

FINDINGS AND
RECOMMENDATIONS
FROM THE
WASHINGTON
STATE
DOMESTIC
VIOLENCE
FATALITY
REVIEW
DECEMBER
2008

Now That We Know

*By Jake Fawcett, Kelly Starr, and Ankita Patel
for the Washington State Coalition Against Domestic Violence*

WASHINGTON STATE COALITION
WSCADV
AGAINST DOMESTIC VIOLENCE



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Prologue

A powerful sense of our collective responsibility can transform the conditions that allow abuse to thrive.

Between January 1, 1997, and June 30, 2008, 430 people in Washington State were killed by domestic violence abusers. Their deaths are not unpredictable, isolated events without context or warning. Most of the victims whose murders we discuss in this report reached out for help. They planned with friends, family, and co-workers. They went to therapists, attorneys, and health care providers. They called police. They went to court. They worked with domestic violence advocates. They stayed in shelter. They struggled to be mothers and friends and students and employees and volunteers and to contribute to their communities in the face of terrible violence from someone close to them.

Since the Domestic Violence Fatality Review (DVFR) began over a decade ago, our communities' understanding of the problem has shifted. The reality of domestic violence has become part of our daily consciousness. We have done tremendous work over the past decade to educate ourselves about the struggles that victims of domestic violence face and the harm done by abusive partners. We know that domestic violence touches everyone. Too many of us know that pain intimately.

The DVFR biennial reports have reflected that growing understanding. *Honoring Their Lives, Learning from Their Deaths* (2000) set out our intention to ensure victims are not forgotten. *"Tell the World What Happened to Me"* (2002) focused on telling the stories that had not been heard. *Every Life Lost Is a Call for Change* (2004) emphasized the need for change based on what we have learned, and *If I Had One More Day* (2006) urged us to take a step toward making that change real.

To know is not enough. We will end the violence not just by understanding the experiences of victims, but by letting that understanding transform our work and our lives. When our knowledge is met with compassion for victims' lives and a powerful sense of our collective responsibility, we can transform the conditions that allow abuse to thrive.

We no longer wonder whether people close to us are affected by domestic violence. We know that they are. Now that we know, how will our work be different? What will this workplace, this neighborhood, this clinic look like now that we know there are people here every day who are being terrorized in their homes? Now that we know someone we care about is hurting someone they love? Now that we know that each interaction we have today may be with a person struggling to survive, break free, or remain whole?

Now that we know, how will we make our knowing matter?

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List of Victims

Homicide victims killed by domestic violence abusers: July 1, 2006–June 30, 2008

- 7/9/06 **Yana Samolyuk, 18**, stabbed by her husband.
- 7/16/06 **Lori Hamm, 36**, shot by a male acquaintance.
- 7/18/06 **Patricia Leighton, 41**, shot by her husband, who later shot and killed himself.
- 7/23/06 **Susan Mason, 41**, and **Tim Mason, 44**, killed in a fire set by Susan's husband, who was Tim's cousin.
- 8/8/06 **Unnamed man, 25**, stabbed by his girlfriend's ex-girlfriend. He died five months after the stabbing.
- 8/24/06 **Unnamed woman, 43**, killed in a fire set by her boyfriend.
- 8/25/06 **Julie Britt, 34**, shot by her husband, who then killed himself. He also shot and wounded her friend.
- 9/3/06 **Olga Carter, 39**, shot by her boyfriend.
- 9/5/06 **Anna Wallace, 80**, strangled by her husband, who then killed himself.
- 9/13/06 **Janie Simpson, 35**, shot by her husband, who then killed himself.
- 9/25/06 **Luis Guillen-Penaloza, 19**, stabbed by his sister's estranged husband after he intervened when her husband was threatening her. She had a Protection Order in place against her husband.
- 10/1/06 **Robert Hess, 85**, stabbed by his wife, who then killed herself.
- 10/6/06 **Roger Lewis, 56**, poisoned by his ex-girlfriend after he ended their relationship.
- 11/5/06 **Rebecca Sue Tatum, 23**, shot by her boyfriend.
- 11/6/06 **Desiree Settlemyre, 19**, shot by her boyfriend.
- 11/20/06 **Bich Mai, 25**, beaten by her brother-in-law.
- 11/27/06 **Jude Stensgar, 77**, shot by his girlfriend.
- 12/25/06 **Kyung Lee, 49**, shot by her boyfriend, who then killed himself.
- 12/06 **Angela Bolden, 33**, killed by her boyfriend.
- 12/06 **Dawn Ruger, 45**, strangled by her boyfriend.
- 12/06 **Unnamed man, 27**, shot by his girlfriend.
- 1/1/07 **Sarah Ticknor, 25**, stabbed by her husband while her two children were asleep in the home.
- 1/2/07 **Patricia Elliot, 48**, shot by her husband, who then killed himself.
- 1/18/07 **George Burns, 31**, shot by his girlfriend.
- 1/24/07 **William Ford, 25**, strangled by the boyfriend of a woman he had dated.
- 2/1/07 **Christopher Smith, 32**, shot by his ex-girlfriend.
- 3/7/07 **Merianne Lorentson, 24**, stabbed by her ex-boyfriend.
- 3/28/07 **Turid Bentley, 66**, shot by her boyfriend, who then shot and killed himself. Her boyfriend also shot her friend who came to the home to intervene. Her friend survived the assault.
- 3/07 **Unnamed woman, 77**, shot by her husband.
- 4/2/07 **Rebecca Griego, 26**, shot by her ex-boyfriend, who then killed himself. He had stalked and harassed her since their relationship ended.
- 4/27/07 **Monique Vance, 37**, shot by her husband. She had a No Contact Order against her husband, and he had appeared in court the previous day on a domestic violence charge.
- 4/28/07 **Clella Colson, 41**, strangled by her boyfriend in front of his son. She had a No Contact Order in place against her boyfriend.

- 5/1/07 **Jennifer Lehtinen, 42**, beaten and stabbed by her date.
- 5/6/07 **Hyunsook Kim Yi, 42**, and her mother, **Eun Wah Kim, 64**, stabbed by Hyunsook's husband.
- 5/30/07 **Deja Rodgers, 4 months**, killed by her father, who had also abused her mother.
- 6/1/07 **Brandy Lambersten, 32**, shot by her ex-boyfriend, who then killed himself. He had been harassing her since their relationship ended.
- 7/5/07 **Kathleen Upton, 43**, shot by her husband, who then shot himself.
- 7/9/07 **Pedro Rodriguez, 66**, shot by his niece's boyfriend. The boyfriend also shot Pedro's niece; she survived the shooting.
- 7/21/07 **Amy Mae Mullins, 38**, strangled by her husband.
- 7/07 **Paul Han Limstrom, 10**, shot by his father, who then killed himself.
- 8/5/07 **Rinthya Brooks, 33**, stabbed by her ex-husband at a party. Her ex-husband was shot and killed by a bystander trying to intervene.
- 8/17/07 **Robert Washburn, 67**, stabbed by his wife, who then killed herself.
- 8/20/07 **Nick DeSimone, 19**, shot by his girlfriend's ex-boyfriend, who had been stalking and harassing her and threatening Nick since their relationship ended.
- 9/2/07 **Nancy Floren, 56**, shot by her husband.
- 9/7/07 **Elisabeta Balint, 45**, shot by her husband.
- 9/8/07 **Elizabeth Roberts, 41**, shot by her husband, who then killed himself. Their three children were home at the time.
- 9/07 **Kelly Walsh, 39**, shot by her girlfriend.
- 11/12/07 **Erin VanSchaick, 25**, strangled by her estranged husband.
- 11/14/07 **Julie Casey, 44**, shot by her boyfriend, who then killed himself.
- 12/9/07 **Dale Stark, 48**, shot by his estranged wife.
- 12/25/07 **Melissa Arizola, 34**, shot by her boyfriend. Her three children were home at the time.
- 1/21/08 **Julie Johnson, 59**, stabbed by her boyfriend.
- 2/24/08 **Christin Stock, 35**, shot by her ex-boyfriend, who then killed himself. Her two children were home at the time.
- 2/28/08 **Sarah Clark, 18**, and her friend **Tanner Pehl, 20**, stabbed by her boyfriend.
- 3/1/08 **Randi Miller, 25**, and her husband, **Timothy Miller, 27**, shot by a woman who believed Randi had a relationship with her ex-boyfriend.
- 3/2/08 **Elizabeth Bouvier, 39**, beaten by her boyfriend.
- 3/13/08 **Michele Burton, 36**, stabbed by a woman who was her date.
- 3/24/08 **Girly Quintana Weight, 26**, stabbed by her husband while their daughter was present.
- 4/18/08 **Tracey Lee Creamer, 48**, beaten and strangled by her husband, who then killed himself.
- 4/19/08 **Debra Bonilla, 38**, stabbed by her husband in front of two of her children.
- 4/23/08 **Stephanie Campeau, 34**, beaten by her boyfriend, who was also her caregiver.
- 5/3/08 **Baerbel Roznowski, 66**, stabbed by her boyfriend after he was served with an Anti-Harassment Order.
- 6/26/08 **David Grimm, 49**, beaten by his ex-girlfriend's boyfriend.

In This Report

List of Victims The names and ages of homicide victims killed by domestic violence abusers from July 1, 2006, through June 30, 2008.

Executive Summary A brief overview of the Domestic Violence Fatality Review's goals, key findings and recommendations, strategies for using this report as a tool for implementing change, and a complete list of all the recommendations contained in this report.

Overview of Fatalities A quantitative summary of domestic violence fatalities in Washington State, including descriptive information such as who was killed, how frequently homicidal domestic violence abusers were also suicidal, and what weapons were used.

Barriers to Safety for Victims of Color, Native Victims, and Immigrant Victims New data and analysis comparing rates of domestic violence homicide by race, as well as findings and recommendations based on reviews of fatality cases involving victims who were women of color and immigrants.

Findings and Recommendations Findings and recommendations based on the eleven domestic violence fatality cases reviewed in depth by Fatality Review panels between July 2006 and June 2008. Each chapter includes narrative explanation of the findings, followed by detailed recommendations that respond directly to those findings.

Appendices Appendix A explains the history of the Domestic Violence Fatality Review and how we identify and review domestic violence fatalities. Appendix B provides a glossary of terms used in this report.

Index of Topics A list of all the topic areas covered in all five Fatality Review reports.

Definition of a domestic violence fatality The Domestic Violence Fatality Review defines a domestic violence fatality as a death that arises from an abuser's efforts to seek power and control over an 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 that occur in the context of domestic violence or in the midst of a perpetrator's attempt to kill an intimate partner. For example, situations in which an abuser kills a current/former intimate partner's friend, family member, or new intimate partner, or those in which a law enforcement officer is killed while intervening in a domestic violence incident.
3. Homicides occurring as an extension of or in response to ongoing intimate partner abuse. For example, when a victim's ex-spouse kills their children in order to exact revenge on the former partner.
4. Suicides of abusers that occur in the context of intimate partner violence.

Relationship of this report to previous reports The Domestic Violence Fatality Review has published four previous reports.¹ This report builds on the findings and recommendations issued in those reports and is intended to complement, not replace, them.

¹ *Honoring Their Lives, Learning from Their Deaths* (2000); *"Tell the World What Happened to Me"* (2002); *Every Life Lost Is a Call for Change* (2004); *If I Had One More Day* (2006). All four reports are available at www.wscadv.org.

Executive Summary

Introduction

Between January 1, 1997, and June 30, 2008, 430 people were killed by domestic violence abusers in Washington State. Each year, between one-third and one-half of women who are murdered in Washington are killed by their current or former intimate partners.¹

The Domestic Violence Fatality Review (DVFR) brings 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. The Fatality Review draws attention to the loss of life at the hands of abusers for two reasons: first, to recognize and honor the lives lost and insist that the domestic violence victims, children, and their friends and family members killed by abusers are not forgotten; and second, to direct attention to the struggles and challenges faced by all of the domestic violence victims in our state who are living with abuse and can still be helped by our efforts to respond more effectively to domestic violence.

Throughout this report, you will find specific recommendations for various institutions and disciplines. Each of these recommendations is related directly to findings from eleven in-depth reviews of domestic violence fatalities conducted by the DVFR between July 1, 2006, and June 30, 2008. This report builds on the findings and recommendations issued in our previous reports² and is intended to complement, not replace, them.

While the findings in this report come directly from the observations of Fatality Review panel members, the recommendations do not. Review panels focus on identifying issues and gaps in the response to domestic violence. The Washington State Coalition Against Domestic Violence (WSCADV) developed the recommendations in this report by analyzing the issues raised by all of the review panels and convening advisory committees over the last year. WSCADV takes full responsibility for the recommendations contained herein, and the reader should note that the recommendations do not necessarily represent the opinions of individual DVFR panel or advisory committee members.

Key data findings

Overview of all domestic violence cases between January 1, 1997, and June 30, 2008

A total of 635 people died in domestic violence-related fatalities between January 1, 1997, and June 30, 2008. Domestic violence abusers or their associates killed almost all of the homicide victims (90%). Victims included domestic violence victims and their children, friends, and family members.

¹ Washington Association of Sheriffs and Police Chiefs, Uniform Crime Reporting Project, *Crime in Washington* annual reports.

² *Honoring Their Lives, Learning from Their Deaths* (2000); *"Tell the World What Happened to Me"* (2002); *Every Life Lost Is a Call for Change* (2004); *If I Had One More Day* (2006). All four reports are available at www.wscadv.org.

All domestic violence fatalities

	Homicide victim	Killed by whom	
1	Female domestic violence victim	Current or former husband/boyfriend	272
2	Female domestic violence victim	Male caregiver	1
3	Female domestic violence victim	Male abuser's associate	3
4	Female domestic violence victim	Current or former female intimate partner	2
5	Male domestic violence victim	Current or former wife/girlfriend	37
6	Male domestic violence victim	Female abuser's associate	4
7	Male domestic violence victim	Current or former male intimate partner	2
8	Children	Male abuser	32
9	Friend or family of female dv victim	Male abuser	40
10	Friend or family of male dv victim	Female abuser	2
11	New intimate partner of female dv victim	Male abuser	26
12	New intimate partner of female dv victim	Female abuser	1
13	New intimate partner of male dv victim	Female abuser	2
14	Co-worker of female dv victim	Male abuser	2
15	Law enforcement	Male abuser	4
16	Male abuser	Female dv victim in self-defense	14
17	Male abuser	Female dv victim in probable self-defense	8
18	Male abuser	Female dv victim, not in self-defense	7
19	Male abuser	Friend or family of female dv victim	14
20	Male abuser	Law enforcement	17
21	Male abuser	Suicide	139
22	Female abuser	Suicide	3
23	Children	Female dv victim	3
	Totals		
24	All domestic violence fatalities (rows 1–23)		635
25	All homicide victims (rows 1–19 and 23, excludes suicides and abusers killed by law enforcement)		476
26	All homicides by abusers and associates (rows 1–15)		430

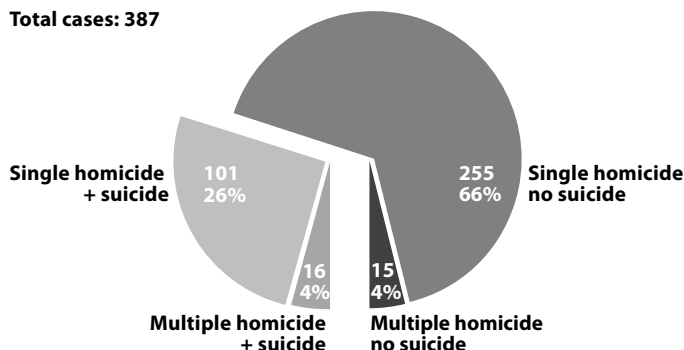
Homicide-suicides

Nearly a third (30%) of the 387 abusers who committed homicides since January 1, 1997, committed homicide-suicides. An additional 25 abusers killed themselves or were killed by law enforcement after committing domestic violence assault or attempted homicide.³ Female abusers committed 3 of the 117 homicide-suicides.

Homicides committed by domestic violence abusers

January 1, 1997–June 30, 2008

Total cases: 387

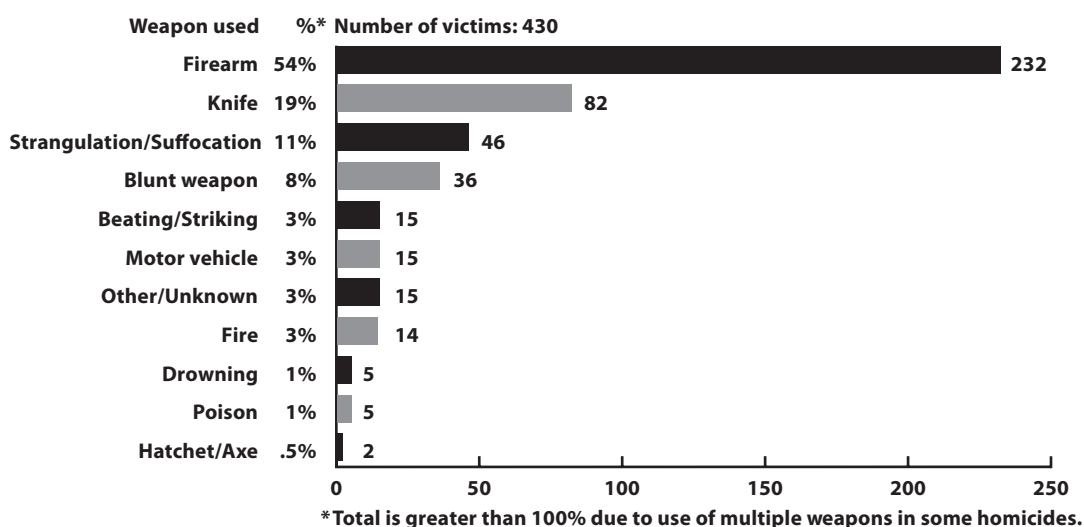


Weapons

The majority of domestic violence homicides in Washington State are committed with firearms. Since 1997, abusers used firearms to kill 54% (n=232) of domestic violence homicide victims.

Weapons used by domestic violence abusers in homicides

January 1, 1997–June 30, 2008



³ We have included the deaths of abusers killed by law enforcement in counts of suicidal abusers. In all of these cases, abusers acted consciously with life-threatening force that compelled law enforcement officers to respond with deadly force. This behavior has been defined by researchers as “suicide by cop” or “law enforcement officer-assisted suicide.” See Daniel Kennedy, Robert Homant, and R. Thomas Hupp, “Suicide by Cop,” *FBI Law Enforcement Bulletin* 67 (1998), p. 30–48; and Robert Homant and Daniel Kennedy, “Suicide by Police: A Proposed Typology of Law Enforcement Officer-Assisted Suicide,” *Policing* 23 no. 3 (2000), p. 339–355.

Children

Of the 321 domestic violence victims killed by abusers or their associates since 1997, at least 135⁴ (42%) had children living in the home with them at the time they were murdered. More than half of the victims' children (55%) were present at the time of the homicide. News reports indicated that of the children present, 42% (n=63) witnessed the murder. Abusers killed fourteen children alongside their mothers and attempted to kill more.

Location of children at the time of domestic violence victim's murder

January 1, 1997–June 30, 2008

Total: 272 children of 135 domestic violence victims



Key recommendations

We have identified eight key recommendations out of the many that appear in this report. These recommendations merit priority because they speak to issues or problems that Fatality Review panels identified repeatedly in domestic violence fatality cases. However, please keep in mind that each recommendation in this report is relevant to the ability of our communities to support domestic violence victims and hold abusers accountable and is directly rooted in the close examination of a domestic violence fatality.

1. Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims. Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women.
2. Domestic violence advocates should become familiar with Child Protective Services (CPS) practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS.
3. Whenever law enforcement officers advise domestic violence victims to obtain a Protection Order, they should always refer victims to a trained domestic violence victim advocate for safety planning as well.
4. All courts issuing civil Protection Orders should have domestic violence advocates available on-site to meet with victims when they first petition for a Domestic Violence Protection Order.

⁴ This number includes 120 female and 15 male domestic violence victims.

5. Health care organizations should consider contracting with local domestic violence programs to provide on-site advocacy and safety planning for patients who are surviving domestic violence.
6. Local housing authorities should establish preference policies for domestic violence victims.
7. The Division of Child Support (DCS) and the Community Services Division of the Department of Social and Health Services (DSHS) should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection.
8. Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified.

Recommendations categorized by discipline

The following is a compilation of the Fatality Review recommendations in this report, organized by professional discipline. Each chapter of the report provides context and explains in detail how our findings led us to make these recommendations. The page number following each recommendation indicates where it is found in the text of the report.

1 All disciplines

- 1.1 All professionals working with domestic violence victims should be aware of the prevalence of economic abuse and how it might limit a victim's options. (p. 48)
- 1.2 All professionals working with domestic violence victims should provide victims with referrals to domestic violence programs and information about the range of services these programs offer. (p. 51)

2 Domestic violence programs

- 2.1 Mainstream domestic violence programs at the state and local levels should support the work of domestic violence programs and other organizations addressing violence against American Indian and Alaska Native women, women of color, and immigrant and refugee women through learning about the specific and complex barriers to safety and self-determination facing victims of domestic violence in these communities and adapting services to better meet their needs. (p. 39)
- 2.2 Mainstream domestic violence programs at the state and local levels should support the work of American Indian and Alaska Native domestic violence programs that seek to develop a process (such as a fatality review) that would examine community and system responses to domestic violence against Native victims, identify shortfalls, and organize to address the problems identified. (p. 39)

- 2.3 Domestic violence advocates should consider attending appointments with domestic violence victims accessing housing, health care, public benefits, and other services. Advocates can support victims by advocating for language interpretation, fair and unbiased treatment by other service providers, and culturally appropriate services. (p. 40)
- 2.4 Domestic violence programs and ethnic community organizations should collaborate to cross-train staff and volunteers, share outreach strategies, and provide co-advocacy for domestic violence victims. (p. 41)
- 2.5 Collaborations between domestic violence programs and ethnic community organizations should include ongoing dialogue, capacity building, cross-training, program development, community partnerships, and co-advocacy. (p. 41)
- 2.6 Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims.⁵ Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women. (p. 42)
- 2.7 Domestic violence programs should carefully examine their policies and practices to ensure that they support victims in remaining connected to their communities while planning for safety. Domestic violence advocates should routinely help victims plan for how they can safely stay involved with their religious and cultural communities. (p. 42)
- 2.8 Domestic violence programs should consider innovative strategies to mitigate language and cultural barriers, such as training bilingual community volunteers as domestic violence advocates.⁶ (p. 43)
- 2.9 Domestic violence programs should partner with interpreter agencies to cross-train both domestic violence advocates and interpreters on language usage and vocabulary limitations, including dialect differences and translation of legal terminology. (p. 43)
- 2.10 Ethnic community organizations and domestic violence programs should provide domestic violence literature and resource information in public spaces throughout ethnic communities (e.g., in places of worship, ethnic restaurants, beauty salons, and small businesses) so that immigrant victims can learn about their rights. (p. 45)
- 2.11 Immigrant and refugee social service organizations and domestic violence programs should collaborate to provide trainings to immigrant and refugee women on their rights in an abusive situation, how to obtain legal help, and how to plan for their safety. (p. 45)

5 WSCADV has developed and distributed a *Model Protocol on Working with Friends and Family of Domestic Violence Victims* (2004) for domestic violence programs to assist friends and family to be effective allies to victims, available at www.wscadv.org.

6 The Asian Women's Shelter in San Francisco provides extensive language support through their Multi-Language Access Model (MLAM), in which they recruit bilingual and bicultural women from underserved communities to become paid, on-call advocates. For more information, see www.sf.aws.org/4_services/ser_language.html. Also, WSCADV has developed and distributed a *Model Protocol on Services for Limited English Proficient Immigrant and Refugee Victims of Domestic Violence* (2002), available at www.wscadv.org.

- 2.12 Domestic violence advocates should learn about potential immigration consequences for various offenses in order to help immigrant victims with safety planning.⁷ (p. 45)
- 2.13 Domestic violence programs should routinely address economic abuse and exploitation as a part of safety planning with all victims. (p. 48)
- 2.14 Domestic violence programs should designate at least one advocate to receive specialized training on financial education and incorporate financial education into their core services.⁸ (p. 48)
- 2.15 Domestic violence programs should ensure that every caller knows about the range of services they offer and that similar services are available statewide. (p. 51)
- 2.16 Advocates should talk with victims about what other services might be helpful to them. Advocates should offer to co-advocate for victims with other service providers and be clear that this can be done while still maintaining the confidentiality of information the victim discloses to the advocate. (p. 51)
- 2.17 Domestic violence programs should develop communications strategies, including engaging with the media, to provide information to the general public about domestic violence and where neighbors, family, and friends of victims can turn for assistance. (p. 51)
- 2.18 Domestic violence advocates should become familiar with Child Protective Services (CPS) practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS. (p. 58)
- 2.19 Domestic violence programs should develop policies to address how they will work with victims who are using alcohol or other drugs and clearly communicate these policies to victims seeking services. These policies should emphasize a commitment to serve victims dealing with both domestic violence and substance abuse.⁹ (p. 60)
- 2.20 Domestic violence programs should develop protocols for routinely asking victims respectful and non-judgmental questions about their substance use, with the goal of identifying safety planning needs and practical strategies for safety and sobriety. Safety plans should not depend on the victim's ability to stay clean and sober.¹⁰ (p. 61)

7 See Washington Defender Association's Immigration Project, "An RCW Quick Reference Chart for Determining Immigration Consequences of Selected Washington State Offenses," available at www.defensenet.org/immigration.

8 WSCADV has developed a website for victims and advocates to find resources and information on a range of topics related to economic assistance and security: www.getmoneygetsafe.org.

9 WSCADV has developed and distributed a *Model Protocol for Working with Battered Women Impacted by Substance Abuse* (2003), available at www.wscadv.org.

