# County of San Diego Domestic Violence Fatality Review Team

## 2008 REPORT

County of San Diego
Health and Human Services Agency
Office of Violence Prevention

# County of San Diego Board of Supervisors

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# Foreword

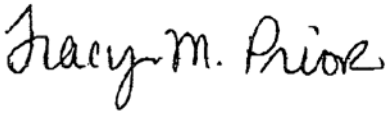
Domestic violence, also called Intimate Partner Violence, affects all of us. It is a crime where abusers use power and control against their victims, and affects children for generations. Domestic violence knows no social, economic, or racial class.

Research shows that children who are exposed to domestic violence often experience depression, anxiety, and an impacted sense of well-being. It is no surprise that children exposed to domestic violence may well become perpetrators or victims when they start their own intimate partnerships.

The Domestic Violence Fatality Review Team (DVFRT) challenges itself to look inward at how agencies respond to domestic violence. This team of dedicated professionals analyzes domestic violence cases and seek to never let a victim die in vain. The DVFRT promotes prevention, education, and awareness in its many recommendations to our community. For example, this team recommended increased training for law enforcement in the area of how children are affected by domestic violence. In 2008, a new law enforcement protocol was signed by each Police Chief in our county, which focuses on the response to children exposed to domestic violence.

Knowledge is power when it comes to domestic violence. We trust the information and data contained in this report will help all citizens take a stand against this crime, and never let a victim die in vain. Victims deserve this. Their children deserve this. San Diegans deserve this.

Sincerely,



Tracy Prior

*Tracy Prior is a Deputy District Attorney and Assistant Chief of the Family Protection division of the County of San Diego District Attorney's Office & Co-Chair of the San Diego County DVFRT*

## Prevalence of Intimate Partner Violence

- Summarizing the results of forty-eight population-based surveys, the World Health Organization found between ten and sixty-nine percent of women worldwide reported a physical assault by an intimate partner.[1]
- Nearly 1.5 million women and 834,700 men are raped or physically assaulted by an intimate partner each year. [2] Intimate partner homicides account for 40-50 percent of all murders of women in the United States.[3]
- In California, about 700,000 women experience intimate partner violence each year — 3 times the national average.[4]
- Each year San Diego County receives about 20,000 calls to law enforcement for domestic violence (ARJIS, 1998-2006). In 2004-2007 there was an annual average of 4,767 calls to the San Diego countywide DV hotline (DV LINKS) with over 30% of those calls including requests for shelter and/or safety planning. There were 28 domestic violence homicides identified in San Diego County in 2006, and 20 identified in 2007 (County of San Diego, HHSA, Office of Violence Prevention, 2007).

# DVFRT Membership Roster

***Outgoing Co-Chair:***
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*Rady Children's Hospital*
*Chadwick Center*

***Co-Chair:***
**Tracy Prior, JD**
*County of San Diego*
*District Attorney's Office*
*Family Protection Division*

***Coordinator:***
**Terra Marroquin, MSW**
*County of San Diego*
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***Co-Chair:***
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*County of San Diego*
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*District Attorney's Office*
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**Bethann Schaber, MD**
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**Kristeen McKenzie**
*Superior Court of California*
*County of San Diego, Pretrial Services*

**Patty Chavez-Fallon, LCSW**
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*County of San Diego, Family Court Services*

**Shelley Webb, JD**
*Office of the San Diego City Attorney*
*Domestic Violence and*
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**Wendy Maramba, MS, MFT**
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**Ellen Stein, Ph.D.**
*LGBT Community Representative,*
*Clinical & Forensic Psychology Representative*

**Andrea Hazen, Ph.D.**
*Rady Children's Hospital*
*Child & Adolescent Services*
*Research Center*

**Dawn Griffin, Ph.D.**
*SD Domestic Violence Council President*
*& Forensic Psychology Representative*

**Deborah Shriver, MA, MFT**
*T & I Committee, DV Council*
*North County Lifeline*

**Jorge Gonzalez**
*County of San Diego*
*Probation Department*

**Morris Touriel, Ph.D.**
*United States Navy*
*Navy Family Advocacy Center*

**Kristine Rowe, JD**
*Legal Action Committee, DV Council*
*Center for Community Solutions*

**Rachel Solov, JD**
*County of San Diego*
*District Attorney's Office*
*Sex Crimes and Stalking Unit*

**Lt. Kim McElroy**
*San Diego Police Department*
*Domestic Violence Unit*

**Lt. Dennis Yoshonis**
*San Diego Sheriff's Department*
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**Nancy Graff, MD**
*University of Calfornia, San Diego*
*Department of Pediatrics*

**Sgt. Juan Cervantes**
*Chula Vista Police Department*
*Family Protection Unit*

**Sgt. Jeff Arvan**
*El Cajon Police Department*
*Crimes of Violence Unit*

Membership as of August, 2008

# Introduction

Cross-system collaboration is one of the most important means of providing effective, non-duplicative, and easily accessible services for victims and their families.

Intimate partner violence (IPV) is a major public health and criminal justice concern. It is the leading cause of serious injury to women, accounting for three times as many emergency room visits as car crashes and muggings combined.[4] From 1976 to 2005, about 11% of murder victims in the United States were determined to have been killed by an intimate partner.[5]

In order to prevent intimate partner homicide, steps must be taken to prevent the occurrence and reoccurrence of IPV in general. "Unlike stranger murder, domestic violence is typically not a crime of sudden, unanticipated violence by an intimate partner. Rather, these murders are often the culmination of escalated violence in relationships where there is a history and pattern of abuse..." [6] Whether it is the social service system, healthcare community, legal services, family courts, criminal justice system, or an individual's personal support network – each of these "systems" is responsible for intervening and responding to IPV before the violence escalates into serious injury or death.

While significant progress has been made in addressing intimate partner violence, prevention and intervention efforts are most effective if they can be addressed through collaborative multi-system, agency, and community based approaches.

In accordance with the California Penal Code, the Domestic Violence Fatality Review Team (DVFRT) is a confidential multidisciplinary team that conducts in-depth retrospective case reviews of intimate partner-related fatalities that have occurred in San Diego County. The goal of this process is to identify system gaps in order to make recommendations for systems change and to expand effective violence prevention policy. Information related to selected intimate partner fatalities is gathered and used by the DVFRT to identify and address system issues that can then be used to inform prevention, intervention and service efforts in San Diego County.

The DVFRT recommends that traditional agencies working to address family and community violence (e.g. victim services, child welfare, and law enforcement), should work more closely together and with other non-traditional partners such as alcohol and drug services, mental health, the medical community, and housing/income support programs.

Cross-system collaboration is one of the most important means of providing effective, non-duplicative, and easily accessible services for victims and their families.

**DVFRT 2008 Recommendation**

We recommend that all systems and agencies work toward fostering and improving relationships, cross-training, and cross-reporting in order to better serve San Diego families.

# Overview of the San Diego Domestic Violence Fatality Review Team

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

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

At that time, there were about ten formal teams nationwide. Today, there are approximately 100. The State and National DVFRT initiatives provide technical assistance and coordination.

There are currently 25 systems/agencies represented on the San Diego DVFRT. Membership is generally limited to representatives that may provide case information. Written and oral communication may be provided to and shared amongst team members for the purpose of the death reviews and is held strictly confidential (PC 11163.3).

## San Diego DVFRT Mission

To prevent future deaths from intimate relationship violence by utilizing a systematic, confidential, multi-agency death review process and to identify system gaps in order to expand effective violence prevention policy and coordinated strategies.

## Objectives

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

### What Do Fatality Review Teams Do?[7]

- Identify deaths – both homicides and suicides related to domestic violence.
- Examine the effects of all domestic violence interventions that took place before the victim's death.
- Consider changes in prevention and intervention systems to help prevent such deaths in the future.
- Develop recommendations for coordinated community prevention and intervention initiatives to reduce domestic violence.

The DVFRT is a confidential multidisciplinary team that conducts in-depth retrospective case reviews of intimate partner-related fatalities that have occurred in San Diego County.

*OVERVIEW OF THE DVFRT... CONTINUED*

# CASE IDENTIFICATION AND SELECTION

All known intimate partner-related fatalities are tracked and a select number are chosen for case review.

The DVFRT Coordinator tracks all identified intimate partner-related fatalities in San Diego County. These are first identified by one or more of the team's partners, particularly the Medical Examiner, District Attorney's Office, and law enforcement. The Medical Examiner's Office conducts its investigation, determining whether the manner of death(s) was deemed a homicide and/or suicide and provides the cause of death as well as other basic demographic details. Law enforcement and, in many cases, the District Attorney's office provide other case details such as the relationship between the victim and perpetrator. There are cases that are not immediately identified as related to intimate partner violence. Thus, the number of identified intimate partner-related fatalities in this report may be an underestimate of the actual number.

In order for a case to be eligible for review, the fatality must be related to an intimate partner relationship, as defined in the box below. In cases where the intimate partner was not the homicide victim (e.g. friend, new partner, etc. was murdered instead), the review will still include an in-depth examination of the intimate relationship. In many cases an intimate partner-related fatality occurs without the existence of any known intimate partner violence (IPV) and thus a history of IPV is not held as a contingency for review.[8, 9, 10]

"Domestic violence" is abuse committed against an adult or minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship (PC 13700 (b)).

