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Virginia Department of Health: Office of the Chief Medical Examiner

Virginia Domestic Violence Fatality Review Newsletter

Virginia Awarded $50 Million for Crime Victim Services

Virginia has been awarded more than $50 million in federal funds from the Justice Department Office for Victims of Crime in 2015. This year's award is more than four times the amount the state received in 2014, due to an increase in the annual cap. The Department of Criminal Justice Services will be working together with local and state agencies and other partners to put the additional funds to work supporting training, technical assistance and grants for local victim/witness programs, sexual assault crisis centers, domestic violence programs and child abuse treatment programs throughout Virginia. Listening sessions across the state beginning in September will gather public input and suggestions on ways to expand and improve services.

Inside this issue:

Virginia DVFR Team Members Attend National Conference

In May, members of two Virginia Domestic Violence Fatality Review Teams (DVFRTs) attended the National Domestic Violence Fatality Review Initiatives' (NDVFRI) conference on "Fatality Review: Communities and Social Change" held in St. Petersburg, Florida. Beth Bonniwell, coordinator of the Henrico County Family Violence Fatality Review Team, Sandy Bromley, coordinator of the Fairfax County Domestic Violence Fatality Review Team, and Jacquelynn Smith, member of the Fairfax County DVFRT attended the conference along with state coordinator Emma Duer from the Office of the Chief Medical Examiner. Ms. Bromley was invited to present on a panel titled "Getting Started: Newly Formed Statewide and County Review teams." Ms. Bonniwell and Ms. Duer presented jointly on two panels covering the topics of "Selecting, Gathering, and Using Fatality Review Data" and "Diverse Communities and Fatality Review."

Ms. Duer recommends this national conference to any person who participates in domestic violence fatality review or is interested in developing a team in their community. The conference is especially great for newly formed teams, as it presents an opportunity to meet a variety of professionals and community members with a wealth of experience on fatality review and domestic violence prevention. For example, this year's conference featured a presentation from Frank Mullane of the U.K. organization Advocacy After Fatal Domestic Abuse on engaging surviving family members in the DVFR process. While fatality review operates somewhat differently in the U.K., his insights as the family member of a victim of domestic violence homicide and an advocate in his community spurred great audience discussion on the challenges and benefits to drawing on family member perspectives during the review process.

Ms. Bonniwell said of the conference, "one thing that really stood out to me [from the presentations] was a preliminary research study being conducted on children who had witnessed their mother's murder. The impact on their lives is enormous; children frequently relocate to different communities and schools which means leaving friendships behind all while still grieving the loss of their mother and in some cases their father to suicide or prison. New caregivers are often faced with dilemmas such as visitation with an incarcerated parent and new financial challenges as they cope with their own grief. This research raises the questions: are DVFRTs looking at what has happened to children after the murder, and can we identify trends or make recommendations that will enhance opportunities or protections for the children impacted by these crimes?"

Virginia team members at the NDVFRI Conference in May

Dr. Jacquelyn Campbell, Emma Duer, and Beth Bonniwell presented on data collection in fatality review

Henrico County Report

The Henrico County Family Violence Fatality Review Team has released a report of their review of 21 family and intimate partner homicides occurring in Henrico County between 2003 and 2013. The most significant trend identified during the team's review was that in sixteen of the nineteen cases (84%), multiple other adults were aware of prior abuse (an increase from 64% in the 2008 review). As a result, the team recommended that Henrico County develop a position to employ a Domestic Violence Outreach and Community Educator, or provide enhanced funding for this purpose to Safe Harbor, an existing victim services partner whose primary service area is Henrico County. The team's full report is available here.

Elder adult victims of FIP homicides are equally likely to be killed by a family member or intimate partner (41% each). Among elder victims killed by a family member, the majority are killed by an adult child (71%).

Elder Adult Domestic Violence Homicides in Virginia, 2005-2014

In 2014, there were nine family and intimate partner (FIP) homicide victims over the age of 59, representing eight percent of all FIP homicides that year. Over the ten year time period of 2005-2014, elder adults (aged 60 and above) represented a greater proportion of family and intimate partner (FIP) homicide victims (7%) than homicide victims overall (4%). As our population ages, a growing number of elder adults face violence from family members, intimate partners, and caregivers. Elder adult victims of FIP homicides are equally likely to be killed by a family member or intimate partner (40% each), with a smaller number killed in intimate partner associated homicide (13%), caretaker homicide (6%), and family associated homicide (1%). Among elder victims killed by a family member, the majority are killed by an adult child (74%, including biological, step-, in-law, and foster children). An additional 6% of elder family homicide victims are killed by an adult grandchild.

