Domestic Violence

Fatality Review Team

County of San Diego

2006 REPORT

County of San Diego
Board of Supervisors

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Executive Summary & Acknowledgments

The County of San Diego Board of Supervisors established the Domestic Violence Fatality Review Team (DVFRT) in October 1996. The team is made up of dedicated representatives from organizations who work tirelessly to support individuals and families affected by domestic violence. The DVFRT was created to prevent deaths attributable to intimate partner violence through an in-depth cross-disciplinary review process focused on improving the systems and services that provide protection and support to those affected by intimate partner violence. This is the third report released since the team's inception. Over the past 10 years, the team has met monthly and completed in-depth reviews of a total of 85 domestic violence fatality cases.

This 2006 DVFRT Report represents the most recent cases (n=24) reviewed by the team, from September 2003 through December 2005. During these past two years greater attention has also been given during the review process to the children and teens who have been affected by the violence and fatalities reflected in the findings of the report. Critical lethality factors are also highlighted, from both the individual level as well as the relationship level. This is a particularly important section of the report for all who provide services to individuals and families experiencing domestic violence, and should be used to inform and educate those at risk as well as the community at large.

The DVFRT recommendation in this 2006 report is for all systems involved to take part in updating existing cross-system protocols in regards to intimate partner violence identification and intervention, in order to further improve San Diego's coordinated community response. Together we will continue our collective efforts to mitigate the devastating effects of intimate partner violence on individuals and families.

We would like to extend our great appreciation to each of the individual members of the County of San Diego Domestic Violence Fatality Review Team who offer their time, expertise, commitment and passion to end fatalities due to intimate partner violence.

Domestic Violence Fatality Review Team San Diego

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Introduction to Intimate Partner Violence: Overview & Trends

Intimate partner violence (IPV) describes violence occurring within all intimate relationships including spouses, individuals in dating relationships, and former partners or spouses. IPV is defined as a pattern of coercive behavior that involves physical, sexual, psychological/emotional violence, and stalking. The California Penal Code defines this abuse as "intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent, serious bodily injury to himself, herself or another."

National Trends

- A national study on IPV determined that 29% of women and 22% of men had experienced physical, sexual, or psychological IPV during their lifetime (Coker, AL, Davis, KE, Arias, I, Desai, S, Sanderson, M, Brandt, HM, et al. (2002). Physical and mental health effects of intimate partner violence for men and women. American Journal of Preventive Medicine, 23(4), 260-268.).
- During the period of 1976-2002, intimate partner homicides accounted for 11% of all homicides (Fox, JA, & Zawitz, MW. (2004). Homicide trends in the United States. Washington (DC): Department of Justice (US). Available from: http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm).

California Trends

- Each year, almost 6% of women suffer physical injuries from domestic violence (California Women's Health Survey, 1999)
- In 2004, 169 murders were committed as a result of intimate partner violence, of which 138 were women and 26 were men (California Department of Justice, Criminal Justice Statistics Center).

San Diego County

- In 2004, there were 19.7 reports of domestic violence to law enforcement per 1,000 households (San Diego County Child and Family Health and Well-Being, 2005 Report Card).
- Between 1997 and 2005, 136 intimate partner, domestic violence-related fatalities have been documented in San Diego County (County of San Diego DVFRT, 2006) (Table 1).

Year	Total Fatalities
1997	19
1998	10
1999	15
2000	16
2001	7
2002	17
2003	25
2004	16
2005	11
Total	136

Table 1. 1997–2005 Intimate Partner Domestic Violence-Related Fatalities San Diego County

All deaths attributable to IPV were tallied, including intimate partner homicides and suicides, as well as familial and extra-familial deaths that resulted from an intimate partner and intimate partner-related incident.

County of San Diego DVFRT Background

History

In 1995, California Senate Bill 1230 was passed by the legislature authorizing the formation of county-wide interagency death review teams to examine homicides and suicides related to domestic violence. This legislation resulted in California Penal Code Sections 11163.3-11163.5 and was enacted in January 1996. Domestic violence death review teams were established to ensure that incidents of domestic violence and abuse are recognized and that agency involvement with homicide and suicide victims are systematically studied.

In April 1996, at the recommendation of Supervisor Pam Slater-Price, the Board of Supervisors established the County of San Diego Domestic Violence Fatality Review Team (DVFRT) to review intimate partner and intimate partner-related deaths. The County of San Diego Health and Human Services Agency's Office of Violence Prevention was designated to oversee the local review team. The DVFRT assembled in October 1996 and began reviewing IPV and IPV-related deaths a year later.

Mission

The San Diego County DVFRT's mission is to prevent future deaths from intimate relationship violence by utilizing a systematic, confidential, multi-agency death review process, and to identify systems gaps in order to expand effective violence prevention policy and coordinated strategies.

Objectives

1) To bring together public and private agencies, to identify their respective roles and generate collaborative opportunities.
2) Collecting data from various agencies and systems about the victims and perpetrators of IPV and IPV-related homicides and suicides by evaluating the coordination of systems and the accessibility of services.
3) Determine the trends and specific indicators for IPV homicides and suicides, to develop policy and program recommendations for violence prevention programs.
4) Increase public awareness and involvement in the prevention and intervention of IPV.

