencing and intensity of probationary monitoring.

Out of the forty-one cases reviewed so far, cross-jurisdictional issues arose in at least 22% of them. Poor cross-jurisdiction communication weakens efforts to hold abusers accountable. Some jurisdictions do not consistently enter information about arrests and charges filed into computerized systems in a timely manner. In some jurisdictions, judges, prosecutors and probation officers do not consistently make use of available technologies for obtaining cross-jurisdictional information.

At least one large urban jurisdiction in the state makes use of a computerized information system incompatible with every other system in the state. This means that information about charges, convictions and court orders from this jurisdiction is inaccessible to other courts and jurisdictions throughout the state (unless individuals go to the effort of personally requesting it, which is often not viable for criminal justice personnel with large caseloads). Information from this jurisdiction cannot easily be factored into danger assessments, pre-trial release conditions or sentencing in assault cases committed elsewhere, as we saw in one of the cases reviewed for this report.

Recommendations:

- Courts, municipalities and the state need to continue to work to increase information-sharing capacity between jurisdictions.
- Judges, prosecutors and probation officers must be committed to making full use of available technology for obtaining information on prior case histories.

Some counties have written policies instructing officers to not act on other counties' warrants. Many jurisdictions do not honor other jurisdictions' or even their own warrants.

In one case, the abuser enlisted the help of police officers to enforce a court order allowing him to remove children from a prior relationship from their mother's home. The officers involved in this custody/child welfare action documented that the abuser had a warrant, but did not take any action on it, even after they determined that (for other reasons) it was not appropriate to allow him to obtain physical custody of the children. The Fatality Review panel was shocked that the abuser was so certain that he would not be arrested that he actively sought out police assistance. Failure to arrest on warrants communicates to offenders that they can "get away" with the violence.

Recommendations:

- RCW 10.31 should be amended to add a section specifying that officers shall arrest offenders on assault and domestic violence-related warrants, regardless of where they originated.
- Law enforcement agencies should change their policies and practice to direct officers to always arrest on assault and domestic violence-related warrants, regardless of where they originated.

Some probation departments fail to hold abusers accountable if they have moved out of the jurisdiction.

In one case, the abuser moved out of the county responsible for probation for a particular offense (a tactic to avoid accountability that advocates identified as common). When the battered woman called the probation officer to report violations of the conditions of probation and ask for help, the officer refused to respond, saying it would require him to drive to the county where the abuser currently lived and he did not have the time to do that.

Recommendations:

- Probation departments should establish (if necessary) and follow policies for responding to probation violations when offenders are out of county.
- When a domestic violence victim calls a probation officer to request intervention, this should raise a red flag and indicate a need for action or more intensive probation on the case.

CONNECTING WOMEN TO ADVOCACY ONCE CRIMINAL JUSTICE SYSTEM IS INVOLVED

Review panels have noted that contacts with the criminal and civil justice systems represent important opportunities for getting support and information, but those opportunities are often lost because the contacts do not result in connection with an advocate.

While confidentiality requirements prevent us from being absolutely certain, it appeared that only one of the women whose cases were reviewed in the last two years had accessed community-based domestic violence advocacy services, and none of them had used a shelter. Many more battered women call the police or file for a civil protective order than make use of domestic violence shelter. With the exception of a few jurisdictions, taking these actions does not bring women directly into contact with a domestic violence advocate.

Review panels and domestic violence programs have debated the effectiveness of programs in which community-based organizations initiate contact with domestic violence victims following police intervention or a request for a Protection Order. Some domestic violence programs in our state do provide this sort of follow-up, but most do not. Research conducted well and in collaboration with survivors of domestic violence and community-based organizations could provide critical insights into the debate regarding this sort of model.

Recommendations:

■ Researchers should utilize federal Violence Against Women Act funds to address these questions: Is having community-based advocacy organizations initiate contact with domestic violence victims after police contact useful for battered women? Do battered women welcome this sort of intervention and make good use of it? Does having a program like this in place reduce women's risk of being assaulted again? Does it result in more services to more women (especially women outside the mainstream) or not?



CHILDREN, CHILD PROTECTIVE SERVICES AND BATTERER ACCOUNTABILITY

Finding: Abusers often take their children and leave the home as a tactic to intimidate their partner (at least half of the abusers in the reviewed cases who had children in common with their homicide victims used this tactic), and sometimes they endanger those children as they do so.

In one of the reviewed cases, law enforcement responded to a complaint of reckless driving and found the intoxicated abuser in his car after losing control and running off the road. In the front seat with him was a four-year-old child, crying and with a bloody nose. In this case, law enforcement called emergency medical services to ensure that the child did not have serious injuries. After the child was examined, law enforcement officers transported him to his mother. No one reported this incident to Child Protective Services (CPS), although the abuser had clearly endangered the child's well-being. (In this same case, CPS had investigated the mother for neglect and instructed her to clean her house. This intervention represented a missed opportunity to identify the role domestic violence played in preventing her from caring for her children.) In another case, the abuser almost ran down the battered woman while driving erratically with her two small children in the car. Again, no report was made to CPS.

Experts on the intersection of the state's response to child abuse and domestic violence in Washington state noted that as a matter of practice and policy, very little action is taken when one parent endangers or neglects a child if law enforcement and/or CPS are satisfied that the other parent can provide adequate care. Cases are not pursued either civilly or criminally. However, this practice gives abusers the message that they "own" their family and no one will stop them from treating them however they wish. Experts also acknowledged that at present, in cases when one parent is being battered by the other, CPS policies and practice are not always consistent with best practices for child welfare system response. If CPS interventions result in punitive actions towards victims of domestic violence, then those interventions may do more harm than good.

Domestic violence victims can provide for their children's safety more effectively if they are not in fear of their abusers. Susan Schecter and Jeffrey Edleson, national

experts in the area of child welfare and domestic violence, write, "One avenue for promoting the safety and well-being of children is strengthening the safety of non-abusive adult victims in the household. When mothers are non-abusing caregivers, child protection agencies should make reasonable efforts to provide support to them for their own safety and that of their children." If handled correctly, CPS intervention could validate for the domestic violence victim that the abuser is dangerous, help victims work toward safety and assist with parenting plan decisions down the line.