Elder victims of FIP homicide are more often women (59%), with half of these female victims killed by an intimate partner (50%). The majority of elder victims are white (75%) or black (21%) and married (54%) or widowed (28%). Elder victims of FIP homicide are most often killed with a firearm (56%), followed by a sharp instrument (16%) and a blunt instrument (10%). The locality with the highest number of elder FIP homicide victims from 2005-2014 was Virginia Beach City (8%), followed by Fairfax County (6%).

The most common precipitating factor that preceded fatal violence toward an elder adult by a family member or intimate partner is a financial issue (13%), which might include an argument about household finances or a motive to collect insurance money as a result of the elder's death. The next most common precipitating factors are the ending of an intimate partner relationship (intimate partner related homicides only) and substance or alcohol use (11% each). Eight percent of elder FIP homicides are precipitated by a mental health crisis, with a total of 35% of deaths involving a history of substance abuse or mental health issues. Twenty-five percent of elder victims have alcohol or drugs of abuse in their system at the time of death, and nine percent have been diagnosed with a mental illness at some point in their life.

In addition to issues related to mental illness and substance abuse, elder FIP homicides often involve a history of violence. In 21% of cases, the elder adult victim lived in a household where family or intimate partner violence was occurring prior to the homicide. In six percent of cases, the elder adult victim had taken out a protective order against the alleged offender at least once. Twenty-one percent of alleged offenders had a criminal history involving an arrest or conviction.

Elder FIP homicides involve additional risk factors unique to aging. More than a third (38%) of elder victims are known to have been permanently or temporarily disabled at the time of their death, including physical or cognitive limitations and chronic conditions that impact daily living activities. In nine percent of elder homicides, the alleged offender claimed to kill their family member or intimate partner to end their suffering due a chronic or terminal illness (euthanasia), or because they were overwhelmed by caring for them. Of the 139 separate FIP homicide events involving elder adults from 2004-2014, 32% were homicide-suicides. Nearly half (49%) of homicide-suicides of elder adults were characterized by the presence of a terminal or chronic illness, often involving health issues of both the victim and the alleged offender (24% of all homicide-suicides). At least one such case was an alleged "suicide pact," and three were related to fears of being placed in a nursing home.

The unique factors surrounding the deaths of elder adults in Virginia at the hands of family members and intimate partners warrant further examination at the local level to find opportunities for prevention and intervention. As of July 1st, such

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In the News

Reports

- In a survey of Latinos in the U.S., 56% of respondents know a victim of domestic violence, and women tend to know more domestic violence victims than men. At least 60% of respondents who knew a victim claimed intervening to help. Men and women were just as likely to help victims and most parents discussed domestic violence with their children. The survey report release coincides with the launch of "NO MAS," the first national awareness campaign engaging Latino Americans to end sexual and assault and domestic violence.
- Between 2013-2014, 4,000 children under 18 years of age were surveyed through the National Survey of Children's Exposure to Violence. Results showed that nearly 4 of every 10 children were exposed to violence or abuse over the previous year. Compared to 2011, these rates appear to be stable. About 37% of kids surveyed had been physically assaulted over the previous year, and almost 10 percent were injured as a result. Two percent of girls had been sexually assaulted or abused, including more than four percent of girls age 14-17. About 15% had experienced maltreatment by a caregiver. Almost six percent had witnessed violence between their parents.

Resources

- The National Latin@ Network, released two new toolkits: Building Evidence Toolkit for community-based organizations working from a culturally-specific framework, and Increasing Language Access in the Courts Toolkit for assessing English language access for survivors and building court access.

Research

- A study from the University of Montreal found that women who reported being the victim of violence from their partner had a twofold increase in their risk of suffering from new-onset depression. Compared to women who had never been victims of violence, women who were abused both in childhood and adulthood were 4-7 times more likely to suffer from depression.
- An international survey found that women who are abused by their partner (or ex-partner) are much less likely to use contraception, particularly condoms, instead preferring contraceptives that don't require negotiation with a partner. This makes them particularly vulnerable to contracting infections, such as in African countries where women who experience partner violence are three times more likely to contract HIV than women who do not.
- According to a study at the University of Toronto, adults who were exposed to childhood adversity, including witnessing parental domestic violence and childhood physical and sexual abuse have higher odds of experiencing migraine headaches in adulthood. After controlling for variables including demographics and history of depression and anxiety, men and women who had witnessed parental domestic violence had 52% and 64% higher odds of migraine, respectively, compared to those without such a history.

