Iowa Domestic Abuse Death Review Team: 2009-2012

Prepared by The Iowa Department of Health and Human Services on behalf of the Iowa Domestic Abuse Death Review Team

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Acknowledgements

This report is compiled in honor of those we have lost to Intimate Partner Violence and their surviving family, friends, and communities. Their lives mattered, they were loved and important. We remember them as more than the harm they experienced and wish healing upon their surviving loved ones.

Iowa Domestic Abuse Death Review Team

The Iowa Domestic Abuse Death Review Team was established in 2000 to identify the causes and manner of deaths resulting from domestic abuse in Iowa. It is established by statute in the *Code of Iowa*, Chapter 135.108-135.112. Team members are appointed by the Director of the Department of Public Health for a term of three years, and they meet up to six times per year to review cases of homicide and suicide resulting from domestic violence. Reports are intended to identify contributing factors to the deaths and form the basis for recommendations for the prevention of future domestic abuse-related deaths.

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Executive Summary – Findings and Recommendations

The Iowa Domestic Abuse Death Review Team met a total of 11 times during calendar years 2009 to 2012 to review domestic abuse deaths. This report includes analysis of 24 cases, involving a total of 41 deaths.

Summary of Findings

Domestic abuse homicides in Iowa are largely crimes of gender violence, meaning that the predominant victims are women. In the cases reviewed for this report, 93.9 percent of the homicide perpetrators were men. Forty-two percent of the homicide perpetrators ended their life by suicide. Fifty-eight percent of the domestic abuse fatalities resulted from the use of a firearm. Handguns were used in the majority of firearm deaths. The majority (72%) of deaths occurred at either a joint residence or the residence of the victim or the person causing harm.

Below are key findings with recommendations;

- **The most dangerous time for domestic violence victims is when the victim is preparing to leave or has left the relationship.** Victims of domestic violence leaving a relationship are at 75 percent greater risk of being a victim of homicide than at any other time in their relationship.

- **Domestic violence, especially when accompanied with homicide or suicide threats and when firearms are available, are some of the highest risk cases in the criminal legal system.** Prosecutors should be very careful when pleading down these cases because of the risk to victims. Judges should hold protection order violators more accountable by ordering additional treatment for the person causing harm if they are not responding to treatment that is routinely ordered. Person convicted of misdemeanor domestic abuse should be required to surrender firearms upon conviction.

- **Iowa law offers public safety officials clear options for intervening in these cases and whenever there are threats of death, they should use whatever means are possible to ensure safety for potential victims.** Friends and family members of the victim should be encouraged to contact law enforcement or their county attorney's office when they are aware of these threats.

Contributing Risk Factors

The team identified the top risk factors for domestic abuse deaths, listed below. The at-risk identifiers are those conditions that the team determined directly contributed to the death. Additionally, there were other factors present in the relationship prior to the death occurring that the team believed placed the couple at risk.

At-risk Identifiers	Factors identified prior to fatalities*
1. Substance abuse/misuse	1. Presence of a dispute/argument
2. Excessive jealousy/control	2. Alcohol/drug use
3. Access to firearms	3. Excessive jealousy/control
4. Prior domestic abuse/violence	4. Mental health problems
5. Recent separation or threat to leave	5. Knowledge the relationship was ending

**Additional factors; Access to firearms, financial problems/recent unemployment, partner became aware of a new dating partner, isolation, prior threat of homicide and/or suicide, sexual coercion/assault, violation of protection order, person completing homicide had low educational attainment, custody conflict, other legal or personal conflict.*

Opportunities for Intervention

To identify the potential of preventing future domestic abuse deaths, the team identifies contact that the victim or person causing harm may have had prior to the fatality. The table below lists those who have the most opportunity to identify and potentially intervene when domestic abuse is known or identified. Actions that could be taken by those included in the recommendations for prevention are described more thoroughly on the next page.

