Domestic Violence Fatalities in Utah

2000-2002

A Report from the Utah Domestic Violence Fatality Review Committee

Utah Department of Health

Acknowledgments

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In the year 1998, surveys found that one in four American women have been physically or sexually assaulted or stalked by an intimate partner in their lifetime.[i] In that same year, 12 women died in Utah as a result of domestic violence. Domestic violence is a community problem. It can happen to anyone, regardless of race or ethnicity, socioeconomic status, education level, sexual orientation, religion, gender or age.

Domestic violence is a pattern of violence that can be physical, sexual, emotional and/or psychological against a current or former intimate partner, family member or cohabitant. These types of violence are demonstrated by the perpetrator to gain power and control over his or her victim. In many cases, the perpetrator's violence will increase in frequency and intensity to maintain the sense of power and control. This increasing violence can lead to the death of the victim. In Utah from 1994 to 1999, 49 percent of female homicides resulted from domestic violence.[ii]

In Utah, there are resources and programs to help survivors of domestic violence. The state has 16 domestic violence shelters located throughout all eight judicial districts. These shelters offer housing and other services to assist survivors in developing a safety plan.

Domestic violence is a serious problem in our state. Communities have a responsibility to take action to prevent violence. Everyone has the power and responsibility to speak out and educate others about the dynamics of domestic violence and the availablility of services and resources for victims. By applying these tools, lives can be saved!

Summary of Findings for Utah

- From 2000-2002, there were a total of 53 domestic violence-related deaths.
- More than half (64.2 %) of the victims were killed by an intimate partner.
- On a per capita basis, Hispanics/Latinos are disproportionately affected by domestic violence.
- Firearms were the most common type of weapon used in the homicides.
- The majority (83.7%) of victims were killed in their own homes.
- Of the children who witnessed or were present at the time of the homicide, **none** were referred to the Division of Child and Family Services for support.
- Twelve (25.5%) of the suspects committed suicide after the homicide.
- Of those suspects prosecuted and sentenced, the majority (42.9%) were charged with a first-degree felony and received three-years-to-life sentences.

Primary Recommendations

- Encourage judges and prosecutors to review entire histories prior to sentencing defendants convicted of domestic violence offenses.
- Strengthen existing public education campaigns that focus on aiding victims of domestic and intimate partner violence.
- Educate law enforcement personnel on and emphasize further implementation of "child witnessing" domestic violence laws.
- Ensure that culturally responsive educational materials are widely available to all populations.

Background and Goals

Background

This report summarizes the 2000-2002 findings regarding statewide domestic violence fatalities, as analyzed by the Domestic Violence Fatality Review Committee (DVFRC).

The committee was established in 2002 as the Intimate Partner Violence Death Review Team (IPVDRT) by the Utah Department of Health, with a small grant from the Utah Commission on Criminal and Juvenile Justice. The Utah Department of Health (UDOH) collects and analyzes data and provides staff support to the Committee. The DVFRC is a multi-disciplinary team with representatives from multiple agencies that meet at least once a month to review all adult domestic violence-related homicides.

The first domestic violence homicide report covered the years 1994-1999 and was issued in August 2001. It can be found on the internet at www.health.utah.gov/vipp/pdf/ipvdrtreport.PDF. The report examined circumstances surrounding only those homicides perpetrated by males against their current or former female intimate partners. As a result of the first reviews and report, it was determined that the case definition needed to be expanded to incorporate all domestic violence deaths.

Domestic violence is defined as a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. This includes violence between family members, roommates, and current or former intimate partners. This report examines case information for all adult homicides related to a domestic violence incident. The data from the two reports cannot be compared because of the difference in case definitions.

Goals

The goals of the DVFRC include the following:

1) Identify and review all statewide adult domestic violence-related homicides that occurred between January 1, 2000 and December 31, 2002.

2) Initiate a process for developing protocols and agreements to improve agency response and/or interventions for victims and suspects of domestic violence.

3) Cultivate discussion and action to establish a unified multi-agency approach to domestic violence.

4) Reduce the rate of domestic violence-related deaths in Utah.

5) Facilitate and improve communication among agencies that deal with victims and/or perpetrators of domestic violence.

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Review Process

The DVFRC was established as an Advisory Committee of the Utah Department of Health, in which state agencies and other appropriate organizations were invited to select representatives to participate in fatality reviews. A procedure for reviewing cases, completing data forms, and obtaining confidentiality forms was developed and all members signed a confidentiality form prior to their participation in a case review. The DVFRC project coordinator reviewed all adult domestic violence-related homicides identified by the Medical Examiner or the Office of Vital Statistics according to the case definition found in the appendix of this report. After a case met the case definition criteria, the project coordinator used Medical Examiner's files and consultation with law enforcement to establish the relationship between the victim and the suspect.

Two weeks prior to the review of each case, committee members were provided demographic information, vital records data, the Medical Examiner's report, and a brief description of the incident. DVFRC members pooled resources to gather information on both the victim and the suspect, including demographics, law enforcement involvement, protective orders, social services, shelter contact, and past criminal histories.

The details of each case were discussed in a confidential environment. Committee members were asked to be candid with their impressions of the case and to look at the review as a process of learning more about the nature of the domestic violence incident. The committee then discussed appropriate recommendations for improving the system response and/or educating the public about domestic violence to prevent future deaths, based on the dynamics of each specific case. A compilation of the recommendations is included at the end of this report. The DVFRC encourages individuals, organizations, and agencies to use the recommendations to inform appropriate interventions to prevent domestic violence fatalities in Utah.

