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THE NEXT MILLENNIUM CONFERENCE:
Ending Domestic Violence
Femicide and Fatality Reviews
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CAMPBELL: I'm Jacquelyn Campbell from Johns Hopkins University School of Nursing. I also am from the Nursing Network on Violence Against Women International. One of the things that when we have looked at femicide, or the killing of women, and, by the way, femicide is a word in the latter dictionaries. It's not in all of the dictionaries but it is in the great big fat unabridged guys. It actually, if you've ever looked at Latin and all, homicide really technically means the killing of men. Femicide technically from the word root means the killing of women. We've looked at from the supplemental homicide reports 1996 and we look at the percent of murder victims killed by intimates in 1996 we can see that in many of the, especially in some of the middle age groups that the percentage of women killed by intimates is far greater than the percentage of men. When we look at some of the research, and I'm going to give you a quick overview on some of the research on femicide that's been done and much of the most recent research has been very, very useful in this regard, when we look at intimate partner femicide killing of women versus other femicides, women who are killed outside of an intimate partnership, we find that partner femicides tend to be younger, are more likely to be married, more likely to be killed at home.

There is far more of a percentage of murder suicides, and I'll talk more about that in a bit, more likely to have guns involved, less likely to be drug related, and there's less criminal history in either the victim or the perpetrator in intimate femicides. There is also a larger proportion of Anglo women in intimate partner femicides and some of these citations are from the recent special issue of Femicide that was done this past summer, special issue of homicide studies that was on femicide. There have been, however, relatively few comparisons of intimate partner femicides versus other femicides and this is something that we need to do more of in some of our research. When we look at what's happened over the past 20 years, and this is, again, from the supplemental homicide report which is the data that's collected by individual police homicide departments and reported to the FBI. When we look at what's happened over the past 20 years we can see that there has been a sharp decrease in the intimate partner homicides for African American males. There has been also a decrease for African American females. White females has stayed more or less steady state and white males very much a steady state. The interesting trajectories, are those decreased in African American women being killed and African American men? This is reflected in the ratio of females to males as victims of intimate murder. It used to be back in 1976 that there was

close to equal numbers of African American men killed by intimate partners as African American women. This ratio has changed and so now for both African American women and for Anglo women there is a higher proportion of women being killed by men by intimate partner males than there used to be and that ratio has particularly changed for Anglo women. There has been some research that has looked at what has happened in terms of the decline in intimate partner homicide and femicide. One of the most interesting analyses was done by Angelo Brown and Kirk Williams, was first done in 1989 and was replicated in the new homicide book that's out from Sage in 1998 and one of the things that they found was that the decline in male victimization happened much more in states where there was improved domestic violence laws and services, where there were resources available for women who were battered. They were less likely to resort to killing their intimate partner. This is a very important tribute to all of us who have worked on this issue over the years. One of the other things that has been hypothesized and there is some data support for is the notion of exposure reduction, that there are fewer women who are exposed to violent partners. Part of that is related to increased female earnings so that women are more likely to be able to get out of an abusive relationship before they're killed, the lower marriage rate, especially among African American

women, may decrease their exposure to abusive men. One of the things clinically oftentimes that women talk to me about is that they don't want to move in with a partner for fear that that will become too dangerous and they keep a separate domicile so that they have a place to escape to. There is also a higher divorce rate and we can be concerned about the higher divorce rate in terms of what that means around families in this country but it does decrease the exposure of women to abusive men. The other potential influence on this reduction in intimate partner homicide and femicide is the reduction in gun availability and you can really see that in the data from New York City from Susan Wilt and Becky Blos research in Chicago. Also Arthur Teleman research showed that when there was a gun in the home, it increased the risk of an intimate partner homicide by a factor of three, even over a prior record of domestic violence. We can see this in some of the supplemental homicide reports that the intimate partner homicides were done have definitely decreased over time. These reports are available from the National Institute of Deaths, you can go to their Web page. Some of the limitations and sources of data in terms of homicide records and the supplemental homicide reports are, as I said, garnered from police homicide files so there's a great deal of limitations in terms of especially homicide suicide. The police collect a

lot of information when they're trying to solve a crime so if the crime is not solved for a long time you have a very thick record with lots of data, lots of information in it. If it's a homicide suicide, if a man kills a woman and then kills himself, the crime is solved, but they don't do a lot of interviewing, there's not a lot of data available. So that's a problem in the supplemental homicide records, there's a lot of missing data when it's a homicide suicide. The other thing that has been found, Linda Langford did a really nice study in the state of Massachusetts and, in fact, found that the supplemental homicide reports for the state of Massachusetts only correctly identified 71% of partner homicides from 1991-1995, so although the supplemental homicide records are a good database for aggregate, for the whole country, they definitely have limitations, especially around intimate partner homicides. One of the big issues is, there's no category in the police homicide report for ex-boyfriend. There's a category for husband, for ex-husband and for boyfriend, but no category for ex-boyfriend and we know that that's a large category of intimate partner femicide so that limits that database. Whenever you look at the research from the supplemental homicide reports, you always need to keep that in mind. One of the other issues, you probably noticed that all of the analysis in terms of race-ethnicity left out anything about