Case Selection

Cases are identified by team partners including the District Attorney's Office, Medical Examiner and the Domestic Violence Units of the San Diego Police Department and the San Diego County Sheriff's Department. The DVFRT reviews cases once the perpetrators of the crime have been sentenced. The legal proceedings in homicide cases typically last a year and half, which subsequently delays the DVFRT case review process. When a homicide also includes a suicide of the perpetrator, there are no legal proceedings, and these reviews can take place once local law enforcement has close their investigation; therefore, homicide/suicide cases are often reviewed within one year.

A case must meet certain criteria in order to qualify. The victim and perpetrator must:

- Be current or former spouses
- Be currently or formerly engaged
- Be currently or formerly in a committed dating relationship
- Share a child together

In addition, cases are eligible for review if the decedent is another family member or person involved (ie. family members, rivals, law enforcement officers, emergency medical personnel or other agency personnel responding to an IPV) in the homicide or suicide incident related to IPV. The DVFRT Project Coordinator maintains case information for tracking and statistical purposes. When a case is ready for review, the Project Coordinator sends victim and perpetrator names, dates of birth and relevant family or personal history to team members. DVFRT members research the case to determine if their agency or organization had contact with the individuals and share their findings at the team review.

Review Process

The DVFRT meets on the first Wednesday of each month for 2.5 hours. All meetings are closed sessions and are strictly confidential. All records and discussions shared during case review are protected under California Penal Code Sections 11163.3-11163.5. All team members and visiting guests must sign a Confidentiality Statement (Appendix A). Two Co-Chairs lead the meetings and are supported by the Project Coordinator. Agencies that had contact or information on the victim or perpetrator share their research with the team. A case chronology detailing personal backgrounds and events leading up to the fatality(ies) is compiled. Case findings are gathered in an Investigative Report (Appendix B) and fatality risk factors are identified. The case study is used to establish recommendations that would have impact on a policy or system, in order to prevent future deaths. A report is presented to the County of San Diego Board of Supervisors detailing case findings and team recommendations. Findings are presented to appropriate County department heads, law enforcement agencies, and organizations to determine how to implement the recommendations.

Recent Case Review Changes

The County of San Diego DVFRT continuously strives to improve its case review process. The number of cases reviewed per meeting has been reduced to one to ensure enough time to complete an in-depth review. Most importantly, the team has invited family members in select cases to provide testimony. The testimony provides unique insight into the lives of the individuals involved. Community representatives are also invited to participate in the case review, expanding the team's understanding of the complex dynamics of IPV and revealing the lasting impact that violence has on families, friends, and communities.

Data Analysis

This is the third report produced by the County of San Diego DVFRT. The team's first report was issued in 2001 and chronicled 25 case reviews from October 1997 through August 2000. The second report was issued in 2004 and chronicled an additional 26 cases reviewed during the period September 2000 to August 2003. This current report represents the 24 cases that were reviewed between September 2003 and December 2005, as well as cumulative findings from the 85 cases reviewed since the team's inception. Case reviews can only take place after the perpetrator's sentencing is completed; reviews came from fatalities occurring between 2001-2004.

Report Period September 2003 to December 2005:

Overview of Case Demographics

Twenty four (24) intimate partner and intimate partner-related incidents were reviewed during the report period, accounting for a total of 25 deaths. In two cases the intimate partner victim survived an attack, however two familial (fetus and victim's brother) and one extra-familial (victim's lawyer) members died as a result of the incident. The number of perpetrators was 24, corresponding to the total number of fatality incidents; five perpetrator suicides that took place concurrent to a homicide were not included in the total fatality tally.

Victim Characteristics (N=25)

- Gender: 20 (80.0%) Female, 5 (20.0%) Male
- Race/Ethnicity: 4 (16.0%) African American, 2 (8.0%) Asian/Pacific Islander, 10 (40.0%) Caucasian, 6 (24.0%) Hispanic/Latino, 3 (12.0%) Mixed Race
- Age (years): Mean = 34.3, Range = 0-80

Perpetrator Characteristics (N=24)

- Gender: 3 (12.5%) Female, 21 (87.5%) Male
- Race/Ethnicity: 9 (37.5%) African American, 6 (25%) Caucasian, 8 (33.3%) Hispanic/Latino, 1 (4.2%) Mixed Race
- Age (years): Mean = 36.7, Range = 18-80

Relationship of Perpetrator to Victim (N=25)

- 6 (24.0%) Husband
- 6 (24.0%) Boyfriend
- 4 (16.0%) Estranged husband
- 3 (12.0%) Ex-boyfriend
- 2 (8.0%) Girlfriend
- 1 (4.0%) Wife
- 3 (12.0%) Other, non-intimate partner (e.g., Familial/ extra familial relationship: Father, Brother-in-law, victim's divorce lawyer)

Method of Homicide Perpetration (N=24)

Classification of cause of death for homicides

- 9 (37.5%) Cut/stabbed
- 8 (33.3%) Shot
- 4 (16.7%) Strangled
- 1 (4.2%) Beaten (fetal death)
- 1 (4.2%) Poisoned
- 1 (4.2%) Multiple methods (e.g., strangled then drowned)

Location/Setting of Incident (N=24)

Setting

- 16 (66.6%) Apartment/House
- 3 (12.5%) Vehicle
- 1 (4.2%) Military facility
- 1 (4.2%) Motel
- 1 (4.2%) Parking lot
- 1 (4.2%) Street
- 1 (4.2%) Workplace

County Region

- 10 (41.7%) Central
- 3 (12.5%) East
- 1 (4.2%) North Central
- 2 (8.3%) North Coastal
- 6 (25.0%) North Inland
- 2 (8.3%) South

Reminder: These statistics are derived from IPV and IPV-related cases that have undergone a formal review by the County of San Diego DVFRT and are not generalizable crime statistics.