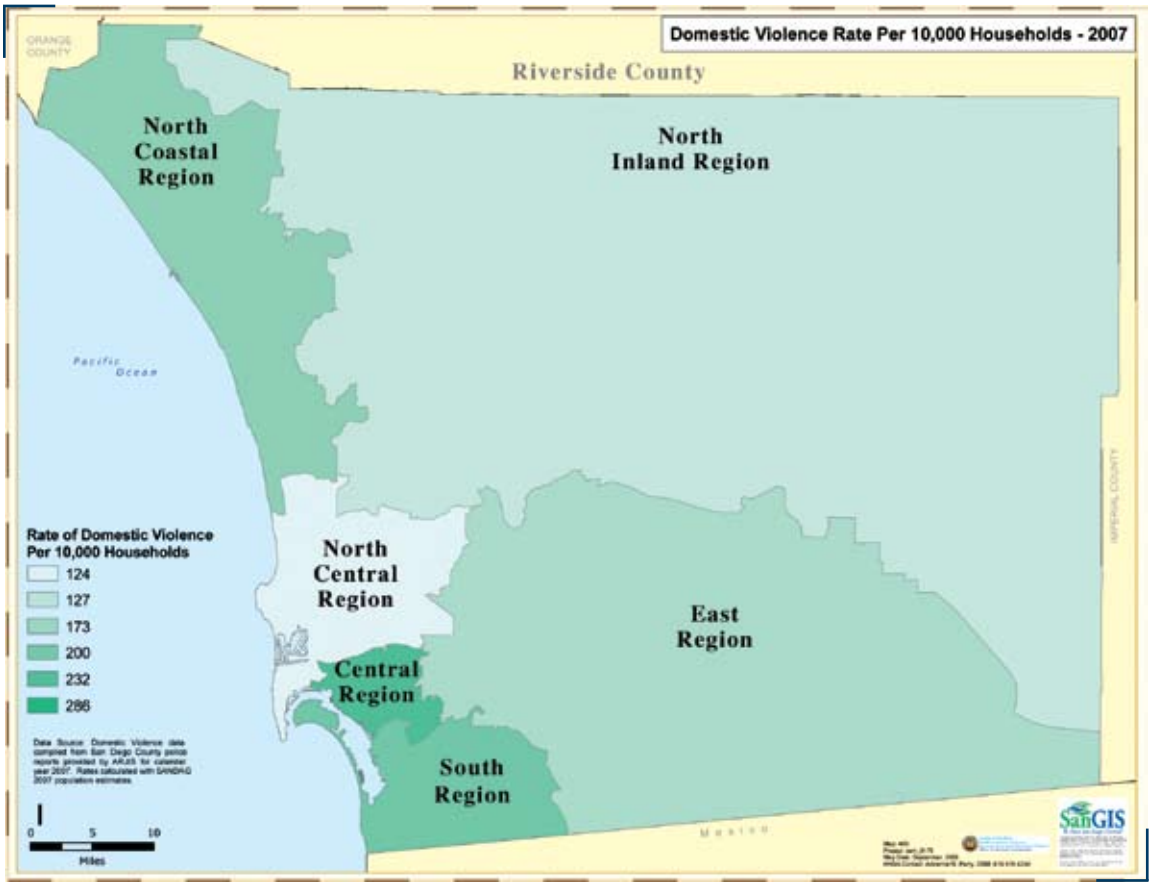
When a perpetrator commits a homicide and is apprehended alive, the DVFRT will only review the case once the perpetrator of the crime has been sentenced through the San Diego Superior Court System. This process averages 18 months. The DVFRT may also review cases in which the perpetrator commits suicide. This review of suicide cases can take place once law enforcement has completed their investigation, which may take a few months. Once specific cases are selected for the DVFRT to review, law enforcement or the prosecutor will present the case to the DVFRT.

Similar to other DVFRTs nationwide, the Coordinator tracks all known intimate partner-related fatalities, but the team reviews a limited number of cases (typically 10-12 per year) in order to conduct more in-depth reviews of selected fatalities. Thus, ***reviewed cases are not a representative sample of all intimate partner fatalities in San Diego***. Once cases have been identified, the Co-Chairs select the cases if at least one system was involved with the perpetrator, victim or their families or the case may illustrate an emerging trend or generate cross-system discussion. The findings and recommendations from DVFRT case reviews that took place during 2006 and 2007 are presented beginning on page 9 of this report.

# Intimate Partner Violence Statistics in San Diego County 2006-2007

- In San Diego County, there were 19,886 domestic violence (DV) related incidents in 2006 and 18,874 in 2007.[11] For 2006 and 2007 combined, 6,849 juveniles (0-17) were listed on the witness lists for these incidents and the average age of these children was 10 years (ARJIS, 2006 & 2007).
- There were over 5,200 calls to the San Diego countywide DV hotline (DV LINKS) with over 30% of those calls including requests for shelter and/or safety planning (County of San Diego, HHSA, Office of Violence Prevention, 2007).

**Figure 1. Domestic Violence Incidents by HHSA Region 2007**




- SDPD received the highest number of DV Cases/Calls for 2007 among all law enforcement jurisdictions, totaling 9,247 (ARJIS, 2007).
- For DV Incidents (Cases/Calls) to SDPD in 2007, the majority of the victims were between 20 and 49 years of age, with the highest number (37%) falling in the age range of 20-29 (SDPD, 2007).
- In 2007, the spouse was the identified perpetrator in 33% of San Diego County Emergency Department discharges where battering or maltreatment was noted; 89% of the victims were female (HASD&IC, CHIP, County of San Diego, HHSA, PHS EMS, ED Database, 2007).
- The Domestic Violence Response Team (DVRT) was called out to 832 *(continued)*

in-person crisis responses and in over half of them the victim had custody of at least one child (County of San Diego, HHSA, Office of Violence Prevention (OVP), FY 2006-2007).

- In 2007, a sample of 222 San Diego domestic violence victims completed the Danger Assessment (a risk assessment tool) during the intake process for DV advocacy services. Over 44% reported their partner had threatened to kill them and 47% said that their partner had attempted to strangle her/him (County of San Diego, HHSA, OVP, DVSF Program, 2007).
- There were over 6,000 Domestic Violence Temporary Restraining Order filings countywide (2007). There were 756 felony cases filed (San Diego Superior Court, FY 2006-2007).
- There were 28 intimate partner-related fatalities in San Diego County in 2006 and 20 in 2007 (County of San Diego, HHSA, Office of Violence Prevention, 2006-2007).