Hispanics. One of the issues there is there were no Hispanic separate records until 1990 and even now it lumped all Hispanic groups together in the supplemental homicide reports as did most of our data that's national. Some people have gone to medical examiners for their information on homicides and there is little evidence related data in that data. There is good data about the case of death, about the nature of the gunshot wound, sometimes the homicide suicide reports are more complete in medical examiner data but there's nothing about a prior arrest record of either of the parties and prior domestic violence records. The other thing that people have gone to is prosecutors' offices to look for information on homicides suicides and there's nothing about the cases that were already excused for self-defense and obviously nothing on the homicide suicide. Just to illustrate why we're concerned about that ex-boyfriend category in a recent analysis we did studies in ten cities, we found that 10.7% of the intimate partner femicides were committed by ex-boyfriends. The other small slide is same sex partners and there's also no category for that. So when we look at homicide in battering relationships another kind of analysis that has been done in prior research one of the things when we look at the actual city data on intimate partner femicides we find that 50-60% of US femicides, the

perpetrator is the husband, boyfriend or ex-husband or ex-boyfriend. When you look at most of the national data they'll talk about somewhere around 40% but that's because they had not included that ex-boyfriend category and may not have included some of the, one of the other things that happens is that the police have to turn in those reports to the FBI within 48 hours. They're supposed to go back and correct the original report if they find additional information further on down the line. Oftentimes reporting to the FBI may not be what that police department is most invested in. They never go correct that perpetrator relationship category, that may not be the most important thing on their plate. So there's a lot of missing data from the supplemental homicide report. When we look at some of the small city studies or some of the, actually they're large cities, but they're small studies based on one city, what we found is that 2/3 of the women who are killed by a husband or a boyfriend or an ex have been physically abused before they were killed and that's either by police report, hospital report, credible witness report, it's probably higher than that. In New York state in a recent analysis that was done for Governor Pitacki they found that 70% of the incident partner femicide victims had been abused before they were killed. When we find out that, when it's a male victim and a woman killed, an intimate partner, there has

been recorded, again, domestic violence in 75% of the cases and that domestic violence has been perpetrated toward the woman. So there's far more intimate partner violence in the history and it's directed toward the woman when a woman kills a man. There's also much more likely to be in self-defense in those cases. One of the other things that we found is that separated and divorced women are most at risk in terms of marital category. Wilson and Daly's research has been good on that. There's also a good study from Australia and it looks like the first two or three months is the period when women are most at risk to be killed. But one of the things that you often see or hear people say is that battered women are most at risk to be killed when they leave their abuser. Be careful about that statement. Nobody has ever made the comparison to battered woman who stay. That data comes from looking at the different marital categories where women are most at risk and what they find is that separated and divorced women amongst the marital categories are most at risk but nobody has compared the long term in terms of whether or not battered women are, indeed, most at risk to be killed if they leave. We would assume that that would not be true, that if they find safety in those first two to three months that actually leaving from a particular abusive dangerous man would be useful. You often hear that separated and divorced women are most likely to be killed.

If you look at the marital category, if you look at women who are killed by an intimate partner and you look at the marital category that's most at risk you find that separated and divorced women are most at risk. You also find that in terms of intimate partner violence in general. That's generally cross-sectional. It does not say which came first, the separation or divorce, or the domestic violence so it could be either way. That's one of the things that's an issue there. But nobody has ever made a long term comparison between battered women who stayed in the relationship versus that of women who left. Who was most likely to be killed. Nobody has ever made that comparison. Now clearly there's a dangerous period for women that first two to three months after she leaves but in the long term five years, ten years later down the pike, she's probably, we would hypothesize she's probably safer than the battered woman that stays with a very dangerous man. So you have to be careful, and especially when you're talking to battered women themselves saying you're most at risk to be killed if you leave. That sounds like, never leave, and that's a real funny message that we're saying sort of glibly all over the place. Homicides suicides. They're also a very important dynamic for us to understand both as researchers and as advocates and one of the best studies was recently published by Kale Runyon's group down in North Carolina and they

looked at all the femicides in North Carolina. Part of that was in homicide studies in '98 and part of it was in violence and victims, an article in violence and victims. One of the things they found was that there's what they call a Type I homicide suicide when a husband, by the way, wives almost never kill their husbands and then kill themselves. There's a Type I mercy killing and in the state of North Carolina 13% of the husbands that killed their wives and then killed themselves, it was an elderly couple, there was a history of a serious illness, so it looked like at least it was a mercy killing. In the Type II kinds of intimate partner femicide homicide suicide where there's no history of illness, in those cases 37% of the partners were actually marital partners, husbands, I'm sure you don't remember that pie graph before, but that's a larger percentage of married partners who killed their wives than in non-homicide suicide categories. 34% were ex-husbands, 19% boyfriends, 10% ex-boyfriends, so you have a large component of actual husbands. Now the ex-husbands that, officially ex-husbands, that doesn't mean that that she didn't say I'm going to leave you, she was still married to him, so there's clearly a separation kind of component you see in the Type II that's even higher than the actual ex-husbands or divorced. In 34% of the cases there's prior -- Now that's a lower percentage than you find in intimate partner femicides overall. So in

these homicide suicide cases there's less likely to have been documented domestic violence. There's also higher percentage of documented mental illness in the perpetrators, 13%, 38% had a blood alcohol level. One of the things that's interesting about homicide research is, generally you don't have a blood alcohol level on perpetrators, you only have it on victims, tends to look a lot like victim blaming because they're always measuring, they're always talking about how many women were intoxicated when they were killed. The only time you have a blood alcohol level of perpetrators is when it's a homicide suicide. Ten percent had a criminal history that's lower than you find in regular femicide by intimate partners and that 7% of cases where the children were killed also. We think that it may have to do with a different type of batterer, if you look at the different topologies of batterers, that this is more likely to be a depressed batterer who has been less violent toward his wife before he killed her. It's the separation or threat of separation. If you look at Amy Monroe's work on topologies, that may be part of it, which is a very short explanation for a complicated thing. The other issue is when there's a child in the home, it's someone else's, a stepchild in the home, increases the risk of homicide both of women and of their children. We also find in those cases the more abuse during pregnancy and more severe abuse during pregnancy so