10 The Alcohol/Drug Help Line Domestic Violence Outreach Project has developed tools for working with substance-abusing domestic violence victims and is available for statewide consultation on a non-emergency basis. Contact dvop@adhl.org or WSCADV at 206-389-2515 for more information. Also, the Alaska Network on Domestic Violence and Sexual Assault has developed a practical tool kit for use with substance-abusing domestic violence and sexual assault survivors: *Getting Safe and Sober: Real Tools You Can Use* by Patti Bland and Debi Edmund. Contact pbland.andvsa@alaska.com or www.andvsa.org for more information.

- 2.21 Domestic violence programs and chemical dependency treatment providers should train staff to recognize how abusers may use alcohol or other drugs to further their control over victims and routinely address this issue in victims' safety plans, as well as in victims' and abusers' relapse prevention plans. (p. 61)
- 2.22 Domestic violence programs and chemical dependency treatment providers should collaborate to provide cross-training, share outreach materials, and refer clients in order to provide more effective services to victims of domestic violence who are abusing substances. (p. 61)
- 2.23 Prenatal care providers and childbirth educators should collaborate with domestic violence programs to routinely include domestic violence information and referrals to domestic violence community resources in childbirth education classes and materials distributed to all pregnant women. (p. 64)
- 2.24 Domestic violence programs and local religious leaders should collaborate to build their capacity to improve religious responses to domestic violence and coordinated support for victims. (p. 70)
- 2.25 Domestic violence advocates working with Protection Order petitioners should provide all victims with information about what to expect from the legal process, how to present their case effectively to the court, and their right to appeal or re-file if a Protection Order petition is denied. (p. 74)
- 2.26 Domestic violence advocates assisting victims with Protection Order petitions should routinely ask victims about the abuser's access to weapons. Advocates should help victims determine whether to submit a Petition for Surrender of Weapon¹¹ along with a petition for a temporary or full Protection Order. (p. 74)
- 2.27 Domestic violence victim advocates based in law enforcement agencies should follow up with victims in all domestic violence incidents to offer resource information, even when no arrest is made. (p. 79)
- 2.28 Domestic violence programs should include information about stalking as a tactic of abuse in outreach and community education materials and inform victims of stalking that they can call a domestic violence program for support and safety planning. (p. 82)
- 2.29 Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified. (p. 84)
- 2.30 Domestic violence programs should develop domestic violence resource information and outreach materials specific to teens and provide these to law enforcement agencies. (p. 86)

11 The Petition for Surrender of Weapon, Notice of Hearing and Order form is available at www.courts.wa.gov.

3 Community organizations

- 3.1 Domestic violence programs and ethnic community organizations should collaborate to cross-train staff and volunteers, share outreach strategies, and provide co-advocacy for domestic violence victims. (p. 41)
- 3.2 Collaborations between domestic violence programs and ethnic community organizations should include ongoing dialogue, capacity building, cross-training, program development, community partnerships, and co-advocacy. (p. 41)
- 3.3 Ethnic community organizations should provide information to community members on domestic violence, including information on legal rights and how to access legal assistance, options available to immigrant domestic violence victims,¹² and how to contact a domestic violence program. (p. 42)
- 3.4 Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims.¹³ Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women. (p. 42)
- 3.5 Ethnic community organizations and domestic violence programs should provide domestic violence literature and resource information in public spaces throughout ethnic communities (e.g., in places of worship, ethnic restaurants, beauty salons, and small businesses) so that immigrant victims can learn about their rights. (p. 45)
- 3.6 Immigrant and refugee social service organizations and domestic violence programs should collaborate to provide trainings to immigrant and refugee women on their rights in an abusive situation, how to obtain legal help, and how to plan for their safety. (p. 45)
- 3.7 Neighborhood block watch and similar crime prevention groups should learn about domestic violence resources and engage in outreach to share information among neighbors. Neighborhood block watch orientations and written resource materials should always include information about domestic violence, how to support a neighbor who asks for help, what to do if you see or hear violence in a neighbor's home, and how to access local domestic violence resources. (p. 51)
- 3.8 Churches and other religious institutions should require their clergy and counseling staff to receive ongoing training about domestic violence and should have protocols in place to address domestic violence among congregants.¹⁴ (p. 69)
- 3.9 Domestic violence programs and local religious leaders should collaborate to build their capacity to improve religious responses to domestic violence and coordinated support for victims. (p. 70)

12 The Family Violence Prevention Fund has developed brochures for immigrant and refugee victims of domestic violence, available in eight languages, at www.endabuse.org/programs/immigrant.

13 WSCADV has developed and distributed a *Model Protocol on Working with Friends and Family of Domestic Violence Victims* (2004) for domestic violence programs to assist friends and family to be effective allies to victims, available at www.wscadv.org.

14 Training and consultation for clergy and religious leaders about domestic violence is available through Faith Trust Institute, www.faithtrustinstitute.org.

4 Funders

- 4.1 Funders should support culturally specific domestic violence work within communities of color, immigrant and refugee communities, and American Indian and Alaska Native communities and tribes. Support should include funding to develop and implement community engagement efforts, effective approaches to help victims of domestic violence, and supplemental or alternative accountability measures for abusers distinct from the criminal legal system. (p. 39)
- 4.2 Funders should prioritize ongoing, culturally appropriate services to domestic violence victims and community engagement strategies to address domestic violence within communities of color and immigrant communities. These efforts should be rooted in the principles of advocacy-based counseling,¹⁵ with corresponding policies and practices that uphold victim confidentiality and support victim safety and choice. (p. 41)
- 4.3 Funders should prioritize developing services specific to domestic violence victims who are using substances.¹⁶ (p. 61)
- 4.4 Funders should support the development, implementation, and evaluation of batterer's intervention programs that are specific to teens abusing their dating partners. These interventions should be appropriate for juvenile domestic violence offenders as well as youth referred from the community. (p. 84)

5 Legislature, government agencies, and housing authorities

- 5.1 The Washington State Attorney General should create a task force composed of tribal, state, and federal legal authorities to address jurisdictional gaps that affect American Indian and Alaska Native victims of domestic violence. Task force members should learn from, support, and collaborate with Native domestic violence victim advocates on responding to domestic violence in a culturally responsive manner. (p. 40)
- 5.2 Counties should monitor the implementation of their ten-year plans to address homelessness¹⁷ to assess whether the needs of homeless domestic violence victims are adequately addressed and modify the plan as necessary to meet those needs. (p. 47)
- 5.3 The Washington State Department of Community, Trade, and Economic Development (CTED) should evaluate how counties' ten-year plans to address homelessness meet the needs of homeless domestic violence victims. (p. 47)
- 5.4 The Washington State Legislature should continue increases in funding for the Transitional Housing, Operations and Rent (THOR) program for transitional housing for domestic violence victims and should support other new and innovative housing programs. (p. 47)

¹⁵ Washington Administrative Code 388-61A-0145: "Advocacy-based counseling means the involvement of a client with an advocate counselor in an individual, family, or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client's autonomy and self-determination."

¹⁶ Excellent examples of such services exist in Washington State. Contact WSCADV at 206-389-2515 to be connected with organizations doing this work.

¹⁷ The state Homeless Housing and Assistance Act, RCW 43.185C, required every county in Washington State to develop and implement a ten-year homeless housing plan starting in 2005.

- 5.5 Local housing authorities should collaborate with and take guidance from domestic violence programs in planning how they will serve domestic violence victims as part of their five-year public housing agency (PHA) plans mandated by the U.S. Department of Housing and Urban Development. (p. 47)
- 5.6 Local housing authorities should establish preference policies for domestic violence victims.¹⁸ (p. 47)
- 5.7 The Department of Social and Health Services (DSHS) should routinely provide information about local domestic violence resources to all individuals accessing public benefit programs.¹⁹ (p. 52)
- 5.8 DSHS should expand its current partnerships with locally contracted domestic violence programs to place domestic violence advocates in all Community Service Offices (CSOs), including branch offices, to provide information, advocacy, and support to all victims accessing public benefits. (p. 52)
- 5.9 DSHS should develop a system to measure CSO accountability regarding screening of WorkFirst program participants that emphasizes workers' responsibility to screen rather than victims' responsibility to disclose, and includes specific target ranges for the percentage of participants who will be identified as domestic violence victims and offered exemptions from some WorkFirst program requirements. (p. 53)
- 5.10 Due to the prevalence of domestic violence and the many barriers that exist to disclosing abuse, DSHS should require all of its offices and programs to have domestic violence information (e.g., brochures from the local domestic violence program) consistently available in areas where individuals can help themselves to the information, such as in restrooms, in the front office waiting area, and on the desks of all case managers and social workers. (p. 53)
- 5.11 The Division of Child Support (DCS) and the Community Services Division of DSHS should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection. This evaluation should take place in collaboration with domestic violence advocates and statewide experts. Based on findings from this evaluation, DSHS should work to improve areas in which policy or practice falls short of consistent notification of the good cause option. (p. 54)
- 5.12 DSHS should develop a mechanism for measuring how many people apply for, are granted, and are denied good cause for non-cooperation with child support collection. Evaluation measures should be specific to each region, CSO or call center, and case-worker. (p. 54)

¹⁸ "Allowing preferences for victims of domestic violence creates alternatives for assisting those who may otherwise remain in an abusive situation or become homeless because of the need to flee the abuse. Under the guidance of 24 CFR § 960.206, PHAs may establish such preference policies based on local needs and priorities as determined by the PHAs." U.S. Department of Housing and Urban Development. *Public Housing Occupancy Guidebook* (Chapter 19) 2003.

¹⁹ One example of how to achieve this is the Division of Child Support's current practice of sending annual mailers to clients with information about domestic violence resources.

- 5.13 DSHS should connect all individuals who are denied good cause with an advocate from a community-based domestic violence program to help the victim anticipate and plan for the abuser's potential to re-engage contact or escalate violence when ordered to pay child support. (p. 54)
- 5.14 The Community Services Division of DSHS should collaborate with DCS to conduct additional research and learn more about the domestic violence homicide victims identified as DCS clients. Additional research should identify whether victims were screened for domestic violence; how many of the victims applied for good cause; how many of the victims were either granted or denied good cause; and whether the victims received any referrals to domestic violence advocacy services. (p. 56)
- 5.15 Other DSHS programs should follow DCS's lead and look at domestic violence fatality cases from an organizational learning perspective to see how many victims were clients. (p. 56)
- 5.16 Child Protective Services (CPS) should adopt nationally recognized child welfare best practices regarding domestic violence, including:
- Recognizing the connection between children's safety and adult domestic violence victim safety and placing adult victim safety at the center of their response to cases that involve domestic violence;
 - Holding abusers responsible for the harms their abusive behaviors cause by making findings against them for child abuse and neglect, rather than placing responsibility on the adult victim of domestic violence to end the abuse; and
 - Recognizing the centrality of safe housing in responding to dangers posed to children by domestic violence and using discretionary funds to help domestic violence victims and their children find housing that is safe and affordable. (p. 58)
- 5.17 DSHS Children's Administration leadership should partner with domestic violence advocacy experts to develop a plan for the agency to more effectively address cases involving domestic violence, making use of the information available from other states that have pioneered this work and the resources developed as part of the national Greenbook Initiative.²⁰ (p. 58)
- 5.18 CPS should engage in community outreach, with a particular focus on immigrant communities and communities of color, to inform the public about CPS protocols and to address people's fears of engaging with CPS. (p. 58)
- 5.19 DSHS Children's Administration should distribute a field guide for responding to domestic violence to all CPS workers.²¹ Children's Administration should support these

²⁰ For example, see Ann Rosewater and Leigh Goodmark, *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, Family Violence Prevention Fund (2007), available at www.thegreenbook.info/documents/Steps_Toward_Safety.pdf.

²¹ One resource is a guidebook for child protective workers prepared by the Massachusetts Department of Social Services' Domestic Violence Unit: *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, by Fernando Mederos, Family Violence Prevention Fund (2004), available at www.endabuse.org/programs/children/files/AccountabilityConnection.pdf.

guides with extensive and ongoing training for their workers and pursue funding or reallocate resources in order to create domestic violence specialist positions within CPS. (p. 58)

- 5.20 The Washington State Legislature should ensure that certification programs for chemical dependency counselors are required to include training on domestic violence, its relationship to substance abuse, and effective interventions for both domestic violence victims and abusers. (p. 62)
- 5.21 The Washington State Institute for Public Policy should conduct research to explore how the evidence-based treatment models and screening instruments currently used in Washington State's juvenile justice system do or do not address dating and intimate partner violence. (p. 84)

6 Law enforcement

- 6.1 Law enforcement agencies should clearly communicate to domestic violence programs, courts, and local communities what their policies and practices are with respect to working with Immigration and Customs Enforcement (ICE). Law enforcement agencies should not coordinate their efforts with ICE in patrol, incident response, or investigation on non-federal, non-terrorism-related crimes. (p. 40)
- 6.2 Law enforcement officers should conduct all interviews with professional, qualified interpreters, both at the scene to determine if a crime has been committed and throughout their investigation. (p. 43)
- 6.3 Local law enforcement agencies should consider utilizing federal STOP grant funds to support language access resources for investigating domestic violence crimes. (p. 44)
- 6.4 In order to increase access to interpretation and translation services at the local level, law enforcement agencies should partner with domestic violence and other social service programs to advocate for additional funding resources. (p. 44)
- 6.5 Courts and law enforcement agencies should develop language access plans consistent with guidelines developed by the U.S. Department of Justice.²² (p. 44)
- 6.6 Law enforcement officers should take complete offense reports and provide the victim with domestic violence information and referrals for all domestic violence calls, including verbal incidents or other circumstances where it is not determined that a crime occurred. (p. 79)
- 6.7 Law enforcement officers should always ask domestic violence victims about prior unreported assaults, to document evidence of crimes that may be charged and the abuser's pattern of violence. (p. 79)
- 6.8 Domestic violence victim advocates based in law enforcement agencies should follow up with victims in all domestic violence incidents to offer resource information, even when no arrest is made. (p. 79)

²² See www.lep.gov for these policy guidelines.

- 6.9 Law enforcement agencies should develop protocols that require officers to complete a full incident report and provide domestic violence information to victims for all domestic violence calls or when domestic violence is identified in the course of responding to a call. (p. 80)
- 6.10 Law enforcement officers should provide domestic violence victims with referrals to community-based domestic violence programs, even when the victim is involved in criminal behavior or arrested on another charge. (p. 80)
- 6.11 Law enforcement officers should receive specialized training on recognizing and documenting stalking, collecting evidence, and documenting the victim's level of fear. (p. 81)
- 6.12 Law enforcement officers should provide stalking victims with information about how to document an abuser's stalking to support criminal charges (e.g., keeping a stalking log). (p. 81)
- 6.13 Whenever law enforcement officers advise domestic violence victims to obtain a Protection Order, they should always refer victims to a trained domestic violence victim advocate for safety planning as well. (p. 81)
- 6.14 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 the criminal justice response to stalking. Such protocols should identify stalking as a pattern of behavior best understood from the victim's perspective and should emphasize the lethality risks associated with stalking. (p. 82)
- 6.15 Law enforcement officers should provide domestic violence information and referrals to all victims of intimate partner violence, including those under age sixteen. (p. 86)

7 Attorneys, judges, and courts

- 7.1 Courts and law enforcement agencies should develop language access plans consistent with guidelines developed by the U.S. Department of Justice.²³ (p. 44)
- 7.2 Immigration and family law attorneys and domestic violence advocates should help victims strategize about how to document abuse in order to support their immigration claim, whether or not they have contacted law enforcement. (p. 45)
- 7.3 State and local bar associations, in collaboration with legal service organizations with expertise in immigration law, should provide affordable Continuing Legal Education (CLE) credits for family law attorneys on immigration options specific to domestic violence victims and other legal concerns for immigrant victims. (p. 45)
- 7.4 All courts issuing civil Protection Orders should have domestic violence advocates available on-site to meet with victims when they first petition for a Domestic Violence

²³ See www.lep.gov for these policy guidelines.

- Protection Order.²⁴ These services should meet the definition of advocacy-based counseling as defined in the Washington Administrative Code.²⁵ (p. 73)
- 7.5 Courts should require that clerks routinely provide all Protection Order petitioners with referral information to a local domestic violence program, as mandated by RCW 26.50.035.²⁶ (p. 74)
 - 7.6 Judges and commissioners issuing Protection Orders should recognize the increased lethality risk represented by stalking, homicide threats, and suicide threats by an abuser. (p. 74)
 - 7.7 Courts should increase their capacity for telephonic or video Protection Order hearings for victims facing safety concerns or other significant barriers to appearing in court. Courts with this capacity should provide all petitioners with information about this option. (p. 74)
 - 7.8 As specified in RCW 7.69.030, court clerks should provide written information to all Protection Order petitioners about the provision in state employment law that protects domestic violence, sexual assault, and stalking victims who take time off work for court hearings and other safety planning measures from penalty by their employer.²⁷ (p. 74)
 - 7.9 In order to increase victims' knowledge of the full range of legal options for protection available, courts should provide information about Domestic Violence Protection Orders and domestic violence advocacy services to all persons requesting a civil Restraining Order as part of a dissolution. (p. 76)
 - 7.10 All professionals providing information to courts regarding family court cases (e.g., guardians ad litem, parenting evaluators, and other specialized evaluators) should be required to receive training regarding domestic violence that specifically addresses the evaluator's ethical role with regard to identifying and responding to domestic violence; best practices for screening for domestic violence; assessing the impact of domestic violence and future risks; and crafting recommendations to the court that maximize child and adult victim safety, as well as ensure children's best interests and well-being. (p. 76)

²⁴ Courts could achieve this by contracting with an advocate from their local community-based domestic violence program. As an example of how advocate assistance can be beneficial to victims in the Protection Order filing process, Walla Walla County has reported that after they established a Protection Order clinic staffed with trained domestic violence advocates, the rate of petitions that are completed and temporary orders granted increased by 53%. For more information about this program, call Danielle Hill at 509-525-2570 or WSCADV at 206-389-2515.

²⁵ WAC 388-61A-0145.

²⁶ RCW 26.50.035(2): "All court clerks shall obtain a community resource list from a domestic violence program...serving the county in which the court is located. The community resource list shall include the names and telephone numbers of domestic violence programs serving the community in which the court is located, including law enforcement agencies, domestic violence agencies, sexual assault agencies, legal assistance programs, interpreters, multicultural programs, and batterers' treatment programs. The court shall make the community resource list available as part of or in addition to the informational brochures described in...this section."

²⁷ See RCW 49.76 and 7.69.030(9), effective April 2008. The Northwest Women's Law Center has developed a factsheet for victims about their rights under this law, available at www.nwwlc.org/tools/ViolenceAgainstWomen.htm.

- 7.11 The Administrative Office of the Courts should add a protection provision pursuant to RCW 9.41.800 to the “Petition for Order for Protection” and “Temporary Order for Protection and Notice of Hearing” forms. This provision would allow petitioners for a Temporary Protection Order to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing a firearm prior to the Protection Order hearing. (p. 74)
- 7.12 The Administrative Office of the Courts should amend the instructions for Protection Order petitioners to inform them of their right under RCW 9.41.800 to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing firearms with both temporary and full Protection Orders, using the Petition for Surrender of Weapon.²⁸ (p. 74)
- 7.13 The Administrative Office of the Courts should inform all judges and commissioners of changes to RCW 26.50.050, clarifying options for Protection Order service when the respondent cannot be served in person.²⁹ (p. 74)
- 7.14 Family law attorneys should routinely screen clients for domestic violence³⁰ and be aware of the American Bar Association’s *Standards of Practice for Lawyers Representing Victims of Domestic Violence, Sexual Assault and Stalking in Civil Protection Order Cases*.³¹ (p. 76)
- 7.15 The Administrative Office of the Courts should develop and provide specialized training to judges and commissioners who hear family law cases on how to appropriately address safety risks to victims of domestic violence and their children when drafting orders containing visitation and visitation exchange provisions. (p. 76)
- 7.16 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 the criminal justice response to stalking. Such protocols should identify stalking as a pattern of behavior best understood from the victim’s perspective and should emphasize the lethality risks associated with stalking. (p. 82)
- 7.17 Prosecutors should routinely request, and judges should routinely order, domestic violence offenders to complete a state-certified batterer’s intervention program as part of their sentence. (p. 82)
- 7.18 Courts should order domestic violence offenders to substance abuse treatment only in conjunction with batterer’s intervention. (p. 82)
- 7.19 Judges and commissioners should receive training regarding teen dating violence, including the potential lethality in these cases. (p. 86)

28 The Petition for Surrender of Weapon, Notice of Hearing and Order form is available at www.courts.wa.gov.

29 These changes went into effect in June 2008.

30 See “Tool for Attorneys to Screen for Domestic Violence” and other resources from the American Bar Association, available at www.abanet.org/domviol/.

31 ABA Commission on Domestic Violence (2007), available at www.abanet.org/domviol/docs/StandardsCommentary.pdf.

8 Chemical dependency treatment and batterer's intervention providers

- 8.1 Domestic violence programs and chemical dependency treatment providers should train staff to recognize how abusers may use alcohol or other drugs to further their control over victims and routinely address this issue in victims' safety plans, as well as in victims' and abusers' relapse prevention plans. (p. 61)
- 8.2 Domestic violence programs and chemical dependency treatment providers should collaborate to provide cross-training, share outreach materials, and refer clients in order to provide more effective services to victims of domestic violence who are abusing substances. (p. 61)
- 8.3 Chemical dependency treatment providers should routinely screen clients for abusive and controlling behavior toward partners, check criminal histories, and search civil court records for Domestic Violence Protection Orders. Providers should recommend a high-quality, state-certified batterer's intervention program when domestic violence is identified. (p. 62)
- 8.4 Chemical dependency treatment providers and batterer's intervention programs should collaborate to offer treatment programs that simultaneously address both chemical dependency and domestic violence, and that are collaboratively run by a state-certified chemical dependency treatment provider and a state-certified batterer's intervention provider.³² (p. 62)
- 8.5 Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified. (p. 84)

9 Health care and mental health providers

- 9.1 Health care organizations should have protocols in place to routinely screen for domestic violence with all pregnant women and to refer women who disclose abuse to a local domestic violence program. (p. 64)
- 9.2 Prenatal care providers and childbirth educators should collaborate with domestic violence programs to routinely include domestic violence information and referrals to domestic violence community resources in childbirth education classes and materials distributed to all pregnant women. (p. 64)
- 9.3 Health care organizations should develop guidelines for medical providers on how to document domestic violence in confidential medical records, and protocols for how such information is shared between providers to facilitate comprehensive, coordinated care. (p. 64)

³² Good models exist for this type of group. Contact WSCADV at 206-389-2515 to be connected with providers doing this work.

- 9.4 Health care organizations should consider contracting with local domestic violence programs to provide on-site advocacy and safety planning for patients who are surviving domestic violence.³³ (p. 65)
- 9.5 Health care providers, medical social workers, and childbirth educators should routinely screen all patients for domestic violence victimization and refer patients who disclose abuse to a domestic violence program for assistance with safety planning and finding other resources. (p. 65)
- 9.6 The Washington State Department of Health, in collaboration with medical professional associations and commissions, should include annual domestic violence training in continuing education requirements for licensing of health care providers. (p. 65)
- 9.7 Primary care clinics, emergency departments, prenatal clinics, and other health care providers should routinely offer information about domestic violence resources and safety planning to all patients (e.g., displaying flyers, distributing resource cards, periodically attaching information to all discharge instructions). (p. 66)
- 9.8 Health care and mental health providers should routinely screen men who disclose depression or suicidal thoughts for violent and controlling behavior toward partners and learn about the increased risk to partners when abusive men are depressed or suicidal. (p. 67)
- 9.9 All branches of military service and the Veterans Health Administration should routinely screen returning troops and veterans for post-traumatic stress, depression, suicidal thoughts, and domestic violence and should educate service members and their partners about the risks of untreated depression and post-traumatic stress disorder (PTSD).³⁴ (p. 67)
- 9.10 Suicide prevention programs should develop specific interventions for men who are abusing or controlling their partners. (p. 67)
- 9.11 Suicide prevention programs should target outreach, community education efforts, and prevention messages to partners, friends, and family members of suicidal, abusive men. (p. 68)
- 9.12 Counselors providing therapy to couples should have protocols in place that direct them to consider that domestic violence may be an issue for any couple seeking therapy; establish criteria for when to refuse joint counseling based on the risk of further violence; and routinely meet with each individual separately to screen for coercive control, threats of violence, and severity and frequency of violence.³⁵ (p. 69)

33 Community Health Care in Tacoma operates a weekly family practice clinic specifically for domestic violence victims and their children. Patients meet with a domestic violence advocate on-site, and the clinic has special protocols that attend to victim safety and confidentiality. For more information about this program, contact Robert Kinch at 253-597-4550 or rkinch@commhealth.org or WSCADV at 206-389-2515.

34 The U.S. Army is currently implementing a program (RESPECT-MIL) to screen active duty soldiers for depression and PTSD. Information is available at www.pdhealth.mil/respect-mil.asp.

35 For a thorough discussion of the therapist's role in working with victims of domestic violence, how to screen for domestic violence, and suggested criteria for which couples should be excluded from joint therapy, see Michele Bograd and Fernando Mederos, "Battering and Couples Therapy: Universal Screening and Selection of Treatment Modality," *Journal of Marital and Family Therapy* 25, no. 3 (July 1999), p. 291-312.