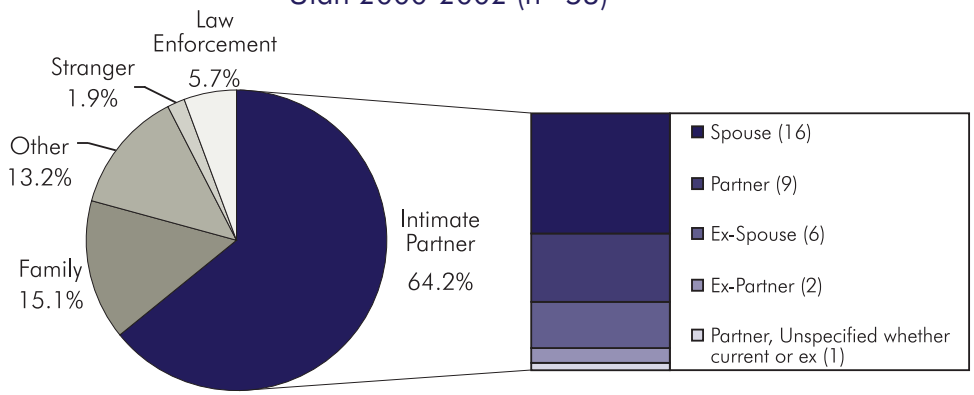
In addition to policy recommendations, this report includes a descriptive analysis of all adult domestic violence homicides in Utah for the years 2000-2002.

This report examines Utah's domestic violence-related homicides for the years 2000-2002. Of the 167 adult homicides during the three-year period, 53 (31.7 percent) were domestic violence-related deaths.[iii] Three of the deaths were police-related, also known as "legal interventions." One of the cases involved the homicide of an innocent bystander. For this report, the previously mentioned four cases (3 legal interventions, 1 bystander) are not included in the data beyond Figures 1 and 2. Therefore, the data used for the remainder of the report and its corresponding analyses represent 49 domestic violence victims and 47 suspects.

While this report seeks to generalize information about domestic violence homicides in Utah, each case is unique in nature and represents the dynamics of a complex relationship. There were three double homicides, which occur when a single perpetrator is responsible for the murder of two victims during the same incident. All three cases involved an intimate relationship and had a history of ongoing abuse. Nationally, it is estimated that 40 to 70 percent of female murder victims are killed by their husbands or boyfriends, frequently in the context of an ongoing abusive relationship.[iv] From 2000 to 2002, 64.2 percent of the victims were killed by an intimate partner in Utah **(Figure 1)**.

Figure 1.

Percentage of Domestic Violence Fatalities by Relationship Type, Utah 2000-2002 (n=53)



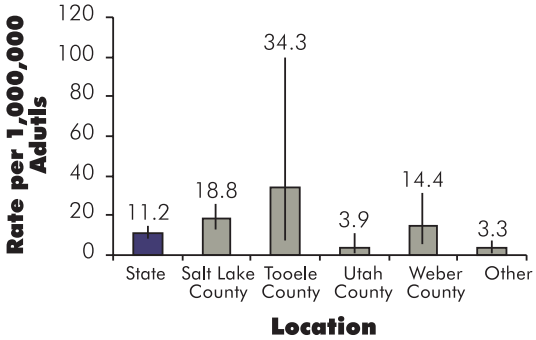
Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

County of Death

The 2000-2002 domestic violence homicide rate for Utah is 11.2 per million (1,000,000) adults. The majority of domestic violence-related homicides (67.9 percent) took place in Salt Lake County, with a rate of 18.8 per 1,000,000 adults. Tooele County has a rate of 34.3 per 1,000,000 adults, Utah County has a rate of 3.9 per 1,000,000 adults, and Weber County has a rate of 14.4 per 1,000,000 adults. Although the rates for these counties differ, there is not a statistical significance between these counties and the state rate **(Figure 2)**. The Other category represents Carbon, Davis, Duchesne, and Sanpete Counties.

Figure 2.

Domestic Violence Fatalities by State and County of Death, Utah 2000-2002 (n=53)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

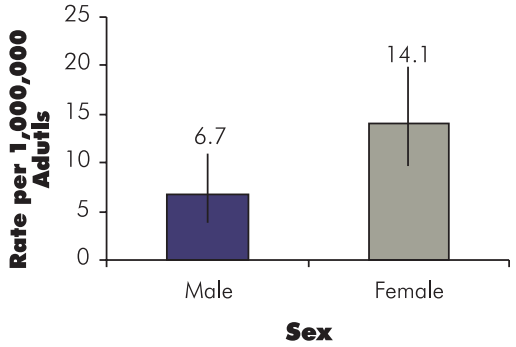
Victim Demographics

Domestic violence can happen to anyone, male or female. However, nationally, women are 7 to 14 times more likely to report an intimate partner had beaten them up, choked them, or tied them down.[v] From 2000-2002, the rate for Utah victims was 1 male to 2.1 females (1:2.1). Although the rate of domestic violence-related homicides for males was 6.7 per 1,000,000 adults compared to 14.1 per 1,000,000 adults for females, the difference was not statistically significant. **(Figure 3)**.

The victims ranged in age from 22-79 years, with 73.5 percent under 50 years of age. The highest per population rate of domestic violence-related fatalities was seen in 45 to 54 year olds, and the lowest in 65 to 74 year olds **(Figure 4)**.