that's another issue and it makes sense in terms of what we know about batterers. So overall in the last five years there's been a lot more attention to intimate partner femicide, there's been better and more studies, we've done more, rather than just descriptive, done more longitudinal comparison, multivariate analyses. Generally our research in the last five years on femicides has definitely increased and is better. There's a lot more work to be done. Researchers always say that, but there really does not to be a lot more work on this issue. I am going to spend 30 seconds on some of the results of the study that we are currently doing that's been funded by a combination of NIH, NIJ and CDC funding. It's a ten city study. These are the cities and some of my co-investigators. It's all over the country. You go back and look at the, those of you that didn't get one of the handouts either share or we can get you some afterward. It's a case controlled design. The cases are actual and attempted femicides and we'll have a total of 500 women who were actually killed or the victim of attempted homicides. We're doing a telephone survey for the controls and we have both battered women and not battered women in the same geographic area as our controls. The source of data for our homicide victims is a proxy who is someone who knows a lot about the relationship. We have found that it's more likely to be a sibling or friend rather

than her mother. We thought it might be a mother. As a mother, that worries me. Mothers don't seem to know a whole lot about the details of the relationship before she was killed. The challenges have been to find the proxies and also locating attempted homicide victims, they tend to move, anybody would. There's been a lot of issues, we've been concerned about grief and invading the family's privacy. We also find that families need to reconstruct what happened in order to make sense to themselves and they oftentimes don't know the details of the relationship. When we say we have attempted homicides, this is our definition: it has to be a gunshot or stab wound to the head, neck or torso or strangulation actually causing loss of consciousness or multiple blows to the head with a blunt object. There should be either any of those conditions or unambiguous evidence that the perpetrator intended to kill the victim. A lot of times in femicide maybe it's, intent to kill is difficult to actually ascribe, so it has to be a witness said that he said he was trying to kill her, even if the wound was not that bad. We had a man that threw a woman over a patio, over a deck, a second story deck and as he threw her over, he said he was trying to kill her and the people downstairs heard it, so that helped with intent. We also looked at stalking and we used some of the stalking questions from the National Violence Against Women Survey,

also Dan Sheridan's harass instrument and we had good reliability on those questions. Briefly, that's the demographics of the preliminary data from our femicide and attempted femicide victims. What's important here is the amount of stalking that these women incurred before they were killed or shot. These are some of the particular items, women being followed or spied on, and what was interesting here, some of these couples were actually married and coming together at home at night and he was still following her and spying on her during the day. Of course this is not a surprise to advocates but it's still startling, how much of the stalking behavior there are. This is in descending order in terms of the percentages and we'll be comparing these with the percentages controls battered women and not battered women who experienced these behaviors. The threatening to kill the spouse down there I think is an important one. 19% of the femicides and 4% of the attempted femicides, there was a threat to kill by the perpetrator to kill himself. Other kinds of more sophisticated, sometimes middle class men do more sophisticated kinds of harassment things like calling her boss, trying to get her fired from her job. One of the things that's interesting is that hurting a pet on purpose is actually very low percentage and that's not really been looked at in much actual homicide research so hurting the

pet may well be a classic domestic violence strategy but whether it happens more often in women who are killed, we're not really sure about that in terms of research results. The other thing that's striking is the amount of prior physical violence in these patients. We were saying 67% of the femicides and 71% of attempted femicides. As you see with stalking behavior, it says prior abuse, an overwhelming percentage of those women were also stalked, even when there's no prior domestic violence, a lot of stalking behaviors, and that's really important for us to realize. As I mentioned, not only when there was an estranged relationship where there's stalking but also a lot of times when there was a current relationship. The other thing, and I know I've already taken up more than my time, but the other thing I wanted to quickly mention is in terms of the effects on children because we've been incredibly startled with how many kids in the attempted homicides of the cases that there were children, 62% of the children actually saw their mother being shot and another 38% found the mother. In terms of receiving counseling, though, relatively few of these kids actually received any kind of counseling and this is one of the issues that we're finding and when we call these families the family members are very, very concerned about these kids. The actual femicide 29% of the kids witnessed the killing of their mother, another 27% found

their mother and again, although more of these kids are receiving counseling, many times this is just a one-time counseling session, nobody is reaching out to these kids on a systematic basis. Not only have these kids witnessed their mother being killed or found the body or found their mothers having been shot, but they've also been in a home where there's been a lot of prior domestic violence with threats to them and threats to their parents and many of the fathers actually were reported for child abuse so you can guess how many of these fathers, how many more were committing child abuse. The other thing with these kids is there is a great deal of disruption after the events. They move, which makes sense, that's probably health, but a lot of them end up with the father's kin even though he's the perpetrator in all these cases. The kids oftentimes get split up between mothers' and fathers' kin and sometimes they end up in foster homes. Yet the services for these children vary a great deal city to city. In some cities people can use victim assistance funds to go to private services but they have to initiate that. In some places there's a specialized city agency like in Baltimore, but that person is totally overwhelmed, there is no follow-up oftentimes if the family doesn't actually come and nobody is really telling these families that the kids really need services. So this is something I think all of us can be

concerned about, that we need to do a lot more in terms of, and I think working with domestic violence services and shelters make good sense because these are the services that know about kids who have witnessed violence in their homes and there needs to be custody advocacy and there really needs to be follow-up with the family. The families really tend to hope that if nobody brings this up that the kids will forget and so even though the kids are having nightmares, etc., the kids are not being counseled in any way. So, there is a lot of research that needs to be done on femicide, around risk assessment with batterers and that's a whole nother talk that I'm not going to give but there's a lot of issues around risk of homicide versus risk of re-offending and further assault and all the different instruments that are around about that. There are problems in doing this kind of research because there's a low base rate, thank goodness, of homicides, that makes it difficult to look at. There have been few independent evaluations of these risk assessment instruments. We've got problems with false negatives and false positives and we need to be clear about what we're going to be doing in terms of the risk assessment, whether it's for courts or law enforcement or healthcare systems. In terms of general principles for risk assessment, until any of these instruments is well validated and none of them have independent predicted validity