- 9.13 Counselors should consult local domestic violence programs to identify high-quality, state-certified batterer's intervention programs. Counselors should refer their clients who exhibit a pattern of abusive control over a partner to such programs and refer victims to the local domestic violence program. (p. 69)
- 9.14 Professional associations of social workers, mental health counselors, marriage and family therapists, psychologists, and psychiatrists (e.g., National Association of Social Workers, American Mental Health Counselors Association, American Association for Marriage and Family Therapy, American Psychological Association, American Psychiatric Association) should include domestic violence education in licensing and accreditation requirements. (p. 70)
- 9.15 Counselors and therapists should not assess a domestic violence victim's risk of harm based solely on a victim's or abuser's self-report when results will inform charging or sentencing decisions. (p. 70)

10 *Employers*

- 10.1 Labor unions, employers, and employer associations should distribute information about employment rights specific to victims of domestic violence.³⁶ (p. 48)
- 10.2 Employers should develop policies and issue guidelines for supervisors and human resources personnel on how to address domestic violence situations in a safe and supportive manner.³⁷ (p. 50)
- 10.3 Employers should routinely make information available to employees about domestic violence community resources. (p. 50)
- 10.4 Employers should partner with local domestic violence programs to provide training to all staff on identifying and responding to domestic violence. (p. 50)

11 *Media*

- 11.1 Journalists should include information about how to help a victim of domestic violence in coverage of domestic violence crimes.³⁸ (p. 51)

36 The Washington State Department of Labor and Industries has published a factsheet on the 2008 Domestic Violence Leave law, available at www.lni.wa.gov/WorkplaceRights/LeaveBenefits/FamilyCare/DomViolence/default.asp.

37 The Family Violence Prevention Fund offers resources for employers on the importance of addressing domestic violence at the workplace and how to implement policies on safety, education and training, leave, performance concerns, and benefits, available at www.endabuse.org/workplace.

38 WSCADV has developed and distributed *Covering Domestic Violence: A Guide for Journalists and Other Media Professionals* (2002, revised 2008), which includes local and national statistics, tips for accurately covering domestic violence crimes, and resource information reporters can incorporate into their coverage. This guide is available at www.wscadv.org.

How to use this report as a tool for implementing change

1. Read the report and remember the stories of those who have lost their lives to domestic violence.
2. Share the report with others. Copies of this report and previous reports can be ordered at www.wscadv.org. The full report as well as executive summary and copy-ready handouts of key data findings are also available on the website to read, download, and print for free. Email the link to co-workers, advocates, judges, police officers, mental health professionals, chemical dependency counselors, attorneys, health care workers, religious institutions, schools, family, and friends. Print specific sections that you think would be particularly relevant to other individuals' work and share these sections with them. Print handouts and use in community presentations.
3. Make a discussion of the report the focus of a staff meeting at your workplace. As an agency, identify five to ten recommendations particularly relevant to your community and work toward their implementation. View the recommendations as goals and identify steps for moving forward. Use the recommendations for strategic planning.
4. For nonprofit agencies: Share the report with your board and offer it as a tool for education and strategic planning.
5. If your community has a domestic violence task force or commission, share the report with the group's facilitator and make it a topic for a future meeting. As a community task force, identify areas in which the community is doing well and those in which improvement is needed. Identify a few key recommendations for your local task force to address. Start a fatality review work group to report back to the task force as a whole on its progress.
6. Create discussion groups in your community to talk about the report. These groups can be interdisciplinary groups of professionals or groups of community members interested in making their communities safer and healthier (e.g., religious groups, neighborhood watch). As a group, identify a few recommendations to prioritize, and plan action steps toward achieving them.
7. Use the Fatality Review findings, recommendations, and statistics in community education, with the media, and in grant proposals.

Overview of Fatalities

Domestic violence fatalities discussed in this report

This report makes reference to four different sets of domestic violence fatalities:

1. All fatalities that have occurred since January 1, 1997.
2. Fatalities that occurred since the 2006 Domestic Violence Fatality Review (DVFR) report (between July 1, 2006, and June 30, 2008).
3. All reviewed cases: The seventy-six cases the DVFR has reviewed in depth with locally based, multidisciplinary review panels (as described in Appendix A) since 1998.
4. Recently reviewed cases: The eleven cases examined in depth by review panels in the two years since our 2006 report.

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

While the DVFR tracks all domestic violence fatalities 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 Fatality Review panels and public records, including civil and criminal histories. The detailed case information and findings discussed in this report reflect that information. For unreviewed cases, news accounts serve as our primary source of information. We gather a limited amount of information for these cases, including the date and circumstances of the fatality and the name, age, gender, and relationship of those involved.

Domestic violence fatalities discussed in this report

	Number of cases	Total number of fatalities*	Cases drawn from which counties
All cases (reviewed and unreviewed)			
All fatalities that occurred from January 1997 through June 2008	486	635	Entire state
Reviewed cases			
All cases reviewed in depth	76	122	Benton, Chelan, Clark, Douglas, Franklin, King, Kitsap, Kittitas, Okanogan, Pierce, Snohomish, Spokane, Thurston, Walla Walla, Yakima
Cases reviewed in depth from July 2006 through June 2008	11	20	Benton, Clark, Franklin, Kitsap, Snohomish, Thurston, Walla Walla

*Numbers include abuser suicides.

Overview of all domestic violence cases between January 1, 1997, and June 30, 2008

A total of 635 people died in domestic violence-related fatalities between January 1, 1997, and June 30, 2008. Domestic violence abusers or their associates killed almost all of the homicide victims (90%). Victims included domestic violence victims and their children, friends, and family members.

All domestic violence fatalities

	Homicide victim	Killed by whom	
1	Female domestic violence victim	Current or former husband/boyfriend	272
2	Female domestic violence victim	Male caregiver	1
3	Female domestic violence victim	Male abuser's associate	3
4	Female domestic violence victim	Current or former female intimate partner	2
5	Male domestic violence victim	Current or former wife/girlfriend	37
6	Male domestic violence victim	Female abuser's associate	4
7	Male domestic violence victim	Current or former male intimate partner	2
8	Children	Male abuser	32
9	Friend or family of female dv victim	Male abuser	40
10	Friend or family of male dv victim	Female abuser	2
11	New intimate partner of female dv victim	Male abuser	26
12	New intimate partner of female dv victim	Female abuser	1
13	New intimate partner of male dv victim	Female abuser	2
14	Co-worker of female dv victim	Male abuser	2
15	Law enforcement	Male abuser	4
16	Male abuser	Female dv victim in self-defense	14
17	Male abuser	Female dv victim in probable self-defense	8
18	Male abuser	Female dv victim, not in self-defense	7
19	Male abuser	Friend or family of female dv victim	14
20	Male abuser	Law enforcement	17
21	Male abuser	Suicide	139
22	Female abuser	Suicide	3
23	Children	Female dv victim	3
	Totals		
24	All domestic violence fatalities (rows 1–23)		635
25	All homicide victims (rows 1–19 and 23, excludes suicides and abusers killed by law enforcement)		476
26	All homicides by abusers and associates (rows 1–15)		430

Undercounts

The DVFR tracks domestic violence fatalities primarily by collecting news accounts of murders around the state and referring to the domestic violence homicide section of the *Crime in Washington* report issued yearly by the Washington Association of Sheriffs and Police Chiefs (WASPC). However, these methods are imperfect and result in undercounts in five key areas:

1. Children killed by domestic violence abusers

The DVFR's count of children killed by domestic violence abusers as part of an ongoing pattern of abuse directed at the domestic violence victim is undoubtedly low. Sometimes media coverage of children's deaths makes clear that the perpetrator killed the child as an act of punishment or revenge directed at a current or former intimate partner. Often, though, this information is not available or not reported. It is likely that a larger number of child deaths are directly related to patterns of abuse by one intimate partner toward another, but our current methods of tracking these cases do not allow us to consistently identify this circumstance.

2. Same-sex relationships

It is also likely that the DVFR undercounts domestic violence homicides committed by same-sex partners. The DVFR only includes homicides involving same-sex partners when law enforcement or newspaper reports make the intimate relationship clear. It is possible that some of the cases categorized by law enforcement as housemate, friend, acquaintance, other, or unknown include gay or lesbian relationships that were not accurately identified at the time of reporting.

3. Suicides of domestic violence victims

Far more women die by suicide each year in Washington State than are murdered. For example, according to the Washington State Department of Health's Center for Health Statistics, 175 women died by suicide in 2006, more than three times the number of women murdered that year.¹ Without more in-depth examination of these cases, we cannot be sure how many of these women's suicides were directly tied to feeling trapped and abused at the hands of their partners.

4. Homicides mistakenly classified as suicides or accidents

The DVFR count relies on cases identified as homicides by law enforcement; therefore, any homicide mistakenly classified as a suicide or accident is not included.

5. Missing women cases in which the woman has been murdered

Many women are reported missing each year in Washington State. It is likely that some of these cases are murders in which no body has yet been found and that some of those murders involve domestic violence.

¹ *Washington State Vital Statistics 2006*, Center for Health Statistics, Washington State Department of Health (January 2008).

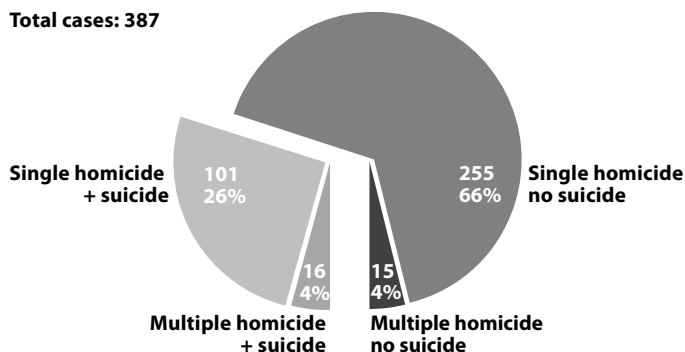
Homicide-suicides

Nearly a third (30%) of the 387 abusers who committed homicides since January 1, 1997, committed homicide-suicides. An additional 25 abusers killed themselves or were killed by law enforcement after committing domestic violence assault or attempted homicide.³ Female abusers committed 3 of the 117 homicide-suicides.

Homicides committed by domestic violence abusers

January 1, 1997–June 30, 2008

Total cases: 387

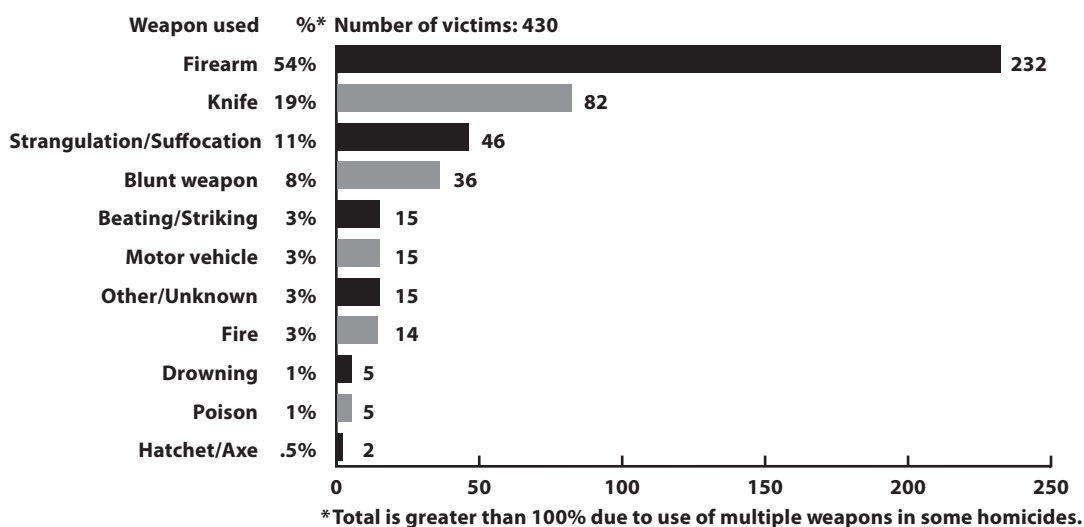


Weapons

The majority of domestic violence homicides in Washington State are committed with firearms. Since 1997, abusers used firearms to kill 54% (n=232) of domestic violence homicide victims.

Weapons used by domestic violence abusers in homicides

January 1, 1997–June 30, 2008



³ We have included the deaths of abusers killed by law enforcement in counts of suicidal abusers. In all of these cases, abusers acted consciously with life-threatening force that compelled law enforcement officers to respond with deadly force. This behavior has been defined by researchers as “suicide by cop” or “law enforcement officer-assisted suicide.” See Daniel Kennedy, Robert Homant, and R. Thomas Hupp, “Suicide by Cop,” *FBI Law Enforcement Bulletin* 67 (1998), p. 30–48; and Robert Homant and Daniel Kennedy, “Suicide by Police: A Proposed Typology of Law Enforcement Officer-Assisted Suicide,” *Policing* 23 no. 3 (2000), p. 339–355.

Separation violence

News reports or in-depth fatality reviews made clear that in at least 47% of homicides by abusers, the domestic violence victim had left, divorced, or separated from the abuser or was attempting to leave or break up with the abuser.⁴

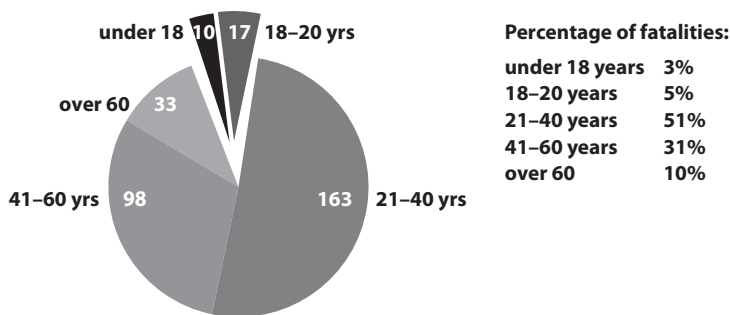
Age of victims

Domestic violence victims killed by abusers or abusers' associates since 1997 ranged in age from fourteen to eighty-six. Of the domestic violence victims killed by their abusers or their abusers' associates since 1997, 8% (n=27) were under twenty-one, and of those, 37% (n=10) were not yet eighteen.

Domestic violence victim's age at time of murder

January 1, 1997–June 30, 2008

Total domestic violence victims killed: 321



Children

Of the 321 domestic violence victims killed by abusers or their associates since 1997, at least 135⁵ (42%) had children living in the home with them at the time they were murdered. Of the children for whom we have age information, 39% (n=80) were age five or younger. The DVFR is aware that at least seven women killed by their current or former intimate partners were pregnant at the time of their murder; it is possible that more homicide victims were pregnant and this fact was not covered in news accounts.

More than half of the victims' children (55%) were present at the time of the homicide. News reports indicated that of the children present, 42% (n=63) witnessed the murder. Abusers killed fourteen children alongside their mothers and attempted to kill more.

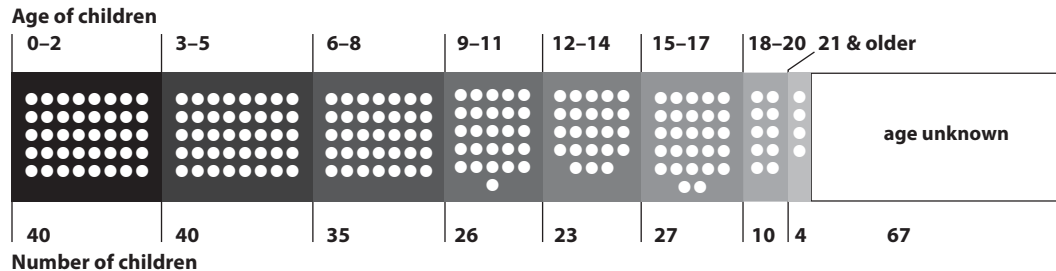
⁴ For cases not reviewed in depth, information on the status of the relationship is often incomplete, so the number of victims who were in the process of leaving abusers is likely higher.

⁵ This number includes 120 female and 15 male domestic violence victims.

Age of children living with domestic violence victim at the time of the murder

January 1, 1997–June 30, 2008

Total: 272 children of 135 domestic violence victims



Location of children at the time of domestic violence victim's murder

January 1, 1997–June 30, 2008

Total: 272 children of 135 domestic violence victims



Domestic violence fatalities by county

The following table represents the number of domestic violence-related fatalities (as defined by the Domestic Violence Fatality Review; see Appendix B for a glossary of terms) in each Washington county by year.⁶ These deaths include homicides of domestic violence victims, their children, friends, family members, and law enforcement; homicides in which victims killed their abusers; and abuser suicides. Cases in which law enforcement officers were compelled to shoot abusers (see definition of “suicide by police” in Appendix B) are included in the number of abuser suicides. *Please note that the data for 2008 reflects only the first six months of the year, January 1 through June 30.* 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.

⁶ Discrepancies from counts in the 2006 DVFR report reflect corrected and updated information.

Domestic violence fatalities by county

County	1997		1998		1999		2000		2001		2002	
	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides
Adams												
Asotin							1	1				
Benton					1	1			1	1		
Chelan			1									
Clallam	2		1				1		1		1	
Clark	3	2	2	2	1				5	2	2	
Columbia											1	
Cowlitz					1						2	1
Douglas												
Ferry												
Franklin			1				2		3	1	1	
Garfield												
Grant			2								1	
Grays Harbor							2	2			2	
Island	1				2		1		1		2	2
Jefferson											1	
King	15	3	15	4	15	1	6	1	11	3	12	4
Kitsap	3	1	1		1	1	1		2			
Kittitas					1						1	
Klickitat									1	1		
Lewis							1					
Lincoln									1			
Mason		1	1		1							
Okanogan	1		1		1	1						1
Pacific			1									
Pend Oreille		1							1			
Pierce	8	3	8	2	4	2	4	1	8	4	7	
San Juan			1	1								
Skagit		1					1		1	1	2	
Skamania					1	1						
Snohomish	4		2		3	1	2		4	2	5	
Spokane	2	2	3	1	3	2	4	1		1	3	
Stevens									1			
Thurston			3	1					2	1		
Wahkiakum												
Walla Walla	2	1										
Whatcom							1	1		1	2	
Whitman												
Yakima	1	1	2				3	2	4	2	2	2
Total fatalities	42	16	45	11	35	10	30	9	47	20	47	10

Domestic violence fatalities by county

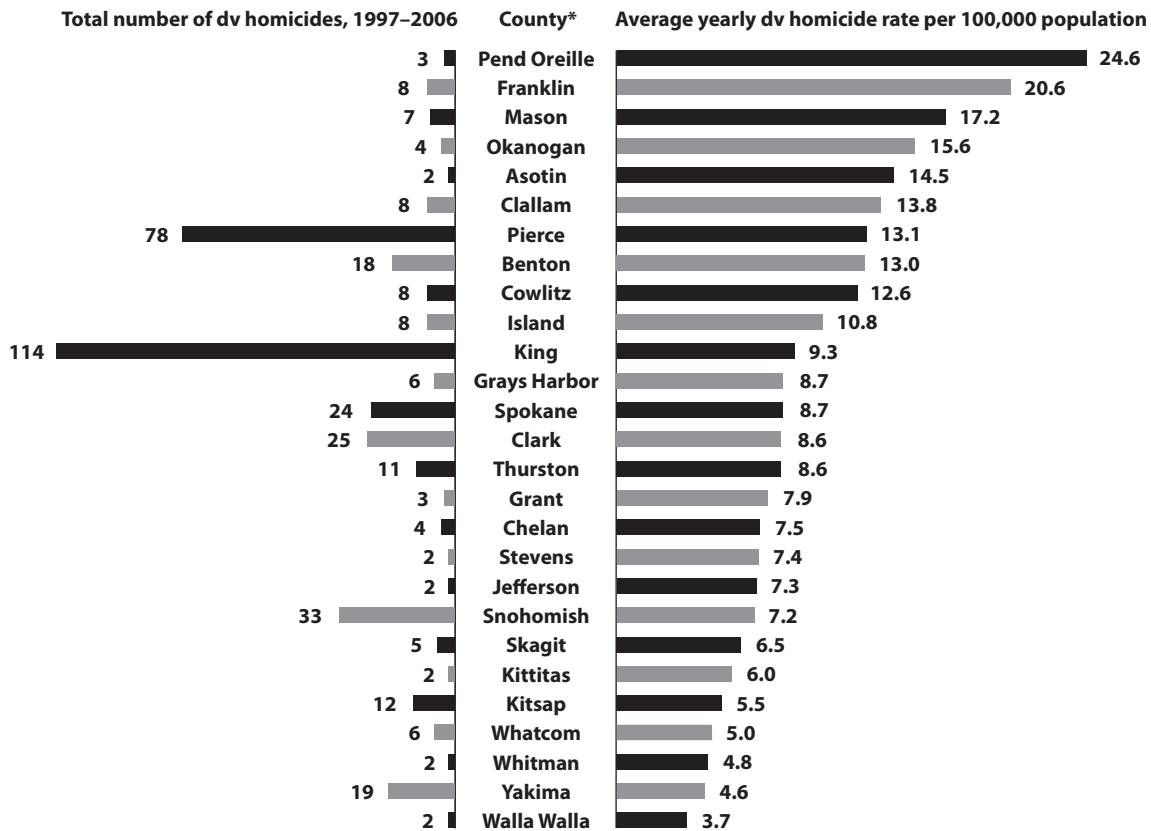
2003		2004		2005		2006		2007		2008*		Total		County
Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	Homicides	Abuser Suicides	Homicides	Abuser suicides	Homicides	Abuser suicides	
												0	0	Adams
				1								2	1	Asotin
5	2	3		4		4	1		1			18	6	Benton
		1		1		1	1			1		5	1	Chelan
	1	2	1							1	1	9	3	Clallam
2	2	5	1	5	3			2	1			27	13	Clark
							1					1	1	Columbia
1		1	1	1	1	2						8	3	Cowlitz
		1										1	0	Douglas
						1						1	0	Ferry
						1						8	1	Franklin
												0	0	Garfield
										1		4	0	Grant
						2	1					6	3	Grays Harbor
		1										8	2	Island
1												2	0	Jefferson
17	4	9	6	9	6	5	2	12	3	5	1	131	38	King
1				3	2					2		14	4	Kitsap
												2	0	Kittitas
								1	1			2	2	Klickitat
								1				2	0	Lewis
												1	0	Lincoln
1	3			3	1	1						7	5	Mason
		1	1									4	3	Okanogan
												1	0	Pacific
1						1						3	1	Pend Oreille
10	2	10	1	9	1	10	2	6	4	2	2	86	24	Pierce
												1	1	San Juan
						1						5	2	Skagit
												1	1	Skamania
4	2	6	3	1	1	2	1	5	1	1	1	39	12	Snohomish
1		4	1	4			1	2	1	4		30	10	Spokane
						1						2	0	Stevens
1			1	2	1	3	2	4	1			15	7	Thurston
												0	0	Wahkiakum
												2	1	Walla Walla
1	1	1		1	1							6	4	Whatcom
				2	1						1	2	2	Whitman
		3	1	2		2		1				20	8	Yakima
46	17	48	17	48	18	37	12	34	13	17	6	476	159	Total fatalities

*data through June 30, 2008

Rate of domestic violence homicides per capita by county

The following graph represents the rate of domestic violence homicides in each county relative to population size. The rate for each county is the average number of domestic violence homicides in each year per 100,000 people. The rate is based on domestic violence homicides documented by the DVFR from January 1, 1997, through December 31, 2006, and the U.S. Census population estimates for each year. Counties are included if two or more domestic violence homicides occurred there during that time period. The rates given are crude mortality rates; that is, they do not take into account differences in the age distribution between counties or any other population differences. The average rate for Washington State counties was 10.2 domestic violence homicides per year per 100,000 people.

Rate of domestic violence homicides per 100,000 people, 1997–2006



* The following counties each had one domestic violence homicide from 1997 through 2006: Columbia, Douglas, Ferry, Klickitat, Lewis, Lincoln, Pacific, San Juan, and Skamania. The following counties had no reported domestic violence homicides during this time period: Adams, Garfield, and Wahkiakum.

Barriers to Safety for Victims of Color, Native Victims, and Immigrant Victims

Women of color, Native women, and immigrant women who are victims of domestic violence face significant barriers to safety and self-sufficiency.

In 2002, the Domestic Violence Fatality Review (DVFR) found that African American, Asian and Pacific Islander, and Hispanic/Latina women were overrepresented as victims of domestic violence homicide in Washington State.¹ In 2008, the DVFR once again examined domestic violence homicides by race and found that women of color as well as American Indian and Alaska Native women² continue to be victims of domestic violence homicide at higher rates than white women.

Since the inception of the DVFR, Fatality Review panels have observed that women of color and immigrant women who are victims of domestic violence face significant barriers to safety and self-sufficiency. Consultation with experts around the state, as well as dialogue with victims who survived attempted homicides and relatives of domestic violence homicide victims, provided additional information and insights discussed in this chapter.

FINDING

Hispanic/Latina, African American, American Indian and Alaska Native, and Asian and Pacific Islander women are disproportionately represented in domestic violence homicides compared to white, non-Hispanic women.

The DVFR tracks all domestic violence-related fatalities in Washington State (see Appendix A for methodology). The DVFR conducted additional research to learn how domestic violence homicide rates vary by race, using death certificate data to identify the race of domestic violence victims killed by abusers. The graph on the next page summarizes the findings from this research. The number of fatalities represents the total number of women in each racial/ethnic group who were killed by abusers from January 1, 1997, through December 31, 2006. The rate compared to white women takes into account the total population of each racial/ethnic group based on U.S. Census data.³ Even though the actual numbers of domestic violence homicides of women of color and Native women are lower than those of white women, they are disproportionately higher based on the population size of those groups.

1 For a discussion of research methods and previous findings, see the 2002 Domestic Violence Fatality Review report, *"Tell the World What Happened to Me,"* p. 34–36, available at www.wscadv.org.

