

upon further examination

Findings and Recommendations from
the Connecticut Domestic Violence
Fatality Review Committee

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This report is a product of the Connecticut Domestic Violence Fatality Review Committee, a collaboration of private, public and non-profit organizations operating throughout Connecticut.

Written by
Connecticut Coalition Against Domestic Violence
East Hartford, CT

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fully credited.

This report is dedicated to Shirley Pierce Bostrom and Lawrence J. Bostrom, the surviving parents of Margaret Bostrom, PhD. Margaret tragically lost her life at the hands of her abusive husband on August 16, 1996.

No words can adequately express their commitment to ending domestic violence. The Bostroms travel extensively throughout the country to tell their story, and to lend their support and encouragement to others who have experienced a tragic loss due to domestic violence.

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This report is being issued by the Connecticut Coalition Against Domestic Violence (CCADV) and its Connecticut Domestic Violence Fatality Review Committee.

The Connecticut Domestic Violence Fatality Review Committee works to prevent future deaths by conducting multi-disciplinary, systemic examinations of violent intimate partner fatalities.

A special thanks goes out to the family members of homicide victims who were willing to talk with us about the struggles they faced. Those who serve on the Domestic Violence Fatality Review Committee also deserve thanks for their dedication and commitment to facing the tragedies in their community and learning from them.

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Interval House

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Survivors of Homicide

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Women's Support Services

Howard Sovronsky
Community Health Resources

Beau Thurnauer
East Hartford Police Department

Faith Vos Winkel
Office of the Child Advocate

Members

In the 1990s, a few states and local jurisdictions began investigating the circumstances surrounding domestic homicides. From these preliminary inquiries, fatality review teams began to formulate throughout the country. Fatality review teams serve to gather a group of diverse professionals together to evaluate domestic homicides.

When the systematic evaluation of domestic homicide began, research focused on analyzing the trends in intimate partner homicide. These trends looked at concrete factors of domestic violence homicide such as age, race, ethnicity, history of domestic violence within the relationship, prior threats to kill the victim, agency contacts, criminal history and the presence of alcohol or drugs.

As time passed, these reviews expanded to examine the lives of the victim and perpetrator prior to the incident, including events surrounding the death. They then identified any gaps in service delivery. From this data gathering, domestic violence agencies have begun to explore what changes, if any, need to be made to better serve victims. These reviews are useful tools for enhancing programs and will serve to prevent future deaths.

Upon the request of Connecticut residents, Shirley and Larry Bostrom, the Connecticut Coalition Against Domestic Violence (CCADV) established a Fatality Review Committee in October 2001. When the Bostroms approached CCADV about implementing a review team, the premise was to gather professionals who might not have otherwise collaborated for this process. In an effort to develop an understanding of barriers domestic violence victims face and to prevent these types of fatalities, the Connecticut Domestic Violence Fatality Review Committee was created.

Mission and Objectives

The Connecticut Domestic Violence Fatality Review Committee works to prevent future deaths by conducting multi-disciplinary, systemic examinations of violent intimate partner fatalities.

The Committee's objectives are to:

- Enhance the safety of victims and accountability of batterers
- Identify systemic gaps and barriers to service
- Implement coordinated community responses
- Influence public policy for intervention and prevention

The Committee brings together key individuals in social service, medical, education, advocacy and justice systems for detailed examinations of domestic violence fatalities. The Connecticut Domestic Violence Fatality Review Committee does not and will not assign blame for fatalities to individuals, agencies or institutions. The perpetrator of the homicide is assumed to be ultimately responsible for the fatality. Rather than investigate these fatalities, the Committee conducts a reflective review by creating an environment conducive to open and honest conversations for the purpose of effecting positive change. The Committee focuses on community responses to domestic violence such as services, policy, practice, training, information, communication, collaboration and resources.

Definition of a Domestic Violence Fatality

The Connecticut Domestic Violence Fatality Review Committee defines a domestic violence fatality as a death that arises from an individual's efforts to assert power and control over his/her intimate partner.