Children Exposed to Violence

- In half of the cases (n=12), the victim or perpetrator had at least one minor child.
- In one case the perpetrator severely battered his pregnant girlfriend, resulting in the death of their 39.2 week fetus.
- In the 24 cases reviewed, at least 22 children and youth under 18 years of age were exposed to IPV.
- At least three children were in the immediate proximity of their parent(s) when the fatality occurred.
- Various DVFRT team member reports found evidence that many of the adult victims and perpetrators were exposed to family and other forms of violence as children.

A 15 year old girl was shot and killed by her 18 year old boyfriend after she tried to end the relationship. He was convicted of murder and sentenced to 30 years to life in prison.

Risk Factors

A risk factor is any characteristic, behavior, condition, or variable that is associated with an adverse effect. Individual, relational, community, and/or societal risk factors may not directly cause IPV, but may be contributing factors. For a complete listing of IPV risk factors for victimization and perpetration, go to the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Intimate Partner Violence: Fact Sheet (Accessible at: http://www.cdc.gov/ncipc/factsheets/ipvfacts .htm).

For this analysis, each case was evaluated against a set of 36 risk factors related to lethality and are outlined in the team's Investigative Report (Appendix B).

Key Relationship-Level Lethality Risk Factors

These risk factors consist of relationship dynamics, control issues, and characteristics of abuse. Six factors were identified in half or more of the cases reviewed during this report period.

Factors corresponding to relationship dynamics/control issues and characteristics of abuse:

- **Victim leaving relationship or telling partner s/he is leaving** (79.2%, n=19)
  e.g., victim moving out of a shared residence, breaking off the relationship, starting a relationship with a new partner, etc.

- **Perpetrator perceives s/he has been betrayed by partner** (79.2%, n=19)
  e.g., perpetrator feels like they have been deceived or cheated on, by the victim.

- **Controlling of daily activities/obsessive-possessive beliefs** (75.0%, n=18)
  e.g., perpetrator believing that the victim should not be with anyone but them, dictating victim's clothing choices and interactions with friends.

- **Escalation of abuse prior to homicide** (62.5%, n=15)
  e.g., intensifying threats and intimidation or emotional abuse giving rise to increasingly severe physical abuse.

- **Graphic threats to kill** (50.0%, n=12)
  e.g., perpetrator telling the victim or others about their intent to kill.

- **Stalking Behaviors** (50.0%, n=12)
  e.g., perpetrator telephone harassment, pursuing, or surveillance of the victim.

Key Individual-Level Lethality Risk Factors:

These risk factors correspond to victim or perpetrator characteristics, independent of relational factors. Five factors were identified in half or more of the cases reviewed during this report period.

Factors corresponding to victim and/or perpetrator personal characteristics:

- **Substance Abuse** (50.0%, n=12)
  Half of the victims and/or perpetrators had a history of substance abuse issues. Toxicology results revealed that four victims and at least four perpetrators were under the influence at the time of murder.

- **Weapons Access** (62.5%, n=15)
  Perpetrators had open access to weapons in general, many of which were unregistered firearms.

- **Victims and Perpetrators Not Accessing DV Services & Interventions**
  (Victim Utilization: 4.2%, n=1; Perpetrator Utilization: 8.3%, n=2)
  Only one victim sought an IPV-related service (shelter); similarly, evidence indicated that only two perpetrators had been ordered to a mandated DV treatment program, despite the fact that there was IPV related police involvement in at least 41.7% of (n=10) cases.

- **Criminality** (50.0%, n=12)
  In half of the cases, the victim and/or perpetrator had a documented criminal record (e.g., drug possession, vandalism, theft, misdemeanor or felony domestic violence, etc.) of which at least half of the offenses occurred during the relationship.

- **Life Stressors** (Perpetrator: 92.7%, n=22; Victim: 95.8%, n=23)
  Nearly all of the victims and perpetrators were experiencing at least one stressful life event (e.g., incarceration, declining health, financial hardship/dependency, unemployment, addiction, undocumented mental health problems).

Summary of Cumulative Case Review Findings from 1997-2005: 85 Cases Chronicled

Over the period October 1997 to December 2005, 85 cases of intimate partner and intimate partner-related fatalities have been reviewed. Overall, cumulative case characteristics (Table 2) and findings are consistent with national statistics.

