Iowa Domestic Abuse Death Review: Case Findings and Recommendations

2015 - 2016

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

# 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. In a biannual report, case data is presented to identify contributing factors to the deaths and form the basis for recommendations for the prevention of future domestic abuse-related deaths.

Dianne Fagner, LISW

Representing NASW – Iowa Chapter

Jennifer Robertson-Hill

Representing Iowa Board of Substance Abuse Certification

Sadie Weekley

Representing Iowa State Police Association

Monica Goedken-Abramowitz

Representing the Iowa Coalition Against Domestic Violence

Chuck Sinnard

Representing Iowa County Attorneys Association

Jane E. Rosien

Representing Iowa Trial Lawyers Association

Roger Littlefield, M.S.

Representing the Department of Corrections & Better's  $\it Education\ Program$ 

Mary Hill – Sutherland, LISW, CEAP Representing the Iowa Org. for Victim Assistance

John Kraemer, P.A.

Representing the Iowa State Medical Examiner

Chad Underwood

Representing the Iowa Sheriffs and Deputies Association

Charlotte Burt

Representing Department of Education

Anne Brown

Representing Department of Corrections

Lisa Bender, LMSW

Representing Department of Human Services

Kristin Corey

Representing the Iowa Commission on the Status of Women

Molly Jansen

Representing the Iowa Law Enforcement Academy

Bill Kietzman

Representing the Division of Criminal Investigation

**Becky Kinnamon** 

 $Representing\ the\ State\ Court\ Administrator's\ Office$ 

Binnie LeHew

Staff with the Iowa Department of Public Health

Julie Jones

Staff with the Iowa Department of Public Health

## **Table of Contents**

Executive Summary – Findings and Recommendations	3
Case Findings	5
Demographics	
Gender	
Age	
Race/ethnicity	
Education background	



# **Executive Summary**

Domestic violence (DV) impacts individuals from all communities. In case review we examine data available by case, searching for trends and possible contributing factors. Percentages provided are based on the number of cases for which data is available. Cases without known demographic areas were removed from the total. When case percentage is compared to the overall percentage of Iowa's population, possible health inequities can be identified. Individuals who identify as male are responsible for the majority of domestic abuse related deaths in Iowa. This presents the question, "In what ways can we improve community support for men and boys to reduce violence as a means for problem solving?"

#### **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.

#### **Most Common At-risk Identifiers**

- 1. Substance Use
- 2. Prior Violence
- 3. Protective Order/No Contact Order
- 4. Relationship ending
- 5. Financial stress/unemployment

#### Factors identified prior to fatalities\*

- 1. Argument/dispute
- 2. Child custody
- 3. Knowledge the relationship was ending
- 4. Substance use
- 5. Suicidal threats

#### **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 setting specific categories, identifying those with 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\***

- 1. Family/friends
- 2. Law Enforcement/courts
- 3. Neighbors/landlord
- 4. Health Care Providers

<sup>\*</sup>Additional factors; criminal background, unmanaged mental illness, controlling, isolation, prior threats of violence, childhood trauma, new partner, access to firearms, non-biological children, stalking, age (young or significant difference), medical issues/disability, brain injury, rigid gender roles, pregnancy, homeless, strangulation



#### 5. Workplace

\*Opportunities for Intervention; **Family and friends**: Were aware of the abuse/danger. **Law Enforcement (LE)/prosecution**: Provide referrals for domestic violence (DV) services, provide support to LE to reduce compassion fatigue in responding to DV cases. **Neighbor/Landlord**: were area of the abuse/danger **Health Care Providers**: Opportunity for screening/referral/support at appointments, Emergency Department, and Primary Care Provider visits. **Workplace**: Coworkers knew of dangerous circumstances.

#### RECOMMENDATIONS FOR PREVENTION

- 1. **Family and Friends:** Educate yourself about healthy relationships. Learn how to help a loved one and provide referrals for additional support to victim service providers.
- 2. **Law Enforcement**: Always, in every circumstance, refer DV victims to services. Increase support to law enforcement officers when they are responding to the same home multiple times
- 3. **Judges and court settings:** Ask about firearms at home and complete a lethality assessment with the person doing harm
- **4. Neighbors/landlord:** Give options to increase security in parking lots and apartment complexes.
- 5. **Healthcare Providers:** Training on how to identify domestic violence and provide resources
- 6. **Workplace:** Assure that supervisors receive training on substance abuse/misuse and domestic violence. Training should also include services referral for victims, including recognizing lethality.



#### 2015-2016 CASE FINDINGS

## **Demographics**

#### Gender

Of the 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

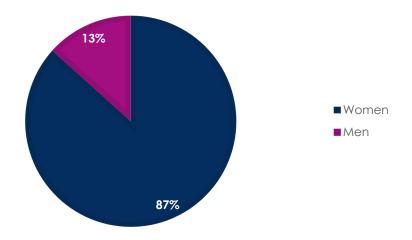
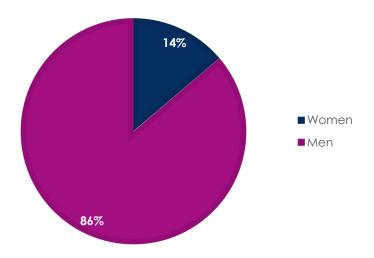