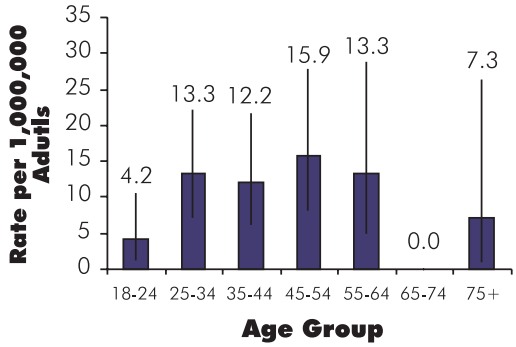
The majority of the victims were White, non-Hispanic adults (65.3 percent) with a domestic violence homicide rate of 24.4 per 1,000,000 adults, compared to a domestic violence homicide rate for Hispanic/Latino adults of 113.5 per 1,000,000 adults **(Figure 5)**. Hispanic/Latino adults accounted for 35.9 percent of the victims. This indicates that Hispanic/Latino adults, who represented only 8.2 percent of the statewide population,[vi] compared to White, non-Hispanic adults, who represented 86.6 percent of the statewide population,[vii] were disproportionately affected.

Figure 3.
Domestic Violence Fatality Victims by Sex, Utah 2000-2002 (n=49)



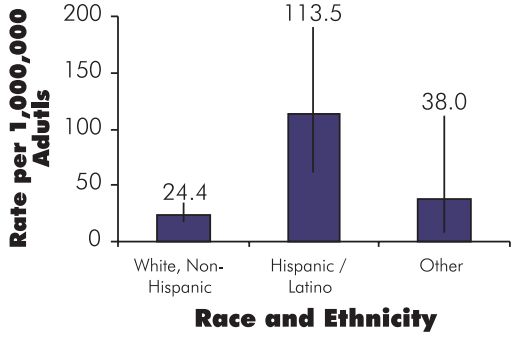
Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 4.
Domestic Violence Fatality Victims by Age Group, Utah 2000-2002 (n=49)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 5.
Domestic Violence Fatality Victims by Race and Ethnicity, Utah 2000-2002 (n=49)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

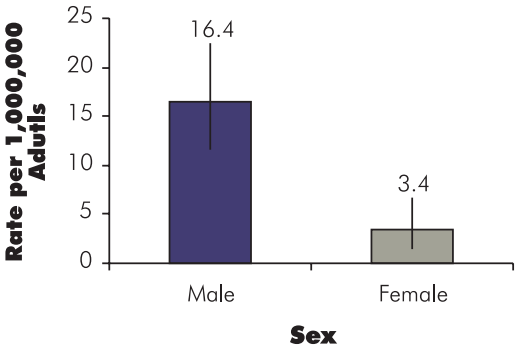
Suspect Demographics

From 2000-2002, the ratio for suspects was 4.9 males to 1 female. The rate of domestic violence-related suspects for males was 16.4 per 1,000,000 adults compared to 3.4 per 1,000,000 adults for females **(Figure 6)**.

The suspects ranged in age from 20-78 years with 80.9 percent under 50 years of age. The 25 to 34 year-old age group had the highest domestic-violence homicide suspect rate at 17.0 per 1,000,000 persons. The lowest suspect rate was found among the 18-24 age group, with a rate of 4.2 per 1,000,000 persons **(Figure 7)**. However, there was not a statistically significant difference between any of the age groups.

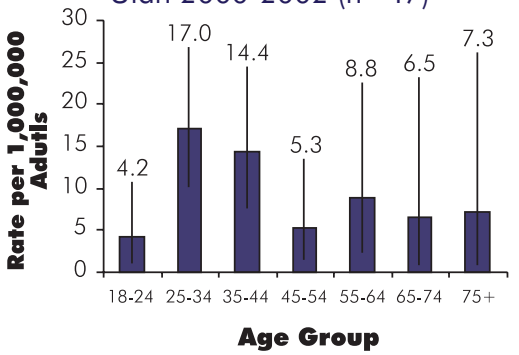
Race and ethnicity could not be identified for seven of the suspects. Of those whose Race and ethnicity were known, 75.0 percent were White, non-Hispanic adults, with a domestic violence homicide suspect rate of 22.9 per 1,000,000 adults. Hispanic/Latino adults (20 percent) had a domestic violence homicide suspect rate of 64.9 per 1,000,000 persons **(Figure 8)**. There was not a statistically significant difference between the White, non-Hispanic and Hispanic/Latino domestic violence homicide suspect rates.

Figure 6.
Domestic Violence Fatality Suspects by Sex, Utah 2000-2002 (n=47)



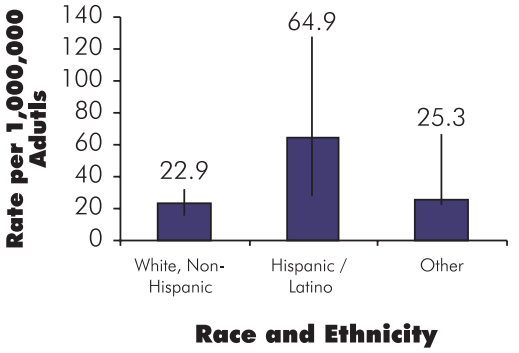
Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 7.
Domestic Violence Fatality Suspects by Age Group, Utah 2000-2002 (n=47)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 8.
Domestic Violence Fatality Suspects by Race and Ethnicity, Utah 2000-2002 (n=40)