Recommendations:

- Child Protective Services response should be focused on holding the abuser accountable for their actions and not punishing the non-abusing parent for being unable to control the abuser's actions.
- Child Protective Services response should include an assessment for domestic violence, be non-punitive towards the non-abusing parent and prioritize the victim's safety and access to support services.

CIVIL ISSUES

OVERVIEW

Problems with the civil justice system can be summarized as:

- Women had trouble accessing the civil justice system (which placed them and their children in danger by depriving them of available protections),
- and once they did access it, they found a system illprepared to respond to domestic violence in ways which would increase their and their children's safety (and therefore placed them in danger).

Abused women in five of the eleven cases reviewed in the last two years had accessed the civil justice system in some way: filing for dissolution, Protection Orders or Anti-Harassment Orders. Some women both filed for a Protection Order and pursued dissolution. Of the four women who did not pursue a Protection Order, two of them may not have felt the need because at some point, criminal No Contact Orders were in place. Fatality Review panels noted that in two cases the victims had an acute need for civil representation regarding parenting plan issues, but did not obtain it. Thus, issues of access and appropriate response in the civil justice system were prominent in 63% of the reviewed cases.

MISSED OPPORTUNITIES FOR INTERVENTION IN THE CIVIL JUSTICE SYSTEM

Every time a domestic violence victim accesses the civil justice system, the opportunity exists for her to obtain support and information regarding the danger she is in, available resources and safety planning. However, most of these opportunities are lost because advocacy does not exist or attorneys, judges, guardians ad litem and others do not recognize the danger or know how to respond to it.

Recommendations:

- All players in the civil system should receive education regarding: identifying domestic violence, resources for support, lethality indicators and what to do if lethality seems high. Training should include examples of appropriate action given varied roles (e.g., attorney, judge, commissioner, advocate).
- Legal education should emphasize identifying and responding to domestic violence regardless of area of specialty.



³³ Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice, Recommendations from the National Council of Juvenile and Family Court Judges Family Violence Department, principal authors Susan Schecter and Jeffrey Edleson (Reno, NV: National Council of Juvenile and Family Court Judges, 1999).

PROTECTION ORDERS: ONE WOMAN'S EXPERIENCE

One woman's experience with requesting a Protection Order illustrates several important issues: access, translation, the need for representation and problems with overly narrow interpretations of the "imminent" harm clause of RCW 26.50 (the legislation enabling Protection Orders).

The woman in this case had become involved with her abuser when she was a young teen and he was in his midtwenties. An immigrant to this country, she did not speak English. When she told her husband that she was going to leave him, he took their preschool-aged child from the home, hid her and made homicidal and suicidal threats. A friend told the woman that she could get a Protection Order in response to her husband's abuse, threats and his refusal to disclose where he had taken their daughter.

Being in a rural area, she traveled a considerable distance to the county courthouse. The county is small and has only one judge who is not present at all times, so she was fortunate to get there when a judge was available.

Because she did not speak or read English, she had to find someone who could help her read and fill out the paperwork. The court has no provisions for interpretation or for translation of written materials, and women who need translation are sent away to find someone who can translate for them. The court did not have a Protection Order advocacy program, so no one was present who could recognize the danger she was in and work with her on safety planning, obtaining shelter or getting connected to supportive resources.

In her narrative, the woman described the abuser's suicide threats, threats to kill her, access to a gun, removal of their young daughter from the house and telling her that she would never see her child again.

The judge issued a temporary order and ordered her husband to leave the house and to return the child to her. The judge did *not* order the abuser to surrender weapons.

At the permanent order hearing, her abuser showed up with a member of his wife's family for support. The woman was intimidated and could not clearly articulate her fears



(however, they were spelled out quite clearly in her initial petition).

The judge denied the permanent order, citing "No recent domestic violence." (This decision was based on an overly narrow reading of the "imminent harm" clause in RCW 26.50; see p. 76 for recommendations on this subject.) The woman in this case never called the police or filed for a Protection Order again. When she filed for dissolution/divorce, she did not request a Restraining Order. She later told a friend that she had tried to get help from the court, but they did not listen to her. Her abuser murdered her and attempted to murder their child two months later. She was only twenty at the time of her death.

Access to Justice

Particularly in rural counties, judges are not always available to issue a Protection Order, even during business hours. Sometimes victims are directed to another court or told to return another day.

Recommendations:

- If a person shows up at court during business hours, they should be able to obtain a Protection Order that day.
- ▼ Each jurisdiction should create a plan for issuing Protection Orders whenever the court is open.³⁴

INTERPRETERS AND TRANSLATION

Lack of interpreters to assist victims with Protection Orders has a detrimental affect on their ability to access this form of justice and on their safety.

Some Limited English Proficient women in reviewed cases were fortunate to have a friend or acquaintance who could interpret for them, but others were forced to make due with

³⁴ In some cases, judges may not be present in person in the courthouse, because they may be in another court or county. In these cases, one possible model is for the clerk to fax the order to the judge, and for the judge to hold the hearing by telephone or via video conference with the person seeking the order.

their limited English. This jeopardizes the court's ability to understand the level of dangerousness and the victim's ability to understand what the judge says to her.

Recommendations:

- ▼ The Washington State Supreme Court and Access to Justice Board should make ensuring adequate court interpretation a priority for all cases, especially in domestic violence cases.
- ▼ Protection Order forms should be available in translated form in all courts, consistent with RCW 26.50.035(d)(5).

REPRESENTATION IN PROTECTION ORDER HEARINGS

Without representation, battered women are at an extreme disadvantage in Protection Order hearings because of the abuser's ability to intimidate them. In addition, they frequently do not succeed in obtaining orders which address custody and visitation issues while protecting safety.

None of the women in reviewed cases who requested Protection Orders had the advantage of legal representation as they made that request.

Recommendations:

- Funding should be increased for legal aid programs for representation in domestic violence and family law matters.
- The state should consider re-allocating available federal funding for legal representation of domestic violence victims in civil cases.
- The State Bar Association and local bar associations should create pro bono panels that will take domestic violence and family law cases. Individuals who participate should be recognized for their efforts.
- The State Bar Association should award Continuing Legal Education credits for pro bono representation in family law and domestic violence cases.
- Law schools should prioritize the creation and support of legal clinics for representation of domestic violence victims in domestic violence and family law cases.

Without access to representation, abused women are vulnerable to losing their children to their abusers.