**Figure 2. Domestic Violence Incidents 2006 - 2007**

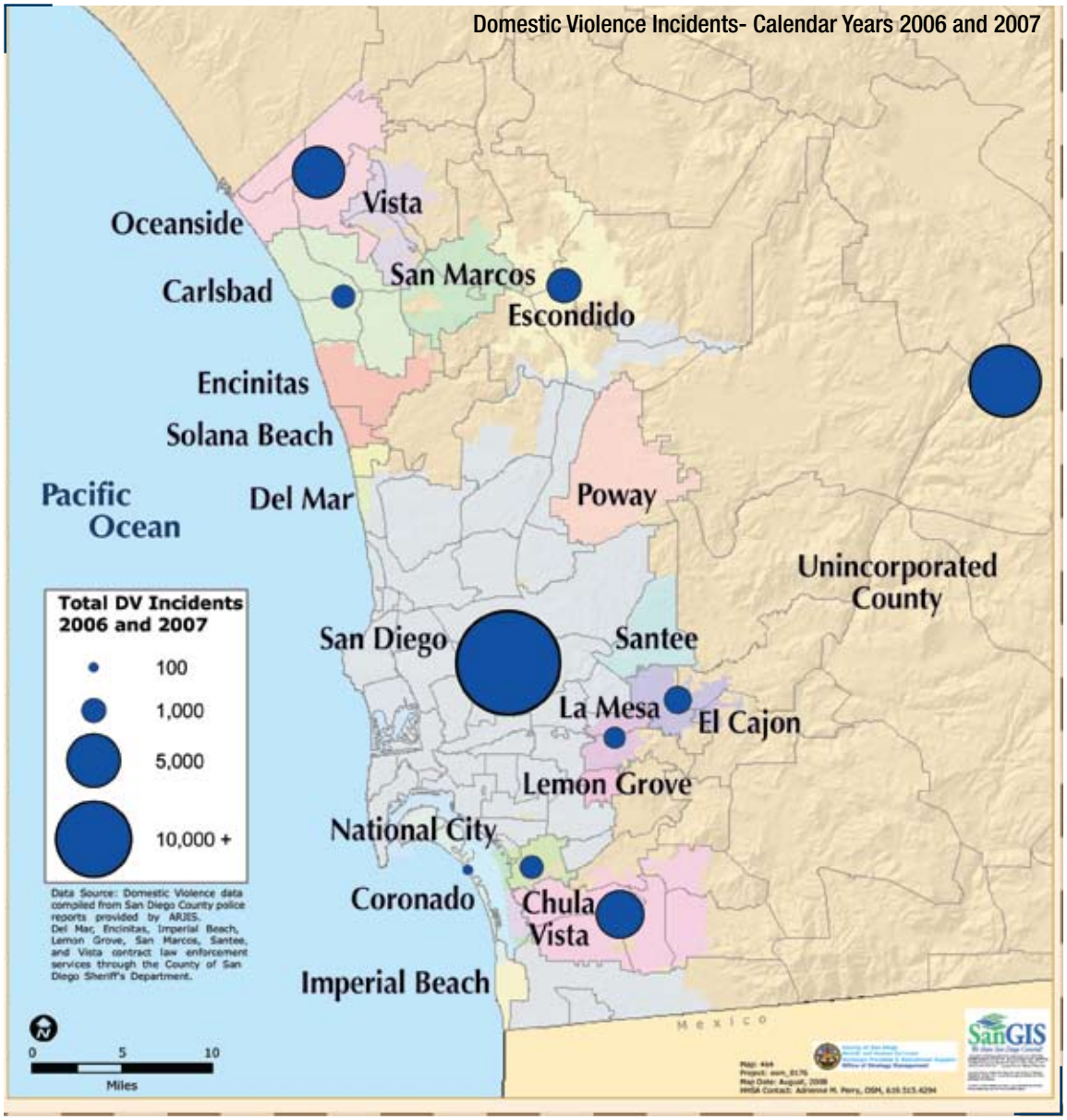
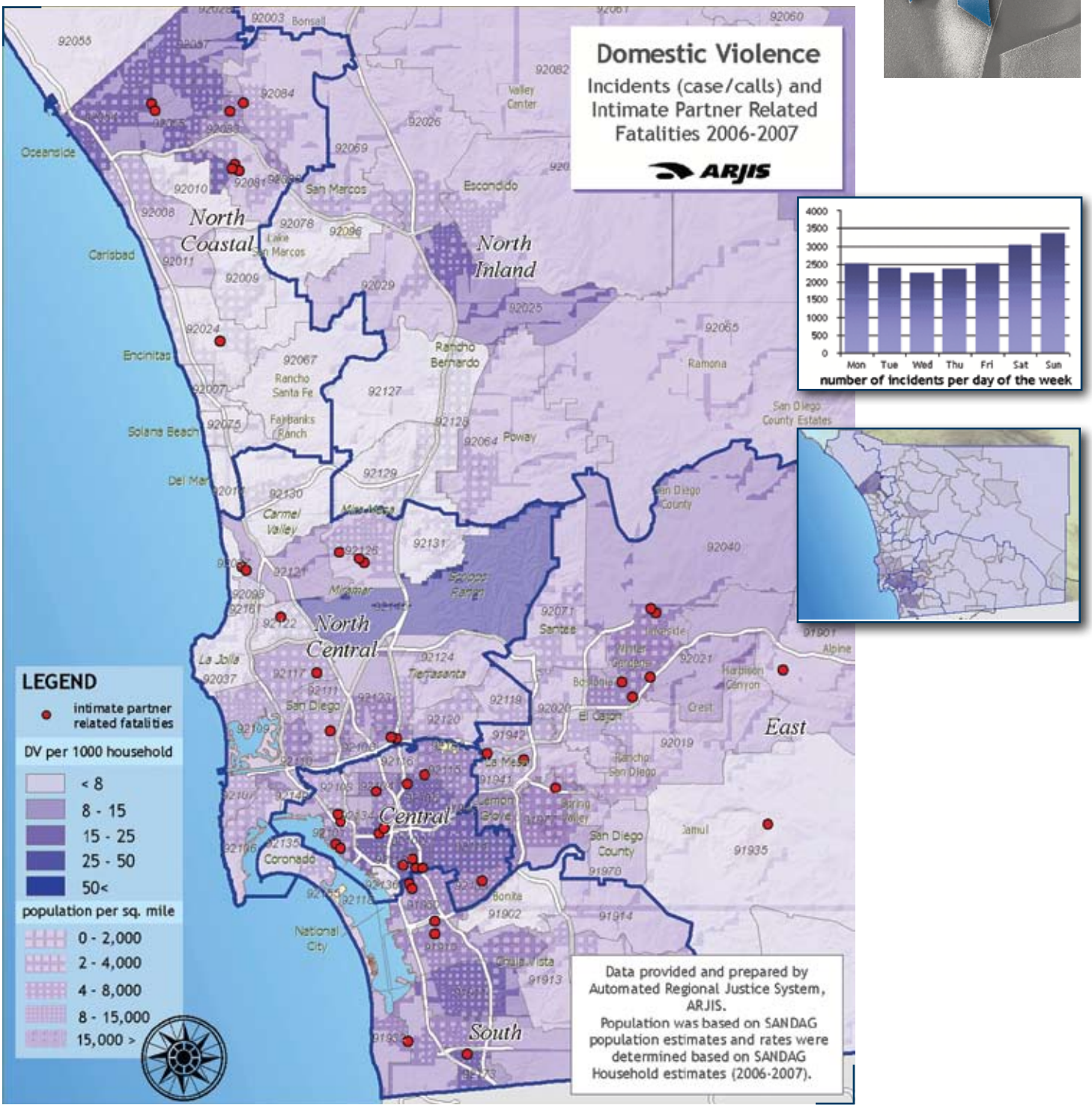


**Figure 3. Domestic Violence Incidents and Intimate Partner-Related Fatalities 2006-2007**




Source: Intimate partner-related fatality data (IPF) was provided by the Office of Violence Prevention, HHSA. This data includes all *known* IPF. Due to undercounting (discussed in this report) this data may not include all IPF.

Note: Intimate partner-related fatalities may include homicides, suicides (perpetrator), and additional homicides resulting from an intimate partner-related incident.

There have been 220 intimate partner-related fatalities identified between 1997 and 2007.

Table 1, below, shows the total number of known Intimate Partner-related Fatalities (IPF) in San Diego County including homicides and suicides. IPF may include homicides, suicides, and additional homicides resulting from an intimate partner-related incident. Homicide victims may include those who were in the intimate relationship with the perpetrator as well as 'additional victims' who were killed as a result of the IPF (e.g. friend, a victim's new partner, co-worker, bystander, family member, etc.). The suicides represented below are perpetrator suicides.

**Table 1. Intimate Partner-related Fatalities 1997-2007**

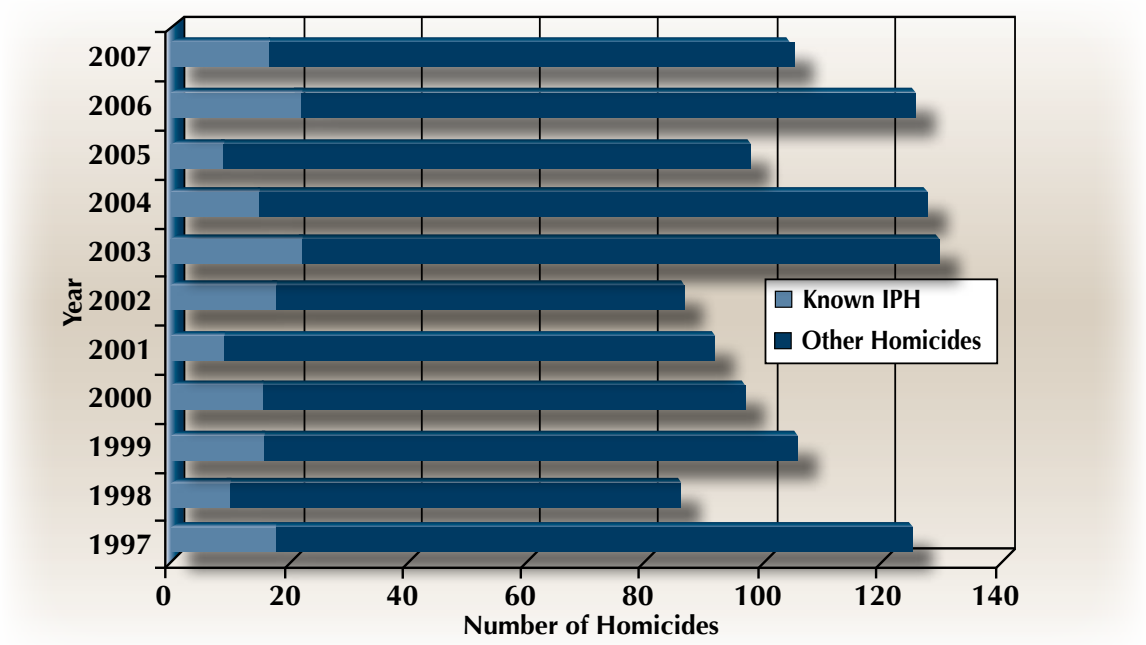
| | '97 | '98 | '99 | '00 | '01 | '02 | '03 | '04 | '05 | '06 | '07 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Intimate Partner-Related Fatalities** | 22 | 13 | 23 | 20 | 13 | 24 | 27 | 17 | 13 | 28 | 20 |
| **Homicides** | 18 | 10 | 16 | 16 | 9 | 18 | 22 | 15 | 9 | 22 | 17 |
| **Suicides** | 4 | 3 | 7 | 4 | 4 | 6 | 5 | 2 | 4 | 6 | 3 |

Note: The table includes all *known* Intimate Partner-related Fatalities (IPF). Due to undercounting (discussed in this report) this data may not include all IPF.
Source: Intimate partner-related fatality data (1997-2007) was provided by the Office of Violence Prevention, HHSA.



Figure 4, below, shows the total number of homicides in San Diego County and the number of those determined to be Intimate Partner-related Homicides (IPH) (a subset of IPF - see table above) from 1997 to 2007. In 2005, 9% of homicides were identified as IPH. This contrasts with 2002 when IPH accounted for 21% of homicides and in 2007 they accounted for 16% of homicides.

**Figure 4. Total Homicides and Intimate Partner-related Homicides in San Diego County 1997-2007**




Note: The data presented here includes all *known* Intimate Partner-related Homicides (IPH). Due to undercounting (discussed in this report) this data may not include all IPH.
Source: Intimate partner-related homicide data (1997-2007) was provided by the Office of Violence Prevention, HHSA.
Source: Total homicide data (1997-2007) was provided by SANDAG.