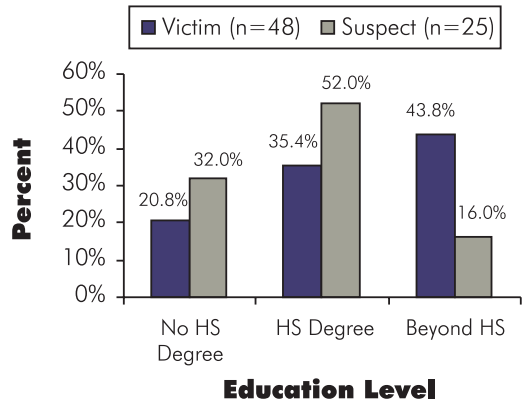
Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Education and Employment

The education level for 48 of the victims was available. Of these victims, 79.2 percent had a high school degree or education beyond high school. Of the 47 suspects, the education level was available for 25 suspects and 68.0 percent had a high school degree or education beyond high school. Only four suspects were known to have completed their education beyond high school, compared to 21 of the victims. Education level was available for nearly all of the victims; however, this information was unavailable for almost half of the suspects **(Figure 9)**.

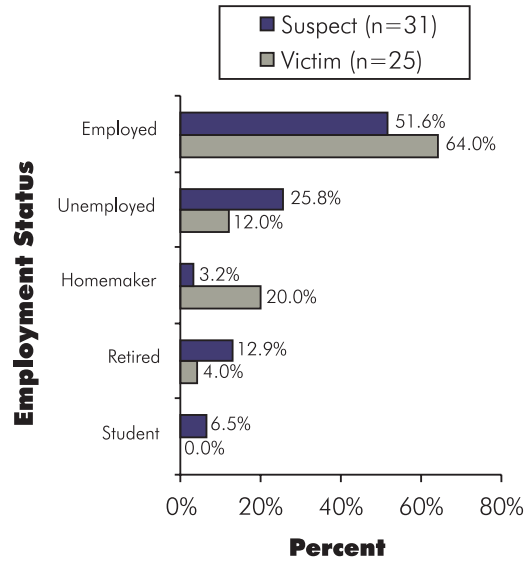
It has been found that women who experienced male-perpetrated intimate partner violence were more likely to experience periods of unemployment.[viii] Nationally, victims of domestic violence lose a total of nearly 8 million days of paid work, the equivalent of more than 32,000 full-time jobs.[ix] Data show that when employment status was known for victims (n=25) and suspects (n=31), 12.0 percent of the victims and 25.8 percent of the suspects were unemployed during the time of the homicide; another 24.0 percent of victims were non-workforce participants (homemaker, retiree, or student) compared to 22.6 percent of suspects. Sixty-four percent of victims had known employment and 51.6 percent of suspects had known employment. Employment status for nearly half of the victims and a third of the suspects was unavailable **(Figure 10)**.

Figure 9.
Percentage of Victims and Suspects by Education Level, Utah 2000-2002



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 10.
Percentage of Victims and Suspects by Employment Status, Utah 2000-2002

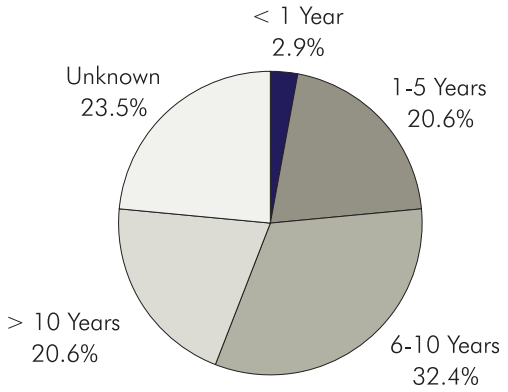


Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Intimate partner violence accounted for 64.2 percent (n=34) of all domestic violence homicide cases. The suspects in these cases tended to be spouses or ex-spouses (64.7 percent). The length of the relationship between the intimate partners varied from six months to 55 years. Seven of the cases had relationships lasting 10 years or more **(Figure 11)**. The median length of the relationship between victim and suspect was 7.5 years.

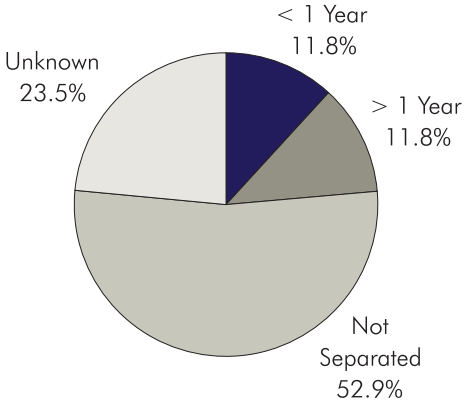
Most of the intimate partners (52.9 percent) were not separated at the time of the homicide **(Figure 12)**. The length of relationship and length of separation were unknown for eight of the cases.