assessments that have been published, one of the things is, when you do any kind of a risk assessment the more sources of information you have, the better. Obviously the partner is a good source of information but she's not the only one and we always have to keep in mind the perpetrator will minimize perpetration, duh, of course they will, but also the victims tend to minimize victimization and that's the flip side that some people working in this field don't understand, but there is good evidence that any instrument improves upon expert judgment but that doesn't mean that you don't take into account expert judgment and women are very good expert judges but they also need help in thinking about some of the possible risk factors because of their natural tendency to minimize the victimization. These are some of the existing risk assessment scales. -- evaluation of the different scales and that's available. I would say, do both, do both a lethality risk assessment and with victims to raise consciousness and to do safety planning and to alert police and also re-offending risk for judicial decisions to help with those judicial decisions but they are two different things, the risk factors for lethality, although they overlap with the risk factors for re-offending are not necessarily the same. There are several studies underway. One of the things, in terms of the fatality review teams, they can help with these risk assessment

studies, they can help with any kind of femicide research, there could be some really good partnerships with the fatality review teams in terms of fatality review teams showing existing studies or conducting on their own in partnership with researchers and it's oftentimes a good idea to have researchers on a fatality risk assessment team. The possible fatality research to keep a complete local database of intimate partner homicides since the police database may not be totally accurate and people can use information both from the police and from domestic violence services and from the newspapers, oftentimes a good source of information. It shouldn't be the only source of information, but it is a good one. Fatality review teams can accurately identify intimate partner femicides and make those reports to the media, the police, the government health and advocacy agencies. They can identify cases with multiple victims which is oftentimes not in the police homicide report I can identify the children's needs and also identify agencies involved with victims and perpetrators. Finally, there are a lot of advantages for fatality review teams and partnering with researchers, needs to be equal partnerships, a lot of collaborative kinds of issues have to be worked out. There are a lot of issues around confidentiality and IRB's. If a fatality review team is going to help with research it needs to be part of the objectives that they work out for that

team and one of the things that the team can do is make sure that they get reports from researchers in a form that they can use.

CAROLYN BLOCK: My name is Carolyn Rebecca Block but everybody calls me Becky. I want to talk to you today about the Chicago Women's Health Study. We've got two publications, two things we've done in this project, one on the collaboration in it, that's this one, and the other one that's about to come out on homicide studies on the proxy methodology which is this one. The other thing I thought I'd do, I've got a little sign-up sheet here. If anybody wants, for example, we have a really wonderful set of instruments and some really neat methodologies around privacy and safety issues and all kinds of things like that. If anybody would like, it's just me right now, I'm the staff on this project so be patient, if you would like any of these products, instruments, just sign your name and your address. E-mail would be nice. Thank you, Jackie, for doing the thing on fatality reviews. I don't have to do that. That was one of the things I was going to talk about. I'm going to tell you about our study. The first thing that's really important is, it's really highly collaborative. We've got like 35 people who have worked together on this study. We had a wonderful celebration recently when we met, we finally finished our data

collection and the report to NIJ and some of them are here and in other sessions, Eva Hernandez, Stephanie Reger, is she in the room, they don't have to hear this, Dan Sheridan is here and Jackie is one of the collaborators. Is there anybody else here who's worked on this? The concept of the Chicago Women's Healthcare Study was homicide prevention. A lot of people think that homicide can't be prevented, you hear that a lot. Based on my research and the research that others have done, I think that's wrong. I think we can prevent homicide but you have to understand that there's no such thing as homicide. What you have is a lot of different kinds of violent events, some of which end in homicide and some of which don't. And if you want to prevent homicides, you've got to look at the specific types of violent events you're talking about. For example, if you want to reduce the risk of street gang related homicide, what you do it, you look at street gang related violence that ends in homicide and that doesn't. If you want to deal with violence in bars, you do the same thing. Or street robbery, you do the same thing. And if you want to reduce the risk of homicide in intimate partner relationships, you look at intimate partner violence situations that end in homicide and those that don't and you compare the two and then at least you know a little more about what you're doing. We have, Jackie and I going back 10-15 years, have been trying

to do this. NIJ, another of the collaborators is Angela -- at NIJ and it's wonderful. NIJ had the vision to fund the Chicago study and then shortly afterward Jackie got Linda for the nationwide study so that we're using the same instruments essentially in all these different studies. The Chicago one is not as broad, but very deep. Is that fair to say, Jackie? Let me just give you a brief description of it. I want to focus on some of the fatality stuff but let me tell you why you should be interested in this and should sign up for the different information. As I said, to look at prevention you have to compare the lethal and the non-lethal. You have to look at the situations that ended in death versus those that didn't. So what we did is, we have two samples. We have women sampled at clinics and hospitals, point of service sample, universal screening as they come into the clinic. One of the goals of the study is that we wanted to make sure we found what we call the hidden women, women who are never seen by a helping agency and the first time somebody realizes that there may be a problem is when they're seen in the medical examiner's office or the morgue, women who maybe don't ask for help through the usual channels where they might get recorded for somebody's sample. So what we did, we chose areas in Chicago that had a high death rate of intimate partner homicide based on analysis from the Chicago homicide data set which is a