Upcoming Events

September

Working with Immigrant Survivors CAT (VSDVAA)
September 15-17, Richmond, VA

Broadening Your Multi-Agency Response to Domestic Violence and Sexual Assault: Increasing Access to Justice
September 16-18, Denver, CO

Webinar: Working Together Part II: The Courts
September 24

Dismantling Racism CAT (VSDVAA)
September 24, Tidewater, VA

Webinar: Power and Control: Understanding How Faith Can Play a Role in Intimate Partner Violence
September 30

October

National Domestic Violence Awareness Month

Take a Stand Against Domestic Violence
October 1, Washington, DC

2015 Domestic Violence Awareness / Immigration Colloquium
October 21, Washington, DC

National Symposium on Domestic Violence: Re-envisioning Evidence Based Prosecution in America
October 28-29, San Diego, CA

November

DV Basic Advocacy Training (VSDVAA)
November 4, Richmond, VA

Elder Adult Domestic Violence Homicides in Virginia, Continued

examinations through local and regional Adult Fatality Review Teams (AFRTs) are supported by Virginia statute. AFRTs are permitted to conduct retrospective reviews of the deaths of elder and incapacitated adults in their communities. These reviews allow a greater understanding of the circumstances surrounding such deaths, and promote coordinated community action to prevent future violence. The Virginia Office of the Chief Medical Examiner has made available on their website resources and information pertaining to local and regional AFRTs in Virginia, including Part I of the *Adult Fatality Review in Virginia: Team Protocol and Resource Manual*, "Establishing a Team." Part II: Building Team Capacity and Part III: Reporting on Findings and Recommendations will be rolled out through the end of 2015, and training and technical assistance is available through the medical examiner's office. For more information about Adult Fatality Review in Virginia, please contact:

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Interpersonal Violence in the U.S.

From the Journal of the American Medical Association, August 4, 2015

A new report from the Centers for Disease Control and Prevention reviews data from health and law enforcement surveillance systems to assess interpersonal violence in the U.S. Homicide rates have decreased from a peak of 10.7 per 100,000 persons in 1980 to 5.1 in 2013. More than 12 million adults experience intimate partner violence annually and more than 10 million children younger than 18 years experience some form of maltreatment from a caregiver, ranging from neglect to sexual abuse. Rates of violence vary by age, geographic location, sex, and race/ethnicity, and significant disparities exist. Homicide is the leading cause of death for non-Hispanic blacks from age one through 44 years, whereas it is the fifth most common cause of death among non-Hispanic whites in this age range. Additionally, efforts to understand, prevent, and respond to interpersonal violence have often neglected the degree to which many forms of violence are interconnected at the individual level, across relationships and communities, and even intergenerationally. The most effective violence prevention strategies include parent and family-focused programs, early childhood education, school-based programs, therapeutic or counseling interventions, and public policy. For example, a systematic review of early childhood home visitation programs found a 38.9% reduction in episodes of child maltreatment in intervention participants compared with control participants.

Protective Orders: The Rural-Urban Divide

From the National Institute of Justice

A study from the University of Kentucky of women with domestic violence protective orders in urban and rural jurisdictions suggests that protective orders make a difference in safety, fear levels, and cost savings. Half of the women who received protective orders did not experience a violation within the following six months. For the half who did experience violations, the levels of violence and abuse declined significantly compared with the six months before the protective order was issued.

Urban and rural women had similar views of the protective orders' effectiveness. However, rural women found more barriers to getting an order and having it enforced, thus experiencing less relief from fear and abuse. While both rural and urban women reported feeling less fearful six months after obtaining the protective order, rural women were more afraid of future harm than their urban counterparts and more likely to report feeling somewhat or extremely fearful at the six-month follow-up.

The study found that rural women were more entrenched in their relationships. More rural women were or had been married to the men named in the protective orders. On average, they had been in their relationships longer and were more likely to have children in common with the men than their urban counterparts.

Among barriers to obtaining protective orders, 40% of participants mentioned "judicial bias" which may include the judge's personal political connections or the history of a woman who has filed for protection multiple times. Judicial bias was mentioned more often in rural areas than urban. Urban women reported having more trouble navigating the system, although they reported it took on average of 1.5 hours to get their protective orders, compared with the 2.5 hours it took rural women. Urban women also reported more fear of confronting their violent partners in court.

The study also calculated the costs and benefits of protective orders. Every dollar spent on the protective order produced $30.75 in avoided costs to society. The state of Kentucky saved about $85 million over a one-year period because of significant declines in abuse and violence. Savings included service use, lost opportunities, and quality of life lost.

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In 1999, the Virginia General Assembly enacted legislation authorizing family and intimate partner fatality review. The Code of Virginia §32.1-283.3 allows for the establishment of local and regional DVFRTs. The statute includes important confidentiality protection, and directs the Office of the Chief Medical Examiner to provide technical assistance and training.