Figure 11.
Percentage of Intimate Partner Relationships by Length of Relationship, Utah 2000-2002 (n=34)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 12.
Percentage of Intimate Partner Relationships by Length of Separation Before Death, Utah 2000-2002 (n=34)

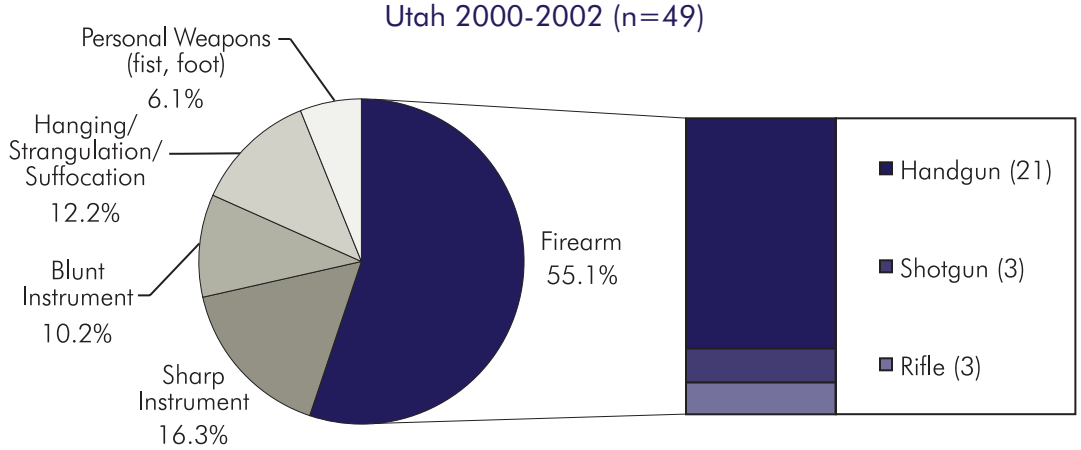


Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Type of Weapon

In Utah from 2000-2002, 27 (55.1 percent) of all domestic violence homicide victims were killed by the suspect's firearm. Of those 27, 21 were killed with a handgun, three with a shotgun, and three with a rifle. Using an instrument, either blunt or sharp, was the next most frequent method of domestic vioence homicide (26.5 percent) combined, followed by hanging, strangulation and suffocation (12.2 percent). Three of the victims were killed by personal weapons, such as the fist or foot of the suspect **(Figure 13)**. According to one study, firearms were the major weapon type used in intimate partner homicides in the United States.[x]

Figure 13.
Percentage of Domestic Violence Fatalities by Weapon and Firearm Type, Utah 2000-2002 (n=49)

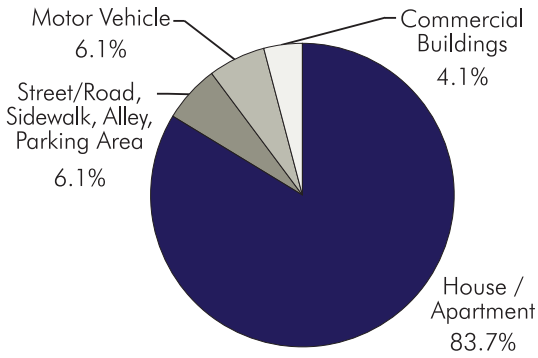


Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Location

The most frequent location of homicides was the victims's residence (83.7 percent) **(Figure 14).** Lack of affordable housing limits many options for victims, causing them to stay in abusive situations or forcing them to become homeless.[xi] In addition, victims may have trouble finding apartments due to having poor credit, rental, and employment histories as a result of the abuse.[xii]

Figure 14.
Percentage of Domestic Violence Related Fatalities by Location, Utah 2000-2002 (n=49)

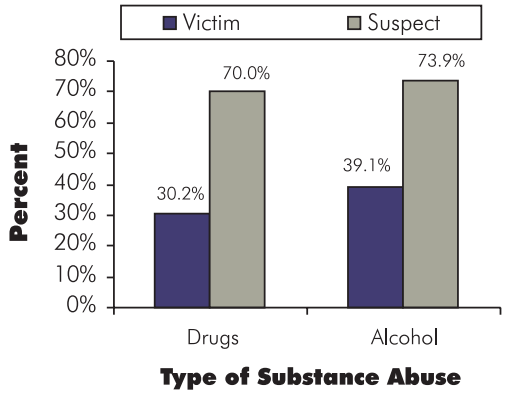


Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Department of Corrections

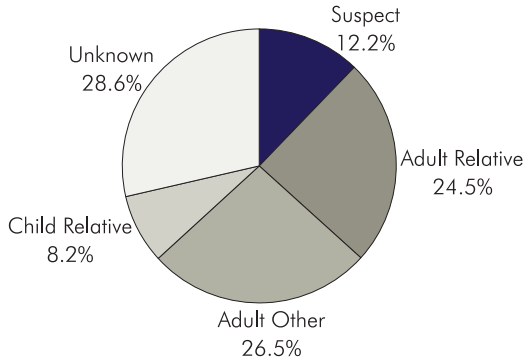
Among victims, 18.4 percent had been under Utah Department of Corrections (DOC) supervision at some time prior to the homicide, compared to 44.7 percent of suspects. At the time of the homicide, three suspects and three victims were known to be under DOC supervision.