wonderful resource. We chose those areas and then we began collaborations with hospitals and clinics in those areas. Erie Family Health Center, there are some people here from Erie somewhere, Cook County Hospital, and the Chicago Department of Health, there are people here from there too, and one of their clinics, the -- clinic, and within each of these settings we developed universal screening protocols. We had thought initially that in working with all of the collaborators at all of the sites, all of them said, well, we do universal screening. The idea was that the clinic, or the department, would just continue to do what they were doing already and then we would take the woman's history of abuse and that would be our abuse sample on the women seen not abused, that would be the comparison sample, but what we actually found out was, it wasn't that simple. This isn't about universal screening. But that's a real interesting part of our study. So we worked carefully with all the sites so we really have this wonderful, wonderful group of women. We also had great interviewers, wonderful support for the interviewers. We learned from Holly Johnson in Statistics Canada and from other people how to support the interviewers. We have a psychological consultant that met on a regular basis with all the interviewers for debriefing, and helped them whenever they had problems, and also with part of the decision making team when we were figuring out

protocols for what we would do if. Fortunately there weren't any ifs, really. It's amazing that we were prepared. And the final sample, and in the protocol, the sampling protocols were very different in, for example, the trauma unit at Cook County Hospital versus the ambulatory screening unit at Cook County Hospital. We worked with the staff so that we would really do universal screening.

SIDE 2

-- in the study who are really part of the group we thought was probably out there but how do you measure people that nobody's ever measured before, -- women? The final sample was 497 women who were physically abused in the last year by an intimate partner and who were over age 18 and a comparison group of 208 women who weren't. They might have been physically abused earlier than that, we were screening for, we had a typical little 3 question screener, physical abuse, sexual abuse, are you afraid to go home. The idea was to fit the study into the regular pattern of the department so that they would continue to do this afterward which they have. Based on that, with informed consent before, and then we asked them if they would like to do the longer interview, we did a very detailed interview. Jackie has told you a little bit about some of the kinds of things we asked. At that point we, whether or not the women had identified themselves as abused in the screener, I don't

intend to go through the whole interview, but we identified as abused during the last year, physically abused during the last year, and then the women who were physically abused in the last year at the interview we followed up for a year. So we took them a year retrospectively, using Jackie's calendar, calendar history, which is the first time I think anybody's done it so extensively, and it actually worked. If you're interested in that methodology, that's a whole other talk. But it really did work. And then we took them a year forward. We had this detailed information on all of these women and to that we compared all the deaths and all the intimate partner homicides that occurred in a two year period in Chicago. We got the initial data, the initial identification of all these deaths, from the Chicago Homicide Data Set. We got more information from the medical examiner's office and all kinds of other official record sources and we also did proxy interviews similar to what Jackie was doing which means we tried to find someone who was a credible source and a knowledgeable source, someone who was a confidante of one of the partners or knew about the relationship. We weren't looking for someone who necessarily knew about the circumstances of the deaths so these would be people who are listed, who are witnesses in the case or something, might know about the deaths but might know very little about the relationship. So we were looking

for people who knew about the relationship. We ended up with 85 cases like this and in Chicago there are two differences between what we're doing in Chicago and what the other cities are doing. The first thing we're doing is, we are including in our sample all the intimate partner deaths where one partner kills another -- no matter who is killed. So we have, the only ones we don't, we do everyone where a woman was involved. We don't do same sex males. But all other combinations we have. So we have the woman as the victim, the woman as the offender, and then it ended up there are two cases where there's a woman victim and offender who's a same sex case. So that's the first difference because we figured it's a tragedy no matter what happens, one, and secondly, Jackie was talking about there's a lot of anecdotal evidence about, she was mentioning about the risk of leaving the situation, for example. There's a lot of anecdotal evidence about what happens that leads up to the man being killed and not a whole lot of actual data on that. So that's what we set out to do. The second difference with the other cities in Jackie's study is that we look for as many proxy respondents as we could find. We didn't necessarily just stop with one. We stopped when the questionnaire was completed. We stopped when we felt we had a knowledgeable and credible answer to every question in the questionnaire. I'm sorry, I should mention we used the same

instruments with slight modifications obviously for the situations where someone died and the situations where no one had died yet. This is the lethal sample. We have the situations where at least one person died, there were ten suicides. There were situations where, as far as we know, no one has died yet but they were abused in the past year and then there are the 208 women who are the comparison group. There are three samples. Universal screening. We tried to fit the universal screening into the process of the clinic and where they had a process, use that process. Where they didn't, modify what they did have, meet with them over months sometimes and develop something that would be doable. I realize if, when a practitioner asks the third time, one of the things we did do, we had initially been interviewing, we didn't need as many comparison women as we did abused women so the goal was to interview, in the original proposal we said we were going to interview every woman who screened abused, and then 100 randomly selected other women for comparison and very early we found out that some of the women who had initially screened as not abused but we were interviewing them as comparison women, once they sat down with our wonderful, wonderful interviewers, ended up being abused. So what we did, in order to, because of this goal to find the hidden women, these women may be hidden women, so we doubled the comparison sample. So we

did a lot of things like that. We were very, we tried, as I said, it's very collaborative. We have these wonderful people working together who thought of things because of their background that others of the group hadn't thought of. We got data and followed up on them and we ended up with this, I said 497 deaths. What about the women whose appearance one way or another who didn't fit this story? We should have, I've got a little section in here, there's a group of women, I think 30, who screened, we learned from this, I would have done it differently. We took women at their word essentially. We weren't the doctor, we didn't do the exam. Sometimes we talked to women before they had their exam. We didn't go into what brought them into the clinic. I don't think it's clear. We interviewed every woman coming into the clinic, no matter what brought her there, had nothing to do with what had happened that day, so they're women in WIC, they're women in HIV, STD programs, there are women in OB-Gyne, a number of different programs, and we took everybody who came in. And that's another interesting piece of analysis, I think, and one of the lessons. One of the lessons I think we can learn from this data is that the most recent incident, whether in some cases it was the incident that obviously brought them into the clinic but in some cases the most recent violent incident was a little bit this week, last month, sometimes a long