Two women killed by their abusers in reviewed cases had lost contact with their children from previous relationships. Fatality Review panel members determined that in large part, these losses could be traced to lack of access to representation. In one case, the woman had petitioned for a Protection Order against the father of the child (see the section on Multiple System Failures for more on this case). She was clearly very fearful of her ex-husband. Being poor, lacking advanced education and perhaps struggling with substance abuse, she faced multiple barriers to accessing the civil justice system. As a result, her abusive former husband succeeded in taking the child from her soon after her birth and keeping the domestic violence victim from that child right up to her death two years later.

In another case, the woman's estranged husband (not the murderer) petitioned the court for sole custody, claiming that she had abandoned her two children (one born when she was seventeen, the other when she was twenty). The children were ages one and four when her husband filed for dissolution. While we could find no records of arrest or Protection Order filings, the review panel wondered if domestic violence might have played a role in her leaving her children. In any case, she did not have any representation, and her husband claimed to have no knowledge of where to find her. The panel speculated that she might have been in hiding; there was no indication of substance abuse or other problems which may have kept a mother from her young children.

In both of these cases, the women apparently despaired of gaining access to their children; in the first case, a combination of fear and lack of access clearly drove this decision. In the second case, we cannot be sure of the woman's motivation, but the panel thought it was likely that fear and access were the primary determinants as well.

Recommendations:

▼ The availability of low-cost or free legal representation should be advertised where low-income and Limited English Proficient people are likely to access the information, such as welfare offices, radio stations and laundromats.

ADVOCACY

The Protection Order process is a critical potential point of intervention for women in danger.

While three of the domestic violence victims in our reviewed cases sought Protection Orders, only one accessed a community-based domestic violence program. Court-based Protection Order advocates report that many of the women they work with do not access community-based domestic violence programs.

When women cannot access representation, good advocacy can be of some assistance in ensuring that the Protection Order narrative contains all the relevant information, helping women understand the forms and assisting them in connecting with supportive resources. Fatality Review panel members also noted that legal advocacy positions frequently have high turnover, but that the most effective advocacy is based in a thorough understanding of domestic violence, civil legal processes and local practices.

Recommendations:

- All courts issuing civil Protection Orders should establish Protection Order advocacy programs for domestic violence victims.
- Counties should strive to establish Protection Order advocacy programs that (minimally) meet the needs of their largest non-English-speaking populations.
- Protection Order advocacy programs should have access to interpreters, or ideally, he advocacy should be done in the victim's first language.
- ▼ The state should seek or reallocate federal Violence Against Women Act funds to increase information and training for legal advocates in the civil system through the creation of a manual for legal advocates and interactive training tools which can be used repeatedly and individually (e.g., web-based or CD-ROM interactive training).

MISINTERPRETATION OF THE "IMMINENT HARM" CLAUSE

Finding: Judges sometimes deny Protection Orders based on an overly narrow interpretation of the "imminent harm" clause. Judges fail to understand that domestic violence is a pattern of controlling



behaviors, and that the lack of a recent physically violent act does not mean that an abuser is not utilizing other controlling tactics to instill fear of harm in a victim.

Recommendations:

- ▼ The wording of RCW 26.50.010(1) defining "domestic violence" should be changed from "domestic violence is...the infliction of fear of imminent harm" to "domestic violence is...the infliction of actual fear of harm even if such fear is subjective...."
- Until this legislative change can be accomplished, the State Bar Association should contract with an agency with expertise in domestic violence and family law to create a model brief regarding overcoming narrow interpretations of the "imminent harm" clause in RCW 26.50.010(1) which result in denying Protection Orders.

LACK OF ENFORCEMENT OF COURT ORDERS

Enforcement of Protection and No Contact Orders is lax; arrest and prosecution for a violation is rare.

An examination of news reports regarding domestic violence fatalities shows that at least 25% of the victims in all the domestic violence fatality cases tracked by the Domestic Violence Fatality Review since 1997 had obtained civil or criminal protective orders. Twenty-seven percent of the women in reviewed cases had sought protective orders. We identified a total of six No Contact Orders issued against a total of four (36%) abusers in our reviewed cases, and in one case, the victim obtained an Anti-Harassment Order.

In the reviewed cases, we saw one Protection Order violation prosecution, and one attempt to prosecute the violation of an Anti-Harassment Order. In the Protection Order case, the abuser's brother had filed the order. We were unable to obtain details on the nature of the Protection Order violation, but the abuser was sentenced to a fine and ninety-six days jail time with eighty-six days suspended

(meaning that he spent ten days in jail, probably because he did not post bail). The prosecution on the Anti-Harassment Order violation had to be dropped because the abuser successfully argued that the order had not been properly served, and thus was invalid.

Although all of the abusers in reviewed cases who were subject to Protection and No Contact Orders violated those orders, victims did not call law enforcement to report these violations. They may have been discouraged from doing so if they anticipated a weak response. Batterer's treatment experts on review panels pointed out that issuing an order, then not enforcing it, gives the abuser the message that regardless of what the system *says* it will do, it will *in fact* do nothing to impose consequences for abuse. This message can embolden batterers and increase danger for battered women.

Recommendations:

Protection and No Contact Orders should be enforced vigorously; violations should be prosecuted to the fullest extent possible.

CRIMINAL AND CIVIL PROTECTIVE ORDERS, CUSTODY AND VISITATION

No Contact Orders do not consistently cover the children of the domestic violence victim, undermining their effectiveness.

Four of the women (36%) in reviewed cases had No Contact Orders and/or Protection Orders in place at some point prior to their deaths. However, none of these addressed issues of custody and visitation in any detail.

One woman had sought refuge at her sister's house with her children while a No Contact Order (NCO) was in place and prosecution was pending for an assault. However, her abuser consistently violated the NCO. He came over osten-



sibly to see the children, alternating between bringing his estranged wife flowers and threatening her with a knife. Discussing the victim's reluctance to call the police regarding these violations, Fatality Review panel members pointed out the pressure women may feel from their families and the culture at large to provide their children with a father, and provide fathers access to their children. Abusers frequently threaten to harm, kill or kidnap children as part of a pattern of abuse. Abusers may exploit visits with their children to continue their abuse or manipulation of their partners. When judges do not include children in the NCO or address visitation, it places domestic violence victims in a vulnerable position.