Opportunities for Intervention*	Recommendations for Prevention
1. Family members/friends	1. Violence prevention specialists
2. Health Care systems	2. Law Enforcement
3. Co-workers	3. Work settings
4. Law Enforcement/prosecution	4. All community professionals
5. Mental health providers	5. Health Care

Opportunities for Intervention;* ***Family members/friends:* *Were aware of the abuse/danger.* ***Health Care Systems:*** *Opportunity for screening/referral/support at pregnancy/pediatric visits, Emergency Department, and Primary Care Provider visits.* ***Co-workers:*** *Knew of dangerous circumstances.* ***Law Enforcement (LE)/prosecution:*** *Provide referrals for domestic violence (DV) services, provide support to LE to reduce compassion fatigue in responding to DV cases.* ***Mental Health providers:*** *unsure if childhood trauma was adequately addressed in order to reduce potential for future abuse.*

Recommendations for Prevention

1. **Violence prevention specialists**: Increase gender violence prevention work to change social norms of young men around their "right of ownership" over partners; recognizing how abusive behavior gets minimized (and when it may be an indicator of lethality); what both loving and controlling behavior looks like.
2. **Law Enforcement**: Always, in every circumstance, refer DV victims to services.
3. **Work settings**: Assure that supervisors receive training on substance abuse/misuse and domestic violence. Training should also include services referral for victims, including recognizing lethality.
4. **All community professionals**: Receive education about recognizing increased lethality in DV cases.
5. **Pediatric health care professionals**: Educate/screen adults involved with pediatric cases routinely and know what to do with disclosures; assure ongoing training for new staff.

In addition to the recommendations listed above, the team identified the following activities that they believe would also prevent future deaths.

- **Mental health supports** need to be available to men and boys, with a focus on increasing coping skills and healthy emotional regulation in times of conflict.
- **Engage male leaders** in communities who are good at modeling constructive problem solving with compassion rather than violence/aggression.
- **When a person is charged with a crime that is violent in nature**, include mental health, substance use, education, disability, and job training screenings/treatments. Increasing supports and stabilizing the living conditions for persons causing harm is an emerging strategy for safer communities.

Case Findings

Demographics

Gender

Of the 37 cases reviewed during this report period, the majority of persons killed by a current or former partner/spouse were female. The majority of those causing these fatalities were male.

Figure 1. Gender of person murdered by a current or former partner or spouse

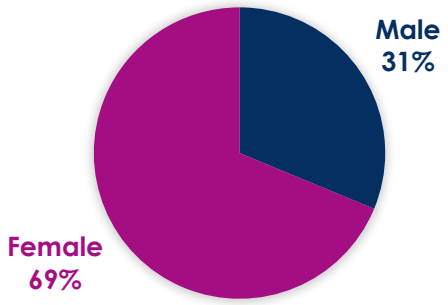
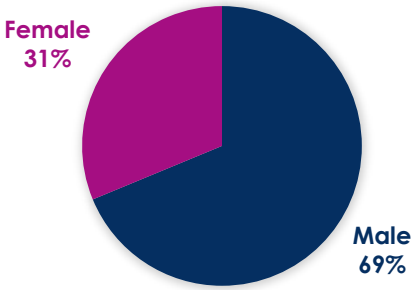
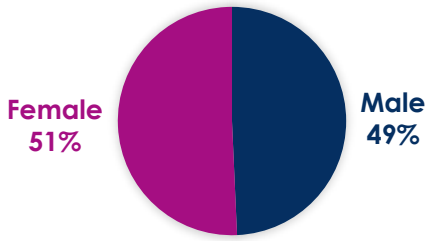


Figure 2. Gender of person who murdered a current or former romantic partner or spouse



According to the 2010 United States Census, persons identifying as female make up 50.5% of Iowa's population, while those identifying as male comprise 48.5%. Our case findings show a correlation between gender and risk for 1) experiencing a domestic homicide and 2) perpetrating a domestic homicide.

Figure 3. Iowa Census Data by Gender in 2010



Age

According to the 2010 Census, the median age of Iowans is 38.1. Of the domestic abuse cases reviewed during this report period, the majority of victims were between the ages of 36-45. The age group of the majority of those who caused the fatality was 36-55.