Table 2, below, breaks down the number of IPH by the methods used to commit each homicide. Firearms (shooting) have consistently topped the list as the method most used between 1997 and 2007. Stabbing, asphyxia, and blunt force trauma are also quite common with arson and poisoning only occasionally being used.

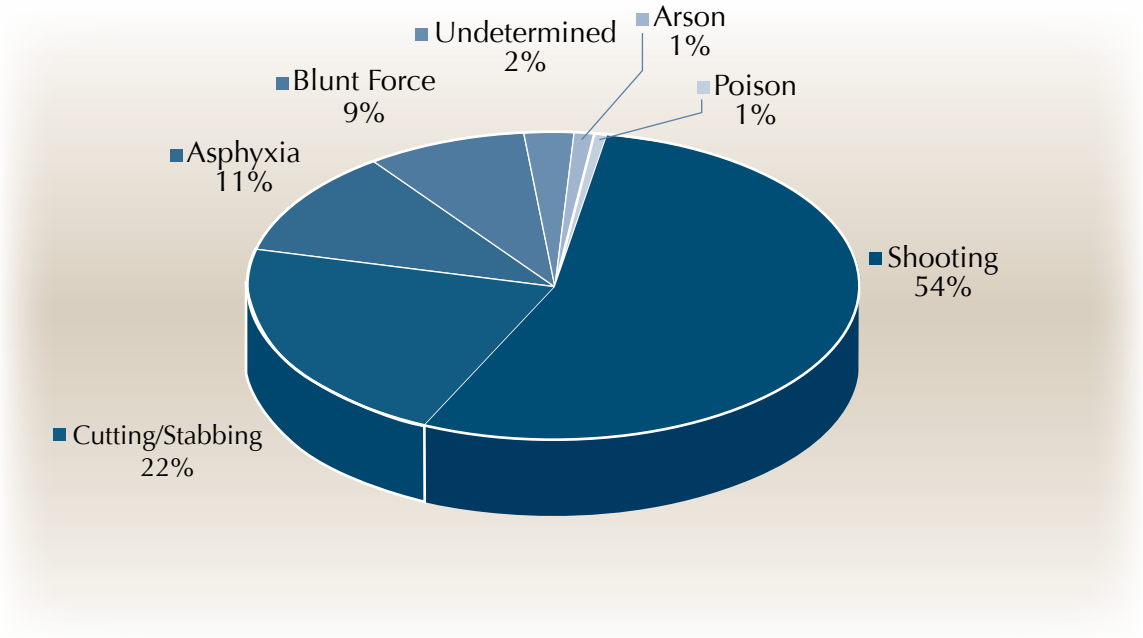
**Table 2. Method of Homicide in San Diego County Intimate Partner-related Homicides 1997-2007**

| Method | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Shooting | 10 | 6 | 9 | 5 | 6 | 11 | 10 | 10 | 6 | 8 | 12 |
| Stabbing/Cutting | 4 | 1 | -- | 4 | 1 | 5 | 8 | 2 | -- | 8 | 5 |
| Asphyxia (strangulation, sufocation, etc.) | 1 | -- | 5 | 1 | 1 | 2 | 2 | 1 | 2 | 4 | -- |
| Blunt Force | 2 | 3 | 2 | 3 | 1 | -- | -- | 2 | 1 | 1 | -- |
| Arson | -- | -- | -- | 1 | -- | -- | -- | -- | -- | 1 | -- |
| Poison | -- | -- | -- | 1 | -- | -- | -- | -- | -- | -- | -- |
| Undetermined | 1 | -- | -- | 1 | -- | -- | 2 | -- | -- | -- | -- |
| Total Known IPH | 18 | 10 | 16 | 16 | 9 | 18 | 22 | 15 | 9 | 22 | 17 |

Note: The data presented here includes all *known* Intimate Partner-related Homicides (IPH). Due to undercounting (discussed in this report) this data may not include all IPH.

Source: Intimate partner-related homicide data (1997-2007) was provided by the Office of Violence Prevention, HHSA.

**Figure 5. Methods Used in Intimate Partner-related Homicides in San Diego County 1997-2007**



# DVFRT Recommendations

At the completion of each case review, the team determines the following for each case:

- Whether the victim or perpetrator had been involved with any system prior to the intimate partner-related fatality and whether that system identified intimate partner violence (IPV).
- Whether there were opportunities for intervention at the individual/family level, agency level, or public policy level.

The team then makes recommendations for system or policy changes that could prevent a similar domestic violence fatality in the future. In many cases, team members will take the identified recommendations and return to their agencies to discuss implementation. In other cases, the recommendations made by the team are brought to the community at large for implementation. For example, a relationship has been fostered with the San Diego Domestic Violence Council in which recommendations are brought each month to the meetings and membership takes on the implementation of the recommendations.

As discussed on page 1 of this report, the DVFRT is making the following key recommendation in this 2008 report to improve San Diego County's ability to more effectively respond to domestic violence and to prevent such future tragedies.

**Key Recommendation**

We recommend that all systems and agencies work toward fostering and improving relationships, cross-training, and cross-reporting in order to better serve San Diego families.

The DVFRT made additional recommendations which have been organized into the following five broad categories. They are described below with examples of how they are being designed and implemented by the community.

## 1) Public Awareness

Build greater culturally and linguistically appropriate public awareness about intimate partner violence (IPV), as well as children's exposure to domestic violence, teen relationship violence, and intimate partner violence amongst elders.

In many of the cases reviewed by the DVFRT, family members, friends, and even bystanders (such as neighbors) were aware of the IPV between a homicide victim and his/her partner long before the homicide took place. Therefore, public awareness campaigns are essential to ensure earlier identification, resources, and assistance for families.[12]

Some recent public awareness activities in San Diego County include:

- KPBS produced a Public Service Announcement about the prevention of family violence called "I Feel Safe," including phrases in both English and Spanish.
- A short video, set in San Diego, was created by the California Attorney General's Office, Crime and Violence Prevention Center called "First Impressions: Exposure to Violence and a Child's Developing Brain." This video will be shown in parenting classes, trainings to the community, to law enforcement, etc..
- Distribution of posters and resource pamphlets to 44 health clinics and 35 schools. The posters include the DV Links San Diego countywide (bilingual and 24 hour) domestic violence hotline number and address the impact that exposure to domestic violence has on children. Posters that include the Adult Protective Services hotline number and address elder abuse were also distributed to the 44 health clinics.

## 2) System Specific Education/Training

Provide training and education to professionals whose roles are not specific to intimate partner violence, but are significantly related, such as staff of alcohol and drug treatment programs, legal clinics, healthcare settings, schools, and other "doors" where victims and their families receive services. Train these professionals with the goal of assisting them to respond effectively when family violence is identified. Furthermore, create opportunities for cross-training with an emphasis on relationship building, cross-reporting, accessing services, prevention of duplicative services, and cross-referral/linkage to services. Some examples of on-going efforts include:

- The District Attorney's Office is funding a training video for law enforcement first responders on "The 2008 Domestic Violence and Children Exposed to Domestic Violence Law Enforcement Protocol" and standardized/updated DV Supplemental.
- 20 professionals have received train-the-trainer training on the Safe Futures curriculum which focuses on supporting children and families affected by domestic violence. The trainers are now conducting trainings in such settings as schools, healthcare facilities, and community meetings.
- The court system is an important point of intervention for victims and their families and it is essential that the judiciary is trained in intimate partner violence (IPV), related resources, and in conducting screening/assessment. The DVFRT adapted a risk assessment tool that can be used in the court system. This tool is based on the Danger Assessment[13] and may be used to draw attention to dangerous elements of the relationship that may not otherwise be revealed during court processes. Additionally, this tool may also be used to educate clients on their risks, and about family violence in general. The Legal Action Committee of the Domestic Violence Council will work with the courts to "roll out" this tool in the coming year. It will be used to assist judges in identifying risks that may be present such as threats with weapons, verbal threats to kill, or attempts at strangulation.[14,15]
- "Cut it Out" is a nonprofit national domestic violence awareness program formed in 2003. The program teaches beauty salon professionals and students how to recognize the warning signs of domestic violence and safely refer clients through literature to national and San Diego area assistance resources. Supervisor Pam Slater-Price and District Attorney Bonnie Dumanis introduced an initiative in October 2007, which received unanimous support for the implementation of Cut it Out (CIO) through the County of San Diego. To date, the beauty schools have distributed over 200 CIO referral cards and have connected 3 students to local domestic violence programs–all three students are now safe.

## 3) Assessment/ Evaluation of Existing Services

Each system/agency that comes in contact with individuals experiencing intimate partner violence must constantly evaluate itself and its programs emphasizing linkages between systems, organizations, and individuals. Some examples of ways that this is being implemented include:

- The Medical Subcommittee of the Domestic Violence Council has decided to conduct an assessment of the healthcare system in San Diego County to identify how family violence is being addressed in that system. The committee will then work with the healthcare system to address any "gaps" in family violence identification/screening, services, training, etc..
- ARJIS is developing an online system for medically mandated ("suspicious injury") reports though the Domestic Violence Communication System (DVCS). This system is expected to make

The DVFRT continues to identify the impact that exposure to violence has on children and the need for prevention and early intervention.

reporting easier for medical staff, reducing the time it takes for reports to reach the appropriate law enforcement jurisdictions. It is also expected to ease the process for law enforcement due to a reduction in the number of misrouted reports.