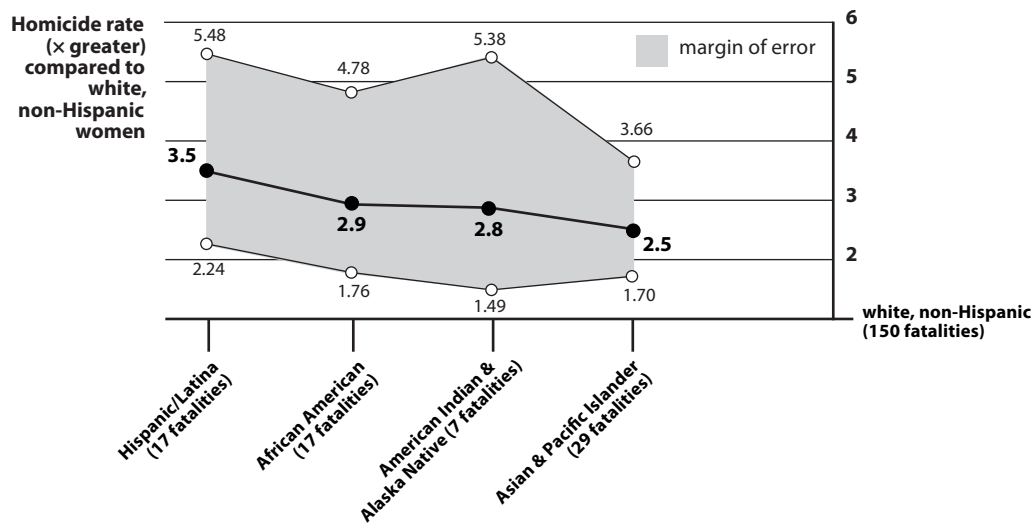
2 Analysis in 2002 did not demonstrate a statistically significant difference for American Indian and Alaska Native women using the data available for that time period.

3 The rates of domestic violence homicide for American Indian and Alaska Native, Asian and Pacific Islander, and Hispanic/Latina women are likely even higher than reported here. In a national study, researchers found that a significant number of decedents who had identified themselves in the Census as Native, Asian and Pacific Islander, or Hispanic were categorized as white on their death certificates. As a result, death rates calculated using death certificate and Census data likely underestimate the rate for these groups. Paul Sorlie, Eugene Rogot, and Norman Johnson, "Validity of Demographic Characteristics on the Death Certificate," *Epidemiology* 3, no. 2 (March 1992), p. 181–184.

Hispanic/Latina, African American, American Indian and Alaska Native, and Asian and Pacific Islander women in Washington State are at a 2.5 to 3.5 times greater risk for domestic violence homicide than white, non-Hispanic women.⁴ The 95% confidence interval indicates the margin of error for each rate. For example, the best estimate of the rate of domestic violence homicide for Hispanic/Latina women is 3.5 times higher than the rate for white women. However, given the margin of error, the rate could be anywhere from 2.24 to 5.48 times higher.

Relative domestic violence homicide rates of women by race

January 1, 1997–December 31, 2006



Men of color also appear to be the victims of domestic violence homicides at a higher rate than white men; however, because the number of men killed by intimate partners is small relative to the population, we were not able to demonstrate a statistically significant difference in those rates.

Experts from around the state reviewing this data and Fatality Review panels identified factors that may help explain why women of color and Native women are disproportionately represented in domestic violence homicides. These include:

- Women of color, immigrant women, and Native women are disproportionately affected by poverty and economic instability. A lack of economic resources makes it more difficult to find safety or support or to leave an abusive partner.
- Funders have not effectively supported grassroots efforts by women of color and Native women to confront violence against women within their communities.

⁴ Both death certificate and U.S. Census data record ethnicity (either Hispanic or non-Hispanic) and race separately. The U.S. Census defines Hispanic or Latino as anyone of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Many domestic violence programs lack the capacity to provide culturally appropriate services to domestic violence victims of color and Native victims.
- The legal vulnerability of many immigrants compromises safety planning for immigrant domestic violence victims. For instance, many law enforcement agencies actively collaborate with federal Immigration and Customs Enforcement (ICE), including contracting with ICE to provide language interpretation. This can result in an immigrant victim or abuser being detained or deported as a result of calling police.
- The complexity of jurisdictional issues between tribal, state, and federal authorities, the lack of funding for tribal courts, and tribal courts' lack of jurisdiction over non-Native perpetrators on tribal lands result in failure to fully investigate and prosecute some domestic violence and sexual assault offenses.⁵
- The withdrawal of federal law enforcement from tribal lands since 2001 has resulted in a failure to attend to felony crimes, including domestic violence and sexual assault against Native women on tribal land.⁶

RECOMMENDATIONS

- ▶ Funders should support culturally specific domestic violence work within communities of color, immigrant and refugee communities, and American Indian and Alaska Native communities and tribes. Support should include funding to develop and implement community engagement efforts, effective approaches to help victims of domestic violence, and supplemental or alternative accountability measures for abusers distinct from the criminal legal system.
- ▶ Mainstream domestic violence programs at the state and local levels should support the work of domestic violence programs and other organizations addressing violence against American Indian and Alaska Native women, women of color, and immigrant and refugee women through learning about the specific and complex barriers to safety and self-determination facing victims of domestic violence in these communities and adapting services to better meet their needs.
- ▶ Mainstream domestic violence programs at the state and local levels should support the work of American Indian and Alaska Native domestic violence programs that seek to develop a process (such as a fatality review) that would examine community and system responses to domestic violence against Native victims, identify shortfalls, and organize to address the problems identified.

5 For more detailed discussion and recommendations on this topic, see Sarah Deer, "Toward an Indigenous Jurisprudence of Rape," *Kansas Journal of Law and Public Policy* 14 (2004), p. 121–154; Sarah Deer, Carole Goldberg, Heather Valdez Singleton, and Maureen White Eagle, *Final Report: Focus Group on Public Law 280 and the Sexual Assault of Native Women*, Tribal Law and Policy Institute (2007); and Amnesty International, *Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA* (2007), available at www.amnestyusa.org/women/maze/report.pdf.

6 Paul Shukovsky and Daniel Lathrop, "Tribes see FBI support for drug war dwindle," *Seattle Post-Intelligencer*, August 20, 2007.

- ▶ The Washington State Attorney General should create a task force composed of tribal, state, and federal legal authorities to address jurisdictional gaps that affect American Indian and Alaska Native victims of domestic violence. Task force members should learn from, support, and collaborate with Native domestic violence victim advocates on responding to domestic violence in a culturally responsive manner.
- ▶ Law enforcement agencies should clearly communicate to domestic violence programs, courts, and local communities what their policies and practices are with respect to working with Immigration and Customs Enforcement (ICE). Law enforcement agencies should not coordinate their efforts with ICE in patrol, incident response, or investigation on non-federal, non-terrorism-related crimes.
- ▶ Domestic violence advocates should consider attending appointments with domestic violence victims accessing housing, health care, public benefits, and other services. Advocates can support victims by advocating for language interpretation, fair and unbiased treatment by other service providers, and culturally appropriate services.

FINDING

Mainstream domestic violence programs and culturally specific community organizations are often unaware of one another, and fail to collaborate to provide culturally appropriate services to domestic violence victims.

Over the last two years, the DVFR reviewed eleven fatality cases in depth. Of these, five cases (45%) involved domestic violence victims of color and/or immigrant victims. In at least two cases, the county where the victim lived had both a mainstream domestic violence program and a small multiservice organization serving the victim's ethnic community. In both cases, neither of these organizations was aware of the other's existence. This lack of awareness meant that the ethnic community organizations did not have access to information about domestic violence victim resources available in the community and were not prepared to offer meaningful support to domestic violence victims. Likewise, the domestic violence programs were ill-equipped to reach marginalized ethnic communities or provide culturally appropriate services to domestic violence victims of color and immigrant victims.

Experts reviewing these cases noted that women of color and immigrant women may not access services from mainstream domestic violence programs for many reasons, including the following: domestic violence programs lack culturally competent or culturally relevant services; domestic violence programs lack language interpretation; community members do not have information about the services domestic violence programs offer; abusers withhold information about resources from victims; and victims are reluctant to seek help from those outside their community. Experts noted that victims may also be hesitant to contact ethnic community organizations because they fear that these organizations may not keep their identities and requests for help confidential, thus alerting the abusers and compromising their safety.

In addition, the kind of support and assistance victims can access through ethnic community organizations depends on the norms of that community and may not always provide support for a range of options for victim safety. In one reviewed case, it was common in the

victim's ethnic community for community members to pressure a woman to stay in a marriage, despite abuse, because of the shame associated with divorce. This kind of community message can be a significant barrier to a victim getting support within her own community. This pressure may occur even in well-intentioned organizations, if they emphasize family preservation over safety and self-determination of domestic violence victims.

These cases highlight the need for collaboration between mainstream domestic violence programs and ethnic and cultural community organizations in order to address domestic violence victims' needs for safety in a culturally meaningful way. In regions where specific ethnic community organizations do not exist, domestic violence programs can still consult with organizations in other regions to learn how to provide services in a culturally responsive manner.

RECOMMENDATIONS

- ▶ Domestic violence programs and ethnic community organizations should collaborate to cross-train staff and volunteers, share outreach strategies, and provide co-advocacy for domestic violence victims.
- ▶ Collaborations between domestic violence programs and ethnic community organizations should include ongoing dialogue, capacity building, cross-training, program development, community partnerships, and co-advocacy.
- ▶ Funders should prioritize ongoing, culturally appropriate services to domestic violence victims and community engagement strategies to address domestic violence within communities of color and immigrant communities. These efforts should be rooted in the principles of advocacy-based counseling,⁷ with corresponding policies and practices that uphold victim confidentiality and support victim safety and choice.

FINDING

Domestic violence victims of color and immigrant victims face significant barriers to staying safe while remaining connected to their cultural communities.

Fatality reviews involving women of color and immigrant women highlight the lack of options available to victims who feared their abusers but wanted to remain connected to their communities. For example, in one reviewed case, the domestic violence victim survived her ex-husband's attempt to murder her prior to his suicide. She told Fatality Review staff that after she separated from the abuser, she stopped going to community events if she knew that he was going to be there. To find safety, she had to choose to isolate herself and her children from their cultural community.

In another reviewed case, an immigrant victim and her children sometimes spent nights in a hotel or in their van in order to get away from her abusive husband. She told her sister that staying in a confidential shelter was not an option for her because she did not want to disconnect her children and herself from their close family and religious community. These two cases highlight the difficult choice that victims face between remaining connected to

⁷ Washington Administrative Code 388-61A-0145: "Advocacy-based counseling means the involvement of a client with an advocate counselor in an individual, family, or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client's autonomy and self-determination."

their communities and finding safety. In order for victims not to be forced to choose either isolation or safety, as these women did, it is important to have community strategies that prioritize victim safety and connection and also hold abusers responsible for their violence.

A third case illustrates how a domestic violence homicide can impact a community's response to domestic violence. In this case, the domestic violence victim was preparing to flee the abuser by moving back to her home country. As a safety precaution, she brought a friend with her to retrieve her belongings from the home she shared with the abuser. When they arrived, the abuser shot and killed both the domestic violence victim and her friend. Following these homicides, members of the victim's small ethnic community had a legitimate fear that if they got involved in helping domestic violence victims, they would be putting themselves and their families in danger. This type of community-wide fear can result in victims becoming further isolated from community support, which creates additional barriers to victim safety and gives abusers more power and control.

RECOMMENDATIONS

- ▶ Ethnic community organizations should provide information to community members on domestic violence, including information on legal rights and how to access legal assistance, options available to immigrant domestic violence victims,⁸ and how to contact a domestic violence program.
- ▶ Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims.⁹ Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women.
- ▶ Domestic violence programs should carefully examine their policies and practices to ensure that they support victims in remaining connected to their communities while planning for safety. Domestic violence advocates should routinely help victims plan for how they can safely stay involved with their religious and cultural communities.

FINDING

A lack of language access creates barriers to safety and justice for domestic violence victims with limited English proficiency.

In five of eleven recently reviewed cases (45%), the domestic violence victims were born outside the United States. In at least two cases, it appeared that the domestic violence victims spoke limited English. Review panels did not know of any instances in which victims in these cases had an interpreter to assist in their interactions with law enforcement, court officials, or social service agencies.

In one case, the domestic violence victim and abuser were both immigrants. When they came to the United States, the abuser prevented the victim from learning English. The victim in this case spoke an uncommon dialect for which few interpreters were available.

⁸ The Family Violence Prevention Fund has developed brochures for immigrant and refugee victims of domestic violence, available in eight languages, at www.endabuse.org/programs/immigrant.

⁹ WSCADV has developed and distributed a *Model Protocol on Working with Friends and Family of Domestic Violence Victims* (2004) for domestic violence programs to assist friends and family to be effective allies to victims, available at www.wscadv.org.

The abuser was in a PhD program and used his advanced education and the victim's limited English proficiency to limit her access to services and further his control over her.

In another reviewed case, the domestic violence victim, whose first language was not English, fled to a neighbor's house to call 911 after a domestic violence incident. Responding officers determined that no crime had been committed. The panel reviewing the case noted that this law enforcement agency did not routinely provide interpretation if the responding officer determined that no crime had been committed. This practice is extremely problematic, because in order to accurately determine whether a crime has been committed, law enforcement must be able to effectively communicate with the victim. Fatality Reviews have consistently illustrated that failing to provide interpretation for all law enforcement calls involving limited English proficient individuals compromises victim safety, officer safety, and the officer's ability to conduct a meaningful investigation.¹⁰

Law enforcement officers conducting the homicide investigation in this reviewed case interviewed one of the victim's friends, who spoke little English. During that interview, officers used the woman's husband to provide interpretation, even though he actively discouraged his wife from speaking to them. The officers' failure to provide a qualified, unbiased interpreter compromised their ability to obtain complete witness information.

Experts reviewing these cases also highlighted challenges that can occur even when victims are provided with a qualified interpreter. Domestic violence victims may hesitate to answer questions involving abuse, especially sexual abuse. Victims from small immigrant communities may be particularly concerned that their confidentiality will be compromised when they speak through an interpreter who shares community or extended family ties. Also, the formal terms used by law enforcement, courts, and advocates to describe domestic violence and sexual abuse have no direct translation in some languages, making clear communication difficult unless interpreters are specifically trained to interpret in domestic violence cases.

RECOMMENDATIONS

- ▶ Domestic violence programs should consider innovative strategies to mitigate language and cultural barriers, such as training bilingual community volunteers as domestic violence advocates.¹¹
- ▶ Domestic violence programs should partner with interpreter agencies to cross-train both domestic violence advocates and interpreters on language usage and vocabulary limitations, including dialect differences and translation of legal terminology.
- ▶ Law enforcement officers should conduct all interviews with professional, qualified interpreters, both at the scene to determine if a crime has been committed and throughout their investigation.

¹⁰ See *If I Had One More Day* (2006), p. 72; *Every Life Lost Is a Call for Change* (2004), p. 64; "Tell the World What Happened to Me" (2002), p. 64.

¹¹ The Asian Women's Shelter in San Francisco provides extensive language support through their Multi-Language Access Model (MLAM), in which they recruit bilingual and bicultural women from underserved communities to become paid, on-call advocates. For more information, see www.sfaws.org/4_services/ser_language.html. Also, WSCADV has developed and distributed a *Model Protocol on Services for Limited English Proficient Immigrant and Refugee Victims of Domestic Violence* (2002), available at www.wscadv.org.

- ▶ Local law enforcement agencies should consider utilizing federal STOP grant funds to support language access resources for investigating domestic violence crimes.
- ▶ In order to increase access to interpretation and translation services at the local level, law enforcement agencies should partner with domestic violence and other social service programs to advocate for additional funding resources.
- ▶ Courts and law enforcement agencies should develop language access plans consistent with guidelines developed by the U.S. Department of Justice.¹²

FINDING

Abusers often use victims' immigration status to limit their options.

The five reviewed cases in which the victims were born outside of the United States highlight the ways in which a victim's immigration status can increase her vulnerability to the abuser's control.

In one reviewed case, the abuser was actively looking for a "mail-order bride." He contacted multiple women through international matchmaking organizations. Before he came into contact with the domestic violence homicide victim, the abuser was married to another immigrant woman. He sexually and physically abused her, threatened to kill her, and isolated her from her family by not allowing her to make international calls. She went into hiding and was able to escape the abuse. A year later, the abuser contacted the domestic violence victim in the reviewed case through an international matchmaking agency. The abuser, his family, and his colleagues wrote letters of support for immigration purposes in order to enable the victim to come to the United States. Within months of her arrival, the victim and the abuser married.

The panel reviewing this case identified that women who meet and marry men with United States citizenship through "mail-order bride" agencies are extremely vulnerable to abuse and exploitation by their husbands.¹³ Washington State law now requires international matchmaking organizations to give women, upon request, information about Washington State residents seeking matchmaking services.¹⁴ Women have the right to obtain a state criminal background check on their prospective husbands and access personal history, including information about prior marriages. This law was not in place at the time the victim in the reviewed case married the abuser, so she had no way to find out about his violence toward his first wife.

The victim in this case was dependent on the abuser for legal immigration status until both she and the abuser filed an application to finalize her permanent U.S. residence.¹⁵ In an attempt to jeopardize the victim's immigration status, the abuser reported her to U.S.

¹² See www.lep.gov for these policy guidelines.

¹³ For a discussion on how mail-order marriages impact immigrant women, see *International Matchmaking Organizations: A Report to Congress*, U.S. Citizenship and Immigration Services (February 1999), available at www.uscis.gov.

¹⁴ RCW 19.220.

¹⁵ When a person with citizenship from another country marries a U.S. citizen, he or she can obtain permanent residence on a conditional basis for two years. Within ninety days of the end of that time period, both spouses must file a joint petition to remove the conditions.

Citizenship and Immigration Services, claiming: “I have discovered that she entered into a marriage with me for the sole purpose of circumventing U.S. immigration law...I urge you to deny this fraudulent petition.” Writing a letter of this nature to immigration officials could result in deportation, and it clearly sent a message to the victim that the abuser intended to control her through her immigration status.

In another reviewed case, the domestic violence victim moved to Washington from another state in order to flee her abuser. The victim had submitted an application for permanent resident status when she was still living with the abuser. When she checked the status of her application, immigration officials told her that her paperwork had been sent to her old address (the abuser’s home). Her application was denied after three months because she had not responded, and she was told that she had to begin the process again. This case illustrates how victims may risk losing control of their documentation if they leave the abusive relationship, even if they are not dependent on the abuser for their status. In this case, the abuser’s access to the victim’s mail provided him with an opportunity to jeopardize her immigration status by not forwarding her documents to her.

RECOMMENDATIONS

- ▶ Ethnic community organizations and domestic violence programs should provide domestic violence literature and resource information in public spaces throughout ethnic communities (e.g., in places of worship, ethnic restaurants, beauty salons, and small businesses) so that immigrant victims can learn about their rights.
- ▶ Immigrant and refugee social service organizations and domestic violence programs should collaborate to provide trainings to immigrant and refugee women on their rights in an abusive situation, how to obtain legal help, and how to plan for their safety.
- ▶ Domestic violence advocates should learn about potential immigration consequences for various offenses in order to help immigrant victims with safety planning.¹⁶
- ▶ Immigration and family law attorneys and domestic violence advocates should help victims strategize about how to document abuse in order to support their immigration claim, whether or not they have contacted law enforcement.
- ▶ State and local bar associations, in collaboration with legal service organizations with expertise in immigration law, should provide affordable Continuing Legal Education (CLE) credits for family law attorneys on immigration options specific to domestic violence victims and other legal concerns for immigrant victims.

¹⁶ See Washington Defender Association’s Immigration Project, “An RCW Quick Reference Chart for Determining Immigration Consequences of Selected Washington State Offenses,” available at www.defensenet.org/immigration.

Community and Economic Resources

This chapter focuses on the range of resources and options for community support that domestic violence victims need in order to escape abuse. While many domestic violence victims turn to the legal system or social service agencies, it is more common for victims to reach out to informal support systems of friends, family, neighbors, and co-workers. Victims in reviewed cases needed stable employment, safe and affordable housing, and a supportive community—more than any institution, government agency, or social service organization could provide. They ran to neighbors in the middle of the night, sought advice from church leaders, asked co-workers to help them avoid the abuser, relied on friends for childcare, and enlisted family members to confront the abuser. Their stories point to the need to engage whole communities in efforts to end domestic violence.

Victims' stories point to the need to engage whole communities in efforts to end domestic violence.

FINDING

Communities lack affordable housing options for domestic violence victims who need to relocate for safety.

Victims leaving an abusive partner have an urgent need for long-term, safe, and affordable housing. In many cases, victims' resources have been depleted by their abusive partners, limiting their options for stable housing. The lack of housing options beyond short-term shelter can leave victims with few options other than returning to the abuser. In eight of eleven recently reviewed cases (73%), information available to the Domestic Violence Fatality Review (DVFR) panel indicated that the victims had a challenge finding safe and affordable housing at some point in their relationships with the abusers. Victims in these cases attempted to find safety in a variety of ways. One victim slept in her car with her children. Her family had offered to take them in, but she was afraid to live with relatives since she knew her husband would find them there. Another victim planned to flee to her home country. Two women stayed at domestic violence shelters as a temporary solution,¹ but neither was able to find safe and affordable long-term housing. One returned to the abuser; the other moved in with relatives, despite her fears that the abuser would be able to locate her and her children at their home.

Two victims attempted to obtain subsidized housing, but neither was successful. One victim, who had fled to a domestic violence shelter with her children following an extremely violent incident, was denied housing by her local housing authority, possibly because she and the abuser had been evicted years earlier. The other victim was on a long waiting list for subsidized housing through the federal Section 8 voucher program. In the meantime, she and her child stayed with a relative. The abuser waited for the relative to go to work one morning and then broke into the home and killed the victim.

These cases highlight the lack of affordable housing options for domestic violence victims, a population with a high need for permanent housing. While domestic violence shelters provide temporary emergency housing to some victims, low-income victims face significant challenges in finding a place to go after their shelter stays end. Public housing

¹ Because confidentiality policies prohibit community-based domestic violence programs from disclosing the identity of an individual who has received services unless that person has signed a waiver, we cannot be certain that the other nine victims did not access a domestic violence shelter. However, there was no indication throughout the investigation of the homicides or interviews with family members or friends that they did.

assistance programs generally have extremely long wait lists, sometimes up to several years, creating a situation in which victims have no real options for the transition from short-term shelter to permanent housing. In addition, victims with past evictions or criminal histories do not qualify for many types of housing assistance, creating even fewer options to leave the abuser.

Only one of the eleven victims in recently reviewed cases succeeded in finding long-term, affordable housing at a location unknown to the abuser. It took this victim a significant amount of time, motivation, skill in navigating various systems, and a willingness to move across the country to Washington State (where she knew no one) to achieve this goal. She received housing assistance through the Department of Social and Health Services (DSHS) and found an apartment for herself and her four children. Her safety was ultimately compromised when the court handling her custody case with the abuser released her address to him. It did not appear that the victim received any information about enrolling in Washington State's Address Confidentiality Program, which was one option available to her to keep the abuser from learning her address.²

RECOMMENDATIONS

- ▶ Local housing authorities should collaborate with and take guidance from domestic violence programs in planning how they will serve domestic violence victims as part of their five-year public housing agency (PHA) plans mandated by the U.S. Department of Housing and Urban Development.
- ▶ Local housing authorities should establish preference policies for domestic violence victims.³
- ▶ Counties should monitor the implementation of their ten-year plans to address homelessness⁴ to assess whether the needs of homeless domestic violence victims are adequately addressed and modify the plan as necessary to meet those needs.
- ▶ The Washington State Department of Community, Trade, and Economic Development (CTED) should evaluate how counties' ten-year plans to address homelessness meet the needs of homeless domestic violence victims.
- ▶ The Washington State Legislature should continue increases in funding for the Transitional Housing, Operations and Rent (THOR) program for transitional housing for domestic violence victims and should support other new and innovative housing programs.

FINDING

Many abusers financially exploit their partners to maintain control over them.

The Fatality Review has consistently identified economic abuse (tactics aimed at controlling a victim's ability to acquire, use, or maintain economic resources) as a significant barrier to achieving safety and self-sufficiency. Prior DVFR reports discussed abusers' attempts to control their partners' finances by insisting on being the only wage earner, preventing

² For information about the Address Confidentiality Program, see www.secstate.wa.gov/acp.

³ "Allowing preferences for victims of domestic violence creates alternatives for assisting those who may otherwise remain in an abusive situation or become homeless because of the need to flee the abuse. Under the guidance of 24 CFR § 960.206, PHAs may establish such preference policies based on local needs and priorities as determined by the PHAs." U.S. Department of Housing and Urban Development. *Public Housing Occupancy Guidebook* (Chapter 19) 2003.

⁴ The state Homeless Housing and Assistance Act, RCW 43.185C, required every county in Washington State to develop and implement a ten-year homeless housing plan starting in 2005.

victims from getting a job, and sabotaging victims' efforts to maintain employment. Consistent with recent research,⁵ reviewed cases also illustrate another tactic abusers use to undermine victim self-sufficiency: exploiting victims' stable employment and refusing to bring income into the household. Nine of the eleven abusers (82%) in recently reviewed cases were not employed at the time of the fatality. In contrast, 64% (n = 7) of the victims were employed. Experts reviewing these findings noted that in situations in which the victim is working and the abuser is not, professionals working with the victim may assume that the victim is financially independent and therefore economic issues are not a barrier to her safety. In-depth reviews of these cases, however, indicated that such assumptions are inaccurate.

For example, in one case in which the victim was employed and her husband was not, the victim told friends and family that he controlled all of their money. She opened a separate bank account in an attempt to control the money she earned, but the abuser stole all of the money in the account. This abuser had also exploited his previous wife by applying for credit cards in her name without her knowledge and then accruing thousands of dollars of debt in her name. His previous wife was forced into bankruptcy as a result. Advocates on this review panel noted that while they address economic abuse when a victim raises the issue, they do not consistently provide all victims with information about the range of tactics abusers might use to financially exploit them and strategies for how to protect themselves.