Figure 4. Age of Decedent

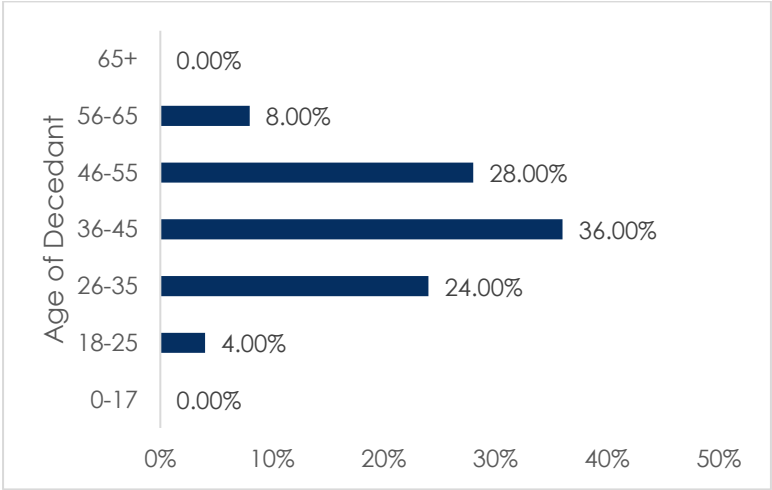
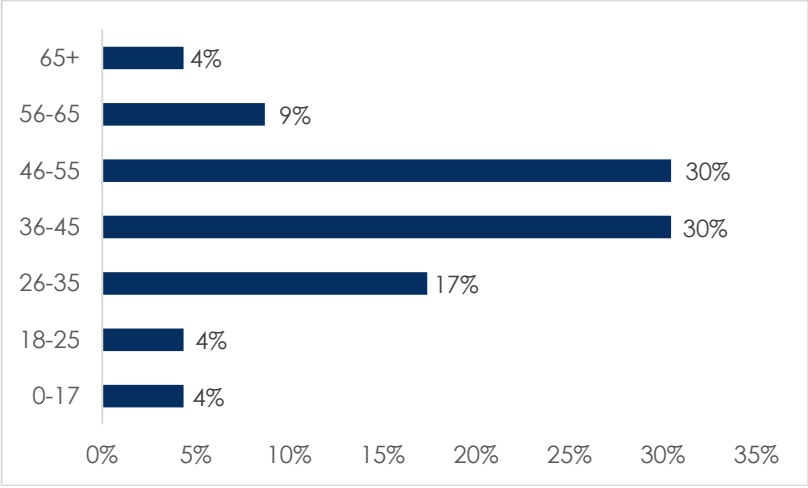


Figure 5. Age of Person Causing Harm



Race/ethnicity

Iowa is home to more than 3 million people. The following figures show 2010 census data for race/ethnicity compared to Iowa Domestic Abuse Death Review decedents.

Figure 6: 2010 Iowa Census Data

Subject	Number	Percent
White alone (not Hispanic or Latino)	2,701,123	88.7%
Hispanic or Latino	151,544	5%
Black or African American	86,906	2.9%
American Indian and Alaska Native	8,581	.3%
Asian alone	52,597	1.7%
Native Hawaiian and Other Pacific Islander	1,797	0.1%
Other Race alone	2,132	0.1%
Two or More Races	41,675	1.4%

When looking at the percentage of homicide decedents by race/ethnicity, we see that white Iowans account for the majority of domestic deaths. You can also see that Black/African American and those identified as Other (to include multiracial categories), are disproportionately represented as victims of homicide in comparison to their percentage of the total population. When looking at percentage of those who cause harm by race/ethnicity, we find that Black/African American are disproportionately represented compared to their percentage in the total population (Figures 7 & 8).