## 4) Children Exposed to Violence

The DVFRT continues to identify the impact that exposure to violence has on children and the need for prevention and early intervention. Two initiatives in San Diego County addressing this issue are:

- Raising the Bar is an initiative sponsored by the County of San Diego, HHSA Office of Violence Prevention and the Institute for Public Health at San Diego State University with the goal of developing a System of Care relating to children exposed to violence through a comprehensive pubic health approach. Through a series of regional dialogues, strengths and barriers are being identified in the context of the Model Continuum: awareness, prevention, identification/screening, assessment, treatment/intervention, and evaluation. Each region is developing their own vision for children and families experiencing violence and through this process a San Diego Countywide model of care will be formed.
- Safe Start is a federally funded four-year pilot project being conducted in the Central, North Central and East HHSA regions and aims to improve access to, delivery of, and quality of services for young children exposed to domestic violence. Safe Start has two primary goals: 1) to develop a public/private partnership aimed at improving outcomes for DV-exposed children and their families involved in Child Welfare Services (CWS); and 2) to provide culturally relevant and evidenced based interventions to children and families impacted by DV.

## 5) Protocol/Policy

The DVFRT recommended in the 2006 report, and continues to recommend, the updating of existing protocols regarding domestic violence identification and response. Some protocol/policy updates that have occurred in the past two years include:

- In December 2007, the Chiefs of Police signed off on an updated version of San Diego's law enforcement protocol: "The 2008 Domestic Violence and Children Exposed to Domestic Violence Law Enforcement Protocol." In addition to necessary updates, it also now includes an entire section focused on children exposed to domestic violence and the removal of firearms from domestic violence incidents. At the same time, the DV Supplemental form - completed by law enforcement when a domestic violence incident has taken place – was standardized countywide and now includes additional fields to capture information about children who are in the custody of the victim or suspect, as well as additional firearms-related information.
- The "Child Victim-Witness Protocol" was updated in June 2006. It addresses how law enforcement, child welfare services, mental and medical health, and the judicial system may best "...assist and protect all children, both victims and witnesses, who are exposed to any kind of abuse through multi-disciplinary collaborative efforts."
- County of San Diego HHSA Public Health Nursing (PHN) adopted a "Family Violence Screening Protocol" early in 2008 and trained all of their staff in its implementation. Public Health Nurses in many settings are now routinely screening, assessing, and conducting safety planning and referrals for individuals experiencing abuse.

# Cases Selected for Review 2006-2007

Twenty-five cases were reviewed by the DVFRT between January 2006 and December 2007. In these cases there were twenty-five homicide victims who were the intimate partner of the perpetrator and five additional homicide victims. Victims may include those who were in the intimate relationship with the perpetrator as well as 'Additional Victims' (i.e. friends, co-workers, bystanders, family members, etc.). The team also examined an attempted murder case, which will be addressed on page 21.

There were two perpetrators who each killed two of their intimate partners. For the purposes of this table they are represented as "Perpetrator killed (2) Intimate Partners." One of these perpetrators is represented in two cases selected for full review. The other perpetrator killed two intimate partners but one of the murders took place outside of San Diego County. Only cases in which the incident occurred within San Diego County are reviewed by the team; thus the second case was not included in the data represented further on in this report.

**Table 3. Types of Cases Selected for Review 2006-2007**

| Situation | Reviewed Cases |
|---|---|
| Perpetrator killed (1) Intimate Partner | 13 |
| Perpetrator killed (1) Intimate Partner and Committed Suicide | 6 |
| Perpetrator killed (1) Intimate Partner and (1) Additional Victim | 2 |
| Perpetrator killed (2) Intimate Partners | 2 |
| Perpetrator killed (1) Intimate Partner and (2) Additional Victims | 1 |
| Perpetrator killed (1) Additional Victim | 1 |

Note: This is not a representative sample of cases in San Diego County.

Note: In one of the cases where the perpetrator killed his intimate partner and an Additional Victim (AV), the AV was a fetus who was seven months in-utero. The state of California does not differentiate between the murder of a fetus (with definable gestational features) and the murder of a person – they are both prosecutable under the same law.

Note: One reviewed case concerned a man who was murdered because of his association with the perpetrator's former girlfriend, which is an example of a case in which the intimate partner was not killed but one AV was murdered.

Table 4, below, describes the characteristics of those cases selected for review. The perpetrators in the cases selected for review were overwhelmingly male and were evenly distributed across all age groups (the mean age of perpetrators was 43 years, ranging from 19-85). Also represented are characteristics of the victims in the cases selected for review. The victim data includes all victims (intimate partners as well as additional victims). Over eighty percent of victims in the reviewed cases were female and more than half were white. Victims were generally younger than perpetrators. However, the mean age of victims was 40 years (ranging from fetus to 88), which is similar to the perpetrator mean age of 43.

### Table 4. Demographic Characteristics in Cases Selected for Review 2006-2007

| Characteristics | Perpetrators Number | Perpetrators % of Total | Victims Number | Victims % of Total |
|---|---|---|---|---|
| **Gender** | | | | |
| Male | 24 | 96% | 5 | 17% |
| Female | 1 | 4% | 24 | 83% |
| **Race** | | | | |
| White | 9 | 36% | 17 | 59% |
| Black | 10 | 40% | 7 | 24% |
| Hispanic Mexican | 4 | 16% | 2 | 7% |
| American Indian | 1 | 4% | 3 | 11% |
| Asian Indian | 1 | 4% | - | - |
| **Age** | | | | |
| Under 18 | - | - | 1 | 3% |
| 18 - 24 | 3 | 12% | 6 | 21% |
| 25 - 34 | 7 | 28% | 8 | 28% |
| 35 - 44 | 4 | 16% | 2 | 7% |
| 45 - 54 | 3 | 12% | 5 | 17% |
| 55 - 64 | 5 | 20% | 3 | 10% |
| 65+ | 3 | 12% | 4 | 14% |

Note: This is not a representative sample of all cases in San Diego County.
Note: Race categories are assigned by the Medical Examiner.
Note: This data includes the same perpetrator twice as he was the perpetrator in two different reviewed cases, in which the homicides occurred at a different point in time.
Note: The victim data includes all victims, including intimate partners and additional victims.
Note: This data does not include one victim mentioned above who was murdered outside of San Diego County.
Note: The additional victim under 18 was a fetus.

# Trends Amongst Intimate Partner Fatality Cases

The length of the relationship between the perpetrator and their intimate partner varied dramatically across reviewed cases (from under two months to over 60 years), with a mean of nearly eight years. These fatalities typically took place in a house (32%) or apartment (39%) setting. The type of relationship was also mixed; 13 (52%) were dating, 7 (28%) were married, 3 (12%) were separated and 2 (8%) had formerly dated. Another important area examined was the age of the intimate partner when they met the perpetrator. In 23 cases the age of the victim when she/he met the perpetrator was known. The mean age was just under 32, ranging from 13 to 56 years.

A man used a hammer to beat his girlfriend to death in an apartment they shared. He had two prior convictions for domestic violence. A 'stay away' order had been placed; unfortunately the victim had persuaded a judge to remove the order. A neighbor witnessed the perpetrator carrying a hammer and behaving extremely agitated just prior to the homicide. The perpetrator was high on methamphetamine at the time of the homicide.

# Lethality Risk Factors

Domestic violence risk assessments have been developed in recent years to determine levels of risk in abusive intimate partner relationships. The risk assessments generally identify the level of risk of fatality and are used in the field by law enforcement and health and social service agencies specifically for safety planning with victims of abuse. In addition, these tools provide a common language across all agencies for talking about victimization. Jacquelyn Campbell, a well known researcher in the field of intimate partner violence, reported that there is a "need for law enforcement, the courts, victim assistance programs, and the hospital emergency departments to have valid and systematic means of evaluating IPV cases and identifying those most likely to escalate to lethality."[14] In an 11 city study of intimate partner homicides of women, she found that only about half of the women who were victims of actual or attempted intimate-partner homicides accurately assessed their risk correctly.[16]

Some major lethality risk factors include:[13,14,15,16,17,18]

- Estrangement- (i.e. the victim was leaving the relationship, legal seperation, etc.).
- The perpetrator has used or threatened to use a gun, knife, or other lethal weapon against the victim
- The perpetrator has threatened to kill or injure the victim
- The perpetrator has tried to strangle (choke) the victim
- The perpetrator has inflicted violence during pregnancy
- The perpetrator is controlling and/or constantly jealous
- The perpetrator has forced the victim to have sex
- The perpetrator is avoiding arrest for domestic violence
- The perpetrator is unemployed

In sixty-four percent of cases the intimate partner homicide victim had recently separated or was in the process of separating his or herself from the abuser at the time of the murder.

Access to a gun, previous threats of deadly violence, and estrangement are the strongest predictors of female homicide in abusive relationships in addition to a prior history of IPV.[16]

General recommendations to help reduce risks to victims of intimate partner violence were outlined by Campbell.[16] These are paraphrased below.

- Firearms should be removed from the place of residence.
- Victims should not inform perpetrators in person that they plan to leave them.
- Victims in severe danger should be urged to enter a shelter.
- If the victim left the perpetrator so they could attend batterer's treatment, the victim should stay separated from the perpetrator until the completion of the treatment.
- Stalking laws should be applied to arrest the perpetrator if possible.
- If the victim is taking steps to minimize risk, be sure to include steps to reduce risk to children.
- Help the victim to engage his/her support systems.
- The victim should be encouraged to begin to put money away.
- Identify depressed (and suicidal) perpetrators in an attempt to get him/her a mandated suicide assessment and mental health hospitalization, as appropriate.