Recommendations:

- Courts should include children in No Contact Orders, or define terms of visitation with children while the NCO is in place that protect the safety of the victim and the children.
- Courts should send a clear message to victims that they will be supported in obtaining all the protection the NCO offers and that they are not obligated to compromise the NCO in order to offer the defendant access to the children.

Some courts will not rule on custody in civil Protection Order hearings. Fatality reviews made clear that a lack of clarity over visitation and custody can make a woman's attempts to leave her abuser and stay safe extremely difficult.

The court in at least one jurisdiction in which fatality reviews were held has a policy of refusing to rule on custody-related matters in Protection Order hearings, and requires petitioners to file a separate action in family court if they want the court's assistance with determining custody and visitation. The court may feel concerned that judges do not have adequate information to make these determinations. However, rather than referring women to another proceeding, the court should ensure that it can access adequate information to make the decision.

The state law enabling Protection Orders makes clear that the court can make residential provision with regard to minor children in the context of a Protection Order.³⁵ It

³⁵ RCW 26.50.060 (1)(c).

further states that "Relief under this chapter shall not be denied or delayed on the grounds that the relief is available in another action."³⁶ The Protection Order process is intended to provide some immediate institutional support for domestic violence victims who may not be able to afford representation necessary to file dissolutions and custody actions in family court.

Recommendations:

- Courts should offer women the full relief provided for in RCW 26.50.060.
- Protection Orders should specify visitation arrangements which address both the battered woman's and the children's safety.
- Rather than refer women to another civil proceeding to determine parenting plan arrangements, courts should employ a neutral, well-trained evaluator who can:
 - assess for the existence of domestic violence
 - obtain all available prior civil and criminal justice records which may bear on the existence of domestic violence, including Protection Orders, arrest records and information regarding the offender's history of compliance with court orders
 - speak to corroborating sources
 - assess for the domestic violence victim's and children's safety and provide the judge with well-informed recommendations
- ▼ Evaluators should be employed by the court in order to maintain neutrality, and so that the court can ensure accountability, consistency in approach and ongoing training. This is preferable to using guardians ad litem who may not have in-depth training about domestic violence or extensive experience with it.³⁷
- Evaluators providing assessments for use in determining custody and parenting plans should be highly trained in how to do assessments, as well as the dynamics of domestic violence (including danger assessments). Evaluators should have experience working with victims and/or perpetrators prior to becoming an evaluator.

- ▼ If resources are limited, evaluators should minimally be available to provide assessments regarding domestic violence, custody and parenting plans for people requesting Protection Orders. That way, people in the most immediate danger will have this assistance, and the findings will be useful at the dissolution phase as well.
- Legal advocacy organizations should appeal judges' denials of requests to make custody decisions at the Protection Order level when courts consistently do not honor the intention of the law.

Addressing Domestic Violence in the Dissolution of Marriage Process

Attorneys are hesitant to address domestic violence in the dissolution process, even though neglecting to do so can undermine victim safety.

Three of the victims in reviewed cases filed for dissolution. None of these dissolutions mentioned domestic violence or requested a Restraining Order as part of the dissolution, even though the violence and threats were severe in all three cases. (In two cases, the abuser had repeatedly threatened to kill his partner and himself.) Reflecting on this, attorneys on Fatality Review panels and in advisory groups discussed two key reasons that the victims' attorneys may have avoided the issue:

- Some attorneys (even those with expertise in domestic violence) feel that raising the issue of domestic violence may offer more disadvantages than advantages because of:
 - judicial bias against women who claim domestic violence,
 - ▲ problems of "proving" domestic violence,
 - and lack of training and understanding by judges that the use of violence against one's partner has negative implications for that person's parenting ability.

³⁶ RCW 26.50.025 (2).

³⁷ King County Family Court Services serves as a good model for this approach.

Attorneys may also lack expertise regarding how to identify domestic violence, bring up the issue in the context of the dissolution, assess for children's safety, articulate the ways in which the abuser is not an appropriate parent (when this is the case) and determine what relief to seek.

Recommendations:

- ▼ The State Bar Association should contract with agencies with expertise in domestic violence and family law to provide Continuing Legal Education courses and to create and disseminate the following model briefs:
 - How to raise the issue of domestic violence in custody cases
 - Making the connections between domestic violence and harm to children, including an upto-date literature review which will help attorneys bring the scholarly work in this area to judges' attention
 - How to construct a parenting plan which addresses women's and children's safety

JUDICIAL BIAS AND LACK OF INFORMATION REGARDING DOMESTIC VIOLENCE

Attorneys reported that judges often discounted the credibility of abused women, especially when they were immigrants and/or women of color.

Civil attorneys on review panels and in advisory groups felt that biases against women, especially women who are immigrants and/or women of color, negatively affected their clients' chances of obtaining justice in custody and dissolution matters. Attorneys spoke with frustration of the degree to which judges seemed to routinely discount battered



women's credibility. The assumption that women lie, and that many of the claims of domestic violence raised in divorce and custody proceedings are false, negatively affect women's chances to obtain thoughtful court orders which address safety. This is particularly true when women must represent themselves because they cannot access an attorney.

A judge on one panel mentioned that colleagues in the family court did not see domestic violence claims as credible because so many women made them. Judges may not realize that intimate violence is more common than many people think: research indicates that nearly one in four women in the U.S. experience some sort of physical or sexual violence in their intimate relationships during their lifetime.³⁸ Violence and abuse are excellent reasons to seek a divorce—it should not be surprising to find higher than average claims of abuse amongst divorcing women.

Recommendations:

- Continuing legal and judicial education should include ample opportunities for training on diversity and bias in the legal system.
- Judges and all other professionals involved in dissolution proceedings must rigorously examine their biases and seek to ensure that they do not affect rulings.
- Judges should avoid punishing women for claiming they have been abused and should not be surprised to see a great deal of domestic violence coming through their courts.

Attorneys felt that many judges perceive women negatively who mention instances of domestic violence, unless they have extensive "official" documentation of the violence.

As one attorney noted, some judges treat women who raise the issue of domestic violence but cannot offer "proof" of the violence in the form of a domestic violence conviction as liars. In fact, national research consistently indicates that a great deal of domestic violence goes unreported ³⁹ and as we have seen in the fatality review process, only a very small number of reported domestic violence incidents result in convictions. Assuming a woman is lying unless she can

³⁸ National Violence Against Women Survey, conducted from November 1995 to May 1996. Reported in *Extent, Nature, and Consequences of Intimate Partner Violence,* The Centers for Disease Control and Prevention and the National Institute of Justice, July 2000.