Figure 7: 2010 Per Capita race/ethnicity of Decedents

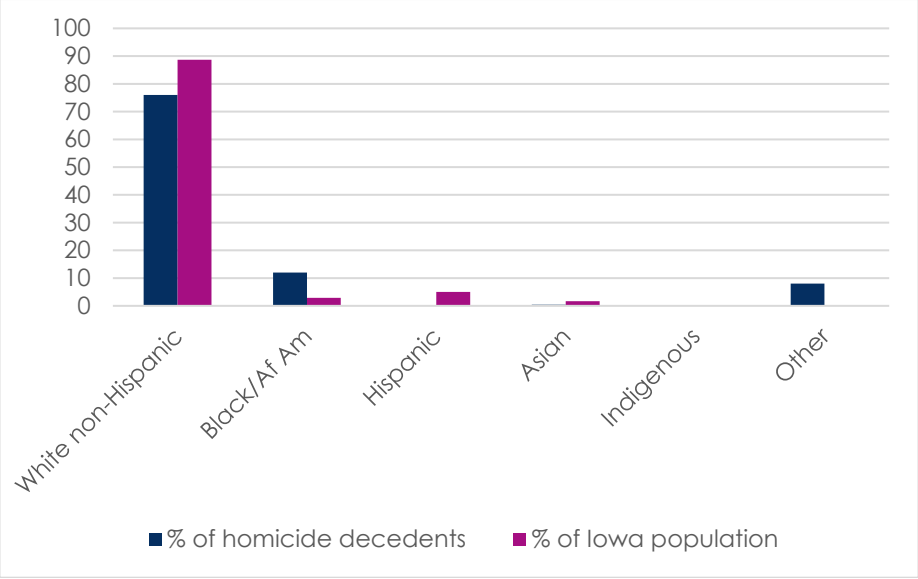
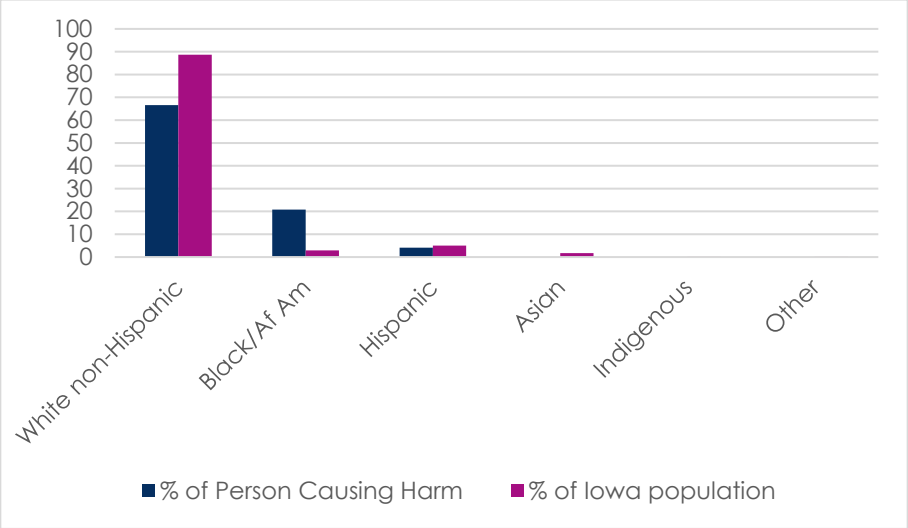


Figure 8. Per Capita Race of Person Causing Harm



Education background

The following information is from the 2010 Iowa Gender Wage Equity Study;

The 1999 study shows 27.0 percent of males and 28.4 percent of females had obtained a bachelor's degree or higher. The 2008 study shows that 32.6 percent of males and 33.8 percent of females have obtained a bachelor's degree or higher. This study shows that 28.0 percent of males and 29.1 percent of females have obtained a bachelor's degree or higher. Both studies illustrate that females have achieved a higher level of education than males.