## The San Diego County DVFRT identified the following trends amongst the cases reviewed in 2006-2007:

**Many perpetrators had prior contact with the criminal justice system.** Seventy-two percent (72%) of perpetrators had a criminal history of domestic violence or some other crime.

**Firearms were the weapon used most often in the murder.** In forty-eight percent (48%) of cases reviewed, the perpetrator used a firearm to kill their intimate partner (IP).

**Few IP victims obtained a protective order.** Thirteen percent (13%) of intimate partner homicide victims had an active protective order at the time of their murder and seventeen percent (17%) ever (past and present) had a protective order.

**Many perpetrators had made prior threats on the intimate partner's life.** Forty percent (40%) of perpetrators had made graphic threats to kill their intimate partner.

**Victim was leaving or left the perpetrator.** In sixty-four percent (64%) of cases the intimate partner homicide victim had recently separated or was in the process of separating his or herself from the abuser.

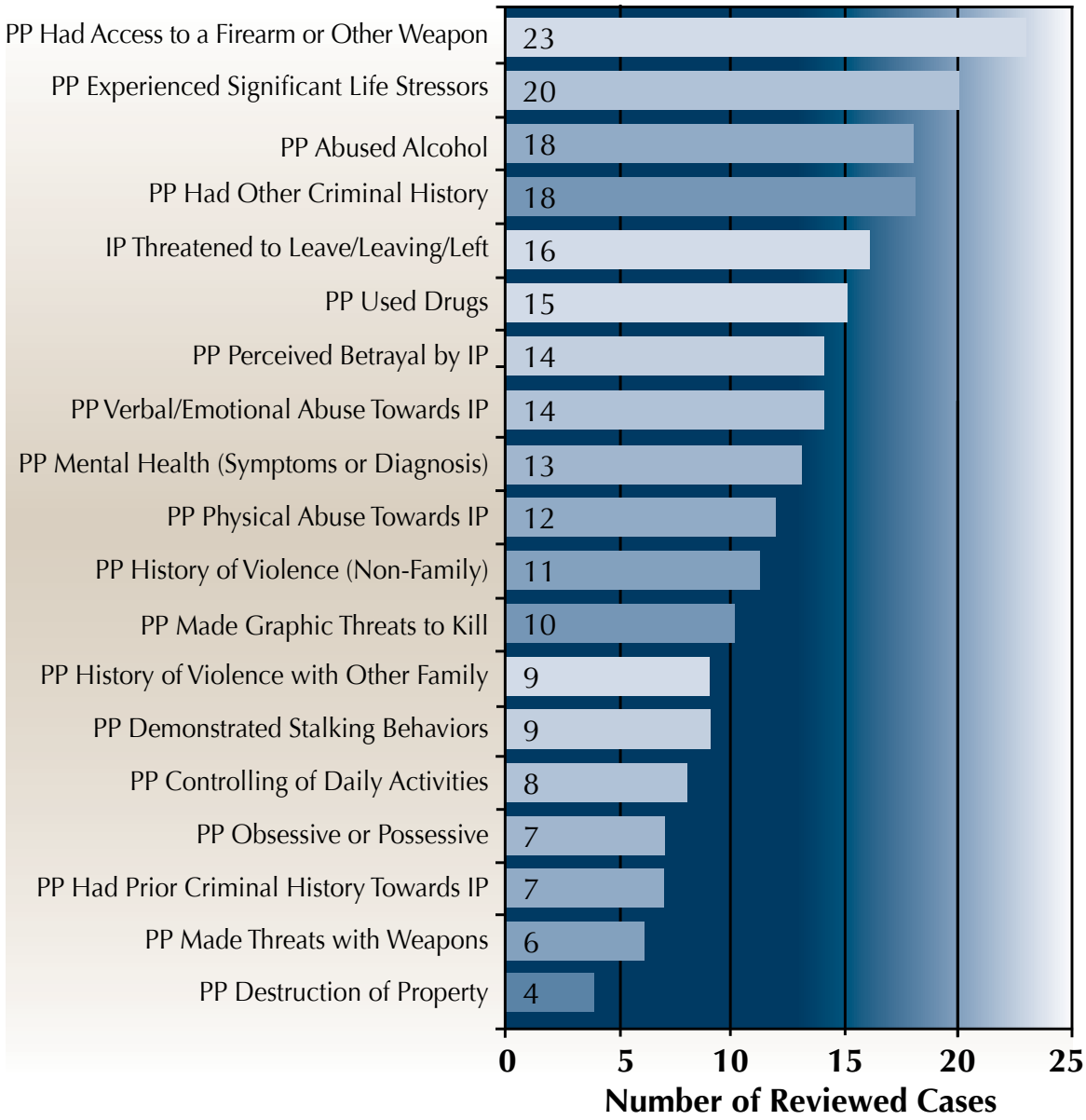
**Many perpetrators committed suicide after killing their partner.** In twenty-four percent (24%) of cases, the perpetrator killed him/her self after killing his/her intimate partner.

**Many perpetrators were unemployed.** Thirty-two percent (32%) of perpetrators were known to have been unemployed at the time of the homicide.

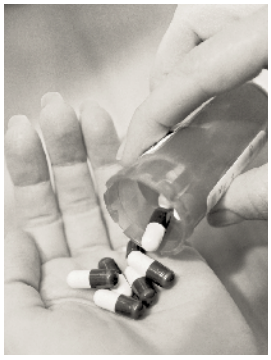
# Identified Risk Factors

During each case review, information about the perpetrator and his/her intimate partner is collected. The figure below reflects the number of cases in which risk factors were present. In 56% of the cases reviewed during 2006-2007, 10 or more of these risk factors were present (of the 19 selected here for demonstration).

**Figure 6. Number of Reviewed Intimate Partner-related Fatality Cases with Identified Risk Factors**




Note: 'PP' denotes perpetrator; 'IP' denotes intimate partner.
Note: The data presented in this figure represents only those fatality cases for which a full case review was completed and is not representative of all intimate partner-related fatalities in San Diego County.



# Topics of Special Interest

**During the past two years, the DVFRT made particular note of three areas: substance abuse, children exposed to IPV, and attempted murder.**

## Substance Abuse

### Methamphetamine Use & Intimate Partner Homicide

## Overview:

In recent decades, methamphetamine use has soared across America with far reaching implications. When used in excess, methamphetamine ("speed" or "crystal") may cause such symptoms as irritability, severe anxiety, depression, paranoid states, aggression, and/or violent behavior. The U.S. Department of Justice reported that chronic abusers of methamphetamine frequently behave in a violent and erratic manner.[21]

A survey conducted by the National Association of Counties (NACO) found that 88% of respondents reported that arrests where methamphetamine was involved had increased in their county in the last five years.[20] In a report produced by San Diego Association of Governments (SANDAG) on adult arrestee drug use in San Diego County, it was found that 62% of female and 55% of male arrestees in San Diego County acknowledged that they had used methamphetamine sometime in their lifetime.[23]

In the NACO survey, 62% of respondents indicated that domestic violence had increased because of the presence of methamphetamines in their county.[20] In a 2003 study conducted by SANDAG of domestic violence victimization among arrestees in San Diego County, it was found that of those who tested positive for methamphetamine, 48% reported that they had experienced "lifetime" abuse and 35% had experienced "recent abuse."[24] Adding to the problem, in situations where both members of an intimate relationship are users, the victims of IPV are often dependent on the perpetrator to supply them with the drug.[22]

## DVFRT Case Review Findings:

When combined, over one half (54%) of the cases reviewed in 2006-2007 involved a victim or perpetrator who was a current user or had a known history of methamphetamine use.

**Table 5. Methamphetamine Use & Intimate Partner Homicide (n=24)**

| Meth. Use | Victim | Perpetrator | Both*** |
|---|---|---|---|
| Current Use* | 7 (29%) | 8 (33%) | 5 (21%) |
| History** | 8 (33%) | 10 (42%) | 5 (21%) |

*Current Use: Detected in the system at the time of the murder, as indicated by post-mortem toxicology screen results or law enforcement records.

**History of Use: As reported by witness testimony or via system records (LE, CWS, etc.).

***Both the intimate partner victim *and* perpetrator abused methamphetamine.

Note: Due to delay in apprehending and retaining perpetrators following homicides, it is often uncertain whether they were under the influence at the time of the murder.

Note: The data in this table reflects cases in which an intimate partner homicide occurred.

Note: This data does not include one victim mentioned earlier who was murdered outside of San Diego County.

Note: This data includes the same perpetrator twice as he was the perpetrator in two different reviewed cases, in which the homicides occurred at different points in time.

# Alcohol Abuse & Intimate Partner Homicide

## Overview:

Although causation cannot be proven, many studies have suggested that alcohol is a risk factor for intimate partner violence (IPV), albeit one of many.[26, 27] Other risk factors that commingle with alcohol use include aggression and power imbalances.[26] Essentially, alcohol is not the cause of IPV. However, it can combine with other risk factors to increase the intensity or frequency of the IPV. Alcohol has also been found to be a "trigger" of criminal violence.[27] Among San Diego County adult arrestees, 9% reported that they had pushed, shoved or hit an intimate partner or one of their children after using drugs or alcohol.[24]

## DVFRT Case Review Findings:

When combined, 79% of the cases reviewed in 2006-2007 involved a victim or perpetrator of intimate partner homicide who was a current user or had a known history of alcohol abuse.