³⁹ The Bureau of Justice Statistics' National Crime Victimization Survey found that about half of all victims of intimate partner violence between 1993 and 1998 reported the violence to law enforcement authorities. (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Special Report: Intimate Partner Violence, by Callie Marie Rennison, Ph.D. and Sarah Welchans, NCJ 178247, May 2000.)



produce a domestic violence conviction places many abused women at a disadvantage. Of the thirty-three murdered women whose deaths we have reviewed since the inception of the Domestic Violence Fatality Review, only five (15%, about 1 in 6) saw their abuser actually convicted of an assault against them prior to the homicide. A few others were given Stipulated Orders of Continuance, and therefore no conviction would show on their record if they completed the terms of their sentence satisfactorily.

Recommendations:

Courts need alternatives to criminal convictions in order to determine the presence of domestic violence. The best of these is an "evaluator" model (as described on p. 78).

Judicial training regarding domestic violence has never been mandated at the state level, and many judges are reluctant to seek training on the issue.⁴⁰

Considerable resources and effort have gone into enhancing response to domestic violence at the law enforcement and prosecutor level in Washington state, as well as improving the availability of civil actions like Protection Orders. In some cases, it seemed the police and prosecutors made considerable efforts to hold abusers accountable, but were stymied at the judicial level. For example, in an unreviewed case reported on in newspapers, prosecutors repeatedly asked for high bail for a domestic violence offender who had multiple felony convictions, a long history of court hearing no-shows and who regularly made death threats to the women with whom he was involved. Just a few months prior to murdering his estranged girlfriend and her sister, he had been arrested for threatening to "blow (the) head off" his girlfriend's mother. Prosecutors had asked for \$75,000 bail, but the judge lowered it and he was released on \$5,000 bail, in spite of his long history of violent behavior and the fact that he had several felony charges pending against him. Less than a month later, he was threatening to kill the family of another girlfriend and was in possession of a loaded gun (prohibited because he was a convicted felon). The judge again overrode the prosecutor's request for high bail. While

he was out on bail, another girlfriend reported that he punched her in the face. He was out on bail at the time that he broke into his estranged girlfriend's home and shot her and her sister.

Recommendations:

- Judges, commissioners and pro tem judges and commissioners should be mandated to receive domestic violence training.
- Regardless of whether or not it is mandated, judges should seek out training on domestic violence.

CUSTODY CASES AND FAMILY COURT RESPONSE TO DOMESTIC VIOLENCE

Attorneys on review panels and advisory groups reported that judges often do not know how to respond once a finding of domestic violence has been made.

RCW 26.09.191 (2)(a) states that "The parent's residential time with the child shall be limited if it is found that the parent has engaged in any of the following conduct: ... (iii) a history of acts of domestic violence as defined in RCW 26.50.010." As discussed previously, determining the existence of domestic violence often poses a problem. Attorneys on our panels and advisory groups reported that even once domestic violence has been established, limiting visitation for the abuser and ensuring safety for the victim can be difficult.

Recommendations:

Any judge hearing Protection Orders and family court cases should be required to receive training on how to respond to domestic violence in parenting plan decisions once it has been determined.



⁴⁰ At least one jurisdiction in which we conduct reviews has implemented domestic violence training for pro tem judges. This is a positive development and should serve as an example to other communities.

- Judges should structure parenting plans in ways that place the burden on abusers to prove that they are following court orders, as opposed to expecting victims to demonstrate to the court that the abuser has not complied, or assuming abusers will act in good faith to comply with the order. For example, orders should restrict visitation until the abuser provides proof to the court that they have complied with orders to obtain treatment.
- The state should prioritize funding for establishing supervised visitation resources for family law cases where there have been findings of abuse against a parent or child.

Attorneys reported that judges often do not see any connection between violence against one's intimate partner and parenting ability, and routinely do not understand women's concerns for the safety of their children when they oppose visitation with their violent ex-partner.

This discourages attorneys from even raising the issue, resulting in parenting plans which do not address safety. This situation was the case in all of the dissolutions in cases reviewed in the last two years.

Recommendations:

- Courts should create in-house evaluator programs (as described on p. 78) which can gather information regarding the impact of domestic abuse on children and make appropriate recommendations to the court.
- As noted on p. 79, the State Bar Association should oversee the creation and dissemination of a model brief making the connections between domestic violence and the harm to children.

GUARDIANS AD LITEM

Guardians ad litem frequently do not have adequate training and information on how to identify and respond to domestic violence or work with diverse populations.

Fatality Review panels and our state advisory committees felt that guardians ad litem (GALs) were often ill-equipped to assess for and respond to domestic violence appropriately, but that judges frequently and uncritically acted on their recommendations. Attorneys noted as well that GALs tended to doubt the credibility of abused women, particularly immigrant women and women of color. Current training guidelines for GALs requires minimal training (two hours) regarding domestic violence. Attorneys who want to avoid a guardian ad litem's report which might obscure more than it illuminates may avoid raising the issue of domestic violence in dissolution and parenting plan proceedings.

In the one case in which we did see GAL involvement, the GAL's report was sealed. However, it was clear from court decisions that the GAL did not fully recognize the damage the abuser was causing the children with his bitterness towards their mother, and his efforts to control the children and ensure they did not get any counseling which would question his authority. Nor did the GAL recognize the danger he posed to the battered woman and her supporters. The judge followed the GAL's advice to give the abuser primary custody. A second GAL assigned to the case several years later apparently did recognize the abuser's tactics, but became embroiled in a clearly hostile power struggle with the abuser over the evaluation and payment; this undermined the GAL's credibility with the court. Advisory groups doubted that people who lacked deep expertise on domestic violence could consistently identify abuse, make recommendations which would protect children's and domestic violence victims' safety and avoid engaging in power struggles with manipulative abusers.

Recommendations:

- Continuing education requirements for guardians ad litem (GALs) should include training in working with diverse communities.
- An "in-house" evaluator model is preferable to using GALs in domestic violence cases, unless a GAL can demonstrate in-depth training on and experience with domestic violence.