time ago. But if you look at the most recent incident, it really doesn't stand for, it's not typical of what is the most serious thing that happened in the past year, so you really have to look at, there are women whose most recent incident was a threat and yet they had been choked to unconsciousness or something like that. What I'm going to do here is just, I've got a list of five early findings that I think are going to be really important out of this study. One thing is the importance of taking into account the complexity of women's lives. This study did. We had a huge amount of detail that we walked women through and I just want to relate one thing that Jackie inspired me to tell you and that has to do with the definitions of estrangement, leaving the situation, and marital status. So many people, all of that literature comes, are you married, are you separated, what category are you, and they then look at risk and what we found was, when you're asking a woman her marital status -- because there was a demographer as one of the people among the collaborators and we wanted to be able to compare this to census data but if you ask a woman her marital status, what we discovered is, it's a meaningless thing. The meaning of it is how she presents herself to other people. And that's meaningful. We asked women their marital status and then immediately afterward we described to them what we meant by intimate partner and then asked

them about their intimate partner. We had a whole series of things to do if there were more than one, we asked her to choose, and then after that we went through all of the harass scale and the power and control stuff from Holly and the modified CTS from Holly Johnson as well, all of that, and then we asked them, "who was it that did the last thing to you, and then, was that person responsible for everything, and then if they listed a bunch of people, they could choose. So this was, we went through this whole process with these very empathic interviewers and what we learned is that women's situations are very complex. So you have a woman who's married and living with a husband but her abuser is a same sex partner. You have women who had, women who have a current boyfriend who's good to them and they're being stalked and abused by a former boyfriend. You have just all kinds of situations. And you really need to take a lot of the published data with a major grain of salt. So that's one thing. The other thing that I think is going to be important to come out of this study is how women escape because we have, it's longitudinal, and we have women who have escaped without using the usual services. Also, about the complexity is in the death. The deaths are extremely complex and are difficult to categorize. There are a lot of things happening. I can't go into it, but the effect of the weapon, for example, some things that almost seem to be

circumstance, that seem to be random, that just happened in this one incident but when you look at the totality of what's been happening and you also look at the women, the clinic women, and you look at the totality of what they've been doing over the whole year, you can't take just that one incident, you have to take, because if things that are very risky keep happening and keep happening and keep happening then eventually maybe somebody is going to get killed. In addition, we're looking at the difference between situations where the woman was the offender and the woman was the victim and we find, as Jackie was pointing out, that, well, this is very preliminary, but it seems that some of the variables that have to do with the amount of resources the woman has, education, tend to result in the woman being the offender rather than the victim. Also, the major goal of our study was to develop high risk profiles so that we could back. This is why we had a point of service sample in clinics because the research academic audience is not the most important audience for this study. The collaborators in the Chicago Women's Health Study wanted to be able to get some information to the person, whether it's somebody answering 911 or an emergency room nurse or an advocate who is sitting there across the table from a woman who is currently being abused, physically abused by an intimate partner. We want to be able to give that person about what

are high risk situations and one thing we're discovering is that the configuration of what is high risk are not the same by racial ethnic group. We have a very big, we have enough women of color and we put a lot of work into making the interviews and the situations very culturally sensitive. We have a very large population in our sample of Latino women. We can compare those differences, and there are differences. Finally, what we're finding is, there's a difference between the risk patterns for being abused in the first place so if we compare the women that for whatever reason categorized as abused within the last year and the women who didn't, those patterns are different from the risk patterns for once you're abused, what is the risk of serious injury or death.

ROBIN THOMPSON: My name is Robin Hassler Thompson and I'm going to have the opportunity now, I hope, to take some of these research ideas and give you a context for what we're doing in Florida, what we have done in Florida, and how they might be applied. First let me tell you that my last incarnation was as an executive director for the Governor's Domestic Violence Task Force in Florida. This is why I'm not doing that. This is a liability issue. I'm a lawyer. I was working for awhile with Governor Chiles in Florida on a task force and as part of that work we began to look at domestic violent crimes of course in general and focused a lot on fatalities. Now I'm on my own, working as a

consultant and working with many of you around the country and so it's a real honor to come back and see, and to apply what has happened in the last few years in state government to a kind of national perspective. So that's a little bit of who I am for those of you who I haven't seen for a few months. And I got married. That's why my name is Thompson at the end. Neil Websdale can't be here today with us. He sends his regrets. Also, he said to me quite blithely, just produce the research and talk to people about it. So I have to give you a disclaimer, number two, I'm not Neil, I don't have a British accent, and I'm not really good at presenting detailed research findings but thankfully we've had two wonderful presentations today on that. With regard to the research that we did in Florida on fatalities and with regard to policy implications later I just have to say ditto with regard to what Jackie and Becky have been finding. The work we've done is not as detailed, it's probably not as rigorous and as extensive over time, but I have to say that we're finding many, many of the same things, so it really gives me heart when I get support like that and validation of what we've been doing from a policy perspective. Let me ask for a show of hands. Who here is a researcher? Who is an advocate? Who does policy work? So now the job for the next few minutes is to wrap this around a little bit. Let me give you a history of what happened in Florida and we can