VARIABLE	REPORT PERIOD			
	2001 Report (36 cases) Oct 1997-Aug 2000	2004 Report (25 cases) Sept 2000 - Aug 2003	2006 Report (24 cases) Sept 2004 - Dec 2005	Cumulative (85 cases) Oct 1997 - Dec 2005
REVIEW PERIOD				
Fatalities				
Homicides	37	25	25	87
Suicides Concurrent with Homicide*	5	10	5	20
Victim Gender				
Female	26	23	20	69
Male	11	2	5	18
Victim Race Ethnicity				
African American	10	1	4	15
Asian/Pacific Islander	2	0	2	4
Caucasian	18	18	10	46
Hispanic/Latino	6	6	6	18
Other/Mixed Race	1	0	3	4
Perpetrator Relationship to Victim				
Boyfriend (current or former)	17	8	6	31
Girlfriend	2	0	2	4
Husband (current or former)	10	15	13	38
Wife	4	2	1	7
Officer Involved	3	0	0	3
Other	1	0	3	4
Method of Murder				
Cut/stabbed	8	4	9	21
Shot	22	10	8	40
Strangled	2	4	4	10
Poisoned	0	0	1	1
Beaten	0	3	0	3
Fetal demise	0	0	1	2
Suffocated	0	2	0	2
Set on fire	0	1	0	1
Multiple methods	0	0	1	1
Unknown	0	1	0	1
County Region				
Central	15	1	10	26
East	11	2	3	16
North Central	5	9	1	15
North Coastal	1	3	2	6
North Inland	0	9	6	15
South	5	4	2	11

Table 2. Individual Report Period (2001, 2004, and 2006) and Cumulative Case Characteristics

Victim and Perpetrator Characteristics

The DVFRT notes that, as is the case nationally, more women than men are victims of IPV in San Diego County and more deaths occurred among Caucasians in San Diego County than other ethnic groups.

- National Crime Victimization Survey findings indicate that, in 1998, 85% of victimizations were of women by an intimate partner (Bureau of Justice Statistics. (2000). Intimate partner violence. Washington (DC): Bureau of Justice Statistics, Department of Justice (US); Publication No. NCJ178247).
- National research indicates that levels of IPV vary among race. Increased risk is noted among certain ethnic groups: American Indian/Alaskan Native women and men, African-American women, and Hispanic women (Tjaden, P, Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. Washington (DC): Department of Justice (US); Publication No. NCJ183781.).

Where Intimate Partner Violence Takes Place

Most IPV incidents have taken place in Central San Diego County, though they have been reported in all six County regions. The urban setting in low income neighborhoods where the fatalities occurred reflect possible community risk factors for IPV. According to the CDC, some factors include;

- Poverty and associated factors such as overcrowding
- Lack of social norms and institutions that shape a community's social interactions
- Unwillingness of neighbors to intervene

It is also noteworthy that the vast majority of fatalities occur within personal spaces, such as residences; ironically, a place where one should be the safest from harm.

Perpetrator Relationship to Victim

Most perpetrators are current or former male spouses (n=38) or dating partners (n=31).

- In 1998, 85% of all adult DV cases were perpetrated on women by their current or former partners (Bureau of Justice Statistics, Intimate Partner Violence, May 2000, NCJ 178247).
- Of 345 female homicides occurring in California in 2002, 41% were perpetrated by an intimate partner. Only 17% were perpetrated by a stranger (Homicide Crimes 220: Gender and Race/Ethnic Group of Victim by relationship to Victim to Offender, CA Dept. of Justice, Criminal Justice Statistics Center, Table 12 available at: http://caag.state.ca.us/cjsc/publications/homicide/hmo2/tabs/12.pdf).

Domestic Violence Murder-Suicide

Murder-suicides took place in 20 cases; most often, men usually used firearms to shoot their partner, then turned their weapon on themselves. In July 2005, three murder-suicides took place in San Diego County. A recent study by the Violence Policy Center on murder-suicide in the United States concluded that:

- Murder-suicide usually involves a male killing his female partner due to a relationship breakdown
- Murder-suicide usually occurs when the male suspects infidelity
- Firearms are typically used in these cases

(American Roulette: Murder-suicide in the United States, May 2006; accessible at: http://www.vpc.org/studies/amroul2006.pdf).

A man shot his girlfriend to death and then turned the gun on himself following their break-up. The couple had a history of IPV and the victim was trying to end the relationship. The perpetrator purchased the firearm he used to commit the murder-suicide two weeks before the incident.

Method of Murder

Firearms were most frequently used, which is consistent with the research:

- The FBI's Supplementary Homicide Reports 1976-1999 indicated that 59% of murder victims who were killed by an intimate partner were shot to death (Bureau of Justice Statistics, Homicide Trends in the United States, Intimate Homicide, 2001).
- In a study of intimate partner homicides, firearms were the major weapon type used from 1981-1998 (Paulozzi, LJ, Saltzman, LA, Thompson, MJ, Holmgreen, P. Surveillance for homicide among intimate partners – United States, 1981-1998. CDC Surveillance Summaries 2001; 50(SS-3):1-16.).
- In a Study conducted by the California Women's Law Center, Perpetrators used guns in almost half the cases (48%). In 25% of the cases knives were used (Fukuroda, M. Murder At Home. California Women's Law Center, 2005).

The DVFRT has observed increasingly aggravated and brutal attacks on victims, especially in cases of stabbing and strangulation. Due to an increase in the number of cases involving cutting and stabbing this trend should be studied.