RECOMMENDATIONS

- ▶ Domestic violence programs should routinely address economic abuse and exploitation as a part of safety planning with all victims.
- ▶ Domestic violence programs should designate at least one advocate to receive specialized training on financial education and incorporate financial education into their core services.⁶
- ▶ All professionals working with domestic violence victims should be aware of the prevalence of economic abuse and how it might limit a victim's options.
- ▶ Labor unions, employers, and employer associations should distribute information about employment rights specific to victims of domestic violence.⁷

FINDING

The workplace is an important site for domestic violence victims to receive information and support, but few workplaces have policies in place to provide support to victims.

All but one of the victims (91%) in reviewed cases were employed at some point during the abusive relationship. In all ten of these cases, victims were employed in temporary or low-wage jobs. Domestic violence victims living in poverty face a double bind: the violence they experience can make it difficult or impossible to become economically self-sufficient, while

5 Adrienne Adams, Cris Sullivan, Deborah Bybee, and Megan Greeson, "Development of the Scale of Economic Abuse," *Violence Against Women* 14, no. 5 (May 2008), p. 563–588.

6 The Washington State Coalition Against Domestic Violence has developed a website for victims and advocates to find resources and information on a range of topics related to economic assistance and security: www.getmoneygetsafe.org.

7 The Washington State Department of Labor and Industries has published a factsheet on the 2008 Domestic Violence Leave law, available at www.lni.wa.gov/WorkplaceRights/LeaveBenefits/FamilyCare/DomViolence/default.asp.

at the same time, poverty diminishes victims' options for safely leaving a violent partner.⁸ Victims working in low-wage jobs with limited time off face significant barriers to accessing necessary services or attending appointments required to participate in prosecution, obtain a Protection Order, or meet with an advocate.

In a recent, informal survey of victim advocates in community-based domestic violence programs in Washington State, 71% of respondents had worked with domestic violence survivors in the past year who were unable to participate in program services because they feared being demoted, fired, or laid off. Additionally, 73% had worked with survivors who were unable to attend Protection Order hearings for the same reasons, and 58% with survivors who were unable to participate in the criminal prosecution of the abusers.⁹ A 2008 Washington State law (passed after the cases under review took place) allows employees to take reasonable leave from work to address domestic violence, sexual assault, and stalking without being fired.¹⁰ This law provides an important tool to address one of the major barriers domestic violence victims face in accessing support. Victims' ability to access relief under this law will depend on awareness of the law among employers and employees.

In at least half of the ten cases in which the victim was employed during her relationship with the abuser, her co-workers were aware of the abuse. A victim's co-worker in one reviewed case expressed concern that the victim, normally a reliable employee, started to miss work after she began dating the abuser. Co-workers of another victim were concerned about her husband's jealousy and offered to give her a place to stay and to "cover" for her when he called her workplace looking for her. In another case, one of the victim's co-workers told the victim she was worried that the abuser would harm her because he was controlling and depressed.

These cases illustrate that women with abusive and controlling partners often turn to co-workers for support, assistance, or advice. Particularly if an abuser is attempting to isolate his partner, the workplace may be one of the few places she can get information and support. Employers can play an important role in supporting employees who are being abused. Routinely providing information about domestic violence resources available in the community and training supervisors about how to support employees who are victims of domestic violence are key steps that can provide an important lifeline to victims. However, few employers have such programs in place. In a 2005 U.S. Bureau of Labor Statistics study, only 4% of employers had trained their employees on domestic violence and its effects on the workplace.¹¹ Taking these steps can also help improve workplace safety. Employers who implement policies to support victims of domestic violence to increase their safety can also limit the potential for domestic violence assault in the workplace.

In one of the two reviewed cases in which the abuser was employed at the time of the fatality, his co-workers had noticed his behavior shift in the several weeks before the homicide-suicide and were concerned about incidents in which he lashed out verbally at colleagues. The abuser in this case worked for a large organization, which offered an Employee Assistance Program (EAP). However, review panel members thought that most employees do not take advantage of this resource for personal issues such as depression, and that most EAP staff do not have specific training or expertise on domestic violence.

⁸ For an in-depth discussion on the intersection of domestic violence and poverty, see Jill Davies, "Policy Blueprint on Domestic Violence and Poverty," National Resource Center on Domestic Violence (2002), available at new.vawnet.org/Assoc_Files_VAWnet/BCS15_BP.pdf.

⁹ Online survey with sixty respondents conducted by the Washington State Coalition Against Domestic Violence from November 2007 to January 2008 (unpublished).

¹⁰ RCW 49.76, effective April 2008.

¹¹ *Survey of Workplace Violence Prevention, 2005*, Bureau of Labor Statistics, U.S. Department of Labor (2006), available at www.bls.gov/iif/osh_wpvs.htm.

RECOMMENDATIONS

- ▶ Employers should develop policies and issue guidelines for supervisors and human resources personnel on how to address domestic violence situations in a safe and supportive manner.¹²
 - ▶ Employers should routinely make information available to employees about domestic violence community resources.
 - ▶ Employers should partner with local domestic violence programs to provide training to all staff on identifying and responding to domestic violence.
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FINDING

While many victims access community-based domestic violence programs, knowledge of the full range of services these programs provide and how to access them remains limited.

Three of the eleven victims (27%) in recently reviewed cases were known to have received services from a community-based domestic violence program. In one case, the victim sought help from a domestic violence advocate when petitioning for a Protection Order; in another, the victim stayed at a domestic violence shelter on more than one occasion. A third victim stayed at a domestic violence shelter after the abuser killed two of her family members. More victims sought help from a community-based domestic violence program in these reviewed cases than in any prior time period since the DVFR began reviewing cases in 1998. This suggests an increased awareness over the past decade of the availability of domestic violence advocacy services.

Other cases, however, made it clear that there continues to be a significant gap in knowledge regarding domestic violence resources amongst both professionals and the general public. For example, one victim had multiple contacts with a range of professionals due to domestic violence-related incidents—including law enforcement, prosecutors, family courts, and medical providers—yet no one appeared to provide her with a referral to a community-based domestic violence program until after the abuser had murdered two of her relatives.

In another case, the victim's sister called a domestic violence program in an adjacent county after learning about the program through her employer. Unfortunately, after calling the program, she had the mistaken impression that her sister would need to travel to the neighboring county to get help. She did not receive information on this call that a similar program existed in the county where her sister lived. In addition, she thought that the domestic violence program was only a shelter and was unaware of the range of non-shelter services available, such as support groups and legal advocacy. Since neither shelter nor traveling to a different county was a viable option for the victim, she never sought domestic violence advocacy services.

Despite the fact that three victims in reviewed cases utilized domestic violence advocacy programs, none of the three was able to get all of the help she needed. In two cases, the victims stayed at domestic violence shelters but were not able to find longer-term housing that was affordable and safe. In the third case, the victim had help from an advocate to complete

¹² The Family Violence Prevention Fund offers resources for employers on the importance of addressing domestic violence at the workplace and how to implement policies on safety, education and training, leave, performance concerns, and benefits, available at www.endabuse.org/workplace.

a Protection Order petition, but the court denied her petition. These incidents highlight that domestic violence shelter or advocacy by themselves do not solve the problem of domestic violence. These critical programs must be part of a network of services available to domestic violence victims.

RECOMMENDATIONS

- ▶ Domestic violence programs should ensure that every caller knows about the range of services they offer and that similar services are available statewide.
 - ▶ Advocates should talk with victims about what other services might be helpful to them. Advocates should offer to co-advocate for victims with other service providers and be clear that this can be done while still maintaining the confidentiality of information the victim discloses to the advocate.
 - ▶ All professionals working with domestic violence victims should provide victims with referrals to domestic violence programs and information about the range of services these programs offer.
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FINDING

Many victims turn to neighbors for support or assistance in a safety crisis; yet most people do not have information about how to help a neighbor who is being abused.

In six of the eleven recently reviewed cases (55%), the victim spoke with a neighbor about the abuse she was experiencing. This is more than the number of victims who petitioned for a Protection Order (five) or the number who called law enforcement to report the abuse (five).¹³ In three of these six cases, the victim fled to a neighbor's home to escape the abuser's violence on at least one occasion. These cases highlight the need for members of the general public to have access to information about domestic violence and where they can turn for assistance. Neighbors need information about how to respond to disclosures of abuse and where victims and community members can find help.

RECOMMENDATIONS

- ▶ Domestic violence programs should develop communications strategies, including engaging with the media, to provide information to the general public about domestic violence and where neighbors, family, and friends of victims can turn for assistance.
- ▶ Journalists should include information about how to help a victim of domestic violence in coverage of domestic violence crimes.¹⁴
- ▶ Neighborhood block watch and similar crime prevention groups should learn about domestic violence resources and engage in outreach to share information among neighbors. Neighborhood block watch orientations and written resource materials should always include information about domestic violence, how to support a neighbor who asks for help, what to do if you see or hear violence in a neighbor's home, and how to access local domestic violence resources.

¹³ Police were called in nine of the reviewed cases, but in four cases someone other than the victim made the call to 911.

¹⁴ WSCADV has developed and distributed *Covering Domestic Violence: A Guide for Journalists and Other Media Professionals* (2002, revised 2008), which includes local and national statistics, tips for accurately covering domestic violence crimes, and resource information reporters can incorporate into their coverage. This guide is available at www.wscadv.org.

Department of Social and Health Services

One out of every three people in Washington State uses services provided by the state's Department of Social and Health Services (DSHS).¹ Because it is the primary source of financial assistance in Washington State, Domestic Violence Fatality Review (DVFR) panels have consistently identified DSHS as a critical point of intervention for domestic violence victims and their children.² Although the DVFR does not always have access to data on whether victims in reviewed cases sought assistance from DSHS, this information is sometimes included in public records or as part of a homicide investigation. Records available to review panels made clear that 55% (n = 6) of victims in recently reviewed cases received services from DSHS programs, including public assistance benefits, Division of Child Support (DCS) services, and Child Protective Services (CPS).

One in three people in Washington uses DSHS services.

FINDING

Many victims seek public assistance benefits from the state's Department of Social and Health Services, making DSHS a critical point of intervention.

Our in-depth reviews over the past two years indicated that at least five of the eleven victims (45%) received benefits through DSHS.³ The programs they accessed included medical assistance, Temporary Aid to Needy Families (TANF), Basic Food Program, housing assistance, and Supplemental Security Income (SSI). DSHS policy directs workers to screen WorkFirst participants (Washington State's TANF program) for domestic violence.⁴ However, other DSHS programs do not routinely screen for domestic violence or provide people receiving their services with information about domestic violence resources. Review panels discussing these cases identified this as a missed opportunity to provide critical information to victims who may not otherwise receive it.

RECOMMENDATIONS

- ▶ DSHS should routinely provide information about local domestic violence resources to all individuals accessing public benefit programs.⁵
- ▶ DSHS should expand its current partnerships with locally contracted domestic violence programs to place domestic violence advocates in all Community Service Offices (CSOs), including branch offices, to provide information, advocacy, and support to all victims accessing public benefits.

1 DSHS Client Use Rates by County, July 2005–June 2006, DSHS Research and Data Analysis Division (January 2008), www.dshs.wa.gov/rda/research/clientdata/2006/default.shtm.

2 See *If I Had One More Day* (2006), p. 58–60; and *Every Life Lost Is a Call for Change* (2004), p. 55–60, available at www.wscadv.org.

3 National research indicates that 50–60% of welfare recipients have experienced domestic violence. Richard Tolman and Jody Raphael, "A Review of Research on Welfare and Domestic Violence," *Journal of Social Issues* 56, no. 4 (2000), p. 655–682.

4 For a discussion of the gaps in implementation of this policy, as well as recommendations for improving implementation, see *If I Had One More Day* (2006) p. 58–60; and *Every Life Lost Is a Call for Change* (2004), p. 56–58.

5 One example of how to achieve this is the Division of Child Support's current practice of sending annual mailers to clients with information about domestic violence resources.

- DSHS should develop a system to measure CSO accountability regarding screening of WorkFirst program participants that emphasizes workers' responsibility to screen rather than victims' responsibility to disclose, and includes specific target ranges for the percentage of participants who will be identified as domestic violence victims and offered exemptions from some WorkFirst program requirements.
- Due to the prevalence of domestic violence and the many barriers that exist to disclosing abuse, DSHS should require all of its offices and programs to have domestic violence information (e.g., brochures from the local domestic violence program) consistently available in areas where individuals can help themselves to the information, such as in restrooms, in the front office waiting area, and on the desks of all case managers and social workers.

FINDING

Efforts to collect child support from abusive fathers can motivate abusers to re-engage with victims and potentially escalate the abuse.

Three of the five victims in reviewed cases who accessed DSHS benefits were also clients of DSHS's Division of Child Support. In one additional reviewed case, the abuser's previous partner cut all ties with him when they divorced, went into hiding from him, and did not try to get child support out of fear for her safety.

In one reviewed case, the victim received financial assistance through TANF. In order to receive her cash grant, she was required to sign a Public Assistance Assignment. This document assigned child support rights to DSHS and authorized DCS to enforce and collect her child support payments from the abuser. This is consistent with federal regulations dictating that people who apply for TANF or medical assistance will automatically be required to cooperate with child support services unless they have good cause not to do so. Experts reviewing this case noted that many people accessing public assistance are unaware that receiving some types of public benefits will trigger the collection of child support from the other parent. This can be critical for domestic violence victims, since pursuing child support may motivate an abuser to re-engage the victim or to escalate the violence.

Victims receiving public assistance can apply for good cause for non-cooperation with child support collection if they believe receiving child support services would put them or their children in danger.⁶ DSHS reviews all good cause claims and determines whether they will grant or deny good cause and to what extent.⁷ Review panels discussed how victims can learn about the good cause option. Each DSHS call center and CSO has its own process for asking all clients required to cooperate with efforts to collect child support whether doing so will pose any danger to them or their children. However, no statewide mechanism exists to ensure that this is being done routinely and consistently. DCS recently added information for domestic violence victims about child support collection and the good cause option to the agency's website,⁸ providing a place for some victims to receive this information.

⁶ The "good cause" option has been in effect in Washington State since 1978.

⁷ There are two types of good cause response: Good Cause Level A, in which DCS closes the case without taking any further action; and Good Cause Level B, in which DCS continues to work on the case, but does not require the custodial parent to assist in any way and does not penalize her for failure to cooperate.

⁸ DCS worked collaboratively with the Washington State Coalition Against Domestic Violence to create this resource, available at www.dshs.wa.gov/dcs/services/domesticviolence.asp#A.

A recently reviewed case illustrates that gaps exist in ensuring that all victims are aware of the good cause option. The victim in this case (who survived a homicide attempt) was receiving financial assistance through DSHS. She informed the Fatality Review that DSHS never screened her for domestic violence and never informed her of the good cause option. She had divorced the abuser and fled with her children to escape the abuse. The abuser did not contact the victim or her children for several years. When she applied for public assistance through DSHS, DCS requested a support order from the child support agency in the abuser's home state. One month after being ordered to pay child support, he moved to Washington State and began stalking and threatening the victim and their children.

RECOMMENDATIONS

- ▶ The Division of Child Support and the Community Services Division of DSHS should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection. This evaluation should take place in collaboration with domestic violence advocates and statewide experts. Based on findings from this evaluation, DSHS should work to improve areas in which policy or practice falls short of consistent notification of the good cause option.
- ▶ DSHS should develop a mechanism for measuring how many people apply for, are granted, and are denied good cause for non-cooperation with child support collection. Evaluation measures should be specific to each region, CSO or call center, and caseworker.
- ▶ DSHS should connect all individuals who are denied good cause with an advocate from a community-based domestic violence program to help the victim anticipate and plan for the abuser's potential to re-engage contact or escalate violence when ordered to pay child support.

FINDING

Collaborative research between the Domestic Violence Fatality Review and the Division of Child Support can advance learning and improve DSHS's ability to meet the safety needs of domestic violence victims.

The 2004 Fatality Review report included the following recommendation: "DSHS should collaborate with the Washington State Coalition Against Domestic Violence (WSCADV) and other researchers to analyze how many domestic violence victims in domestic violence fatality cases had come into contact with DSHS services prior to the fatality, whether they were screened for domestic violence, what intervention they received, how such interventions affected their safety and how this group compares to the larger DSHS caseload."⁹

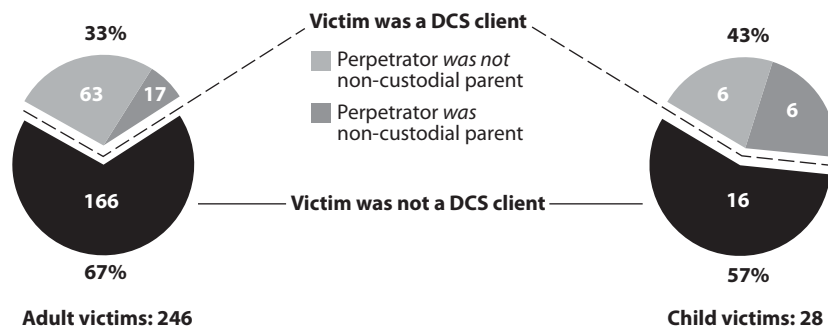
Since that time, DSHS's Division of Child Support collaborated with WSCADV to determine how many domestic violence victims and children killed by abusers in Washington State from January 1, 1997, through June 30, 2006, were DCS clients at any time prior to their deaths. During this time period, 246 adult domestic violence victims and 28 children were

⁹ *Every Life Lost Is a Call for Change* (2004), p. 60.

killed by domestic violence abusers in Washington State. The findings from this collaboration demonstrated that 33% (n=80) of domestic violence victims¹⁰ and 43% (n=12) of children killed by abusers were clients of DCS at some point prior to their murders. For 21% (n = 17) of adult victims and 50% (n = 6) of child victims who were DCS clients, the homicide perpetrator was the non-custodial parent from whom child support was being collected.

Percentage of domestic violence victims and children killed who were DCS clients

January 1, 1997–June 30, 2006



This data does not demonstrate any causal link between the collection of child support and the homicide. However, the percentage of homicide victims who were DCS clients indicates that DCS is a critical point of contact for many victims, and points to an important opportunity for information and referrals to be shared with all DCS clients. Additionally, knowledge about how victims connected with DCS would have important practice implications: via TANF, in which they have a caseworker whom they meet with at a CSO; via medical assistance, in which they have no caseworker and the point of contact is through a call center; or through non-assistance applications, meaning they are not accessing public benefits but have applied for child support collection on their own.¹¹

A deeper evaluation of cases in which DCS clients were killed by abusers—examining how many of the victims were screened for domestic violence, how many applied for good cause, how many were granted or denied good cause, and how many were connected to an advocate (either on-site or referred to the local domestic violence program)—would provide valuable information about the extent to which DSHS is or is not effectively addressing domestic violence and working to increase the safety of victims accessing DSHS services.

¹⁰ The total number of domestic violence victims killed by abusers analyzed in this data includes victims who did not have children. Therefore, the percentage of domestic violence victims with children that were involved with DCS is even higher. The DVFR's information about children is primarily collected through news accounts of fatalities, and the available data was not considered accurate enough to exclude victims from the data set who were not reported as having children.

¹¹ The fact that the homicide perpetrators were in most cases not the parent from whom child support was being collected has practice implications as well, highlighting the importance of screening for domestic violence in past as well as current relationships.

RECOMMENDATIONS

- ▶ The Community Services Division of DSHS should collaborate with DCS to conduct additional research and learn more about the domestic violence homicide victims identified as DCS clients. Additional research should identify whether victims were screened for domestic violence; how many of the victims applied for good cause; how many of the victims were either granted or denied good cause; and whether the victims received any referrals to domestic violence advocacy services.
 - ▶ Other DSHS programs should follow DCS's lead and look at domestic violence fatality cases from an organizational learning perspective to see how many victims were clients.
-

FINDING**Many victims interact with Child Protective Services as a result of abusers' behavior.**

Of the eleven recently reviewed cases, six victims and abusers (55%) had children in common. An additional two victims had children from a previous relationship, and one additional abuser had a child from a previous relationship. The Fatality Review does not have access to Child Protective Services records, and so review panels were not always aware of whether CPS was involved with the families in reviewed cases. However, in four cases (67% of those in which the victim had a child in common with the abuser) it was clear that CPS received a report at some point regarding the child. These women's experiences reveal the complex challenges that victims face in trying to parent while coping with abuse, the barriers to finding safety for themselves and their children, and how poorly equipped the child welfare system is to support abused mothers in their efforts to protect their children.

In one reviewed case, the victim and the abuser were married and had two children together. A report to CPS was made when the victim was pregnant with their second child. The report concerned the abuser's use of drugs and concern for the safety of their older child. CPS determined that the case met the criteria for an alternative response, a home visit from a public health nurse. The nurse screened for domestic violence, but the victim did not disclose the abuse. It appeared that no one engaged the abuser, either to investigate the concerns about his behavior or to offer services. The victim received referrals to a range of services and was interested in parenting classes and child development information. The information available to the Fatality Review demonstrated that the victim struggled with her parenting throughout her relationship with the abuser. Her friends reported that she hit her children and was angry and impatient with them. She at one point expressed fear that she would hurt her children. While the victim in this case needed and wanted parenting support, any interventions to help her parenting could not be successful unless they also addressed the abuse she and her children were experiencing at the hands of her husband.

In another case, the abuser killed two family members of the victim and then went into hiding from police. While he was at large, CPS became involved with the victim and her children, due to concern that they were in lethal danger from the abuser. Immediately after the homicides, police took the children into protective custody. CPS then placed the children

in foster care. Before releasing the children to their mother, CPS workers required her to sign a safety plan taking responsibility for protecting her children and stating that she would not allow the children to have contact with the abuser or his family.

CPS recommended that the victim and her children move to a neighboring county, since they believed the abuser was still in the area and a threat to them. They stayed in a confidential shelter in the neighboring county for several weeks, but the victim was unable to find long-term housing. She and the children returned to their home county to live with family. The children were later returned to protective custody. While CPS made some efforts in this case to keep the victim and her children together, the resources the victim actually required to obtain safety and support far outstripped what CPS made available to her. She needed safe housing in a location unknown to the abuser and his family, quality mental health services to address the trauma she and her children had suffered, family and community support, and support to repair and strengthen her parenting relationship with her children. In contrast, CPS referred her to short-term emergency shelter, made her responsible for keeping the abuser and his family away from the children, and did not make efforts to ensure that she had safe and stable housing.

Many victims, particularly in immigrant communities, are extremely reluctant to involve CPS because of an intense fear of losing custody of their children. One reviewed case in particular illustrates this reluctance and how the victim's and her family's fear of losing custody of her children functioned as a deterrent to seeking protection from law enforcement. In this case, people in the family's church community noticed that one of the children had been injured by the abuser. Based on that incident, a church leader urged the victim to report the abuse and to separate from the abuser. The victim's family told DVFR staff they were afraid that CPS would become involved and remove the children from the family, and that this fear prevented them from reporting the abuse to law enforcement. After the abuser killed his wife and himself, a CPS worker met with the victim's family in an effort to facilitate placing the children with the family. The intention of the caseworker was to expedite the process of the victim's family gaining legal custody of the children and connecting the family with resources. However, the family was convinced even at that point that the worker's intention was to remove the children from the family. This overwhelming fear, dominant in people's perception of CPS to the point that they effectively cannot hear that the worker wishes to ensure their custody of the children, is not uncommon or unique to this family, and it indicates a challenge for CPS in terms of how it is perceived by the public.

All of these cases illustrate that attempts to protect domestic violence victims' children from abusers' violence must support victim safety and self-determination. Over the past ten years, the understanding that child safety is closely related to domestic violence victim safety has become accepted as central to child welfare best practices regarding domestic violence. For example, the U.S. Department of Health and Human Services publication "Child Protection in Families Experiencing Domestic Violence," notes this guiding principle in responding to domestic violence: "The safety of abused children often is linked to the safety of the adult victims. By helping victims of domestic violence secure protection, the well-being of the children also is enhanced."¹²

¹² "Child Protection in Families Experiencing Domestic Violence," *Child Abuse and Neglect User Manual Series*, Office on Child Abuse and Neglect, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (2003), p. 35. Available at www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf.

RECOMMENDATIONS

- ▶ CPS should adopt nationally recognized child welfare best practices regarding domestic violence, including:
 - Recognizing the connection between children's safety and adult domestic violence victim safety and placing adult victim safety at the center of their response to cases that involve domestic violence;
 - Holding abusers responsible for the harms their abusive behaviors cause by making findings against them for child abuse and neglect, rather than placing responsibility on the adult victim of domestic violence to end the abuse; and
 - Recognizing the centrality of safe housing in responding to dangers posed to children by domestic violence and using discretionary funds to help domestic violence victims and their children find housing that is safe and affordable.
- ▶ DSHS Children's Administration leadership should partner with domestic violence advocacy experts to develop a plan for the agency to more effectively address cases involving domestic violence, making use of the information available from other states that have pioneered this work and the resources developed as part of the national Greenbook Initiative.¹³
- ▶ CPS should engage in community outreach, with a particular focus on immigrant communities and communities of color, to inform the public about CPS protocols and to address people's fears of engaging with CPS.
- ▶ DSHS Children's Administration should distribute a field guide for responding to domestic violence to all CPS workers.¹⁴ Children's Administration should support these guides with extensive and ongoing training for their workers and pursue funding or reallocate resources in order to create domestic violence specialist positions within CPS.
- ▶ Domestic violence advocates should become familiar with CPS practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS.

¹³ For example, see Ann Rosewater and Leigh Goodmark, *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, Family Violence Prevention Fund (2007), available at www.thegreenbook.info/documents/Steps_Toward_Safety.pdf.

¹⁴ One resource is a guidebook for child protective workers prepared by the Massachusetts Department of Social Services' Domestic Violence Unit: *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, by Fernando Mederos, Family Violence Prevention Fund (2004), available at www.endabuse.org/programs/children/files/AccountabilityConnection.pdf.