- When judges do assign a GAL in a case which includes allegations of abuse, the judge should ensure that the GAL has adequate training regarding identifying domestic violence, assessing for danger, ensuring victim safety and working with diverse communities.
- Each court administrator should set standards for GALs to be assigned to domestic violence cases and designate a separate roster of people qualified to work in this area.
- To assist with this, the Gender and Justice Commission, in collaboration with organizations with domestic violence expertise, should issue a model set of qualifications and training standards for GALs assigned to domestic violence cases.
- ▼ The state should contract with an organization with

- expertise in the area of domestic violence and family law matters for the creation of an in-depth, comprehensive training curriculum for GALs who are assigned to cases where allegations of domestic violence have been made.
- ▼ The Gender and Justice Commission should collaborate with domestic violence organizations to create model protocols for GALs and evaluators in cases involving domestic violence. Protocols should include assessing for domestic violence, responding appropriately and examples of custody and visitation plans which protect domestic violence victims' and children's safety.

HOLDING THE JUDICIARY ACCOUNTABLE

In both civil and criminal areas, judges frequently are ignorant of the dynamics of domestic violence, do not have good information or tools for addressing domestic violence and have not sought out information which would help them administer justice in domestic violence cases consistent with the law or with battered women's safety.

Review panels noted that judges face very little accountability for the quality of their decision making in domestic violence cases.

Recommendations:

- Funding should be prioritized to create a domestic violence appellate project.
- The legal community, in conjunction with communitybased domestic violence programs, should create appellate panels to seek review of inappropriately adjudicated domestic violence Protection Orders and custody orders.

Communities have very little information on the quality of local judges' performance in domestic violence cases.

Because domestic violence affects so many people and makes our communities less safe for everyone, many members of local communities would be interested in this sort of information. Communities cannot rely solely on local bar association endorsements to ensure that judges respond to domestic violence from a well-informed, thoughtful position.

Recommendations:

- Communities should demand that judges take responsibility for holding domestic violence abusers accountable once they have pleaded guilty or have been convicted.
- The state should provide funding (or seek federal funding) for court watch programs. These programs should be based in local domestic violence agencies or collaborate closely with them.
- Domestic violence programs or court watches should evaluate judicial performance regarding domestic violence and report these findings to the community, so that people can take this information into account when voting to retain or release judges.



APPENDIX A: HISTORY AND DESCRIPTION OF THE DVFR

(Adapted and updated from Honoring their Lives, Learning from their Deaths: Findings and Recommendations from the Washington State Domestic Violence Fatality Review, December 2000)⁴¹

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 twenty-five 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 indepth 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 eighteen 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 the report *Homicide at Home*.⁴²

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. The Washington State Legislature has allocated funding for the DVFR since the 2000 legislative session. These monies are administered through DSHS Children's Administration.

An Overview of the Domestic Violence Fatality Review

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.

⁴¹ Washington State Coalition Against Domestic Violence, Honoring Their Lives, Learning from Their Deaths: Findings and Recommendations from the Washington State Domestic Violence Fatality Review, by Margaret Hobart (Seattle: WSCADV, 2000). To obtain a copy of the full report, see the Coalition's website at http://www.wscadv.org.

⁴² 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.

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 an analysis of patterns. Extensive data is kept on reviewed cases and a limited set of data on unreviewed cases.

What is a Domestic Violence Fatality?

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.43 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 victim 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 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 law enforcement 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.



⁴³ RCW 10.99.020 and RCW 26.50.010.

Central Activities of the Domestic Violence Fatality Review

In-depth review of domestic violence fatalities

Composition of Fatality Review Panels

The best information about fatalities is generated at the local level, with panel members who are closely involved in the community response to domestic violence. Thus, locally based, multi-disciplinary panels conduct the indepth reviews of fatalities.

Review panels are generally convened at the county level. In some cases, multi-county review panels exist.

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 Proficient, immigrant/ refugees, gay/lesbian/queer/transgendered
- Military liaisons for areas close to military bases
- Humane Societies and animal cruelty investigators
- Batterer's treatment 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

The Domestic Violence Fatality Review has operated review panels covering twelve of Washington state's counties since 1997. Staffing constraints prevent us from operating review panels in more than a few counties at one time; thus, panels meet for a while and then go on hiatus. Panels currently operate in Pierce, King, Clark and Benton/Franklin/Walla Walla counties.

Location of Review Panels	From	То
Chelan/ Douglas/ Okanogan Counties	May 1998	July 1999
Spokane County	June 1998	November 2000
Pierce County	June 1998	Present
Yakima/ Kittitas Counties	April 1999	November 2000
King County	June 1999	Present
Clark County	November 2001	Present
Benton/ Franklin/ Walla Walla Counties	April 2002	Present

Confidentiality and Access to Information

Proceedings of DVFR panels are confidential and protected from discovery by a third party, as mandated by RCW 43.235, and 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 treatment, 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.

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. Panels identify which cases they would like to review.

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, we are able to establish research agreements 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 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.

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.

Data collection and identification of domestic violencerelated deaths

The second central task of the DVFR consists of tracking and 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 regarding homicides and outcomes, prior domestic violence convictions and protective order filings, 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), citizen request for review⁴⁴ 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. For one, 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 misidentified as "accidental deaths." Again, without access to confidential information, it may be difficult to identify these cases. Third, 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 indepth 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.

APPENDIX B: TERMINOLOGY

All cases: All cases tracked since the inception of the Domestic Violence Fatality Review in 1997, which (with some limitations noted in Appendix A) we think is a fairly accurate count of domestic violence fatalities which have occurred in Washington since January 1997. We have tracked a total of 230 cases.

All domestic violence fatalities: All fatalities tracked by the Domestic Violence Fatality Review since January 1, 1997.

All reviewed cases: Since the inception of the Domestic Violence Fatality Review in 1997, we have reviewed 41 cases.

Case: A case involves one domestic violence victim and one abuser and at least one fatality. Cases may involve multiple homicide victims, because an abuser may kill more than one person, or they may commit suicide in addition to the murder. The Domestic Violence Fatality Review has tracked 230 cases since its inception in 1997. Between September 1, 2000 and August 31, 2002, we tracked 95 cases.