Children and Elders Exposed to Domestic Violence

All family members are at risk when violence occurs in the home. Children remain vulnerable to IPV, either by witnessing or through direct victimization. Among all cases reviewed by the DVFRT, 51 cases had at least one minor child and it is estimated that at least 74 youth or children have been affected by the death or consequent incarceration of a parent. In the most recent report, San Diego County's observations corroborate studies that show a strong connection between IPV and child maltreatment, as well as intergenerational trends:

- The co-occurrence of domestic violence and child maltreatment is documented in over 30 studies, with a median co-occurrence of both forms of violence in 40% of families studied (Appel, A.E. & Holden, G.W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. Journal of Family Psychology, 12, 578-599; Edleson, J.L. (1999a). The overlap between child maltreatment and woman battering. Violence Against Women, 5(2), 134-154).
- In a national survey of over 6,000 American families, 50% of the men who frequently assaulted their wives also frequently abused their children (Straus, M.A. & Gelles, R.J. (eds.). Physical violence in American families. New Brunswick, NJ, Transaction Publishers. 1990.).
- Children who witness violence at home display emotional and behavioral disturbances including withdrawal, low self-esteem, nightmares, and aggression against peers, family members and property (Peled, E., Jaffe, P.G. & Edleson, J.L. (Eds.) Ending the Cycle of Violence: Community Responses to Children of Battered Women. Thousand Oaks, CA: Sage Publications, 1995.).
- A child's exposure to his/her father abusing his/her mother is the strongest risk factor of transmitting violent behavior from one generation to the next (Report of the American Psychological Association Presidential Task Force on Violence and the Family, APA, 1996).

Elders are also at risk for being victimized by family violence.

- The County of San Diego Elder Death Review Team 2006 Report highlights that among the 17 cases of suspicious elder deaths reviewed between May 2003 and November 2005, family members were the perpetrators in 74% of the cases; it is unknown if IPV was a factor in these cases but the connection should be explored.

> An elderly man in declining health stabbed his wife to death following a dispute. The perpetrator had a history of inflicting verbal and emotional abuse on the victim over the span of their entire marriage.

A man strangled his girlfriend to death after she broke off the relationship and returned to her husband. The perpetrator was known to fall in love with women very quickly and intensely, often professing a desire to marry his new girlfriends within weeks of beginning a relationship.

Teen / Young Adult Relationship Violence

During the most recent report period, four victims and six perpetrators were 15-24 years old.

Research indicates that:

- 1 in 3 teenage girls who are victims of homicide are killed by their partner or former partner (California Women's Law Center. (2001). "Teen Dating Violence: An Ignored Epidemic." Retrieved March, 10, 2005, from http://www.cwlc.org/teen_dating_policy_brief.pdf).
- Teens are at higher risk of intimate partner violence as compared to adults (Silverman, JG. (2001). Dating violence against adolescent girls is associated with substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. (Journal of American Medical Association, 286 (5), 572,576-577).
- Girls and women between the ages of 16 and 24 are the most vulnerable to domestic violence, experiencing the highest per capita rates of non-fatal intimate partner violence (US Department of Justice, Bureau of Justice Statistics, Intimate Partner Violence and Age of Victim, 1993-1999. October 2001).

Stalking

Recently observed stalking trends among IPV related fatalities merits attention. Half of the cases reviewed between September 2003 and December 2005 involved stalking behaviors. Research shows that:

- Stalkers with a prior intimate relationship are more likely to verbally intimidate and physically harm their victims than stranger stalkers (Rosenfeld, B. (2004.) "Violence Risk Factors in Stalking and Obsessional Harassment." Criminal Justice and Behavior, 31(1).).
- Stalking allegations are more prevalent in domestic violence cases when the victim and perpetrator are former rather than current intimates. Of domestic violence reports involving formerly dating couples and cohabitants, stalking was involved in 47.4% of the cases. Of reports involving separated or divorced couples, stalking occurred in 32.7% of the cases (Tjaden, P. and Thoennes, N. 2001. Stalking: Its Role In Serious Domestic Violence Cases. Washington, D.C.: U.S. Department of Justice.).
- Restraining orders against stalkers were violated by an average of 40%. In almost 21% of cases, the victim perceived that the behavior worsened after the order was issued (Sptizberg, B. 2002. "The Tactical Topography of Stalking Victimization and Management." Trauma, Violence & Abuse. 3(4).).

TEAM ACCOMPLISHMENTS

The format of the meetings and diverse team membership allows for a rich exchange of information and ideas that contributes to building system capacity and strengthening relationships among stakeholders who are working with individuals in violent intimate relationships. Since the release of the last report, the DVFRT recognizes the following accomplishments:

- Family/community participation - For two case reviews, relatives of victim and perpetrator attended the meeting and shared information with team members.

- New membership - Membership was extended to the County of San Diego Health and Human Service Agency's Alcohol and Drug Services, Office of Violence Prevention Youth Violence Specialist, and the District Attorney's Office Victim Assistance Program.

- Knowledge exchange - Representatives from the following three agencies presented: 1) HHSA's Aging & Independent Services, Elder Death Review Team presented on elder abuse; 2) CA Dept. of Corrections & Rehabilitation presented on parole; 3) HHSA's Office of Violence Prevention presented on teen relationship violence. In addition, honored guests from the United Kingdom and Canada met with team representatives to obtain information on how to establish a fatality review team.

- Member collaboration - As a result of the DVFRT, Alcohol and Drug Services has teamed up with the Office of Violence Prevention's Youth Violence Specialist to educate substance abuse providers on the dynamics of teen relationship violence. In addition, due to the trends in methamphetamine use among DV fatality cases the Office of Violence Prevention has participated in discussions with the San Diego Meth Strike Force regarding the concurrence of methamphetamine use and DV.

- Technical assistance from the National Domestic Violence Fatality Review Initiative - Dr. Neil Websdale attended the June 2005 team meeting to offer guidance on involving family members in the case review. Two team members attended the NDVFRI Conference in August 2005 to share information and collaborate with other state and local teams.