Alcohol and Other Drugs

Abusers' substance abuse increases the risk of lethality for domestic violence victims.

Review panels identified substance use as an issue in eight of the eleven recently reviewed cases (73%). Seven abusers and three victims had alcohol- or other drug-related charges against them, or friends and family discussed their struggles with substance abuse.

Research indicates that abusers' substance abuse increases the severity of injuries and risk of lethality for victims,¹ making it critical to address both issues for abusers. In addition, many domestic violence victims use alcohol or other drugs as a result of being abused. The reviewed cases highlight that this coping strategy can put victims in even greater danger and limit their access to resources and support.

FINDING

The use of alcohol or other drugs by either the victim or the abuser limits the options and resources available to the victim, increasing the abuser's control and further jeopardizing victim safety.

Recently reviewed cases highlight how some victims who use alcohol or other drugs are further endangered by a legal system and social service response that focuses on their substance use rather than prioritizing their safety. In one reviewed case, the victim did not appear to abuse alcohol or other drugs throughout the majority of her sixteen-year relationship with the abuser, and the abuser did not appear to abuse substances either. Following an extremely violent domestic violence incident, however, the victim began abusing substances and was charged with multiple drug-related crimes. Domestic violence advocacy experts reviewing this case noted that it is not uncommon for victims to turn to alcohol or other drugs to help them cope with the significant emotional trauma or physical pain they have experienced as victims of domestic violence.

In another case, the victim was charged with two controlled substances offenses, but it was not clear to what extent she was actually involved in either crime. In the first incident, she was charged with furnishing liquor to minors. The incident report described minors drinking at the home she shared with her boyfriend. She reported that she arrived home to find that her boyfriend had invited the young people to their home. Because she did not ask the minors to leave, police cited her.

In the second incident, law enforcement responded to a report of domestic violence involving the victim and her boyfriend. They entered the home and found illegal drugs. Once officers found drugs at the residence, they appeared to stop investigating the domestic violence report. The victim and her boyfriend were both arrested and charged with a controlled substances violation. Officers did not document asking the victim or any witnesses about domestic violence or giving the victim any domestic violence information or referrals.

The apparent failure of law enforcement officers to investigate the report of domestic violence in this case likely gave the victim the message that officers would not prioritize her

1 Carol Cunradi, Raul Caetano, and John Schafer, "Alcohol-Related Problems, Drug Use, and Male Intimate Partner Severity Among US Couples," *Alcoholism: Clinical and Experimental Research* 26, no. 4 (2002), p. 493–500; and Nancy Glass, Jennifer Manganello, and Jacquelyn Campbell, "Risk for Intimate Partner Femicide in Violent Relationships," *Domestic Violence Report* 9, no. 2 (2004), p. 17–18, 30–32.

safety as long as she was involved in drug offenses and that it was unsafe to call the police for help. In addition, the victim now had a drug-related criminal history, potentially making her ineligible for low-income housing or other services, limiting her options to find safety. A drug conviction may also affect how Child Protective Services (CPS) would perceive her if she or someone else were to report the abuser for child maltreatment.

In a third reviewed case, the victim did not have any criminal history related to substance use, but friends stated that both she and the abuser used alcohol and other drugs during their relationship. Her friends reported that the abuser pressured the victim to buy and use drugs with him. Friends of the victim emphasized that they did not have any contact with her when she was using and that she became more isolated as a result. Advocacy experts reviewing this case noted that pressuring a partner to use alcohol or other drugs is a tactic that many abusers engage in to further their control over a victim. Victims' use of substances reinforces abusers' control in a number of ways: victims who are using substances are often more isolated from friends and family, less able to effectively plan for safety when their judgment is impaired by substance use, unable to access some victim services based on substance use, and less able to get help from police or courts because abusers threaten them with arrest.

At one point in this case, the abuser's use of drugs resulted in a report to CPS. It was not clear who made the report. However, this experience highlighted for the panel reviewing this case that many victims whose partners are using illegal drugs are afraid to report domestic violence to law enforcement because they fear that officers will make a CPS report and that the abusers' drug use will result in the state taking custody of their children.

The panel reviewing this case stated that at the time this victim was being abused, the domestic violence program in her county did not provide shelter to women who were abusing alcohol or other drugs. The program's practices have since changed, and currently the program does provide services, including shelter, to victims who are using. However, in an attempt to ensure that victims are no longer denied services based on their substance use, advocates at this program do not routinely ask victims about it. Many victims are reluctant to bring up their substance use because they are uncertain whether they will be denied services as a result. Advocates' attempts to help victims with safety planning are less effective if they do not specifically address victims' substance use, since use of substances can be a barrier to getting safe, and abusers often interfere with victims' attempts to get clean and sober.

RECOMMENDATIONS

- Domestic violence programs should develop policies to address how they will work with victims who are using alcohol or other drugs and clearly communicate these policies to victims seeking services. These policies should emphasize a commitment to serve victims dealing with both domestic violence and substance abuse.²

² WSCADV has developed and distributed a *Model Protocol for Working with Battered Women Impacted by Substance Abuse* (2003), available at www.wscadv.org.

- ▶ Domestic violence programs should develop protocols for routinely asking victims respectful and non-judgmental questions about their substance use, with the goal of identifying safety planning needs and practical strategies for safety and sobriety. Safety plans should not depend on the victim's ability to stay clean and sober.³
- ▶ Domestic violence programs and chemical dependency treatment providers should train staff to recognize how abusers may use alcohol or other drugs to further their control over victims and routinely address this issue in victims' safety plans, as well as in victims' and abusers' relapse prevention plans.
- ▶ Domestic violence programs and chemical dependency treatment providers should collaborate to provide cross-training, share outreach materials, and refer clients in order to provide more effective services to victims of domestic violence who are abusing substances.
- ▶ Funders should prioritize developing services specific to domestic violence victims who are using substances.⁴

FINDING

Courts order domestic violence abusers to chemical dependency programs more often than to batterer's intervention. Chemical dependency programs do not routinely screen for domestic violence, missing an important opportunity for intervention.

Fatality Review panels identified that seven of the eleven abusers (64%) in recently reviewed cases abused substances during their relationships with the victims. All of these abusers had alcohol- or other drug-related charges against them, including at least one driving under the influence (DUI) charge in each case. The court ordered six of the seven abusers to an alcohol evaluation, assessment, and/or treatment as a result of these charges. The seventh would likely have been ordered to treatment as well, but he committed the homicide before the pre-trial hearing for his DUI case.

In contrast, police responded to domestic violence incidents involving the abusers in all seven of these cases, but only four abusers had domestic violence-related charges filed against them. None was ordered to a batterer's intervention program.⁵ Experts reviewing this finding noted that this discrepancy is likely the result of multiple factors: the collection of concrete evidence in drug-related crimes is often easier than in domestic violence crimes; the criminal legal system as a whole has committed time, training, and resources to the aggressive prosecution of drug crimes; and courts routinely know about and refer to local chemical dependency providers. As a result, many chemically dependent domestic

3 The Alcohol/Drug Help Line Domestic Violence Outreach Project has developed tools for working with substance-abusing domestic violence victims and is available for statewide consultation on a non-emergency basis. Contact dvop@adhl.org or WSCADV at 206-389-2515 for more information. Also, the Alaska Network on Domestic Violence and Sexual Assault has developed a practical tool kit for use with substance-abusing domestic violence and sexual assault survivors: *Getting Safe and Sober: Real Tools You Can Use* by Patti Bland and Debi Edmund. Contact pbland.andvsa@alaska.com or www.andvsa.org for more information.

4 Excellent examples of such services exist in Washington State. Contact WSCADV at 206-389-2515 to be connected with organizations doing this work.

5 Batterer's intervention programs are described in the Washington Administrative Code as "domestic violence perpetrator treatment programs" (WAC 388-60).

violence abusers receive interventions only for their substance abuse, not for their violence. In one reviewed case, for example, a judge ordered an abuser charged with domestic violence assault and resisting arrest to chemical dependency treatment but not to a batterer's intervention program.

While courts cannot require a defendant to attend batterer's intervention if the crime has no domestic violence component, chemical dependency programs can screen for domestic violence history and require batterer's intervention as part of the treatment plan they recommend to the court.⁶ Panels reviewing these cases noted that most chemical dependency treatment providers do not routinely screen for domestic violence to determine whether batterer's intervention is an appropriate part of the offender's treatment plan. Those that do screen generally rely on defendants' self-reports of their domestic violence history and do not check criminal histories for domestic violence charges, search publicly available civil court records to see whether defendants have been the respondents in Domestic Violence Protection Orders,⁷ or interview the defendants' partners to ask about prior history of abusive or controlling behavior. Some chemical dependency treatment providers may believe that once abusers stop using, their violence will stop as well. Domestic violence and chemical dependency experts emphasize that this is not the case. Both substance abuse and domestic violence must be addressed specifically and in adherence to standards for both batterer's intervention programs and chemical dependency treatment programs in state statutes.

RECOMMENDATIONS

- ▶ Chemical dependency treatment providers should routinely screen clients for abusive and controlling behavior toward partners, check criminal histories, and search civil court records for Domestic Violence Protection Orders. Providers should recommend a high-quality, state-certified batterer's intervention program when domestic violence is identified.
- ▶ The Washington State Legislature should ensure that certification programs for chemical dependency counselors are required to include training on domestic violence, its relationship to substance abuse, and effective interventions for both domestic violence victims and abusers.
- ▶ Chemical dependency treatment providers and batterer's intervention programs should collaborate to offer treatment programs that simultaneously address both chemical dependency and domestic violence, and that are collaboratively run by a state-certified chemical dependency treatment provider and a state-certified batterer's intervention provider.⁸

⁶ Many batterer's intervention programs routinely screen for substance abuse and recommend both types of treatment when both issues are present.

⁷ To search for Washington State court records, go to dw.courts.wa.gov.

⁸ Good models exist for this type of group. Contact WSCADV at 206-389-2515 to be connected with providers doing this work.

Health and Mental Health

Health care and mental health providers need to be equipped to appropriately respond when abuse is identified.

Recent fatality reviews demonstrate that health care providers and mental health counselors have a significant role to play in identifying and responding to domestic violence. As far as the Domestic Violence Fatality Review (DVFR) was able to determine, seven victims (64%) and six abusers (55%) in reviewed cases received medical care during their relationships. At least four victims (36%) and six abusers (55%) sought mental health counseling during the abusive relationships. Because the Fatality Review does not typically have access to medical records, review panels did not always know what kind of health care victims received or whether health care providers screened for domestic violence. Fatality reviews revealed a wide range of responses to victims and abusers from health care and mental health providers. While recent efforts have increased some providers' awareness of domestic violence, reviewed cases illustrate a need for health care and mental health providers to be better equipped to appropriately respond when abuse is identified.

FINDING

Pregnancy is a critical time for intervention for victims of domestic violence; yet health care providers do not consistently address this risk in the care provided to pregnant women.

Eight of the victims (73%) in recently reviewed cases had at least one child, and 75% (n=6) of these women had a child with the abuser. Research studies using national probability samples have found the prevalence of pregnant women experiencing physical abuse to range from 14.5% to 23.6%.¹ Research also indicates that the consequences of experiencing physical abuse during pregnancy include later entry into prenatal care, low birth weight, premature labor, and fetal trauma.² The Washington State Department of Health recommends screening all pregnant women every trimester and postpartum for abuse.³ Consistent with statewide data,⁴ medical providers serving on review panels related varying levels of adherence to this recommendation among providers.

Fatality Review panels were aware that three victims accessed emergency room care during pregnancy as a direct result of domestic violence. Health care providers offered referrals to domestic violence resources in only one of these three cases. At least two of these victims also received prenatal care while pregnant with the abuser's child. In both cases, prenatal care providers screened for domestic violence. In one case, the victim disclosed abuse from a past partner but denied abuse in her current relationship. Her provider did not document giving her any domestic violence information or referrals. During her pregnancy, the victim was assaulted by the abuser and treated in the hospital emergency department for severe lacerations. Ten days after her emergency room visit, the victim went to a prenatal

1 Jana Jasinski, "Pregnancy and Domestic Violence," *Trauma, Violence, and Abuse* 5, no. 1 (January 2004), p. 47–64.

2 Ibid.

3 "Domestic Violence and Pregnancy: Guidelines for Screening and Referral," Washington State Department of Health (August 2008), p. 4, available at www.doh.wa.gov/cfh/mch/documents/DVPgGuide82008.pdf. Universal screening for domestic violence is also supported by the American Medical Association, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, and American Nurses Association.

4 Washington Pregnancy Risk Assessment Monitoring System data showed that 61% of responding new mothers in 2003 indicated they had been asked by their health care provider about domestic violence during pregnancy. *Maternal and Child Health Data Report*, Washington State Department of Health (January 2006).

appointment in the same medical facility. The victim's prenatal records did not include any information from the emergency department.

Medical providers on the review panels stated that it is not routine practice for emergency departments to pass along information to a patient's primary care or prenatal care provider, even if they are part of the same medical facility. Although some health care organizations have systems in place to flag paper or electronic medical records when a provider has identified domestic violence, this is also not routine practice in most health care organizations.

In this case, had the emergency department documented a concern for domestic violence in her medical record, it would have provided the victim's prenatal care provider with critical information about health and safety risks to the victim and her child. Given the severity of her injury, it would likely have been clearly visible at the victim's subsequent prenatal care visit. Her prenatal care provider did not document the injury in any way, missing a crucial opportunity to identify domestic violence and provide referrals to appropriate resources.

RECOMMENDATIONS

- ▶ Health care organizations should have protocols in place to routinely screen for domestic violence with all pregnant women and to refer women who disclose abuse to a local domestic violence program.
- ▶ Prenatal care providers and childbirth educators should collaborate with domestic violence programs to routinely include domestic violence information and referrals to domestic violence community resources in childbirth education classes and materials distributed to all pregnant women.
- ▶ Health care organizations should develop guidelines for medical providers on how to document domestic violence in confidential medical records, and protocols for how such information is shared between providers to facilitate comprehensive, coordinated care.

FINDING

Health care providers increasingly screen for domestic violence, but most lack a plan to connect patients who disclose abuse with advocacy and safety planning.

Previous DVFR reports have emphasized the importance of health care providers routinely screening all patients for domestic violence victimization, consistent with Washington State Department of Health recommendations.⁵ Panels reviewing recent cases indicated that health care providers screen for domestic violence much more regularly now than in the past. Yet most health care organizations do not have a plan in place to effectively respond when victims disclose abuse.

In one recently reviewed case, the victim received prenatal care and met with a public health nurse while she was pregnant with the abuser's child. The nurse documented domestic violence in the form of emotional abuse. As a result, she assigned the victim to a "high-risk" care management plan, reported the identification of domestic violence to the victim's primary care doctor, and referred the victim to a social worker for additional assistance. The social worker recommended that the victim obtain a Protection Order and

⁵ See *If I Had One More Day* (2006), p. 49–50; *Every Life Lost Is a Call for Change* (2004), p. 28; and *Honoring Their Lives, Learning from Their Deaths* (2000), p. 52–53, available at www.wscadv.org.

gave her domestic violence information and referrals to community resources. In the last trimester of her pregnancy, the victim disclosed to a nurse during a prenatal check-up that she did not want her boyfriend present when the child was born because he abused her emotionally, physically, and sexually. The nurse referred her to a hospital social worker, who met with her the same day. The social worker discussed safety planning with the victim, advised her to get a Protection Order, and recommended she receive counseling.

On a different day, the victim went to the hospital following a domestic violence incident with the abuser. She again disclosed that she was a victim of domestic violence, and medical providers recommended that she get a Protection Order. The next day the victim obtained a Temporary Protection Order against the abuser. She did not meet with an advocate for help completing the order or to discuss planning for her safety. Four days after obtaining the temporary order, her boyfriend broke into the victim's home and killed her.

Some very positive interventions occurred in this case, indicating that health care providers' awareness of domestic violence has increased in recent years. Multiple providers identified domestic violence and communicated to the victim that they were concerned for her safety. Several referred her to a community-based domestic violence program. However, the panel reviewing this case noted that providers appeared to focus on a Protection Order as the solution, rather than recognizing the need for the victim to make a comprehensive safety plan. Domestic violence victims are often at increased risk for lethal violence when they attempt to leave the abuser. Safety planning includes evaluating the pros and cons of obtaining a Protection Order and planning for the abuser's reaction to the victim's attempt to end the relationship. This type of intervention is outside the scope of what providers can or should offer in the health care setting. Therefore, it is critical that providers are familiar with and offer victims informed referrals to community-based domestic violence programs that can provide these services.⁶

RECOMMENDATIONS

- ▶ Health care organizations should consider contracting with local domestic violence programs to provide on-site advocacy and safety planning for patients who are surviving domestic violence.⁷
- ▶ Health care providers, medical social workers, and childbirth educators should routinely screen all patients for domestic violence victimization and refer patients who disclose abuse to a domestic violence program for assistance with safety planning and finding other resources.
- ▶ The Washington State Department of Health, in collaboration with medical professional associations and commissions, should include annual domestic violence training in continuing education requirements for licensing of health care providers.

⁶ American Medical Association guidelines state, "Optimal care for the woman in an abusive relationship... depends on the physician's working knowledge of community resources that can provide safety, advocacy, and support." Anne Flitcraft et al., *Diagnostic and Treatment Guidelines on Domestic Violence* (1992), p. 11.

⁷ Community Health Care in Tacoma operates a weekly family practice clinic specifically for domestic violence victims and their children. Patients meet with a domestic violence advocate on-site, and the clinic has special protocols that attend to victim safety and confidentiality. For more information about this program, contact Robert Kinch at 253-597-4550 or rkinch@commhealth.org or WSCADV at 206-389-2515.

- Primary care clinics, emergency departments, prenatal clinics, and other health care providers should routinely offer information about domestic violence resources and safety planning to all patients (e.g., displaying flyers, distributing resource cards, periodically attaching information to all discharge instructions).

FINDING

Many domestic violence homicide perpetrators are depressed or suicidal; yet health care and mental health providers do not adequately screen men for depression, suicide, and perpetrating abuse.

Previous DVFR research found that one-fifth of men ages eighteen to sixty who died by suicide in Washington State had a documented history of perpetrating domestic violence.⁸ Each year in Washington, about one-third of domestic violence homicides involve the perpetrator completing or attempting suicide (see graph on p. 31). These findings suggest that when an abuser is suicidal, the domestic violence victim's risk of homicide is increased as well.

In six of the eleven reviewed cases (55%), the domestic violence abuser died by suicide. In five of these cases, the abuser killed himself after committing murder or attempted murder; in the sixth case, the abuser killed himself in jail while being held on domestic violence assault charges. Four of the six abusers who died by suicide had a history of substance abuse, consistent with research indicating that the presence of both domestic violence and substance abuse increases the risk of lethality.⁹ Since the DVFR does not have access to mental health treatment records, we cannot be sure how many of the abusers sought mental health care. However, it appeared that only one of the six abusers who died by suicide had previously received mental health treatment. One additional abuser had taken medication for depression at one point during his relationship with the victim.

In one case in which the abuser killed his girlfriend and himself, his friends and family knew that he was depressed after he had experienced significant medical problems. However, it did not appear that any of his friends or family members recognized that he might be suicidal or that the victim might be in danger, highlighting a need for more community education about how to recognize warning signs of suicide. The panel reviewing this case indicated that it is not routine for health care providers to screen patients for depression, even in cases like this one where the patient experienced a significant, life-changing health crisis. Since many people do not know how to recognize signs of depression, and since depression itself is often a barrier to accessing services, the result is that many depressed patients do not receive available treatment.

Even if the abusers in these cases had accessed counseling to address depression or suicidal thoughts, it is unlikely that domestic violence would have been identified as an issue. Routine assessments for suicide do not include questions about a suicidal individual's history of abusive or controlling behavior toward an intimate partner. In addition, most mental health

8 *If I Had One More Day* (2006), p. 38, available at www.wscadv.org.

9 Carol Cunradi, Raul Caetano, and John Schafer, "Alcohol-Related Problems, Drug Use, and Male Intimate Partner Violence Severity Among US Couples," *Alcoholism: Clinical and Experimental Research* 26, no. 4 (2002), p. 493–500; and Nancy Glass, Jennifer Manganello, and Jacquelyn Campbell, "Risk for Intimate Partner Femicide in Violent Relationships," *Domestic Violence Report* 9, no. 2 (2004), p. 17–18, 30–32.

providers are not aware that if a suicidal individual is abusing or controlling an intimate partner, this indicates an increased lethality risk for the domestic violence victim.

In all five reviewed cases in which the abuser committed homicide but not suicide, the abuser had made prior suicide attempts or threats or had reported depression to a counselor or health care provider. In four of the cases, these incidents occurred during the abuser's relationship with the victim. In one case in which the abuser killed his wife and her son, he had a history of making suicidal threats both before and after the homicides. The victim documented in a Protection Order petition that he often talked about suicide and self-harm. The abuser was a recent military combat veteran. His friends and family said that he suffered from post-traumatic stress and was "not the same person" after his combat experience. He had a history of severe alcoholism and was discharged from military service due to his drinking. During his marriage to the victim, he received alcohol treatment, inpatient mental health treatment, and medication for depression. It was not clear whether any of the chemical dependency treatment, mental health, or health care providers who treated him identified domestic violence as a concern or recognized the potentially lethal combination of suicidal thoughts, substance abuse, and domestic violence. The panel reviewing the case indicated that at the time the abuser was in the military, the branch he served in did not conduct routine mental health screening for returning veterans, and counselors available to service members were not uniformly trained to treat post-traumatic stress. Research suggests that veterans with post-traumatic stress disorder (PTSD) perpetrate domestic violence at higher rates than the general population,¹⁰ pointing to the need for routine domestic violence screening in this population.

In another case, the abuser visited his primary care doctor several times in the months before the murder and shortly after the murder (prior to his arrest), complaining of depression and stress. His physician prescribed Viagra and Valium, but apparently did not refer him to mental health services, attempt to assess the source of his stress and depression, or screen for domestic violence. This failure to determine the underlying cause of the abuser's mental health concerns represented a critical missed opportunity to assess whether he was at risk for harming himself or others.

RECOMMENDATIONS

- ▶ Health care and mental health providers should routinely screen men who disclose depression or suicidal thoughts for violent and controlling behavior toward partners and learn about the increased risk to partners when abusive men are depressed or suicidal.
- ▶ All branches of military service and the Veterans Health Administration should routinely screen returning troops and veterans for post-traumatic stress, depression, suicidal thoughts, and domestic violence and should educate service members and their partners about the risks of untreated depression and post-traumatic stress disorder (PTSD).¹¹
- ▶ Suicide prevention programs should develop specific interventions for men who are abusing or controlling their partners.

¹⁰ Michelle Sherman et al., "Domestic Violence in Veterans with Posttraumatic Stress Disorder Who Seek Couples Therapy," *Journal of Marital and Family Therapy* 32, no. 4 (October 2006), p. 479-490.

¹¹ The U.S. Army is currently implementing a program (RESPECT-MIL) to screen active duty soldiers for depression and PTSD. Information is available at www.pdhealth.mil/respect-mil.asp.

- Suicide prevention programs should target outreach, community education efforts, and prevention messages to partners, friends, and family members of suicidal, abusive men.

FINDING

Professionals providing counseling services to victims and abusers vary widely in their ability to recognize and respond to domestic violence.

Eight recently reviewed cases (73%) included reference to the victim, the abuser, or both seeking some type of counseling. The Fatality Review does not have access to mental health counselors' files, and this type of information is not routinely documented as part of a homicide investigation or other public records, so the percentage of victims and abusers receiving counseling could be even higher. This high rate highlights the importance of counseling professionals having specialized training about domestic violence.

Six victims (55%) and six abusers (55%) in recently reviewed cases received services from a range of professionals providing various types of counseling, including pastoral counseling, couple counseling, psychiatric counseling, family therapy, and victim "domestic violence education" counseling. It was clear that at least one of these professionals had extensive training on the dynamics of domestic violence and how to work with victims to address safety concerns. However, it appeared that the majority of counselors had little or no domestic violence training. This lack of information can result in failure to identify a wide range of tactics of physical and non-physical abuse, as well as failure to make appropriate referrals for clients who are being abused and for clients who are abusing or controlling their partners.

In one case, the victim and the abuser jointly met with a counselor. In one additional case, the abuser's community corrections officer recommended marriage counseling to the abuser and victim. Experts reviewing these cases noted that many mental health professionals do not routinely screen clients for domestic violence and are not aware of the potential dangers of providing counseling to couples in situations where one partner is abusive. Domestic violence experts recommend that counselors meet with each individual separately to assess for violence, significant power imbalances, and controlling behaviors. Screening for domestic violence is critical when couples request therapy, since joint counseling may be ineffective and even dangerous when domestic violence is present in a relationship. Conducting joint counseling may inappropriately suggest that the victim has a role to play in ending the abuse, and can put the victim in danger if the counselor appears to collude with the abuser in blaming the victim for the abuser's behavior or if the abuser retaliates for issues raised in counseling.

In one reviewed case, the victim and the abuser received pastoral counseling. The panel reviewing this case noted that religious institutions have the potential to be a powerful support to the victim and to reinforce to both the victim and the abuser that the abuser must take responsibility for ending the abuse. However, review panels noted that pastors and other religious leaders do not typically have training about how to respond to domestic violence among congregants. If pastoral counselors are not able to identify domestic violence

or are unwilling to reinforce the victim's right to be free of abuse and the abuser's responsibility to change, this experience can undermine victim safety.

In another reviewed case, the prosecutor referred one victim to "domestic violence education counseling" when she urged the prosecutor to drop domestic violence charges and a No Contact Order against her husband. The victim met with a licensed mental health counselor, who provided her with information about domestic violence, safety planning, and referrals to the local domestic violence program and other resources. The counselor also completed a risk assessment based on information provided by the victim about her husband's behavior. Based on the victim's report, the counselor assessed her risk as "mild to moderate for future violence."