Domestic violence fatality: Any fatality which comes about as a result of an abuser's efforts to gain power and control over their intimate partner. A fatality refers to the death of an individual person. A fatality may be the result of homicide, suicide or self-defense. The individual killed

⁴⁴ Citizens may bring a fatality to the attention of the DVFR and request review, per RCW 43.235. The protocol for making such a request is included in this report in Appendix C.

may be the domestic violence perpetrator, domestic violence victim, the domestic violence victim's children, friends or family, bystanders, law enforcement officers, etc. The Domestic Violence Fatality Review has tracked a total of 308 domestic violence fatalities which have occurred in Washington since January 1, 1997. In the two years since we issued our last report (between September 1, 2000 and August 31, 2002), we have tracked 122 fatalities.

Domestic violence victims: The intimate partners of domestic violence abusers. Frequently, the domestic violence victims are also the homicide victims in the cases we examine, but sometimes the homicide victim is someone other than the domestic violence victim (e.g., a new boyfriend), and the domestic violence victim survives. Other times, the abuser has committed suicide, or has been killed by the victim or someone else in self-defense. Thus, while every case involves a domestic violence victim, the domestic violence victim has not been killed in every case.

Homicide victims: All people who were killed by someone else in the context of domestic violence. There are more homicide victims than homicide cases, because some

cases involve multiple homicides (e.g., an abuser kills his wife and two children). This number also includes some abusers who were shot in self-defense. This number excludes abuser deaths in which the abuser committed "suicide by police" (see below) which we treat as a suicide rather than a homicide.

Recently reviewed cases: Cases reviewed since our last report. Reviews took place between January 2001 and August 2002. We have reviewed 11 cases in depth since our last report.

Homicide victims killed by domestic violence abusers: A subset of homicide victims, excluding abusers who were killed in self-defense.

Suicide by police: When an abuser essentially forces law enforcement officers to shoot him (e.g., by pointing a weapon at the police, or continuing to stab his partner in front of police after being ordered to stop).



APPENDIX C: CITIZEN PROTOCOL FOR REQUESTING REVIEW

Protocol by which private citizens may request the review of particular deaths in Washington by the Washington State Domestic Violence Fatality Review.

BACKGROUND AND DEFINITION OF A DOMESTIC VIOLENCE FATALITY

RCW 43.235, passed by the Washington State Legislature and signed by the Governor on March 22, 2000, provides for the creation of locally based domestic violence fatality review panels to conduct in-depth reviews of domestic violence-related deaths.

The legislation defines "domestic violence fatality" as a homicide or suicide under any of the following circumstances:

- 1. The alleged perpetrator and victim resided together at any time;
- 2. The alleged perpetrator and victim have a child in common;
- The alleged perpetrator and victim were married, divorced, separated, or had a dating relationship;
- 4. The alleged perpetrator had been stalking the victim;
- 5. The homicide victim lived in the same household, was present at the workplace of, was in proximity of, or was related by blood or affinity to a victim who experienced or was threatened with domestic abuse by the alleged perpetrator; or
- 6. The victim or perpetrator was a child of a person in a relationship that is described within this subsection.

The legislation also notes that this subsection should be interpreted broadly to give the domestic violence fatality review panels discretion to review fatalities that have occurred directly related to abusive relationships.

HOW MEMBERS OF THE PUBLIC CAN REQUEST REVIEW OF A PARTICULAR FATALITY

RCW 43.235 requires that members of the public be allowed to request the review of a particular case.

Requests for review of particular fatalities should be made in writing within two years of the fatality.

The written requests should include the following information:

- The date of the homicide or suicide
- The city in which the homicide or suicide occurred, and address, if possible
- The homicide or suicide victim's name and date of birth
- The perpetrator's name and date of birth (in murder cases)
- The relationship of the homicide victim to the homicide perpetrator
- The names and birth dates of all relevant people involved, including the domestic violence victim and abuser
- Any information available regarding history of abuse between the domestic violence victim and the domestic violence abuser (please note that abuse does not have to be documented through official sources such as the police or courts)
- A short explanation regarding why the requester would like the case reviewed, and clarifying how the case fits the criteria for domestic violence fatality set forth in the enabling legislation

The Domestic Violence Fatality Review welcomes any other information the requester may wish to provide which would help the review panel understand the history of abuse prior to the fatality and the circumstances of the death.

Requests can be anonymous. However, the name and contact information for the person making the request would be appreciated.

Requests should be sent to:

WSCADV

Attention: Fatality Review Coordinator 1402 3rd Avenue, Suite 406

Seattle WA 98101

PROCESS ONCE A REQUEST HAS BEEN RECEIVED

Domestic Violence Fatality Review staff will acknowledge each non-anonymous request with a letter which specifies the estimated time frame for making a decision regarding review of the case

The Fatality Review Coordinator will determine if the fatality meets the DVFR's criteria for review (see Appendix A) within three months of receiving the request.

If the information provided indicates that the fatality does not meet the DVFR's criteria for review, DVFR staff will send a letter to the requester (when contact information has been provided) clarifying the criteria and explaining that the death does not fall within the criteria.

If the information provided indicates that the fatality <u>does</u> meet the DVFR's criteria for review <u>and a fatality review panel already</u> <u>exists</u> in the county/region of the fatality:

- The DVFR staff will take the request to the next meeting for the review panel's consideration. Fatalities to be reviewed are usually chosen by the local review panels in cooperation with DVFR staff. However, it is the intention of the Fatality Review to honor requests for review whenever possible. Members of the public should be aware that panels may have chosen fatalities for review well ahead of time. Thus even if the group wishes to review the case they have been requested to review, it may be up to a year before the panel is able to review the case.
- If the local/regional panel agrees to review the fatality, then the process for gathering information about the case, case preparation and case review will proceed as usual.
- If the requester identified themselves and provided contact information, then DVFR staff will contact the requester and inform her or him about the panel's decision regarding review of the case. When relevant, the requester will be invited to provide any additional information they may have.

If the information provided indicates that the fatality <u>does</u> meet the DVFR's criteria for review <u>and no local/regional panel exists</u> in the county/region of the fatality:

- DVFR staff will evaluate the possibility of convening a panel to review the particular case.
- Because the Fatality Review has limited resources and work commitments are made a year in advance, it may take up to two years to convene a panel and schedule a review.
- If the requester identified themselves and provided contact information, they will be contacted and informed about the DVFR staff's decision regarding review of the case. When relevant, the person making the request will be invited to provide any additional information they may have.

This protocol will be included in the Domestic Violence Fatality Review's biennial reports and made freely available to anyone who requests it.