RECOMMENDATIONS

2004 Recommendation: Update

The 2004 DVFRT Report noted "access to firearms" as a priority issue due to the high number of deaths resulting from firearm use. The 2004 recommendation advocated for coordinated and proactive criminal justice system measures to ensure victim safety by seeking information about perpetrators' possession of weapons and standardization of policies for the safe relinquishment and destruction of these weapons.

In December 2004, the DVFRT Co-Chairs were invited to present the recommendation to a Court Team of several judges and staff who were seeking to identify and develop ways to improve court responses to domestic and family violence issues. The purpose of the meeting was to promote dialogue regarding enforcement of protective and restraining order requirements for firearm relinquishment. Action items included adding information about firearms to letters to protected persons and development of information sheets on how to relinquish a weapon, for dissemination to all court divisions. Additionally, Senator Christine Kehoe introduced California Senate Bill 585, which would require a person ordered to relinquish a firearm pursuant to the terms of a protective order to surrender the weapon in a safe manner upon request of any law enforcement officer or within 24 hours, as specified.

The DVFRT will continue to advocate for implementation of this recommendation.

2006 Recommendation

The recent and cumulative report findings point out that agencies and systems who serve individuals experiencing IPV can improve the process to connect their clients to local resources that will help mitigate the violence. This report shows that:

- Many cases resulting in fatality have had prior law enforcement or legal involvement due to domestic violence, yet only a small fraction of victims and perpetrators utilize domestic violence intervention or treatment services.
- In cases where the violence was documented by the "system," there was little evidence showing that clients were connected to, or accessing needed services via inter-agency referrals and follow-up processes.
- Untreated alcohol, substance abuse, and mental health issues were identified as prevalent factors co-occurring with the violence.
- Available data reveal a distressing trend of intergenerational violence, with victims and perpetrators who were once children exposed to IPV further exposing their own children.
- Violence among teens and youth in dating relationships may go unrecognized due to misperceptions that this age demographic is not at risk for IPV.
- IPV affects all members of the family: young children who witness or are directly being victimized are not getting the needed resources to help them cope with the violence and elders living with adult children in violent relationships are vulnerable to abuse.

For the above reasons, the team's 2006 recommendation is to:

Update existing protocols regarding domestic violence identification and response.

In updating existing protocols, the team advocates the following enhancements:

- Partnership with existing San Diego domestic violence collaborative teams working on domestic violence protocol updates to leverage resources and avoid duplicative efforts.
- Representation of the diverse fields and agencies that work with individuals and families in the protocol review and revision to ensure that all sectors of the domestic violence "system" are involved.
- A family focused approach, taking into account children exposed, teens and young adults experiencing dating violence, and elders.
- Instructions for handling cases that involve stalking.
- Policies and procedures for conducting threat assessments (e.g., within law enforcement and settings where restraining orders are obtained) along with instructions on how to use this information to educate victims about their risk and share risk information with other critical parties and decision makers, such as judges.
- Development of structured decision making (pathway) models to guide each partner agency in determining how to best intervene in a case of intimate partner violence and how to coordinate with partner agencies to ensure that individuals in violent relationships are connected to needed services.

All team agencies have an opportunity to implement this recommendation. When completed, it has incredible potential for improving San Diego's coordinated community response to intimate partner violence.

As the DVFRT reaches its 10th anniversary, much work needs to be done to eliminate IPV and the extreme incidents where violence results in death. The team will continue to pursue aims noted in the previous reports regarding identification of suicides with domestic violence histories, attempted homicides, follow-up services for children who have lost their parent(s) to domestic violence, and continued refinements to the case Investigative Report. Newly identified areas of improvement include:

- Involvement of family members and/or community representatives in the case review
- Evaluation of batterer typology
- Compilation of statistics for all cases and in-depth reviews for select cases
- Collaboration with other fatality review teams
- Sharing of team findings with a broad set of partners who serve individuals and families who are at risk or experiencing IPV

A pregnant woman was battered by her boyfriend resulting in the death of their 39.2 week fetus. The perpetrator's abuse of the victim escalated after he discovered she was pregnant.

DVFRT

San Diego

Appendix A - Confidentiality Statement

COUNTY OF SAN DIEGO
DOMESTIC VIOLENCE FATALITY REVIEW TEAM (DVFRT)

CONFIDENTIALITY STATEMENT

The purpose of the County of San Diego Domestic Violence Fatality Review Team (DVFRT) is to conduct a full examination of violent deaths of intimate relationship violence victims. In order to assure a coordinated response that fully addresses all systemic concerns surrounding these fatality cases, the DVFRT must have access to all existing records on each person's death. This includes social services reports, court documents, police records, autopsy reports, mental health records, education records, hospital or medical related data, and any other information that may have a bearing on the intimate relationship violence victim and his/her family.

All records and discussions shared during a domestic violence fatality review are protected by Penal Code Sections 11163.3-11163.5.

With this purpose in mind, I the undersigned, as a representative of

_____

Agency's Name

agree that all information secured in this review meeting will remain confidential, and will not be used for reasons other than that which it is intended. No material will be taken from the meeting with case identifying information.