The victim in this case had clearly stated that her goal in meeting with the counselor was to influence the prosecutor to drop the assault charge against her husband. Given this aim and the possibility of further violence or retaliation from her husband if charges were filed, it is very likely that the victim's self-report did not reflect the reality of the abuse she had suffered and the danger she was in. While it is positive that the victim was provided with information and resources on domestic violence that she may not have received elsewhere, a risk assessment based solely on information from the victim under these circumstances is almost certain to be inaccurate. Accurate risk assessment can take place only in an environment of trust in which the victim's confidentiality is assured. Victims are unlikely to reveal the extent of abuse unless they have reason to believe that doing so will result in meaningful assistance and will not jeopardize their safety.

RECOMMENDATIONS

- ▶ Counselors providing therapy to couples should have protocols in place that direct them to consider that domestic violence may be an issue for any couple seeking therapy; establish criteria for when to refuse joint counseling based on the risk of further violence; and routinely meet with each individual separately to screen for coercive control, threats of violence, and severity and frequency of violence.¹²
- ▶ Counselors should consult local domestic violence programs to identify high-quality, state-certified batterer's intervention programs. Counselors should refer their clients who exhibit a pattern of abusive control over a partner to such programs and refer victims to the local domestic violence program.
- ▶ Churches and other religious institutions should require their clergy and counseling staff to receive ongoing training about domestic violence and should have protocols in place to address domestic violence among congregants.¹³

¹² For a thorough discussion of the therapist's role in working with victims of domestic violence, how to screen for domestic violence, and suggested criteria for which couples should be excluded from joint therapy, see Michele Bograd and Fernando Mederos, "Battering and Couples Therapy: Universal Screening and Selection of Treatment Modality," *Journal of Marital and Family Therapy* 25, no. 3 (July 1999), p. 291-312.

¹³ Training and consultation for clergy and religious leaders about domestic violence is available through Faith Trust Institute, www.faithtrustinstitute.org.

- ▶ Domestic violence programs and local religious leaders should collaborate to build their capacity to improve religious responses to domestic violence and coordinated support for victims.
- ▶ Professional associations of social workers, mental health counselors, marriage and family therapists, psychologists, and psychiatrists (e.g., National Association of Social Workers, American Mental Health Counselors Association, American Association for Marriage and Family Therapy, American Psychological Association, American Psychiatric Association) should include domestic violence education in licensing and accreditation requirements.
- ▶ Counselors and therapists should not assess a domestic violence victim's risk of harm based solely on a victim's or abuser's self-report when results will inform charging or sentencing decisions.

Civil Legal Issues

Many victims are not receiving assistance with safety planning when they petition for a Protection Order.

In seven of eleven recently reviewed cases (64%), the victim and the abuser interacted with the civil legal system through divorce, parenting plan, or Protection Order proceedings. All of the previous Domestic Violence Fatality Review (DVFR) reports have discussed the civil legal system as a critical point for domestic violence victims to be connected with resources, especially safety planning and referrals to domestic violence programs. This chapter will not repeat findings and recommendations from previous reports, but will focus on issues review panels have identified in the past two years.

FINDING

Many victims who are granted a Temporary Domestic Violence Protection Order never receive a full order, even when they face lethal violence.

In previous Fatality Review reports, we have repeatedly identified the process of petitioning for a Protection Order as a critical point of intervention for domestic violence victims.¹ Reviewed cases in the last two years again make it clear that many victims are not receiving assistance with safety planning or essential information about their options when they petition for a Protection Order. The overwhelming majority of courts in Washington State do not have domestic violence advocacy available on-site, and many of the courts that lack this service do not routinely provide referral information to connect victims to a community-based domestic violence advocate.² This critical missing piece means that many victims never receive the services a domestic violence advocate can provide, including helping victims think through whether a Protection Order will increase their options for safety, anticipate and plan for the abuser's reaction to the victim's attempt to end the relationship, find resources for financial and legal assistance, and identify supportive family or friends the victim can rely on. In some reviewed cases, petitioning for a Protection Order without any accompanying advocacy services actually seemed to increase the victim's danger.

Five of the eleven victims (45%) in recently reviewed cases petitioned for a civil Protection Order against the abusers. Courts granted an *ex parte*, temporary order in each case. However, none of these victims received a full Protection Order. This happened for a range of reasons, each of which highlights a critical gap in the legal protections available to victims.

In two reviewed cases, the abusers killed the victims before the scheduled Protection Order hearings. The abusers in these cases escalated their violence to a lethal level within days of being served with a Temporary Protection Order. In both cases, a range of professionals—including law enforcement officers, health care providers, probation officers, and a Child Protective Services (CPS) worker—urged the victim to obtain a Protection Order. However, neither of these victims met with a domestic violence advocate to make a comprehensive plan for safety or to consider whether the abuser was likely to intensify his violence in response to the order. In one of these cases, the abuser applied for a gun license, purchased

1 See *If I Had One More Day* (2006), p. 77; *Every Life Lost Is a Call for Change* (2004), p. 42; “*Tell the World What Happened to Me*” (2002), p. 76.

2 In a 2004 phone survey of all courts in Washington State that issue Protection Orders, the DVFR found that 81% of courts did not have advocacy available for Protection Order petitioners. In courts that did not provide advocacy, only 29% routinely provided petitioners with referrals to community resources. *Every Life Lost Is a Call for Change* (2004), p. 41–44.

a gun, and shot and killed the victim and her child after being served with the Temporary Protection Order. The temporary, *ex parte* order did not prevent the abuser from legally purchasing a firearm. While federal law prohibits respondents to Protection Orders from owning or purchasing firearms,³ it only applies when the respondent has had the opportunity to appear in court, not to *ex parte* orders.

A third victim documented in her Protection Order petition that she was pregnant, that the abuser had made homicide threats, and that he possessed firearms, three factors that increase lethality risk. The District Court where she petitioned had no victim advocacy available on-site. She did not appear in Superior Court for the full order hearing, so the court dismissed the order. Superior Court in this county has victim advocates available to petitioners. However, since the victim did not appear for the hearing, she did not have the opportunity to meet with an advocate who could have helped her identify risk factors and construct a safety plan.

The review panel discussed the many reasons why a victim might not appear for a Protection Order hearing, including fear of facing the abuser in court; confusion about where to go or the next step in the court process; hostility or indifference from the court clerk or other staff; inability to miss another day of work to go to court again; and lack of transportation to travel to Superior Court. Washington State law allows for telephonic Protection Order hearings in order to protect domestic violence victims, if attending the hearing will put them at risk for violence from the abuser.⁴ However, panel members reported that courts rarely use this option and that courts do not routinely give victims information about how to request a telephonic hearing to avoid contact with the abuser.

In the fourth case, law enforcement officers could not locate the abuser to serve him with the Temporary Protection Order. The victim appeared in court at the scheduled hearing, at which the court reissued the temporary order and set another court date. The abuser continued to evade service, and this process repeated a second and third time. The victim did not appear in court for the fourth hearing in a three-month period to have the temporary order once again reissued, and the court dismissed the order. A state law enacted since the time of this incident specifies that courts “shall not require more than two attempts at obtaining personal service,”⁵ and clarifies that Protection Order service by mail or newspaper publication must be permitted after those two attempts. These options limit abusers’ ability to thwart Protection Orders by avoiding service or to continue to disrupt victims’ lives by requiring them to return to court again and again.

The fifth victim who petitioned for a Protection Order fled to Washington from a different state to escape her abuser. After several years, the abuser was found in contempt of court for failure to pay child support. He was ordered to make payments and given a suspended jail sentence. At this point, the abuser threatened to kill the victim and himself, and he moved to Washington State to follow her. She had multiple protective orders from the other state, but they had expired by the time the abuser moved. The abuser arrived in Washington and came to the victim’s home, demanding to see their children. When she called local law enforcement, police advised her to get another Protection Order, because without a current order they could not arrest him for having followed her to her new home.

3 18 USC § 922(g)(8).

4 RCW 26.50.050 states, “The court may schedule a hearing by telephone pursuant to local court rule, to reasonably accommodate a disability, or in exceptional circumstances to protect a petitioner from further acts of domestic violence.”

5 ESB 6357, effective June 2008 (see RCW 26.50.050).

The victim petitioned Superior Court for a Protection Order. She had assistance from a community-based domestic violence advocate in completing her petition. She included in her petition documentation of the violent abuse over years in the previous state, copies of protective orders granted in the other state, and documentation that her ex-husband had threatened homicide and suicide two months earlier. The court issued an *ex parte* Temporary Protection Order. However, at the full order hearing, the court dismissed the case with prejudice, citing “the court does not find facts sufficient to enter a Domestic Violence Protection Order.” The victim (who survived the abuser’s attempt to kill her) later told Fatality Review staff that the judge who dismissed her petition stated that the physical violence took place a long time ago and there was nothing the court could do about the fact that he had followed her across the country. In fact, Washington State courts have upheld issuance of a Protection Order based on the victim’s current fear that the abuser will harm her, even if the abuser has not been physically violent recently.⁶

The panel reviewing this case pointed out that victims often are intimidated in court and unfamiliar with the process. Particularly if judges and commissioners appear unsympathetic, victims may not articulate their fears clearly to the court.⁷ The victim in this case prepared her petition with the help of a domestic violence advocate. Her experience highlights that, in addition to help filling out paperwork, victims also need to be prepared for what to expect at their Protection Order hearing and how to express their concerns to the judge or commissioner.

The victim in this case went to extraordinary lengths to protect herself and her children from the abuser’s violence. The court undermined her efforts and further endangered her by failing to recognize the abuser’s pattern of recent threats and stalking as indicators of serious intent to harm her. The abuser escalated his stalking after the court dismissed the order. The victim told Fatality Review staff that the abuser acted “more proud of himself” after the hearing and began stalking and harassing her and their children more frequently. Her children had trouble sleeping, were afraid to answer the phone, and stopped going to the park because they were afraid their father would follow them. He ultimately followed the victim and tried to kill her, and then killed himself.

RECOMMENDATIONS

- All courts issuing civil Protection Orders should have domestic violence advocates available on-site to meet with victims when they first petition for a Domestic Violence Protection Order.⁸ These services should meet the definition of advocacy-based counseling as defined in the Washington Administrative Code.⁹

⁶ “In *Spence v. Kaminski*, 103 Wn. App. 325, 12 P.3d 1030 (2000), the Court of Appeals upheld the issuance of a protection order where the petitioner did not allege a recent overt act of domestic violence. The petitioner, who had been victimized by the respondent for a period of years, was granted the order based on her current fears, even though most of the overt acts of domestic violence occurred five years before the filing of the petition.” *Domestic Violence Manual for Judges*, Chapter 8, p. 5, Washington State Gender and Justice Commission, Administrative Office of the Courts, 2006.

⁷ See James Ptacek, *Battered Women in the Courtroom: The Power of Judicial Responses* (Northeastern University Press, 1999) for a discussion of judicial demeanor and the powerful impact judges’ treatment of women petitioning for Protection Orders has on both victims and abusers.

⁸ Courts could achieve this by contracting with an advocate from their local community-based domestic violence program. As an example of how advocate assistance can be beneficial to victims in the Protection Order filing process, Walla Walla County has reported that after they established a Protection Order clinic staffed with trained domestic violence advocates, the rate of petitions that are completed and temporary orders granted increased by 53%. For more information about this program, call Danielle Hill at 509-525-2570 or WSCADV at 206-389-2515.

⁹ WAC 388-61A-0145.

- ▶ Courts should require that clerks routinely provide all Protection Order petitioners with referral information to a local domestic violence program, as mandated by RCW 26.50.035.¹⁰
- ▶ Judges and commissioners issuing Protection Orders should recognize the increased lethality risk represented by stalking, homicide threats, and suicide threats by an abuser.
- ▶ The Administrative Office of the Courts should add a protection provision pursuant to RCW 9.41.800 to the “Petition for Order for Protection” and “Temporary Order for Protection and Notice of Hearing” forms. This provision would allow petitioners for a Temporary Protection Order to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing a firearm prior to the Protection Order hearing.
- ▶ The Administrative Office of the Courts should amend the instructions for Protection Order petitioners to inform them of their right under RCW 9.41.800 to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing firearms with both temporary and full Protection Orders, using the Petition for Surrender of Weapon.¹¹
- ▶ Domestic violence advocates assisting victims with Protection Order petitions should routinely ask victims about the abuser’s access to weapons. Advocates should help victims determine whether to submit a Petition for Surrender of Weapon¹² along with a petition for a temporary or full Protection Order.
- ▶ Courts should increase their capacity for telephonic or video Protection Order hearings for victims facing safety concerns or other significant barriers to appearing in court. Courts with this capacity should provide all petitioners with information about this option.
- ▶ As specified in RCW 7.69.030, court clerks should provide written information to all Protection Order petitioners about the provision in state employment law that protects domestic violence, sexual assault, and stalking victims who take time off work for court hearings and other safety planning measures from penalty by their employer.¹³
- ▶ The Administrative Office of the Courts should inform all judges and commissioners of changes to RCW 26.50.050, clarifying options for Protection Order service when the respondent cannot be served in person.¹⁴
- ▶ Domestic violence advocates working with Protection Order petitioners should provide all victims with information about what to expect from the legal process, how to present their case effectively to the court, and their right to appeal or re-file if a Protection Order petition is denied.

¹⁰ RCW 26.50.035(2): “All court clerks shall obtain a community resource list from a domestic violence program...serving the county in which the court is located. The community resource list shall include the names and telephone numbers of domestic violence programs serving the community in which the court is located, including law enforcement agencies, domestic violence agencies, sexual assault agencies, legal assistance programs, interpreters, multicultural programs, and batterers’ treatment programs. The court shall make the community resource list available as part of or in addition to the informational brochures described in...this section.”

¹¹ The Petition for Surrender of Weapon, Notice of Hearing and Order form is available at www.courts.wa.gov.

¹² Ibid.

¹³ See RCW 49.76 and 7.69.030(9), effective April 2008. The Northwest Women’s Law Center has developed a factsheet for victims about their rights under this law, available at www.nwwlc.org/tools/ViolenceAgainstWomen.htm.

¹⁴ These changes went into effect in June 2008.

FINDING

Many marriage dissolution and parenting plan cases involve domestic violence; yet courts do not routinely address the safety needs of victims and their children.

In eight recently reviewed cases (73%), the victim and the abuser had been married. In four of these cases, the victim and the abuser had divorced or had begun the dissolution process at the time of the homicide or homicide attempt. In three cases, the victim told the abuser or friends or family that she planned to divorce, but she had not begun the dissolution process at the time of the homicide. In the one remaining case, the victim had petitioned for dissolution years before the homicide, but the dissolution was never completed. The experiences of victims in these cases highlight that the marriage dissolution and parenting plan process is a critical time for domestic violence screening and intervention. Yet in reviewed cases, victims' safety needs were not identified or met by courts and family law attorneys, even when victims specifically raised safety concerns about the abusers' violence and asked for the court's intervention.

In one reviewed case, the victim and the abuser were divorced and had a court-ordered parenting plan in place that allowed the abuser limited residential time with their children. Several years after the divorce, the abuser petitioned the court for a new parenting plan expanding his contact with the children. In her response to his petition, the victim clearly outlined the abuser's prior violence and current threats, stalking, and harassment against her and the children. The court ordered a family court investigation. The family court investigator interviewed the abuser first and never interviewed the children, all of whom were afraid of their father and did not want to visit him. The investigator instead focused on the health status of the victim and the abuser (both of whom had serious health conditions) and refused to make a report to the court without access to the victim's and abuser's medical records.

The investigator's inattention to the abuser's pattern of violence, his threats, and the children's fear of their father compromised his ability to provide the court with relevant information. In the absence of a complete report from the investigator, the court did not address the victim's request for a Restraining Order or her request that the court order the abuser to attend a batterer's intervention program.¹⁵

In another case, the victim fled the abuser with their young child. The abuser enlisted a relative to follow the victim and forcibly return the child to him. Then the victim petitioned for dissolution of marriage from the abuser. In her petition, she told the court that he had a history of violence toward her, that he had threatened her with a gun, and that he had repeatedly threatened to flee with their child. The court entered a Restraining Order against the abuser, ordered him to return the child to the victim, and ordered him to surrender deadly weapons. Because the victim and the abuser had been staying with his family in another state, the abuser successfully challenged the Washington State court's jurisdiction in the dissolution case. The court dismissed the case, thereby terminating the Restraining Order, the order regarding custody, and the order to surrender weapons. Following the dismissal, the abuser and the victim and their child again lived together in Washington State. They continued to live together until the homicide years later.

¹⁵ Batterer's intervention programs are described in the Washington Administrative Code as "domestic violence perpetrator treatment programs" (WAC 388-60).

It did not appear that the victim in this case received any information during the dissolution process about her right to apply for a Domestic Violence Protection Order in addition to the civil Restraining Order granted by the court as part of her dissolution case. If the victim had obtained a Protection Order, the order (along with the order to surrender firearms) would have remained in effect after the dissolution case was dismissed.

In every case in which the victim and the abuser were in the dissolution process, the victim met with a family law attorney or (in one case) an immigration attorney. Panel members stated that many attorneys do not ask their clients about domestic violence, have not received any training about the dynamics of domestic violence or the increased risk to victims when separating from the abuser, and do not have expertise in helping victims address their safety needs during the dissolution and parenting plan process.

Attorneys' failure to screen clients for domestic violence misses an opportunity to recognize the safety risks a client may be facing and undermines the attorney's ability to competently represent that client's best interest. Recognizing this risk, the American Bar Association recommends: "To ensure that you are ethically representing your client and to avoid malpractice, it is critical that you learn if she is a survivor and consider how this information affects your representation."¹⁶

RECOMMENDATIONS

- ▶ In order to increase victims' knowledge of the full range of legal options for protection available, courts should provide information about Domestic Violence Protection Orders and domestic violence advocacy services to all persons requesting a civil Restraining Order as part of a dissolution.
- ▶ All professionals providing information to courts regarding family court cases (e.g., guardians ad litem, parenting evaluators, and other specialized evaluators) should be required to receive training regarding domestic violence that specifically addresses the evaluator's ethical role with regard to identifying and responding to domestic violence; best practices for screening for domestic violence; assessing the impact of domestic violence and future risks; and crafting recommendations to the court that maximize child and adult victim safety, as well as ensure children's best interests and well-being.
- ▶ Family law attorneys should routinely screen clients for domestic violence¹⁷ and be aware of the American Bar Association's *Standards of Practice for Lawyers Representing Victims of Domestic Violence, Sexual Assault and Stalking in Civil Protection Order Cases*.¹⁸
- ▶ The Administrative Office of the Courts should develop and provide specialized training to judges and commissioners who hear family law cases on how to appropriately address safety risks to victims of domestic violence and their children when drafting orders containing visitation and visitation exchange provisions.

¹⁶ American Bar Association Commission on Domestic Violence, "Tool for Attorneys to Screen for Domestic Violence" (2005), available at www.abanet.org/domviol/screeningtoolcdv.pdf.

¹⁷ See "Tool for Attorneys to Screen for Domestic Violence" and other resources from the American Bar Association, available at www.abanet.org/domviol/.

¹⁸ ABA Commission on Domestic Violence (2007), available at www.abanet.org/domviol/docs/StandardsCommentary.pdf.

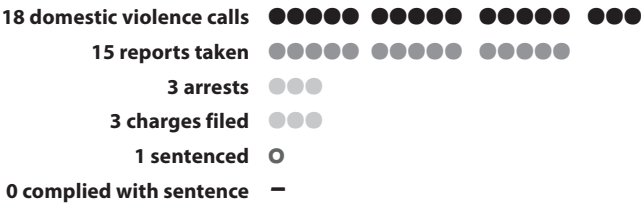
Criminal Legal System

Many domestic violence calls do not result in an abuser’s arrest.

Prior Domestic Violence Fatality Review (DVFR) reports have identified multiple gaps in the criminal legal response to domestic violence and have included recommendations for courts, prosecutors, and law enforcement.¹ In reviewed cases over the last two years, the majority of abusers interacted with law enforcement; however, very few were charged with a domestic violence offense. Given the few interactions abusers in these cases had with prosecutors and courts for domestic violence offenses, this chapter has a limited focus on prosecution and judicial response. Review panels emphasized that the findings and recommendations in previous reports remain relevant for those disciplines.

In 82% (n = 9) of recently reviewed cases, law enforcement officers responded to at least one domestic violence incident involving the victim and the abuser at some point prior to the fatality. Police responded to a total of eighteen such incidents in nine reviewed cases. Of those eighteen, officers completed an incident report in fifteen. Only three incidents resulted in the abuser’s arrest, and prosecutors filed charges against the abuser in two of these cases, as well as in one case in which the abuser was not arrested at the scene of the incident.² Of the three cases in which the abuser faced charges, charges were dropped in one case after the abuser killed himself. In another case, prosecutors dropped a lesser domestic violence charge after the abuser was charged with murder. In the one remaining case, the abuser entered into a stipulated order of continuance. He murdered his wife and children before completing the terms of the agreement.

Criminal legal response to domestic violence calls in 9 reviewed cases



FINDING

Many victims’ only interactions with law enforcement are for “information only” domestic violence calls, even when they involve the most lethal abusers.

Recently reviewed cases highlight that many of victims’ interactions with law enforcement, even with the most lethal abusers, result in “information only” calls. In six of the nine cases (67%) that involved law enforcement response, none of the domestic violence incidents resulted in officers identifying that a crime had been committed. For the victims in

1 See *If I Had One More Day* (2006), p. 67–76; *Every Life Lost Is a Call for Change* (2004), p. 66–78; “*Tell the World What Happened to Me*” (2002), p. 33, 46–48, 54–55, 58–73, 76–80, 82; and *Honoring Their Lives, Learning from Their Deaths* (2000), p. 34–36, 62–80.

2 One juvenile case is included only in the number of calls, reports, and arrests. It is unclear from available records whether the abuser in that case was prosecuted.

these cases, none of their experiences with law enforcement resulted in any type of action being taken against the abuser: no arrest, no referrals to prosecutors or charges filed, and no criminal No Contact Order issued. These cases highlight the critical importance of law enforcement's response to domestic violence calls, even when they do not result in arrest or prosecution. In these six cases, in which the abusers ultimately committed lethal violence, law enforcement's only opportunity to intervene with the victims was in response to a verbal domestic violence or "information only" call. Some of these incidents did involve physical abuse, and yet officers did not determine the evidence supported probable cause to make an arrest. Other incidents did not involve physical violence. Most of the incidents police responded to in reviewed cases were not the most violent in the relationship. Officers responding to all of these incidents saw a snapshot that did not tell the full story of the danger the victim faced.

In an incident in one reviewed case, the victim sustained minor injuries, but law enforcement officers determined that the domestic violence was verbal only. The incident report indicated that the victim might have caused the injuries herself. The victim later told her mother that the officers had believed the abuser and thought that she was lying about her injuries, and that she believed she would get in trouble if she reported the abuser to law enforcement again. Documentation of this incident indicated that the report was forwarded to the police department's domestic violence victim advocate. Panel members identified this practice as an important opportunity for the victim in this case to receive information about the community resources and legal options available to her.

In some cases, officers completed a report but did not document giving the victim any information or referrals. It was unclear whether they failed to give the information or failed to document that they had done so. In one incident, the victim had serious injuries, and the abuser had injuries as well. Both required emergency medical treatment, and both told officers that the incident was an accident. Due to the extent of their injuries, responding officers could not separate the parties to interview them at the scene. Officers followed up with both the victim and the abuser the next day, but neither wished to make a statement, and officers concluded that they lacked evidence to support taking any further action. Friends and family of the victim stated that she did not want to report any of the abuse that she was experiencing because she did not want to jeopardize the abuser's goal of pursuing a career in law enforcement. This incident shed light on how important it is for victims to receive domestic violence resource information at every call. Particularly when the victim is reluctant to involve law enforcement, each interaction with officers may be the only opportunity to provide the victim with information and referrals to resources.

Experts reviewing these cases emphasized the need for law enforcement officers to fully document each domestic violence incident and prior history of abuse. While officers' role is to respond to each distinct incident, domestic violence victims most often experience abuse as an ongoing pattern. In some cases in which officers determined no crime occurred, they took a complete offense report documenting the incident, noted that the report was for

information only, and documented that they gave the victim domestic violence information and referrals. Panels identified this as a best practice response, because it documents the abuser's pattern of behavior and helps prosecutors place each incident in the context of that pattern.

However, officers did not always follow this practice. In three incidents that the DVFR was aware of, responding officers did not complete even a basic incident report. Law enforcement representatives on Fatality Review panels stated that some departments do not take a complete offense report, or even fill out an incident report sheet, on domestic violence calls when they determine no crime has been committed. Instead, officers note in a field log or in Computer Aided Dispatch (CAD) notes that they responded to a domestic violence call.

In one of these cases, the victim and abuser's son called 911 to report that his father was assaulting his mother. When law enforcement responded, the victim had fled to a neighbor's house. The abuser met police at the door and assured them there was no problem in the home, and the officers left without investigating or documenting the incident. Since there was no police report, it was not clear why officers did not interview the child or attempt to contact the victim.

RECOMMENDATIONS

- ▶ Law enforcement officers should take complete offense reports and provide the victim with domestic violence information and referrals for all domestic violence calls, including verbal incidents or other circumstances where it is not determined that a crime occurred.
- ▶ Law enforcement officers should always ask a domestic violence victim about prior unreported assaults, to document evidence of crimes that may be charged and the abuser's pattern of violence.
- ▶ Domestic violence victim advocates based in law enforcement agencies should follow up with victims in all domestic violence incidents to offer resource information, even when no arrest is made.

FINDING

Law enforcement officers sometimes fail to investigate domestic violence offenses when they co-occur with other types of offenses.