talk, and you can ask questions, because we're a bit short on time, I don't care if you interrupt, so that's great if you do that. A few years ago in Florida we used some of our stop grant funds, these are the formula grant funds that go to every state in a chunk and we commissioned research to be done by two researchers to look at fatalities in Florida, to look at what the Florida Department of Law Enforcement had been calling domestic violence fatalities. 230 had been reported by law enforcement to FDLE and those are the official counts and I have to say over the next couple of years we saw some of those counts go down and people were saying, yea, fewer deaths, etc. What we found though when Neil Websdale and Byron Johnson who is the co-researcher on this project, when Neil and Byron started to look at those deaths we found that there were actually about 100 more domestic violence deaths than had been reported. So not only was there no cause for celebration that the number of homicides were going down, but that there were actually more. We found that also there were some other disturbing things with regard to how we collect research. One, we don't even count suicides when there's a murder suicide. Often cops don't count children who are killed in familicides. Never, because our laws dictate this, but we still included part of this number in our research sample, do we include non-cohabitating, non-dating partner

homicides? So boyfriend girlfriends are not counted although clearly the same characteristic and dynamics apply. So what Neil and Byron found was, there were of course a lot more. We did this work in part and have continued the work in a couple of different ways. We did it because there's a lot of policy and a richness about this work that can be applied directly to our daily work in the policy arena on domestic violence, and certainly on prevention work. We found that, and how many of you are in communities where there are domestic violence task forces or commissions or coordinated community response, great, beautiful. I will tell you, if you've done this for more than a year, the interest and the enthusiasm of your group is probably going down. It's like one of those charts, you really are excited at the beginning and then we start to go down a little bit, that's the usual path. We found that these, and another reason from a policy perspective why we found doing this research and later creating the fatality review team idea was compelling was that a lot of the coordinated responses around our state, we've seen it around the country, start to flounder a bit. What do we focus on now after we've passed the world with doing all this stuff? We don't have the money as a task force to do but we can catalyze. And how do you catalyze? How do you catalyze in a place in a state where we had a change of governor. How do we know the next

governor is going to really want to do this? Let's try to think of another way to do it. Luckily we have continuity in Florida. But you never know. People change, events change. So the idea of looking at fatalities, the idea of getting rigorous research on it, of applying it helps on a lot of different levels. It helps you keep the enthusiasm for your local community efforts and statewide efforts, it applies research. Now that was another thing I wanted to mention ever so briefly here is that we started out doing this work, and I can tell you our funding streams so you can know and can apply for them are, number one, the stop grant. We applied stop grant money to this and our office administered and decided how stop grant monies get spent. And for those of you who don't know, stop goes for police, victims' services, prosecution, and other kinds of programs including developing information infrastructure, including developing how to coordinate a response among some of those areas. Stop grant dollars are good and if you don't know your stop grant administrator, call her and have lunch or something. Second is, grants to encourage arrest. The funds now that we're using in Florida to not only sustain four teams that have started doing fatality reviews in four cities around the state, the money to get another conference done and another set of teams on-line, six more teams, has come through the grants to encourage arrest grants. So

that's another source of funding. I will tell you in places around the country though like Philadelphia, like San Francisco when they did the Charan investigation, there are these kinds of efforts that go on that don't cost anything. You can get researchers who are competent, I hope, who are with a university that you trust to be part of your efforts and you'll have PhD candidates coming out your ears who want to do this work. There are lots of ways to be innovative around funding but know that the sources are there. A difficulty with it of course is looking at the practitioners who are on the streets day in and day out and I heard it a million times, Robin, why are you giving money, why are you saying that the governor should give money, why are we doing this work at all, we know why women die, we know what happens, why are you funding more research, we should be using this for direct service, right? People are saying yes. Well, I'll tell you why and I think the proof is in the pudding. The Florida Coalition Against Domestic Violence, local domestic violence centers, everybody is taking the results of our fatality review and applying them. -- it has resulted in them saying, it's not just us, look at these fancy researchers who have these findings who say a separation event is a dangerous time, and so that helps the people on the ground. They've been begging, and indeed, Neil and Byron, and I've done some of the work too, have

gone out and done some direct work in the field that has buttressed the work of direct service providers and that's the case across the board. Police, prosecutors, law enforcement, health care, mental health, etc. So that's there and now. These are Neil's overheads. You can see that our project aims right off the bat are pretty basic to, the study of course the 94, now we've done 95 and we're back to do 96, deaths 2. And then to intervene and prevent, very, very basic. Again, using multiple data sources to build the base. We also looked at child fatalities and thanks to our Department of Children and Families were able to get into some of those files to get the research information on the children's deaths that were reported to Children and Families. I'm going to speed through a couple of these only because they're kind of ditto kinds of things. When the question was, do we use information from family members, and the question is, no, hardly ever. There were cases that I know that our researchers talked to, for example, if she killed him in self defense, one of our researchers may have talked to her lawyer and the lawyer might have spoken with her permission with the perpetrator with the female victim perpetrator's permission about that case. There might have also been other participation of other people depending on the case. One of the things that has come out, I call them red flags, or clusters of red

flags, our researchers call them situational antecedents, but they're kind of the things that you look for. You look at them in clusters and as Jackie said, they're not outright, there's a way to say and get to a place where you think you're predicting and you're not, you can't always predict these things but we found that in multiple cases this is what was present. The chief places of getting the research and information have been police reports, medical examiner reports, everything that's in a police file. Newspaper articles have been a very, very rich source of information. That's the place where PhD candidates can go to a university library and scan dates and get more information about homicides and they found out an awful lot of stuff. In some cases we talked to domestic violence center staff, they were able in some cases to reveal information and so there still was this rich data collection process. I will tell you, these are common with males killing females. Although some of these things are there, clearly you have prior police involvement, you may have alcohol and drugs, you might have protection orders, but you have the incidence. The question is about, what applies when it's female killing male versus male killing female and I've got some research information on that that we can talk about later but there are some differences. These are the principal ones. Our researcher also found, by the way, that