Figure 9. Education Levels by Gender 2010 Iowa Gender Wage Study

Education Level	Male	Female
Less than 9th grade	1.1%	0.8%
Some HS, no diploma	4.3%	2.7%
HS diploma, including GED	31.4%	26.0%
Some education beyond HS	16.2%	19.6%
Associate degree	10.7%	13.6%
Trade certification	4.9%	4.5%
Vocational training	3.0%	3.5%
Undergraduate degree	19.6%	20.3%
Postgraduate degree	8.4%	8.8%

Figure 10. Educational background of decedent

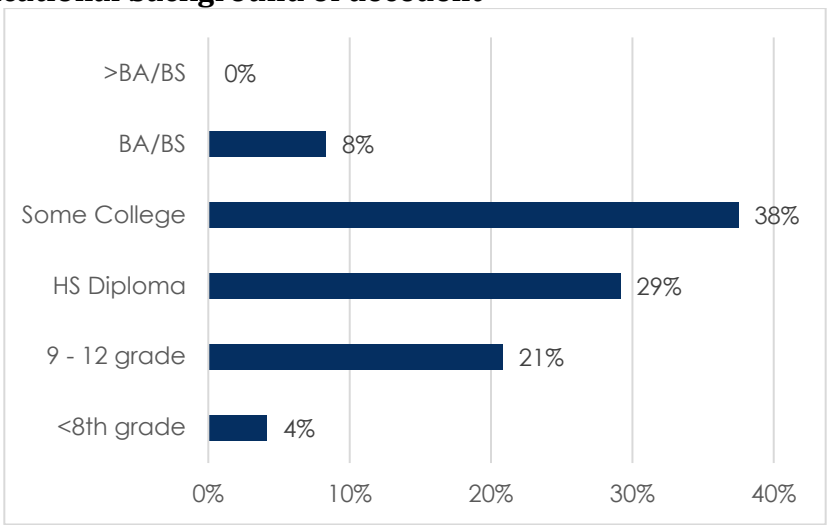
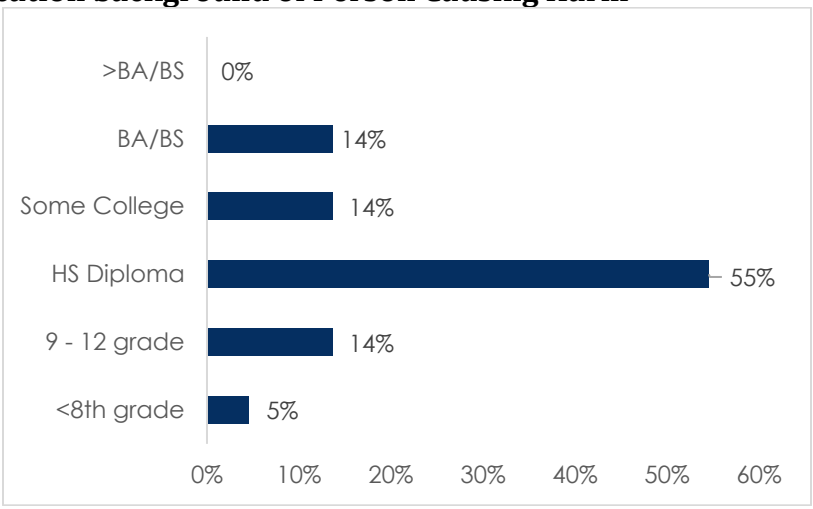


Figure 11. Education background of Person Causing Harm



Death Circumstances

This section provides a summary of information related to the circumstances surrounding or contributing to the domestic abuse homicides. Except for figures 14 and 15, the totals in the remaining figures refer to the number of cases in which they apply, not the number of persons involved. A "case" represents the primary victim and the person causing harm who were involved in the domestic abuse incident that resulted in death(s).