Figure 2. Gender of person who murdered a current or former romantic partner or spouse





#### 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 3. Age of Decedent

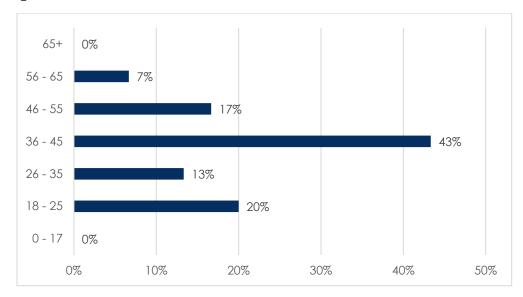
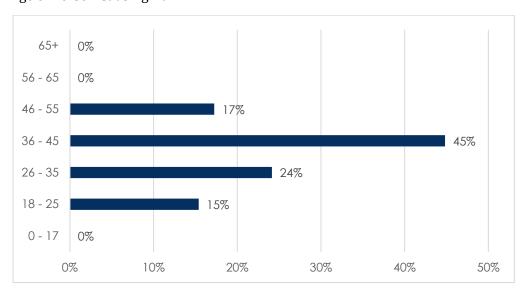


Figure 4. Age of Person Causing Harm





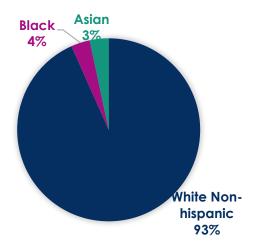
### Race/ethnicity

Iowa is home to more than 3 million people. The following figures show 2010 census data for race/ethnicity, as well at the race and ethnicity of Iowa Domestic Abuse Death Review decedents and perpetrators.

Figure 5: 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%

Figure 6. Race/ethnicity of decedents



# HHS

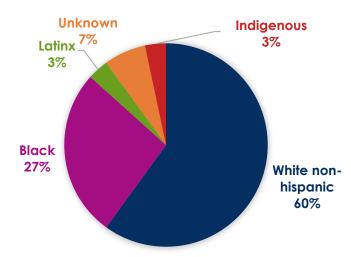


Figure 7: Race/ethnicity of person causing harm

#### **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 bachelors degree or higher. This study shows that 28.0 percent of males and 29.1 percent of females have obtained a bachelors degree or higher. Both studies illustrate that females have achieved a higher level of education than males.

Figure 8. 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%

## iowa HHS

Figure 9. Educational background of decedent

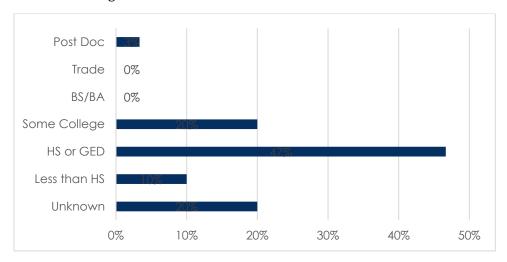
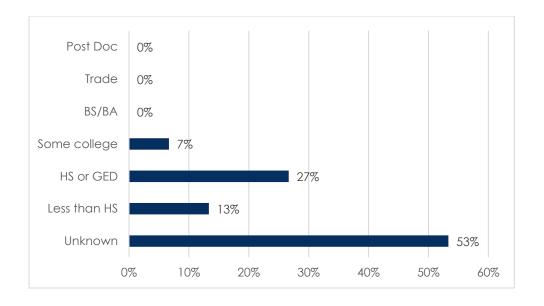


Figure 10. Education background of Person Causing Harm





#### **Death Circumstances**

This section provides a summary of information related to the circumstances surrounding or contributing to the domestic abuse homicides. Except for figure 13, 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 11. Cause of Death

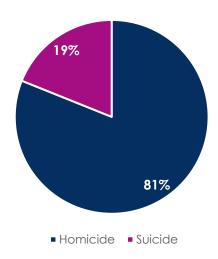


Figure 12. Weapons used in Death



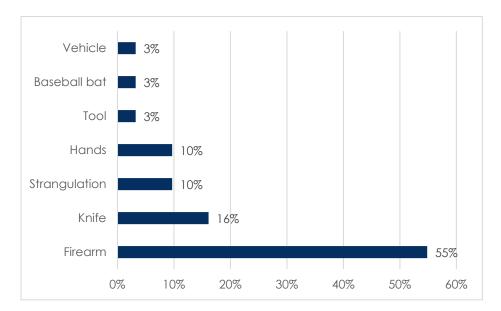
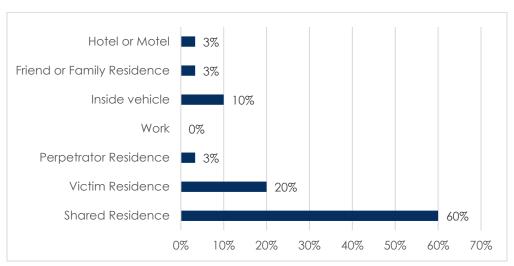


Figure 13. Location of death



Further information about the Iowa Domestic Abuse Death Review Team may be obtained by writing or calling.

The contact information is as follows:

#### **Domestic Abuse Death Review Team**

Lucas State Office Building 321 East 12<sup>th</sup> St. Des Moines, Iowa 50319-0075 515-281-5032

http://www.idph.state.ia.us/bh/domestic\_abuse\_review.asp