Figure 15.
Percentage of Victims and Suspects by Presence of Drugs or Alcohol, Utah 2000-2002



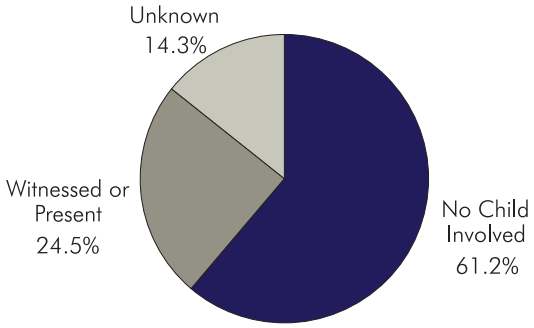
Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 16.
Percentage of Domestic Violence Fatalities by Who Reported Death, Utah 2000-2002 (n=49)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 17.
Percentage of Child Exposures to Domestic Violence Fatalities, Utah 2000-2002 (n=49)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Substance Abuse

Women with a history of intimate partner violence are more likely to display behaviors that present further health risks, such as substance abuse and alcoholism.[xiii] Of the 46 victims tested for alcohol at the time of death, 39.1 percent tested positive for the presence of alcohol. Of these, 66.7 percent had a blood alcohol level higher than the legal limit (0.08 g/dl). Forty-three of the victims were tested for the presence of drugs and 30.2 percent tested positive for illicit substances. Only 23 of the suspects had alcohol test results available and of those, 73.9 percent tested positive. Twenty of the suspects were tested for drugs and 70.0 percent tested positive for illicit substances **(Figure 15)**.

Children and Exposure

A member of the victim's family reported the homicide to law enforcement in 32.7 percent of the cases **(Figure 16)**. Four of these family members were children, under 18 years of age. Of these four children, only one was referred to the Division of Child and Family Services (DCFS). Further, in 31 of the cases (63.3 percent), a child 18 years of age or younger was under the care of the victim or the perpetrator at the time of the homicide. Of those, only 32.3 percent were referred to DCFS. DCFS can provide an opportunity to connect these children to available resources to help cope with the homicide and other domestic violence-related issues. Researchers report that children who witness intimate partner violence are at greater risk of developing psychiatric disorders, developmental problems, failing at school, committing violence against others, and suffering low self-esteem.[xiv] More disturbingly, children actually witnessed the homicide or were present at the time of the homicide in 24.5 percent of the incidents. None of those children were referred to DCFS **(Figure 17)**.

Crime Victim Reparations

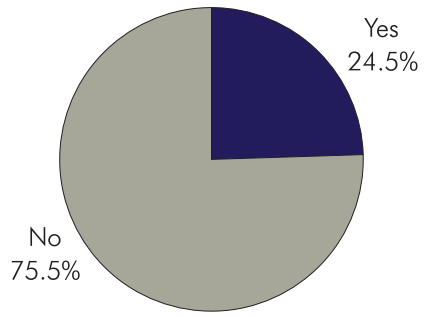
The purpose of Crime Victim Reparations (CVR) is to compensate victims of violent crime who have suffered physical and psychological injury, as well as families and dependents of deceased victims.[xv] CVR can provide families with funeral and burial expenses, mental health counseling, and relocation expenses. Unfortunately, family members in only 12 (24.5 percent) of the incidents applied for services or funds from CVR **(Figure 18)**.

Suspect Disposition

Out of the 47 suspects, 25 (53.2 percent) received a criminal sentence. Of these, 60.0 percent (n=15) were charged with a first-degree felony and were sentenced to five years to life. One of the suspects was convicted of a capital felony. Five of the suspects were convicted of a second-degree felony, three were convicted of a 3rd degree felony, and one of a class A misdemeanor.

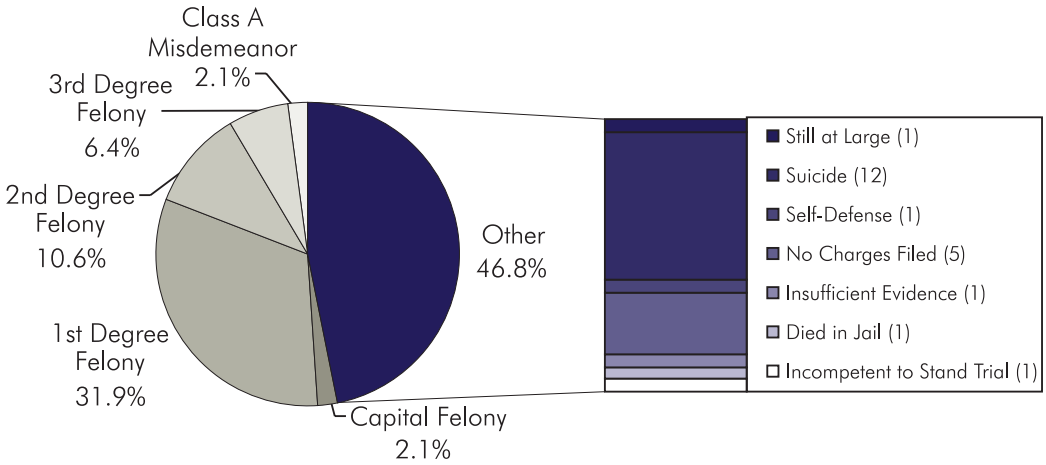
Conviction for 22 (46.8 percent) of the suspects was not applicable for a variety of reasons. Twelve of the suspects (54.5 percent) committed suicide following the homicide and prior to sentencing; no charges were filed in five of the cases; one case was dismissed due to insufficient evidence; one case was deemed self-defense; one suspect was found incompetent to stand trial, and one suspect died of natural causes before stating his plea. Today there is one case still pending as the suspect cannot be found and is believed to have fled the country **(Figure 19)**.