APPENDIX D: COPY-READY PAGES FOR HANDOUTS

The key recommendations and a summary of data from this report can be found on the following pages in an easy-to-use photocopy format. Individuals and organizations are encouraged to utilize the material as informational handouts, provided the description crediting the Washington State Coalition Against Domestic Violence is retained on all pages.

KEY RECOMMENDATIONS FROM TELL THE WORLD WHAT HAPPENED TO ME: FINDINGS AND RECOMMENDATIONS FROM THE WASHINGTON SATE DOMESTIC FATALITY REVIEW, DECEMBER 2002

CIVIL COURTS

All courts issuing civil Protection Orders should establish advocacy in their Protection Order offices, and ensure that advocates have extensive training in how to assist women in safety planning.

Courts should employ well-trained evaluators who can provide assistance to judges in civil proceedings by conducting thorough assessments for domestic violence and providing recommendations regarding custody and visitation which protect the safety of domestic violence victims and their children.

CRIMINAL COURTS

Sentences for domestic violence offenders should send a clear message that domestic violence is a crime and abusers will be held accountable. Because the bulk of domestic violence cases are prosecuted as misdemeanors, any additional funding directed toward the criminal justice system for improving response to domestic violence should be directed to probation and post-sentence supervision for misdemeanor domestic violence cases.

DOMESTIC VIOLENCE PROGRAMS

Domestic violence programs should increase their outreach and services to friends and family of domestic violence victims in order to increase the capacity of people in the community to support battered women.

LAW ENFORCEMENT

Law enforcement agencies should be mandated to work with their community to come up with a plan for providing equal protection and access to Limited English Proficient individuals in their community.

ALL PROFESSIONALS

Health professionals, psychologists, counselors, suicide specialists, batterer's treatment providers, medical providers, law enforcement, prosecutors, mental health professionals and domestic violence advocates should work together to establish protocols for identifying the combination of suicide and domestic violence and responding in ways that minimize the danger that suicidal domestic violence abusers pose to intimate partners, children and others.

COURT WATCH

In order to increase judicial accountability to the community, the state should provide funding (or seek federal funding) for court watch programs. These programs should be based in local domestic violence agencies or collaborate closely with them.

DOMESTIC VIOLENCE FATALITIES IN WASHINGTON STATE: FINDINGS FROM THE WASHINGTON STATE DOMESTIC VIOLENCE FATALITY REVIEW

The death toll

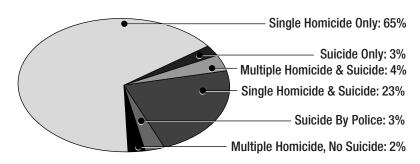
209 people in Washington State died at the hands of domestic violence abusers between January 1, 1997 and August 31, 2002. These included domestic violence victims, their children, friends and family members and three law enforcement officers.

In addition, 68 abusers committed suicide (usually after killing one or more other people), and 15 abused women killed their male partners. Another 9 abusers were killed in self-defense by friends or family of abused women.

ALL DOMESTIC VIOLENCE FATALITIES	1/1/1997- 8/31/2002
Female domestic violence victim killed by current/former husband/boyfriend	131
Female domestic violence victim killed by other male intimate (housemate, caregiver)	6
Female domestic violence victim killed by female intimate partner	1
Female domestic violence victim killed by perpetrator's associate	1
Male domestic violence victim killed by female current/former wife/girlfriend	11
Male domestic violence victim killed by male intimate partner	1
Children killed by male domestic violence perpetrator	19
Friends/family killed by male domestic violence perpetrator	24
New boyfriend killed by male perpetrator	11
Co-worker killed by male perpetrator	1
Law enforcement killed by male perpetrator	3
Male domestic violence perpetrator killed by woman in self-defense, no prosecution	7
Male domestic violence perpetrator killed by woman, case prosecuted, but history of abuse claimed	8
Male domestic violence perpetrator killed by friend or family of the abused woman	9
Male Domestic violence perpetrator killed by law enforcement (suicide by police)	7
Male domestic violence perpetrator suicide	68
All decedents	308

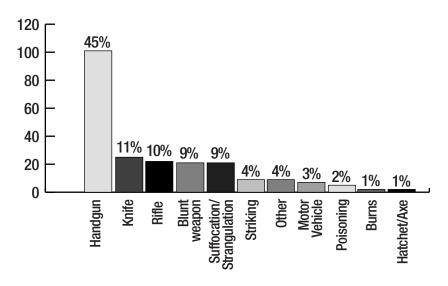
Suicidal domestic violence abusers pose increased risks to their partners

Abusers committed or attempted suicide in more than one-third of the 230 domestic violence fatality cases we have tracked since 1997.



DOMESTIC VIOLENCE FATALITY CASES FROM 1/1/97 TO 8/31/02

Total Cases: 230



Weapons and means of killing

Since January 1, 1997, domestic violence perpetrators have killed 59% (n=123) of their homicide victims with a gun or rifle.

The number of methods for killing totals more than the number of homicide victims because some deadly assaults involved more than one weapon.

WEAPONS AND MEANS OF KILLING FROM 1/1/97 TO 8/31/02

Total: 223 means of killing used on 209 victims

Children are at risk for death and trauma

Children may become the abuser's homicide victims—abusers killed a total of 19 children under age eighteen since January 1997.

At least 78 children under age eighteen were left motherless by domestic violence murders since 1997. (This number would be even higher, but abusers killed 8 children alongside their mothers.) Of the children left motherless, at least half were in the home at the time of their mother's murder.

Women of color, immigrants and refugees are at greater risk of domestic violence-related homicide than white, English-speaking women

Our findings indicate that Latina, Asian and African American victims of domestic abuse face the following challenges, which result in higher risk rates of domestic violence homicide than white, English-speaking women:

- Lack of access to domestic violence victim services which are culturally appropriate and/or available in the victim's native language.
- Systemic disadvantage or bias based on race/culture in the justice system (e.g., lack of interpretation at crime scenes, lack of interpretation in civil court hearings, lack of low-cost or free representation to women with limited English proficiency, reluctance to take women of color seriously).
- Disadvantages associated with poverty, which is disproportionately experienced by people of color: difficulty accessing
 safe housing and transportation to victim services, inability to attain economic independence from the abuser, lack of
 access to resources.

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