Figure 12. Cause of Death

	Total
Firearm	**24**
Shotgun	
30-45 Caliber Handgun	
22-30 Caliber rifle	
Knife	**7**
Other	**8**
Hands/manual	*

Figure 13. Weapons used in Death

	Total
Gunshot wound to head	**13**
Multiple GSW's	**11**
Traumatic stab wound	**7**
Beating/blunt force trauma	*
Asphyxia (suffocation)	*
Other causes	**6**
Total	**41**

Figure 14. Location of death

	Total
Joint residence	**9**
DV victim residence	**6**
DV perpetrator residence	*
Worksite	*
Other/unspecified	**6**

Records reviewed by the team provide information on circumstances and other factors that the team determines contributed to the fatality. Figure 15 lists these factors in order of their predominance in case findings.

Figure 15. Factors identified prior to the fatalities (*cases may have multiple factors*)

	Total Cases
Presence of a dispute/argument	**23**
Alcohol/drug use by the homicide perpetrator	**18**
Partner was excessively jealous/controlling	**18**
Mental health problem	**14**
Divorce/threat of divorce or victim was trying to end the relationship	**13**
Access to firearms by the homicide perpetrator	**13**
Financial problems/recent unemployment	**8**
Partner discovered the new dating partner	**8**
Victim was isolated with little support	**7**
Prior threat of homicide and/or suicide	**6**
Sexual coercion/assault	**6**
Violation of protection order	*
Lack of education	*
Custody conflict	*

The team gathers information on evidence of domestic violence prior to the death and prior community contact with the case in order to determine if there had been opportunities to intervene or prevent the domestic abuse death. The findings in figure 16 indicate that a majority of the cases had prior law enforcement involvement, threats of homicide, and the presence of domestic violence known by friends or family. In figure 17, all of the community agencies listed had contact with the case prior to the death.

Figure 16. Evidence of prior domestic violence

	# of Cases
Prior suicide threat	**8**
Prior police calls	**20**
Prior homicide threat	**16**
Prior domestic abuse arrests	**8**
Known history of domestic violence (as reported by friends/family)	**23**
Prior contact with DV services/shelter	*
Prior injury	**18**

Figure 17. Prior community contact in cases with a known history of domestic violence

	# of cases
Prior police calls	**20**
Prior domestic arrests	**8**
Prior batterer's education program involvement	*

Prior court involvement (DV charge pled down or repeat offenses not charger higher)	*
No charges filed by prosecutor after DA arrest	*
Prior DV service/shelter contact	*
Prior child abuse investigation	**10**
Custody proceedings	*
Prior hospital contact	*

The presence of stalking in domestic violence cases increases the risk of serious injury or death. Figure 18 indicates that almost half of the cases reviewed had either a current or previous order of protection in place at the time the homicide occurred.

Figure 18. Evidence of stalking prior to homicide

Homicide Perpetrator Outcome & History

Figures 19– 21 provide information on the person causing harm in the domestic abuse homicide. Of those who did not die by suicide, the vast majority were convicted of murder. Half of all people causing harm had a previous arrest history or had been incarcerated. A history of substance abuse and/or mental health problems was also common among people causing harm.

Figure 19. Homicide Perpetrator Outcome (non-suicides only)

	Total
Convicted of Murder 1	**6**
Convicted of Murder 2	**6**
Convicted of Manslaughter	*
Perpetrator has not been apprehended	*

Figure 20. Perpetrator arrest history (all cases**)**

		Total
No previous arrests documented		**10**
Previous arrest history (duplicative)		**15**
Alcohol/drug related	*	
Domestic abuse	8	
Assault	8	
Prior incarceration		*
On probation/parole (at time of homicide)		*
Weapons seizure order		*