Figure 18.
Percentage of Family Members Who Applied for Crime Victim Reparations, Utah 2000-2002 (n=49)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

Figure 19.
Percentage of Suspects by Disposition, Utah 2000-2002 (n=47)



Source: Utah Department of Health, Violence and Injury Prevention Program, Domestic Violence Fatality Review Committee

The intent of the Domestic Violence Fatality Review Committee is to reduce the incidence of domestic violence homicides through education, awareness, outreach, and system and policy change. This is accomplished by reviewing fatalities and making recommendations for primary and secondary prevention. Recommendations are made at the conclusion of each case review; the following is a compilation of these. These recommendations were made based on information provided by committee members during the review of the individual case and some recommendations may be specific to information gleaned from the case review. The committee feels these recommendations are important to share and can be useful in designing effective prevention and/or intervention strategies.

The recommendations are divided into two categories: 1) Outreach and Resources, and 2) Public System Response, with subcategories assigning agency/program focus to each recommendation. The DVFRC encourages individuals, organizations, and agencies to utilize these recommendations to inform appropriate interventions for the prevention of domestic violence fatalities in Utah.

Outreach and Resources

Aging and Adult Services Agencies:

1. Encourage Aging Services, Adult Protective Services, and Hospice staffs to obtain training on the various forms of domestic violence to enable them to identify and report abuse among clients and to further educate their aging populations.

Clergy:

1. Increase domestic and intimate partner violence education and outreach among clergy and faith communities.
2. Utilize faith settings to educate immigrants on cultural norms and Utah laws relating to domestic violence.

Criminal Justice System:

1. Educate law enforcement personnel on and emphasize further implementation of "child witnessing" domestic violence laws.
2. Encourage law enforcement to use translation services to perform a domestic violence case investigation in the primary language of the parties involved.
3. Encourage consistent representation of law enforcement at DVFRC review meetings.
4. Encourage law enforcement to perform a "predominant aggressor analysis" with parties involved in the incident, as well as an evidence-based investigation, and to arrest suspects according to state law.

Division of Child and Family Services (DCFS):

1. Improve training of caseworkers on the increased risk for injury and death in a domestic violence situation when mental health issues are present in the family.

Employers:

1. Increase domestic violence education in the workplace, especially within state and community agencies.

General Public:

1. Strengthen existing public education campaigns that focus on aiding victims of domestic and intimate partner violence.
2. Distribute more widely domestic and intimate partner violence materials in safe locations.
3. Increase the availability of dating violence education in schools.

4. Increase awareness of men as victims of domestic or intimate partner violence.
5. Provide education on the increased risk of domestic violence fatalities following a suicide threat in the family.
6. Include stalking and dating violence as a component of all domestic and intimate partner violence training.

Health Care Personnel:

1. Increase training for health care personnel, as well as those in home health care, in all aspects of domestic and intimate partner violence, including mandatory reporting requirements for abuse of vulnerable adults and children.
2. Require education for licensed clinicians and therapists on screening for stalking, performing risk assessments, and understanding the correlation between substance abuse and domestic or intimate partner violence.

Immigration Agencies:

1. Develop outreach materials for immigrants that explain laws on domestic violence and differences in cultural practices.
2. Provide domestic and intimate partner violence education to agencies that sponsor individuals entering the United States.
3. Encourage agencies that work with immigrants to provide clients with resources such as support groups, mentors, and education on conflicting cultural issues.

Judicial and Other Law Officials:

1. Require quarterly training for court clerks on domestic and intimate partner violence statewide.
2. Develop and distribute educational materials on domestic violence to divorce attorneys. Convey to them the need to more thoroughly inform clients about the difference between restraining orders and protective orders.
3. Provide domestic violence information at divorcing parents' classes.

Victim Advocates:

1. Further educate victims on the rights and responsibilities afforded by a protective order, such as that the petitioner should not contact the respondent to the protective order.
2. Educate victims about those agencies that may share their address with requesting persons, such as a spouse or ex-partner.

Public System Response

Division of Aging and Adult Services:

1. Include domestic violence screening questions on assessment tools for Adult Protective Services investigators.

Criminal Justice System:

1. Create a statewide data system that includes linked data from all law enforcement agencies, District Courts, Justice Courts, Juvenile Courts, the Division of Child and Family Services, and the Department of Corrections.
2. Share the findings of the DVFRC and seek collaboration with the Police Chiefs and Sheriffs Associations.
3. Increase immediate referrals of all the children to DCFS at the time of a homicide when either the victim or suspect has minor children residing in Utah, especially when the child/children witnessed the incident.
4. Improve law enforcement reporting of children witnessing domestic violence to DCFS.
5. Enforce laws related to gun ownership by the mentally ill.
6. Improve the reporting, prosecution, and conviction of illegal immigrants with domestic violence-related charges prior to deportation.
7. Develop a mandatory flagging system on law enforcement databases statewide that notifies officers when they are responding to a home with a history of repeated domestic violence incidents.
8. Improve communication between law enforcement, prosecutors, Crime Victim Reparations, and DCFS.
9. Increase formation of domestic violence courts when appropriate.
10. Consistently prosecute protective order violations and domestic violence cases statewide.
11. Initiate a required victim advocate certification program statewide.
12. Utilize appropriate risk assesment tools for law enforcement, prosecutors, and judges to better address issues and order appropriate sentences.

Clergy:

1. Improve referral practices to link victims with available services.

Division of Child and Family Services:

1. Improve communication among law enforcement, prosecutors, Crime Victim Reparations, and DCFS.
2. Provide an assessment of children and families who have experienced a domestic violence homicide and provide appropriate interventions and follow-up services.