_____
Print Name

_____
Signature

_____
Date

_____
Witness

11/01

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ( )
Case Held Over ( ) DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

INVESTIGATIVE SUMMARY

I. Victim's Information:

II. Perpetrator's Information:

III. Children's Information:

IV. Victim's Past Medical History:

V. Victim's Toxicology Report:

CHARACTERISTICS OF ABUSE

Risk Factors	< 12 mos. ago	> 12 mos. ago	Comments
1. Escalation of abuse prior to homicide	P V	P V	
2. Graphic threats to kill	P V	P V	
3. Threats of violence toward children by perpetrator/victim	P V	P V	
4. Threats to abduct the children	P V	P V	
5. Homicidal Ideation	P V	P V	
6. Prior attempts at strangulation	P V	P V	
7. History of forced sex	P V	P V	
8. Stalking history	P V	P V	
9. Battering during pregnancy			
10. Serious injury in prior abusive incidents. (state whether person required medical treatment from hospital/emergency room)	P V	P V	
11. TRO placed on perpetrator by victim			
12. TRO violation by perpetrator/victim	P V	P V	
13. TRO in effect at time of homicide			
14. Police involved with previous DV incidents.	P V	P V	

March 2000 (Rev. January 2003) J. Serrano & D. Lesher- County of San Diego Health & Human Services Agency, Office of Violence Prevention (858/581-5805), & A. Hazen, Child and Adolescent Services Research Center, Children's Hospital and Health Center, San Diego. No part of this document to be reproduced/distributed without permission of authors.

County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ( )
Case Held Over ( ) DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

Risk Factors	< 12 mos. ago	> 12 mos. ago	Comments
WEAPONS			
15. Access to firearms or other weapons	P V	P V	
16. Use of weapons in prior incidents (arson included)	P V	P V	
17. Threats with weapons	P V	P V	
RELATIONSHIP DYNAMICS/CONTROL ISSUES			
18. Controlling of daily activities	P V	P V	
19. Obsessive-possessive beliefs	P V	P V	
20. Perpetrator perceives she/he has been betrayed by partner			
21. Victim leaving relationship or telling partner she/he is leaving			
MENTAL HEALTH & SUBSTANCE ABUSE			
22. Perpetrator's drug abuse	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	
23. Victim's drug abuse	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	Cocaine Crack Crystal Meth. Heroin Marijuana Other:	
24. Alcohol abuse	P V	P V	
25. Mental health problems	P V	P V	
26. History of suicide threat(s), ideation(s)	P V	P V	
27. History of suicide attempt(s)	P V	P V	
OTHER VIOLENCE/ABUSE			
28. History of committing child abuse	P V	P V	
29. History of committing other types of violence	P V	P V	
30. History/threats of violence towards pet(s)	P V	P V	
31. Destruction of property	P V	P V	

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County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ( )
Case Held Over ( ) DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

Risk Factors	< 12 mos. ago	> 12 mos. ago	Comments
OTHER ISSUES			
32. Prior criminal history	P V	P V	
33. Previous contact with DV related services (e.g. shelters, transitional housing, mental health counseling, substance abuse treatment etc.)	P V	P V	
34. Perpetrator/Victim ordered to a DV mandated treatment program	P V	P V	
35. Perpetrator experienced significant life stressors (e.g. loss of job, financial problems, death of a family member/close friend, physical health problems)			
36. Victim experienced significant life stressors (e.g. loss of job, financial problems, death of a family member/close friend, physical health problems)			
37. Other issues:	P V	P V	

CHRONOLOGY

DATE	TIME	OCCURRANCE

3

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County of San Diego Domestic Violence Fatality Review Team
CASE REVIEW

Review Date:

Case Closed ( )
Case Held Over ( ) DATE:

Victim's Name	DOB	Date/Time of Death	Type of Death	ME No.	Case No.
Perpetrator's Name	DOB				
Child(ren's) Name(s)	DOB				

INVESTIGATIVE REPORT

SYSTEMS INVOLVED

AGENCY(S) INVOLVED	WHO SHOULD HAVE BEEN INVOLVED

INTERVENABLE/NOT INTERVENABLE/UNDETERMINED STATUS

1. **Intervenable at the:** Individual/Family ( ) Agency Level ( ) Public Policy ( )
2. **Not Intervenable** _____
   (Given similar circumstances, no opportunity existed to intervene).
3. **Undetermined** _____
   (Unable to determine if intervention was possible based on the limited information available to the team).
4. **General Policy** _____
   (While not directly related to the findings of the case, policy recommendations were determined).

RECOMMENDATIONS

1.
2.
3.

ADDITIONAL INFORMATION

4

March 2000 (Rev. January 2003) J. Serrano & D. Lesher- County of San Diego Health & Human Services Agency, Office of Violence Prevention (858/581-5805), & A. Hazen, Child and Adolescent Services Research Center, Children's Hospital and Health Center, San Diego. No part of this document to be reproduced/distributed without permission of authors.