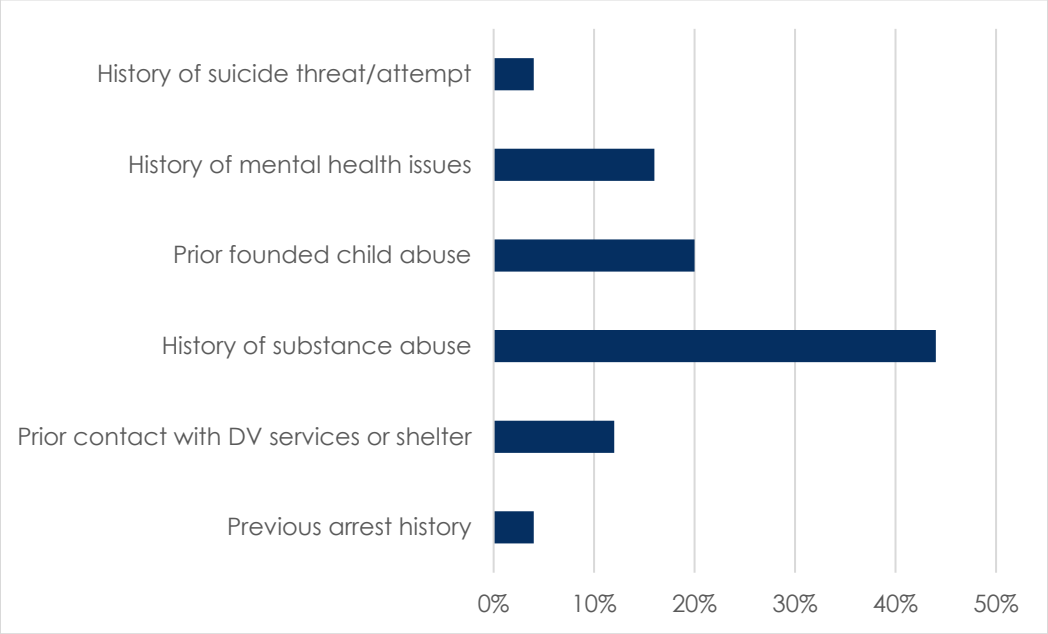
Figure 21. Perpetrator history of contact with other community agencies

	Total
History of substance abuse	**19**
Prior substance abuse treatment	
Prior batterer's education program involvement	**4**
With successful discharge	
Did not complete treatment	
History of mental health issues	**11**
Prior mental health treatment	
Prior founded child abuse	**5**

Victim History

Figure 22 presents known information about the domestic violence victims' previous arrests, contact with community agencies or history of substance abuse/mental health. The most common factor was a history of substance abuse.

Figure 22. DA Victim History



Appendix

Iowa Domestic Abuse Death Review Team

History

Original legislation to establish a statewide domestic abuse death review team was introduced by the Senate Human Resources Committee in March 1997 (SF 459). It was voted on and passed in the Senate on March 24th. The bill was sent to the House, and referred to Human Resources. It was recommended for passage, however, was not placed on the calendar for vote that session and was referred back to the Human Resources Committee.

During the 1998 legislative session, a bill was not passed out of the House Human Resources Committee, but language was added to the department of public health's appropriation bill (SF2280, section 5, subsection 4(10)) directing the department to promulgate rules for a domestic abuse death review team modeled after the child death review team. Those rules were drafted, adopted, and became effective January 6, 1999 (IAC 641-91). The department proposed legislation (HSB 185) for the 1999 legislative session to establish the death review team by Code as well as administrative rule. HSB 185 was referred to Human Resources and was not passed out of committee. Rules are located in the *Iowa Administrative Code* [641] Chapter 91.

The department proceeded with the establishment of the team through the authority of administrative rule, and pre-filed legislation for the 2000 legislative session. Professional associations and state agencies submitted recommendations for team members to the director of public health, and the director made appointments in December 1999. The first meeting of the Iowa Domestic Abuse Death Review Team was held on Friday January 28th, 2000. Without clear statutory access to confidential records, the team proceeded with orientation of members and development of team procedures.

House File 2362 was passed by the 78th General Assembly and signed by the Governor in April 2000. The bill became effective July 1, 2000 and the team began reviewing case records after that date. *Code of Iowa* Chapter 135.108-135.112 provides the statutory authority for the team.

The team is staffed by the Iowa Department of Health and Human Services. Daylong meetings are held quarterly in Des Moines. The Team issues reports to the Legislature, Governor and Attorney General biennially.

Further information about the Iowa Domestic Abuse Death Review Team may be obtained by contacting:

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