Employers:

1. Develop both private and public sector agency-specific policies on domestic violence in the workplace.

General Public:

1. Expand the review of domestic violence fatalities to include all domestic violence-related suicides.
2. Increase treatment resources, especially grief counseling, for children and secondary victims affected by domestic or intimate partner violence homicide.
3. Ensure that culturally responsive educational materials are widely available to all populations.

Health Care Personnel:

1. Increase the focus on family safety to patients seeking health care beyond the treatment of the illness or injury present.
2. Routinely use screening and assessment tools that include questions about domestic violence.

Immigration Agencies:

1. Improve communication among government agencies and the Bureau of Citizenship and Immigration Services regarding domestic violence, deportation/re-entry, and victims immigrating to the United States to flee domestic or intimate partner violence.
2. Assist abuse victims in obtaining citizenship or work status to enable them to access services or resources.

Judicial System:

1. Suggest victims consult with a Victim Advocate prior to removing an existing protective order.
2. Encourage judges and prosecutors to review entire histories prior to sentencing defendants convicted of domestic violence offenses.
3. Improve communication among law enforcement, prosecutors, Crime Victim Reparations, and DCFS.
4. Examine the feasibility of developing resource programs/centers for children whose parents are under protective orders.
5. Utilize appropriate risk assessment tool for law enforcement, prosecutors, and judges to better address issues and order appropriate sentences.

Victim Advocates:

1. Consistently include safety plan information in emergency packets for individuals who file for a protective order.
2. Develop an appropriate risk assessment tool for law enforcement, prosecutors, and judges so they can better address issues and order appropriate sentences.
3. Develop standardized training and certification requirements for Victim Advocates.
4. Reduce reliance on grant funds by encouraging local governments to consistently fund victim advocate programs.

Domestic violence homicides are preventable. Despite the current efforts of law enforcement, the health care network, the social service network, and the criminal justice system, domestic violence homicides continue to occur in Utah every year.

While each case is unique, the DVFRC attempts to identify domestic violence homicide trends with the hope of developing prevention measures and identifying needs for policy change. The frustrating conclusion is, despite these "red flags," there are no reliable means to identify those perpetrators who will eventually carry out a threat of fatal violence. As such, threats of violence should be taken very seriously.

For most people "home" is a safe place to convene with family and friends, free from violence and pain. This is not the case for primary and secondary victims of domestic violence. Of the 53 domestic violence-related deaths the majority occurred in the victim's home, and firearms were the most common type of weapon used in the homicides. Exempting the 12 suspects who committed suicide, the majority (42.9 percent) were charged with a first-degree felony.

Also of great concern to the committee is the number of children affected by these homicides. A staggering 63.3 percent of the victims had children, and 24.5 percent of those children either witnessed or were present at the homicide, or discovered the body of the victim. These innocent victims of violence deserve our concerted and vigilant efforts to protect them from the horrors associated with the witnessing of violence.

It is the hope of the DVFRC that the continued review of domestic violence homicides will identify sound trends that can be used to pinpoint prevention strategies and reduce the number of victims. However, in order for real change to occur, the recommendations outlined by the committee must be supported by policy makers and implemented by key agencies. Policy and system changes are central to our goal of accomplishing these critical tasks.

Homicide cases were ascertained through the Utah Department of Health, Office of Vital Records and Statistics. Domestic violence-related homicides were identified using Medical Examiner and Police Reports. Additional information on each case was made available through the National Violent Injury Statistics System (NVISS) and the Domestic Violence Fatality Review Committee.

Case Definition

The following definition is used in case ascertainment:

1. The underlying cause of death must be coded on the death certificate as a homicide (ICD-10 External Causes of Death Codes X85-X99, Y00-Y09, Y87.1), and
2. The Medical Examiner and/or the Violence and Injury Prevention Program staff classifies the incident as domestic violence through the identification of the relationship between victim and suspect, and;
3. The victim is 18 years of age or older.

Legally, domestic violence is defined as violence occurring between two people currently residing or having resided in the same residence or related by blood, marriage, or having a child in common. However, this report includes a broader definition of domestic violence that encompasses all types of situations involving not only family members, current and former spouses and live-in partners, but also dating couples and witnesses who intervened (intentionally or unintentionally) in these violent relationships. This report also encompasses homicides of intimate partners who had never married and had no children in common but had shared an intimate relationship in the past.

Population Denominators

Population Data: Figures were taken from the Utah Department of Health Indicator-Based Information System (IBIS) and the 2000 US Census.

Rate and Confidence Interval Calculations

Rate per 1,000,000 persons:

$$\frac{\text{Number of Domestic Violence-Related Cases (1,000,000)}}{\text{Population at Risk}}$$

A 95 percent confidence interval was calculated for all rates using the inverse gamma function with the SAS statistical package.[xvi] A 95 percent confidence interval indicates that we are "95 percent confident" that the interval covering the "true" rate falls between the two designated confidence limits.

Data Limitations

Because each case is unique, the information available is varied. Many of the victims and suspects had recently relocated to Utah or lived a transient lifestyle, moving from city to city throughout the state. Therefore, information from the previous city, state, or country of residence may not have been available.

Many of the suspects and victims were found to have one or more aliases, adding to the difficulty of gathering complete case information.

Unless the suspect committed suicide after the homicide, demographic and substance abuse information may not have been available for the suspect.

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