Reviewed cases revealed some incidents in which law enforcement officers responded to a call involving domestic violence but failed to recognize or document it as a domestic violence offense. For example, in one case, officers were dispatched to a reckless driving call with a young woman and a child hanging out of the passenger's side of the vehicle. The driver reported to the officers that he was arguing with his wife, who was the passenger. Their two young children were also in the car. The woman reported that she was attempting to get out of the vehicle to get away from her husband and that he would not let her go.

Officers cited the abuser for reckless driving and released him. They did not arrest him, code the incident as domestic violence, provide a domestic violence information packet to the victim, or make a referral to Child Protective Services. The officers' failure to recognize the danger to the victim and her children, to identify the domestic violence aspect of the incident, or to investigate her report that the abuser was holding and transporting her against her will resulted in a missed opportunity to intervene to protect her and her children, or to hold the abuser accountable for his violence.

In another case, police responded to a domestic violence incident involving the victim and her boyfriend at his home. Neighbors reported loud fighting and heard the man mention a gun. Officers responded and entered the apartment without consent of the boyfriend, citing their need to check on the victim's welfare. After entering and contacting the victim, officers continued to search the apartment and found drugs on the premises. Officers arrested both the victim and her boyfriend for a controlled substances violation. However, officers did not document any investigation of possible domestic violence that prompted the original call. Officers did not document asking the victim any questions about domestic violence or the argument that neighbors reported. They did not interview the victim and her boyfriend separately, did not interview the witness or children present, and did not give the victim any domestic violence information or referrals.

Panels reviewing these cases noted that victims likely received the message that law enforcement would not respond to the abuser's violence. Research indicates that the quality of law enforcement response to domestic violence incidents influences victims' reporting of future violence. Victims with whom officers follow up after an incident are more likely to report future incidents.³ Victims who find the criminal justice response unhelpful or harmful to them are less likely to report again.⁴

RECOMMENDATIONS

- ▶ Law enforcement agencies should develop protocols that require officers to complete a full incident report and provide domestic violence information to victims for all domestic violence calls or when domestic violence is identified in the course of responding to a call.
- ▶ Law enforcement officers should provide domestic violence victims with referrals to community-based domestic violence programs, even when the victim is involved in criminal behavior or arrested on another charge.

3 Robert Davis and Christopher Maxwell, *Preventing Repeat Incidents of Family Violence: A Reanalysis of Data from Three Field Tests*, National Institute of Justice (Washington, D.C.: U.S. Department of Justice, 2002), NCJ 200608; Robert Davis and Bruce Taylor, "A Proactive Response to Family Violence: The Results of a Randomized Experiment," *Criminology* 35, no. 2 (1997), p. 307-333; and Paul Friday, Vivian Lord, Lyn Exum, and Jennifer Hartman, *Evaluating the Impact of a Specialized Domestic Violence Police Unit*, National Institute of Justice (Washington, D.C.: U.S. Department of Justice, 2006), NCJ 215916.

4 Eve Buzawa, Gerald Hotaling, Andrew Klein, and James Byrne, *Response to Domestic Violence in a Pro-Active Court Setting*, National Institute of Justice (Washington, D.C.: U.S. Department of Justice, 1999), NCJ 181427.

FINDING**Stalking by domestic violence abusers represents an increased risk of homicide for victims.**

In one reviewed case, the abuser began stalking the victim and her children after they separated. He waited outside her home, followed her in her car, and approached their children on the street. On one occasion, he followed her and confronted her in a public place, threatening her. She called police on four occasions over a one-month period to report him threatening, harassing, and following her. Officers responded to and documented each incident but did not attempt to arrest the abuser on any of these occasions. At each call, an officer gave the victim written information about domestic violence that included the contact number for the local domestic violence program.

In one incident, the officer described the abuser's behavior as stalking. However, the officer did not document giving the victim any information about stalking or explaining under what circumstances they could arrest the abuser for stalking. Instead, the officer documented advising the victim to obtain a Protection Order, implying that they could not arrest the abuser for continuing to follow her and threaten her unless an order was in place. The victim in this case petitioned for a Protection Order but was denied by the court. This left the victim with no protection from the legal system, despite her repeated efforts to document and report the abuser's stalking and threats.

Panelists reviewing this case discussed the prevalence of stalking as a tactic of domestic violence and the elevated risk of homicide that stalking by an intimate partner represents. National research indicates that the majority of female stalking victims are stalked by a current or former intimate partner.⁵ One study found that more than half of women killed by an intimate partner had reported stalking to law enforcement prior to the murder by the stalker.⁶ However, panelists noted that most domestic violence victims do not know what pattern of behavior constitutes the crime of stalking or what legal options are available to them.

RECOMMENDATIONS

- ▶ Law enforcement officers should receive specialized training on recognizing and documenting stalking, collecting evidence, and documenting the victim's level of fear.
- ▶ Law enforcement officers should provide stalking victims with information about how to document an abuser's stalking to support criminal charges (e.g., keeping a stalking log).
- ▶ Whenever law enforcement officers advise domestic violence victims to obtain a Protection Order, they should always refer victims to a trained domestic violence victim advocate for safety planning as well.

5 Patricia Tjaden and Nancy Thoennes, "Stalking in America: Findings from the National Violence Against Women Survey," National Institute of Justice (Washington, D.C.: U.S. Department of Justice, 1998) NCJ 169592; and Nancy Jurik and Russ Winn, "Gender and Homicide: A Comparison of Men and Women Who Kill," *Violence and Victims* 5, no. 4 (1990), p. 227-242.

6 Judith McFarlane, Jacquelyn Campbell et al., "Stalking and Intimate Partner Femicide," *Homicide Studies* 3, no. 4 (1999), p. 300-316.

- ▶ 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 the criminal justice response to stalking. Such protocols should identify stalking as a pattern of behavior best understood from the victim's perspective and should emphasize the lethality risks associated with stalking.
- ▶ Domestic violence programs should include information about stalking as a tactic of abuse in outreach and community education materials and inform victims of stalking that they can call a domestic violence program for support and safety planning.

FINDING

Courts do not routinely order abusers to batterer's intervention programs.⁷

Although law enforcement officers responded to domestic violence incidents involving the majority of abusers (82%) in reviewed cases, all but one abuser were either never charged with a domestic violence offense or prosecutors dropped the charges. In the one remaining case, the victim had a visible injury and law enforcement determined that her husband had assaulted her. The abuser was intoxicated and fought with police. He was arrested and charged with domestic violence assault and resisting arrest. He entered into a stipulated order of continuance (SOC). As part of the SOC, the court ordered him to complete an alcohol evaluation and treatment. However, the court did not order batterer's intervention.

Even though the abuser was charged with a domestic violence crime, the prosecutor and judge in this case appeared to attribute the abuser's violent behavior to his drinking. They failed to require him to address his violence as well as his substance abuse, a dangerous decision given that most substance abuse treatment programs do not screen for domestic violence and do not refer abusers to batterer's intervention programs. The abuser in this case murdered his wife and children before he completed the terms of the SOC.

RECOMMENDATIONS

- ▶ Prosecutors should routinely request, and judges should routinely order, domestic violence offenders to complete a state-certified batterer's intervention program as part of their sentence.
- ▶ Courts should order domestic violence offenders to substance abuse treatment only in conjunction with batterer's intervention.

⁷ Batterer's intervention programs are described in the Washington Administrative Code as "domestic violence perpetrator treatment programs" (WAC 388-60).

Juvenile Justice System

The juvenile justice system has the opportunity to intervene with abusers at a young age.

In three of the eleven cases (27%) reviewed in depth in the last two years, Domestic Violence Fatality Review (DVFR) panels were aware that the abuser's first contact with the criminal legal system was before the age of eighteen. Two of these abusers committed at least one crime related to dating or intimate partner violence as a juvenile. In a fourth case, an associate of the abuser who committed the murder with him had an extensive juvenile criminal history. Because the Fatality Review does not always have access to juvenile criminal records, previous Fatality Review reports have included very little discussion of abusers' or victims' contacts with the juvenile justice system. However, recent reviews have included more information about abusers' juvenile criminal histories, presenting an opportunity to explore the critical role of this system in intervening with abusers at a young age. One victim in a reviewed case had contacts with police as a juvenile, although it appeared that none of the victims had been charged with any crimes as a juvenile.

FINDING

Many abusers first interact with the criminal legal system as juveniles; yet the juvenile justice system's screening tools and interventions do not routinely address dating and intimate partner violence.

Recent in-depth reviews of domestic violence fatalities highlight the juvenile justice system as a critical point of intervention with the potential to provide meaningful treatment to young offenders. Experts reviewing these cases noted that while the goal of the juvenile justice system is to intervene with offenders at a young age and provide alternatives to criminal behavior, there are significant gaps in the system's ability to do this, particularly around issues of intimate partner violence. Since the time the abusers in these reviewed cases were juveniles, Washington State's juvenile justice system has undergone significant transformation, including a shift to emphasizing evidence-based treatment for juvenile offenders and developing statewide screening tools and risk assessment tools.¹ However, these tools do not include efforts to routinely assess whether offenders are abusive, controlling, or violent toward their dating partners. This results in a missed opportunity to address a pattern of abusive behavior at a young age that ultimately can result in lethal violence, as it did in these cases.

In at least two of the four reviewed cases in which the abuser or the abuser's associate had a juvenile criminal record, the juvenile offender was also a victim of abuse or neglect as a child. Experts reviewing these cases noted that statewide screening tools do assess whether

¹ Jason Ziedenberg, *Models for Change: Building Momentum for Juvenile Justice Reform*, Justice Policy Institute (2006); and Gene Siegel, Gregory Halemba, Charles Puzanchera, and Ben Adams, *Washington Models for Change Initiative: Background Summary*, National Center for Juvenile Justice (2006).

youth have experienced parental abuse or neglect, but that most counties lack adequate services for youth who have been abused. Research indicates that boys who witness or experience abuse are more likely to abuse their intimate partners as teens and adults.² The lack of resources for abused and neglected children and youth who are committing criminal offenses leads to missed opportunities to intervene with a group of offenders who are at increased risk of perpetrating intimate partner violence.

The reviewed cases also highlight the need for quality mental health services for youth in the juvenile justice system. Of the three abusers in reviewed cases who had juvenile criminal histories, two appeared to have mental health concerns as teens, including suicidality. Experts reviewing these cases reported that, due to a lack of public funding, mental health services are often not available for youth who need them and that this is a critical gap in the juvenile justice system's ability to meaningfully intervene with young offenders.³ Untreated mental health problems in young offenders, many of whom have also suffered significant trauma, increase the risk that those youth will harm themselves or others.

RECOMMENDATIONS

- ▶ The Washington State Institute for Public Policy should conduct research to explore how the evidence-based treatment models and screening instruments currently used in Washington State's juvenile justice system do or do not address dating and intimate partner violence.
- ▶ Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified.
- ▶ Funders should support the development, implementation, and evaluation of batterer's intervention programs that are specific to teens abusing their dating partners. These interventions should be appropriate for juvenile domestic violence offenders as well as youth referred from the community.

FINDING

The legal definition of domestic violence does not include all dating relationships between minors, creating barriers to holding some juvenile abusers accountable for dating violence.

Four of the eleven victims (36%) in recently reviewed cases were under age eighteen when they began dating the homicide perpetrators. One of these abusers was a juvenile as well;

2 Todd Herrenkohl, Alex Mason, Rick Kosterman et al., "Pathways from Physical Childhood Abuse to Partner Violence in Young Adulthood," *Violence and Victims* 19, no. 2 (2004), p. 123-136.

3 "While some positive steps have occurred in recent years...local juvenile justice stakeholders consider access to and the availability of quality mental health services to be the most important gap in the state's juvenile justice system." *Washington Models for Change Initiative: Background Summary*, National Center for Juvenile Justice (2006), p. 18.

the others were all over age eighteen. Two of the victims in reviewed cases had interactions with the juvenile justice system as victims of crimes, both including at least one crime related to intimate partner violence.

In one reviewed case, law enforcement responded to the abuser physically assaulting and strangling the victim. At the time of this incident, the abuser was seventeen years old and the victim was fourteen. They attended the same high school and were dating, but they were not married and had no children in common at the time. The legal definition of domestic violence in Washington State applies to “family and household members,” including people who are married, have a child in common, or have a dating relationship and are at least sixteen years old.⁴ The victim’s age in this case meant that they did not meet this definition. As a result, the court could not issue a criminal No Contact Order,⁵ as these can be ordered only in cases meeting the definition of domestic violence crimes. Courts can order that the abuser have no contact with the victim as a condition of release; however, this would not have prevented him from attending the same school as the victim. In addition, violating a condition of release does not result in arrest and a new criminal charge, whereas violating a criminal No Contact Order does.

State law does not clearly mandate that law enforcement officers provide victims of intimate partner violence who are under age sixteen with domestic violence information and referrals.⁶ Even if officers do give victims domestic violence packets in cases such as the one reviewed, despite not being required to, the information is not specific to teens, and some services (such as domestic violence emergency shelter) are not available to a fourteen-year-old victim. This case highlights the limitations of the juvenile justice system’s ability to provide protections to someone as young as this victim, despite the fact that she experienced a violent assault at the hands of her boyfriend and continued to attend the same school as he did, making it impossible to avoid contact.

Law enforcement referred this case to juvenile court, and the Fatality Review could not access those records to learn how it proceeded through the system. Experts reviewing this case noted, however, that juvenile abusers in circumstances such as this typically face few consequences. At the time of the reviewed incident, first-time misdemeanor juvenile offenders were subject to mandatory diversion. Many juveniles were not referred to any services as a part of their diversion. Juvenile offenders who enter into a diversion agreement

4 RCW 26.50.010(2): “‘Family or household members’ means spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren.”

5 As described in RCW 10.99.040.

6 RCW 10.99.030(7) mandates that law enforcement officers responding to domestic violence calls provide information to victims meeting the definition of “family or household members” in RCW 26.50.010(2).

can avoid criminal prosecution as long as they meet the conditions outlined in the agreement. For offenders who are ordered to services, most still do not receive any interventions specific to domestic violence.⁷ Instead, they are required to participate in interventions such as anger management, which fail to address the power and control issues at the heart of perpetrating domestic violence.

RECOMMENDATIONS

- ▶ Domestic violence programs should develop domestic violence resource information and outreach materials specific to teens and provide these to law enforcement agencies.
- ▶ Law enforcement officers should provide domestic violence information and referrals to all victims of intimate partner violence, including those under age sixteen.
- ▶ Judges and commissioners should receive training regarding teen dating violence, including the potential lethality in these cases.

⁷ Benton and Franklin Counties Juvenile Court has implemented a program specific to juvenile domestic violence offenders. All youth who enter secure detention on family violence and intimate partner violence offenses are seen by a juvenile probation counselor who has specific training and experience with domestic violence cases. The counselor creates a safety plan with the youth and family, refers to resources, and follows up with the youth involved. For more information about this program, contact Darryl Banks at 509-783-2151 or WSCADV at 206-389-2515.

Appendix A

History and Description of the Domestic Violence Fatality Review

History and funding of the Washington State Domestic Violence Fatality Review

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

The DVFR began in 1997 with federal Violence Against Women Act (VAWA) funds, administered through the Office for Crime Victims Advocacy in the Washington State Department of Community, Trade, and Economic Development (CTED), and was originally housed in the Department of Social and Health Services (DSHS). 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*.¹

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, administered through DSHS Children's Administration.

Purpose of the Domestic Violence Fatality Review

The DVFR's primary goals are to promote cooperation, communication, and collaboration among agencies investigating and intervening in domestic violence; to identify patterns in domestic violence-related fatalities; and to 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 legal systems for detailed examination of fatalities. Focusing on public records, Fatality Review panels analyze community resources and responses to abuse prior to the fatality and generate information relevant to policy debates about domestic violence.

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

¹ *Homicide at Home: Washington State's Domestic Violence Fatality Review Project* (December 1999), available at www.wscadv.org.

The DVFR 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 cases reviewed by panels and a limited set of data on unreviewed cases.

Definition of a domestic violence fatality

The DVFR defines a domestic violence fatality as a death that arises from an abuser's efforts to seek power and control over an 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-perpetrator 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.² 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 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 perpetrator's child, parent, or sibling, or had any family relationship other than marriage, are excluded from this category. Defined this narrowly, cases in which homicidal abusers kill law enforcement officers, their former partners' new love interests, or bystanders do not count as domestic violence fatalities.

In contrast to the legal 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. The DVFR definition of a domestic violence fatality is both broader and narrower than the one used by most criminal legal system reporting agencies. It is broader in that it takes into account that abusers sometimes kill non-family members in the context of domestic violence. It is narrower in that the DVFR definition excludes some cases in which family members and cohabitants kill one another but the deaths do not take place in the context of intimate partner violence. Thus, cases in which siblings kill siblings or children kill parents, as well as 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 that occur in the context of domestic violence or in the midst of a perpetrator's attempt to kill an intimate partner. For example, situations in which an abuser kills a current/former intimate partner's friend, family member, or new intimate partner, or those in which a law enforcement officer is killed while intervening in a domestic violence incident.

² RCW 10.99.020 and RCW 26.50.010.

3. Homicides occurring as an extension of or in response to ongoing intimate partner abuse. For example, when a victim's ex-spouse kills their children in order to exact revenge on the former partner.
4. Suicides of abusers that occur in the context of intimate partner violence.

Fatality Review panels

The best information and analysis about fatalities is generated at the local level, with Fatality Review panel members who are closely involved in the community response to domestic violence. Fatality Review panels are generally convened at the county level. In some cases, multicounty review panels exist. Thus, locally based, multidisciplinary panels conduct the in-depth reviews of domestic violence fatalities. Core panel participants include:

- Municipal, District, Superior, and Tribal Court judges
- City and county prosecutors
- Law enforcement agencies
- Court, law enforcement, and prosecutor-based domestic violence advocates
- Local hospital staff
- Domestic violence shelters and advocacy organizations
- Child protective services
- Community corrections/probation officers
- Department of Health representatives
- Agencies and organizations serving specialized populations (e.g., people of color, limited English proficient populations, immigrants and refugees, gay, lesbian, bisexual, and transgender people)
- Military liaisons for areas close to military bases
- Humane Society and animal cruelty investigators
- Batterer's intervention programs

Whenever possible, we also include local mental health and substance abuse treatment providers, sexual assault advocates, schools, and leaders of religious communities. If it is clear that either the victim or the abuser had contacts with a particular agency, doctor, attorney, religious leader, or other community member, we contact that professional and invite them to the review.

The Domestic Violence Fatality Review has operated review panels covering fifteen Washington counties since 1998. 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. During the period covered in this report, panels were active in Benton, Clark, Franklin, Kitsap, Snohomish, Thurston, and Walla Walla counties.

Location of review panels	From	To
Chelan/Douglas/Okanogan Counties	June 1998	July 1999
Spokane County	June 1998	November 2000
Pierce County	June 1998	February 2003
Yakima/Kittitas Counties	April 1999	November 2000
King County	June 1999	February 2005
Clark County	November 2001	April 2007
Benton/Franklin/Walla Walla Counties	April 2002	October 2007
Snohomish County	February 2004	Present
Thurston County	October 2005	Present
Kitsap County	November 2007	Present

Confidentiality and criteria for in-depth reviews

Proceedings of Fatality Review panels are confidential and protected from discovery by a third party, as mandated by RCW 43.235, and panel members are protected from liability arising from their participation on the panel. Currently, the DVFR does not have access to confidential information, such as batterer's intervention, medical, or mental health records, unless the information is releasable for research purposes or we have obtained a release from next of kin. While this poses some limitations for panels, we have also found that a wealth of information exists in public records.

In order to avoid influencing civil or criminal adjudication, and due to limitations on access to information, the following criteria were developed for case selection:

- The death fits within the DVFR's definition of a domestic violence fatality.
- The criminal legal system has identified the perpetrator.
- There is no criminal prosecution in the case (e.g., a case involving homicide-suicide), or the case is closed with no appeal pending. An exception can be made in the latter circumstance if 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 that never triggered a criminal investigation because they were classified as accidental, and cases in which prosecution or a civil suit is pending.

The Fatality Review process

Fatality Review panels generally meet quarterly. Panels identify which cases in their county they would like to review. Once the panel has identified a death for review, DVFR staff request 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, DVFR staff are able to establish research agreements with law enforcement agencies, enabling access to incident reports related to events that did not result in a conviction. In cases in which we are able to identify surviving family members, the DVFR staff sends them a letter explaining the purpose of the DVFR and inviting them to share any information they would like by contacting us. The staff then synthesizes the events described in these public documents (along with any information provided by family members) into a case chronology and distributes this document to Fatality Review panel members prior to meeting for the review.

Review panel members read the case chronology and examine their own agency's records for contacts with the domestic violence victim, the abuser, or the children. If the agency has served any member of the family, it is up to the panel member to determine how much information to disclose 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 the victim obtaining safety, and the ability of the system to hold the abuser accountable for the violence.

Review panel members do not generate recommendations. Instead, they generate information to identify issues and problems, which are synthesized as findings in this report. The Washington State Coalition Against Domestic Violence develops the recommendations in this report by analyzing the issues raised by all of the review panels and in conversation with advisory committees.

Citizen protocol for requesting review

Members of the public may bring a particular death to the attention of the DVFR and request a review, per RCW 43.235. Requests for review should be made in writing within two years of the fatality. Requests may be made anonymously. In case of a citizen request for review, the Fatality Review Coordinator will determine whether the fatality meets the project's criteria for review. If the fatality does meet the criteria, Fatality Review staff will take the request to the appropriate review panel, if one exists in the region where the fatality occurred. In cases where no review panel exists, Fatality Review staff will evaluate the possibility of convening a panel to review that case.³

Data collection and identification of domestic violence-related deaths

The DVFR utilizes a detailed data collection tool to track and collect data on both reviewed and unreviewed 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 the perpetrator, their relationship,

³ The complete "Citizen Protocol for Requesting Review" can be found in Appendix C of the 2002 DVFR report, available at www.wscadv.org.

the date of the fatality, the weapon used, charges filed regarding homicides and outcomes, prior domestic violence convictions, protective order filings, and a brief summary of the circumstances of each homicide or suicide. Domestic violence fatalities are identified utilizing news accounts of homicides and suicides, Washington Association of Sheriffs and Police Chiefs crime reports, and vital statistics data from the state Department of Health.

While combining these data sources 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 difficult to determine when women's suicides are related to the despair and hopelessness some victims feel in abusive relationships. Secondly, anecdotal information suggests that some homicides are misidentified as suicides or accidental deaths. Again, without access to confidential information, it may be difficult to identify these cases. Third, the Fatality Review's count of children killed by domestic violence abusers is undoubtedly low. Sometimes media coverage of children's deaths makes clear that the perpetrator killed the child as an act of punishment or revenge directed at a current or former intimate partner, but often this information is not available. Our methods of tracking these cases do not allow us to consistently identify this circumstance. Fourth, a significant portion of murders and missing person cases remains unsolved. It is likely that some portion of these cases involves domestic violence homicides. Finally, it is likely that the Fatality Review's data does not fully capture the number of domestic violence homicides in same-sex relationships. Without in-depth examination, it is not possible to know whether homicides in which the perpetrator is listed as a friend or roommate involved same-sex intimate partners.

Appendix B

Glossary of Terms

case All cases involve one domestic violence victim, one domestic violence abuser, and at least one fatality that meets the DVFR criteria for a domestic violence fatality. All cases involve a fatality that occurred in Washington State. Cases may involve multiple fatalities, because an abuser may kill more than one person or may kill himself in addition to committing homicide.

domestic violence fatality Any fatality that comes about as a result of an abuser's efforts to gain power and control over an intimate partner. A fatality refers to the death of an individual person. A fatality may be the result of homicide, suicide, or homicide in self-defense. The individual killed may be the domestic violence victim, the abuser, the domestic violence victim's children, friends, or family, co-workers, bystanders, or law enforcement officers.

all reviewed cases All cases that have been subject to an in-depth review by a community-based panel since the DVFR's inception in 1997.

recently reviewed cases Cases reviewed between July 1, 2006, and June 30, 2008.

domestic violence abuser One person in an intimate relationship who uses an ongoing pattern of behavior to control his or her partner, including such tactics as physical violence, threats, economic exploitation or control, and emotional abuse. Domestic violence abusers are responsible for most of the domestic violence fatalities tracked by the DVFR, but they can also be homicide victims (when, for example, their partners kill them in self-defense).

domestic violence victim The person in an intimate relationship who experiences a pattern of abuse from her or his partner. Frequently, the domestic violence victim is also the homicide victim in the cases the DVFR examines, but sometimes the homicide victim is another person (e.g., a new boyfriend), and the domestic violence victim survives. While every case involves a domestic violence victim, the domestic violence victim has not been killed in every case.

homicide victim A person who has been deliberately killed by someone else. Homicide victims can include the domestic violence victim, the abuser, the domestic violence victim's children, friends, or family, co-workers, bystanders, or law enforcement officers.

homicide perpetrator A person who has deliberately caused the death of another person. In most cases the DVFR reviews, this person is also the domestic violence abuser. However, in some cases, domestic violence victims kill their abusers in self-defense, and in some cases, friends or family of domestic violence victims kill domestic violence abusers.

suicide by police Situations in which abusers acted with life-threatening violence that compelled law enforcement officers to respond with deadly force. This behavior has been defined by researchers as "suicide by cop" or "law enforcement officer-assisted suicide."¹

¹ See Daniel Kennedy, Robert Homant, and R. Thomas Hupp, "Suicide by Cop," *FBI Law Enforcement Bulletin* 67 (1998), p. 30–48; and Robert Homant and Daniel Kennedy, "Suicide by Police: A Proposed Typology of Law Enforcement Officer-Assisted Suicide," *Policing* 23, no. 3 (2000), p. 339–355.

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Now That We Know

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