A man shot his girlfriend, a mother of four children, in the head. She was seven months pregnant with his child at the time and the fetus did not survive. He had a long criminal history and had used alcohol and methamphetamine prior to the homicide.

**Table 6. Alcohol Abuse & Intimate Partner Homicide (n=24)**

| Alcohol Abuse | Victim | Perpetrator | Both*** |
|---|---|---|---|
| Current Use* | 7 (29%) | 10 (42%) | 6 (25%) |
| History** | 11 (46%) | 18 (75%) | 11 (46%) |

*Current Use: Detected in the system at the time of the murder, as indicated by post-mortem toxicology screen results or law enforcement records.

**History of Use: As reported by witness testimony or via system records (LE, CWS, etc.).

***Both the intimate partner victim and perpetrator abused alcohol.

Note: Due to delay in apprehending and retaining perpetrators following homicides, it is often uncertain whether they were under the influence at the time of the murder.

Note: The data in this table reflects cases in which an intimate partner homicide occurred.

Note: This data does not include one victim mentioned above whom was murdered outside of San Diego County.

Note: This data includes the same perpetrator twice as he was the perpetrator in two different reviewed cases, in which the homicides occurred at different points in time.

Children are often present during violent incidents and their exposure to this violence can have short and long-term detrimental effects. Witnessing violence for a child can take the forms of seeing, hearing, actively taking part, and/or experiencing its aftermath.



# Children Exposed to Intimate Partner Violence and Fatality

## Overview:

Approximately 15.5 million U.S. children are estimated to live in families in which intimate partner violence occurs.[28] Exposure to domestic violence, child abuse, and the violent death of a parent has enduring effects that will last throughout one's lifetime.[28,29,31,35] Children are often present during violent incidents and their exposure to this violence can have short and long-term detrimental effects.[28,30] Witnessing violence can take the forms of seeing, hearing, actively taking part, and/or experiencing its aftermath.[31,35] For the past twenty-five years, researchers and practitioners have focused attention on children as witnesses, and only recently has this exposure been considered for many as a violation of community standards.[30] In the presence of violence, children are deprived of healthy emotional, social, cognitive, and physical growth. In addition, physiological changes in the development of a child's brain due to the traumatic exposure may occur and can contribute to a transgenerational cycle of violence.[32] Adults are the product of what they learn as children; violence is a learned behavior.

In recent years, the DVFRT has worked towards collaborating more closely with the San Diego County Child Fatality Review Team (CFRT) and the San Diego County Elder Death Review Team (EDRT). Some important findings from these teams include:

- The EDRT has found that of the suspicious deaths they reviewed and included in their most recent report, the majority were suspected to be at the hands of family members, with the most common perpetrator being an adult child (50%), followed by a spouse (29%).
- The CFRT found that of 321 cases reviewed between 2001 and 2005, 24 were the result of Child Abuse/Neglect (CAN) related homicides and many of these had previous child welfare involvement.

Trauma for families can extend long after the event itself. The majority of severely and chronically distressed children can be found in systems such as Child Protective Services, mental health programs, substance abuse treatment programs, the juvenile justice system, and the criminal justice system.[33] It is becoming more widely recognized that early identification, collaboration, and sharing of resources are fundamental steps for success in addressing the specific needs of children.[34]

> "One of the most concerning aspects arising from the case reviews of the DVFRT is of the children who are present or who witness the homicide of one parent at the hands of the other. Every member of the team has grave concerns regarding the aftermath for these children. As a team we are acutely aware of the need to connect children to essential services for healing their trauma.
>
> We ask the community to join us in developing more efforts to prevent children's exposure to violence and to commit to intervene as early as we can in the lives of children who are currently in homes where family violence is occurring."
>
> *Linda Wong Kerberg*
> *Outgoing Co-Chair of the DVFRT*

# Case Review Findings:

The DVFRT found that in 54% of cases reviewed in 2006-2007, victims and/or perpetrators had at least one minor child. Of these minor children, 11 of 38 were exposed to the homicide through direct observation, witnessing the body(s), seeing the blood, or by being present at the scene when the fatality(s) occurred. There was also one fetus that was killed when her mother was shot to death.

**Table 7. Taxonomy of Exposure: Children Exposed to Intimate Partner Fatality[35]**

| Type of Exposure | Example of Exposure | Reviewed Case Findings |
|---|---|---|
| **Exposed Prenatally** | Fetus was alive when the assault occurred | Both fetus (7 months in utero) and mother died |
| **Child Present** | Child was present when the assault occurred | Nine (9) children were present |
| **Child Witness** | Child directly observed or heard the assault | Six (6) children witnessed the homicide |
| **Child Observed Initial Effects** | Child sees immediate consequences (body, blood, etc.) of the assault | Ten (10) children witnessed the initial effects |

Note: These categories are not mutually exclusive. For example, the same child may be present, witness, and observe the initial effects.

# Attempted Murder: What Can We Learn?

These cases can provide information that cannot be captured through fatality review, such as the experience of the victim and her/his children. For the purpose of this report, one survivor has agreed to share her story.

## Overview:

For the first time, the DVFRT has begun to examine attempted murder cases. These cases can provide information that cannot be captured through fatality review, such as the experience of the victim and her/his children. For the purpose of this report, one survivor has agreed to share her story. (All names have been changed).

## Her Story:

When Valerie was 22, she began dating Mark. Soon after Valerie and her 5-year-old son moved in with Mark. Mark was very attentive to her and she fell in love with him.

Mark began abusing both Valerie and her son almost immediately. Mark was extremely jealous and controlling of her and would often accuse her of cheating. He would follow her on her errands and show up early at home to "catch her cheating." He often verbally threatened her saying that he would kill her, her children, and her family. He controlled her daily behavior telling her what she could and could not wear; he made her eat off of the floor; and he destroyed her property. Valerie worked but was forced to give him her pay checks. He pressured her to drink and to take drugs with him including Methamphetamine and Marijuana. He limited her contact with her family and friends, eventually ending it all together. He threatened her with knives and guns on a few occasions. He was physically abusive on a weekly basis, including punching her in the stomach, ribs, and face; kicking her; covering her face with pillows; pulling her hair; hitting her with the butt of his gun; forcing sex; and strangling her causing her to lose consciousness.

Mark had also been abusive towards Valerie's son. He would hit him and force him to take cold showers in the middle of the night. He witnessed the abuse of his mother on a frequent basis. Valerie would pack up their belongings to leave but her son would say, "No, Mom, he's just going to find us." Mark once stuck her son's hand in a bucket with water and put in a cable that was hooked up to a light as means of punishing him. Valerie felt helpless and went to another room and cried.

The survivor in this case eagerly volunteered to be interviewed by DVFRT membership. She wants other victims of abuse to know that there is assistance available. When asked what recommendations she has for the team for helping victims of abuse while they are still in the relationship, she said: "I want professionals to know that they need to reach out to individuals who are suffering from domestic violence because they cannot always do so for themselves." She also now recognizes the impact that the violence had on her child and wants other victims of abuse to learn from her experience so that their children may not suffer in this way.

The abuse she suffered ended in a final assault in which the perpetrator broke her vertebrae causing her to become quadriplegic. The perpetrator in this case is serving two life sentences. Despite her disabilities, she has become an advocate for domestic violence prevention and organizes marches, reaches out to victims, and frequently shares her story with the media.

Her message: "The first step someone has to take is to stop and have the courage and anger to tell someone what is happening and have self-respect and love for one's self. If there are kids involved then you need to defend them with claws and teeth because the damage it causes is unforgivable. My abuser damaged me mentally and physically and my family. Now that I'm free I can make my own decisions. I try to give all the advice [to other victims of IPV] that in that moment I could not take because of fear. I think that there's nothing more important than life."

# Team Accomplishments

## Since the release of the last report, the DVFRT recognizes the following accomplishments:

- The San Diego Domestic Violence Council has recently agreed to become the implementation "arm" for the recommendations that result from DVFRT case reviews. The DVFRT has also added a seat in its membership for the DV Council president who assists in bringing applicable recommendations to the Council each month. The DVFRT Coordinator will track the implementation of recommendations.
- The development of a DVFRT database for tracking intimate partner-related fatalities and storing case review data has been completed. This will increase the data tracked and analyzed and will facilitate reporting of case review data and team findings.
- The children of the victims and perpetrators have become an important focus for the team. Special presentations, in depth discussion, and increased information gathering have taken place around this critical issue.
- In collaboration with Barbara Ryan, former director of Clinical Programs at the Chadwick Center for Children and Families, the DVFRT Co-Chairs presented "What About the Children: Lessons Learned from the Domestic Violence Fatality Review Team" at the 22nd Annual San Diego International Conference on Child and Family Maltreatment.
- The DVFRT was invited by the San Diego Meth Strike Force to describe the relationship between DV fatality and methamphetamine. Linda Wong Kerberg (former DVFRT Co-Chair) presented on the panel "Meth and Family Violence: Across the Age Span" in September 2007.
- Each year, the Not to Be Forgotten Rally commemorates the lives of victims who were murdered by intimate partners. The DVFRT also provides all of the information about the DV fatalities for the rally. Many members of the DVFRT participate in this rally each year.
- The DVFRT has developed a collaborative relationship with the San Diego Elder Death Review Team (EDRT). The DVFRT and EDRT conducted joint reviews for four cases of intimate partner-related fatalities that involved elders in February and October 2007. Furthermore, the DVFRT Coordinator now participates on the EDRT and many members of the EDRT are on the DVFRT.
- In collaboration with the Elder Death Review Team and Child Fatality Review Team, the DVFRT presented "Fatality Review Teams: Three Teams Discuss Familial Homicide Across the Generations" at the 12th International Conference on Violence, Abuse, and Trauma (IVAT).
- The DVFRT presented "The San Diego County Domestic Violence Fatality Review Team: What We have Learned About Intimate Partner Violence" at the 12th IVAT Conference.