Appendix C - San Diego Regional Domestic Violence Resources

Community Health Improvement Partners
www.sdchip.org

San Diego Regional **DOMESTIC VIOLENCE RESOURCES** *Phone Guide*

Notice: *Information in this Guide was provided by the County of San Diego Health and Human Services Agency's Office of Violence Prevention (OVP). Community Health Improvement Partners (CHIP) presents this information as a public service. No endorsement is intended or made of any service or program either by its inclusion or exclusion from this Guide. While every reasonable effort has been made to insure its accuracy, CHIP is not responsible and assumes no liability for any action undertaken by any person in utilizing the information contained in the Guide. Any person relying upon the Guide does so at his or her own risk. To report changes, please contact OVP at (858) 581-5800.*

HOTLINES

Access & Crisis 24-Hour Hotline	800/479-3339
Adult Protective Services (APS) 24-Hour Hotline	800/510-2020
Center for Community Solutions 24-Hour DVLINKS/Sexual Assault Crisis Line	888/385-4657
Community Resource Center, Libre Program	877/633-1112
Child Protective Services (CPS) 24-Hour Hotline	800/344-6000
Indian Health Council, Inc. - Peace Between Partners Program	800/289-8853
Lesbian, Gay, Bisexual, Transgender (LGBT) Heidorn 24-Hour Lifeline	858/212-LIFE (5433)
National DV Crisis Intervention, Information and Referral 24-Hour Hotline	800/799-SAFE (7233)
San Diego County Domestic Violence Hotline- 24 Hour Hotline	888/DVLINKS (385-4657)
San Diego Family Justice Center	866/933-HOPE (4673)
Rape, Abuse, Incest National Network (RAINN) 24-Hour Hotline	800/656-HOPE (4673)
211	211 (cell 800-227-0997)

EMERGENCY SHELTERS

YWCA-Casa de Paz (Central)	619/234-3164
Community Resource Center, Libre Program (North County)	877/633-1112
Center for Community Solutions Project Safehouse (East County)	619/267-8023
Episcopal Community Services- DV Transitional Housing (Central)	619/523-6060
El Nido Transitional Living Program (Central)	619/563-9878
Center for Community Solutions Hidden Valley House (North County)	760/480-0055
Rancho Coastal Humane Society- Animal Safehouse Program (North County)	760/753-6413
San Diego Humane Society (Central)	619/299-7012
South Bay Community Services Shelter (South County)	619/420-3620
St. Clare's Home- Emergency and Transitional Housing (North County)	760/741-0122
Women's Resource Center (North County)	760/757-3500

MILITARY RESOURCES

Camp Pendleton Family Services Support Center (North County)	760/725-9051
MCAS Miramar Family Advocacy Program (Central)	858/577-6585
MCRD Family Advocacy Center (Central)	619/524-0465
Naval Base San Diego Fleet and Family Support Center (Central)	619/556-7404
Navy Family Advocacy Center (Central)	619/556-8809
NAS North Island Fleet and Family Support Center (Central)	619/545-6071
Sub Base Fleet and Family Support Center (Central)	619/553-7505

Appendix C - San Diego Regional Domestic Violence Resources

SERVICE CENTERS/COUNSELING

Center for Community Solutions (Central)	858/272-5777
Center for Community Solutions (East County)	619/697-7477
Center for Community Solutions (North County)	760/747-6282
Indian Health Council, Inc. - Peace Between Partners Program (North County)	760/749-1410 ext 5335
Jewish Family Service- Project Sarah (Central)	619/291-0473
Lesbian, Gay, Bisexual, Transgender (LGBT) Community Center (Regional)	619/260-6380
Logan Heights Family Counseling Center (Central)	619/515-2355
North County Lifeline	760/726-4900
North County Family Violence Prevention Center	760/798-2835
San Diego Family Justice Center (Central)	866/933-HOPE (4673)
South Bay Community Services (South County)	619/420-3620
Southern Indian Health Council (Regional)	619/445-1188
The Union of Pan Asian Communities (UPAC) (Central)	619/229-2999
Therapy-Connection (Central)	619/293-3741
Victim Assistance Program (Call for locations)	619/ 531-4041
Women's Resource Center (North County)	760/757-3500
YWCA Counseling Center (Regional)	619-239-0335 Ext. 221

SPANISH SPEAKING AGENCIES (SE HABLA ESPAÑOL)

Access & Crisis 24-Hour Hotline	800-479-3339
Casa Familiar	619/428-1115
Center for Community Solutions 24 hour DVLINKS/Sexual Assault Crisis Line	888/DVLINKS (385-4657)
Chicano Federation of San Diego County, Inc.	619/ 285-5600
North County Lifeline	760/726-4900
San Diego Family Justice Center	866/933-HOPE (4673)
South Bay Community Services 24-Hour Hotline and Services	800-640-2933

LEGAL RESOURCES

Access, Inc. - Immigrant DV Services (Regional)	858/560-0871
Casa Cornelia Law Center- Asylum and Undocumented DV Services (Central)	619/231-7788
Center for Community Solutions (Central)	858/272-1574
Center for Community Solutions (East County)	619/697-7477
Center for Community Solutions (North County)	760/747-6282
San Diego Family Justice Center – TRO Clinic (Central)	619/533-6042
Legal Aid Society (South County)	877-534-2524
LGBT Community Center (Legal Services through YWCA) (Regional)	619/239-2341
North County Lifeline	760/726-4900
Volunteer Lawyer's Program (Regional)(court appearance restraining orders services)	619/235-5656
YWCA Legal Advocacy (Regional)	619/239-2341

TEEN RESOURCES

Operation Samahan Social Services – Samahan Teen Clinic	619/477-4451
South Bay Community Services – Casa Nuestra Runaway Teen Shelter	619/498-0555
South Bay Community Services – Teen Center	619/420-3620

DVFRT

San Diego

County of San Diego, Health and Human Services Agency, Office of Violence Prevention
4438 Ingraham Street, MS N-510, San Diego, CA 92109 (858) 581-5800