women don't kill their partners and their kids. Men do, at least in the two years. Actually, I think in the one and the two, maybe up to three year sample we do have one or two cases of that in Florida. In different cases developmentally they're more of a red flag and when they're clustered they're more of a red flag and I would say that you can't, again, you can't really put these on a totally predictive scale. You never know the reason why there wasn't a homicide. All the stuff you said about lethal and non-lethal is so wonderful because it might just be that there are emergency response teams with more efficiency in one area than another. So we've got, these are guides and they're not absolute predictors, I have to say that. So what we did with this was look at how you start to apply this research. I have to say there has been strong general support for continuing the research because of the direct and immediate establishment of local fatality review teams. These are in some of our jurisdictions that are larger and very good and already doing the coordinated community response. Miami Dade and Lauren was just here, Palm Beach County, Cynthia Rubenstien is here, Tampa, Hillsboro and this is the northeast coast of Florida, Velucia Putnam, and now we're going into other areas. We're going to do some more rural areas, we're going to look at some of the, because some of this work is really hard if you don't have a

lot of homicides, or deaths per se, so we're kind of expanding and doing six more as I mentioned. Let me give you a little idea about what and why the fatality review teams are established and exactly what's happening. The money that we got under the grant to encourage arrest are for two different things. One is principally to provide technical assistance to teams across the state and as part of that you have a major annual conference where we actually bring people together and start to actually process various fatalities. The other thing that's very key about this with our teams is that they're very, very different kinds of places. We do not, as some states do, have charter legislation that takes care of confidentiality, liability and immunity, for example. It's different for every jurisdiction. People need to, I think, at least now before we have a real strict law that passes and says this is how you have to do these teams. We need to get a sense of how they're most efficiently done in the process of the community before we dictate the terms of it. We also want to have more competent research on it. So establishing the teams has been a challenge but also a joy because they're real different and everybody is doing different kinds of things. When they were established we did kind of a dual co-chair relationship with the people who were in the communities. We asked specifically that a domestic violence

center advocate, the director of the local domestic violence center, to co-chair the effort with another community leader so you had somebody from the program there and you had a chair for a prosecutor, somebody like that, from the system, so there was a nice forged partnership at the top of the organization. We also had been working with these jurisdictions to make sure they are the partners that Jackie mentioned in terms of giving us competent research. They're going to be doing in-depth cases, case analysis. So right now we're establishing and using some of the funds to give every team a laptop, every team with the same software on it, every team with similar data collection possibilities so they can, we hope, start to feed into really good information for us. We're also, because there's a statewide effort at hand, linking with some other things that are going on in the state. Everybody probably has fatality review teams, has had them for awhile. They've been working or whatever in your jurisdiction. There is also fetal and infant mortality reviews, different kinds, but you have people in your jurisdiction undoubtedly that are doing some kind of review of deaths that you may be able to partner with and we encourage and help local teams in doing that. The question is, if you're doing a coordinated community response and you want to use fatality reviews, do you do it at the beginning, middle and where can you start doing it,

and I cannot answer that question except to say it depends. I'll jump to the end here and just say that there are so many factors that make this either useful or extremely, extremely harmful to a community. There are some places where there may have been a recent death and the patient has editorialized against that sheriff and everybody has pointed the finger at the sheriff when, in fact, the sheriff was probably doing what the sheriff always does and not necessarily bad but it happened right when he served the injunction for protection. So there can be a rawness about a death in a community that can make it very inappropriate. One of the things that's on here is the philosophy, no shame and blame, systems recognizing that, and that means to me developing a level of trust with system players which you may not have at the outset of the development of the CCR so my gut would say, not at the beginning, maybe not even after a number of years of work. The question is that there is the possibility of civil litigation. I will tell you more likely what you're going to have is a prosecutor saying, I'm not touching this, sitting at the table until we have taken this to trial and every single appeal has expired. Some prosecutors don't say that and they sit at the table with open cases, they're doing that in Jacksonville now, they're one of our new teams. This issue of confidentiality, liability and immunity clearly applies to civil actions but

I will tell you, as we have looked at fatality review teams all around the country we have not seen one case where a civil litigator has gone after a bureaucracy, a shelter. There is that shelter liability case, not that it was a case with a fatality review team, South Carolina, but we've not had a case where there has been somebody coming forward and saying, I'm going to subpoena the people who -- fatality review and talked to them, #1, because a lot use public records. As a civil litigator, I can get any public record in the world. I just have to issue a subpoena and look at it. The team itself, as it does have these confidentiality protections, may be getting other kinds of information, it's another complexity of thinking and figuring out, do you want to go forward with some kind of grant of authority from your legislator like Delaware has done, like Virginia has done, who else has done it, Nevada, California. People have done the protection. But they also have protections from -- court subpoenas. So those are developmental issues and it's only, I say these things quickly because they're very complex and as you start to do the work, and then there's the emotional complexity of doing this. It's very easy to sit around and talk around why a protection order isn't being issued smoothly in a court, very hard to sit around and look at homicide photos and to start to see the victim emerge as a real person with those richness of complexities

that were already discussed here. There is a very difficult thing too. Some of the controversies involve the trust issue. There are huge stakes involved. If I'm going to be unelected because there has been -- Those are all excellent observations. Clearly on that last one, too, we run the risk of, whenever, we make the checklist of having that checklist be imperfect and not apprised so that's absolutely true. And then the resource question is another reason why these things may not be appropriate in every jurisdiction and may just really require some in-depth work with the players in the community.