## Future Focus

The team continually seeks to improve its processes and is responsive to emerging regional priorities and trends:

- The DVFRT would like to gather more information on the backgrounds of the victims and perpetrators in the cases reviewed in order to better understand the dynamics that lead to intimate partner fatalities. Currently, information is limited to information the team is able to access via its system/agency records and contacts. For this reason, the team would like to begin conducting family interviews. Presently, family members, friends, coworkers, etc. are invited to speak at the case review, but interviews are not yet taking place.
- The team has reviewed one attempted murder case and would like to continue to conduct these case reviews. There is much that may be learned from these cases in terms of better identifying points of intervention and how to improve system response to family violence.
- Now that the confidential DVFRT database has been created, the team can work towards increasing the information that it is bringing to case review. Furthermore, the database may be enhanced to include a "Network Analysis" which will allow the team to better observe the many opportunities for intervention that may occur throughout the relationship of the victim and perpetrator prior to the fatality.
- The team has gained much insight through the recent collaboration with the Elder Death Review Team and the Child Fatality Review Team. The DVFRT would like to continue joint reviews with the EDRT and to begin joint reviews with the CFRT.

## For More Information

County of San Diego, Health and Human Services Agency, Office of Violence Prevention: (858) 581-5800
http://www2.sdcounty.ca.gov/hhsa

California Domestic Violence Death Review Teams:
http://www.safestate.org/index.cfm?navId=352

National Domestic Violence Fatality Review Initiative:
http://www.ndvfri.org

## Resource Links

San Diego County DV Hotline (888-DV-LINKS, Countywide 24-hour, Bilingual):
http://www2.sdcounty.ca.gov/hhsa/ServiceDetails.asp?ServiceID=919

San Diego Domestic Violence Council:
http://www.sddvc.com/home.html

San Diego County Sheriff's – DV Information:
http://www.sdsheriff.net/CID/services_dvwhatis.html

County of San Diego District Attorney's Office:
http://www.sdcda.org/helping/index.php

San Diego Regional DV Resources Phone Guide: Contact the County of San Diego, HHSA Office of Violence Prevention (858) 581-5800
http://www2.sdcounty.ca.gov/hhsa/ServiceCategoryDetails.asp?ServiceAreaID=13

The San Diego County Domestic Violence and Children Exposed to Domestic Violence Law Enforcement Protocol - Posted on the SDDVC site:
http://www.sddvc.com/home.html

California Partnership to End Domestic Violence:
http://www.cpedv.org/resources.html

California Attorney General's Safe from the Start:
http://www.safefromthestart.org

Family Violence Prevention Fund:
http://endabuse.org

A Statewide Law Enforcement Protocol -Children Exposed to Domestic Violence:
http://www.safefromthestart.org/pdfs/Protocol.pdf

Danger Assessment: Intimate Partner Violence Risk Assessment (J. Campbell):
http://www.dangerassessment.org

U.S. Department of Justice: Domestic Violence:
http://www.usdoj.gov/whatwedo/whatwedo_hdv.html

Office on Violence Against Women, United States Department of Justice:
http://www.ovw.usdoj.gov/

# References


1. Krug E. et al., (Eds.) (2002) *World report on violence and health.* Geneva, World Health Organization.

2. Tjaden, P. & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey.* Washington, DC: U.S. Department of Justice, National Institute of Justice

3. Campbell, J.C., Webster, D., & Koziol-McLain, J., Block, C.R., Campbell, D.W., Curry, M.A., et al. (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal,* 250, 14-19.

4. Bugarin, A., (2002, Nov.). *The prevalence of domestic violence in California.* California Research Bureau, 74 .

5. U.S. Department of Justice. (n.d.). Bureau of Justice statistics trends in the U.S.: Intimate homicide. Retrieved June 15, 2008 from http://www.ojp.usdoj.gov/bjs/homicide/inmates.htm

6. Fukuroda, M.L. (2005) *Murder at Home: An examination of legal and community responses to intimate femicide in California.* California Women's law Center: Los Angeles, CA.

7. Websdale, N. (2003, Nov.) Reviewing domestic violence deaths. *NIJ Journal*, (250): p. 26-31.

8. Websdale, N. (1999) *Understanding Domestic Homicide.* The Northeastern Series on Gender, Crime, and Law. Boston: Northeastern University Press, 289.

9. Stark, E. (2007) *Coercive control: How men entrap women in personal life.* New York: Oxford University Press.

10. Nicolaidis, N., Curry, M.A., Ulrich, Y., Sharps, P., McFarlane, J., Campbell, D., Gary, F., Laughon, K., Glass, et al. (2002). *Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner.* In Plenary Session of the 25th Annual Meeting of the Society of General Internal Medicine. Atlanta, GA.

11. Burke, C. (2008, April). *Twenty-Five Years of Crime in the San Diego Region: 1983 through 2007.* In *CJ Bulletin.* Criminal Justice Research Division (pp. 1-36). San Diego, CA: SANDAG.

12. Klein, E., Campbell, J., Soler, E., Ghez, M. (1997). *Ending Domestic Violence: Changing Public Perceptions/Halting the Epidemic.* Thousand Oaks, CA: SAGE Publications.

13. Campbell, J.C. *Danger Assessment (2004).* Retrieved December 10, 2007 from http://www.dangerassessment.org

14. Campbell, J.C., Glass, N., Sharps P.W., Laughton, K., & Bloom, T. (2007). Intimate partner homicide: review and implications of research policy. *Trauma, Violence, and Abuse*, 8(3), 246-269.

15. Phelan, M.B., Screening for intimate partner violence in medical settings. *Trauma, Violence, and Abuse*, 2007, 8(2), 199-213.

16.Campbell, J.C., Webster, D., Koziol-McLain, J. et. al (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health,* 93, (7), 1089-1097.

17. National Institute of Justice. (2004) *Violence against women: Identifying risk factors.* US Department of Justice: Washington, DC, 1-10.

18. Koziol-McLain, J., Webster, D., McFarlane, J., Block, C.R., Ulrich,Y., Glass,N., & Campbell,J.C., Risk factors for femicide-suicide in abusive relationships: results from a multi-site case control study. *Violence and Victims*, 2006. 21(1), 3-21.

19. Campbell , J. (2005). Commentary on Websdale: Lethality assessment approaches: reflections on their use and ways forward. *Violence Against Women*, 11 (9), 1206-1213.

20. Kyle, A. and Hansell, B. (Eds.) (2005, July). *The meth epidemic in America: Two surveys of U.S. Counties.* National Association of Counties. Washington, D.C.

21. U.S. Department of Justice (2005). *Drugs of abuse.* Arlington, VA.

22. Angene-Garrett, J. (2005, August). Explosive combination. *Newsletter of the domestic violence enhanced response team: The DVERT Digest*, 6, 1-2

23. Burke, C., *2006 Adult Arrestee Drug Use in the San Diego Region*, in *CJ Bulletin*. 2007, Criminal Justice Research Division, SANDAG: San Diego.

24. Pennell, S. and C. Burke, The incidence and prevalence of domestic violence victimization among female arrestees in San Diego County. 2003, Criminal Justice Research Division, SANDAG: San Diego.

25. Zubretsky, T.M. & Digirotama, K.M. (1996). The false connection between adult domestic violence and alcohol. In A.R. Roberts (Ed.), *Helping battered women: New perspectives and remedies,* (pp. 222-228). New York, NY: Oxford.

26. Bennett, L. & Bland, P. (2008, May). *Substance abuse and intimate partner violence.* VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved 8/1/2008 from http:www.vawnet.org

27. Haggard-Grann, U., Hallqvist, J., Langstrom, N., Moller, J. (2006). The role of alcohol and drigs in triggering criminal violence: a case cross-over study. *Addiction*, 101, 100-108.

28. McDonald, R. Jouriles, E., Ramisetty-Mikler, S., Caetano, R., Green, C. (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology,* 20, (1), 137-142.

29. Lewandowski, L.A., McFalrlane, J., Campbell, J.C., Gary, F., Barneski, C. (2003). He killed my mommy! Murder or attempted murder of a child's mother. *Journal of Family Violence,* 19(4), 211-220.

30. Jaffe, P.G., Crooks, C.V., & Wolfe, D.A. (2003). Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review,* 6 (3), 205-213.

31. Edelson, J.L. (1999). Children's witnessing of adult domestic violence. *Journal of interpersonal violence*, 14(8), 839-870.

32. Perry, B. (2002). Vortex of violence: How children adapt and survive in a violent world. Houston, Texas: *Child Trauma Academy.*

33. Harris, W.W., Lieberman, A.F., & Marans, S. (2007). In the Best Interest of Society. *Journal of Child Psychiatry,* 48 (3), 394-411.

34. Davis, R., Baxi, S. & Cohen, L (2002). *Shifting the focus: Interdisciplinary collaboration to advance violence prevention in California.* Prevention Institute.

35. Holden, G.W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, 6, 151-154.

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