The fatalities in this report include:

- Any homicide in which the victim was an intimate partner or former intimate partner of the individual responsible for the homicide.
- Any suicide of the perpetrator of an intimate partner fatality.

The Committee selects cases to be reviewed with three criteria in mind. All criminal and civil cases pertaining to the victim and perpetrator must be closed with no pending appeals. All murder-suicides are available for review and lastly, the date of the homicide does not extend beyond five years. Once the cases are selected, the Committee conducts a detailed review of all public records and other documentation related to these homicides, and meets with family members, friends and individuals who came in contact with the victim. A timeline, a linear chronology of the case, is then constructed. The timeline focuses on the principal markers of the case and enables the Committee: (1) to see how and when the batterer's tactics escalated over time, (2) to look at the red flags as they pertain to both the batterer and the victim, (3) to review the community's involvement in the case and (4) to make recommendations to community stakeholders with full expectation of implementation. The following outlines the collection tools employed by the Committee.

Medical Examiner Reports

Medical Examiner reports are gathered to determine the cause of death, manner of death, age, gender and race of the victim. In addition, these reports are also used to determine if there was a presence of drugs or alcohol in the victim's system at the time of death; in the homicide-suicide cases the perpetrator's autopsy report is also obtained to determine presence of drugs or alcohol.

Police Reports

Police reports relating to both the perpetrator and victim are requested from the city or town of the homicide occurrence. These reports are used to determine if known circumstances of domestic violence existed prior to the fatality and to gather data regarding the circumstances surrounding the homicide.

Criminal Justice Inquiry

At the State of Connecticut's Judicial Branch Homepage (www.jud.ct.gov), the case look-up feature provides information about all criminal and family court proceedings throughout the state. From this information, it can be determined if there was a history of restraining orders against the perpetrator, pending divorce proceedings and child custody motions. Additionally, the Committee used data from the Connecticut Department of Correction homepage (www.ct.gov/doc) that provides public information regarding the sentencing status of offenders.

Interviews

When possible, interviews are conducted with friends and family members. Generally, the Committee appoints members who have direct experience with the loss of a loved one to conduct the interviews. Previous to meeting with friends or family members, they are contacted via letter or telephone to seek their permission to be interviewed and to explain the fatality review process. Interviewing surviving friends and family is not mandatory in the data collection process, but the Committee recognizes that the insights that may be offered are unique and an important part of getting to know the victim.

Media Reports

Most media outlets in Connecticut provide some type of coverage when there is a domestic violence related fatality. CCADV maintains an inventory of all domestic violence related articles and those related to fatalities are cataloged for use in the review process.

“Alice drove 18 wheel trucks. She was a 100 lb woman. Pink shirt, Pomeranian dog and a hard hat, adventure was her middle name.”

Tom Mealy, brother of Alice Morrin

Findings and Recommendations

Use of Domestic Violence Services/Knowledge of Domestic Violence

Interviews and research indicated that in the vast majority of fatalities reviewed in Connecticut, victims did not reach out to their local domestic violence agency. In Connecticut there are eighteen domestic violence agencies that provide a full range of comprehensive services including but not limited to a 24 hour hotline, counseling, educational and support groups, advocacy in court and with area providers, children's programs, emergency shelter, training and community education.

Family interviews conducted indicated that victims were not aware that domestic violence services existed. They also reported that they were not always aware that domestic violence was occurring within the relationship. If they knew about the violence, they maintained that they did not have the information about how to help a friend or family member who is being abused.

Recommendations

1. CCADV in collaboration with its member domestic violence agencies will assess its communication strategies in regard to service delivery.
2. CCADV shall initiate a public information campaign to heighten awareness in regard to the availability of and access to domestic violence services.
3. CCADV shall initiate collaboration with media representatives to produce a media guide for the reporting of domestic violence fatalities to include where help is available.
4. CCADV will utilize traditional and non-traditional opportunities to reach the public through media, social networking and community action.

We refer to domestic violence services as shelters when a more appropriate term would be domestic violence agencies. Referring to these agencies as shelters is an inaccurate representation of the many services they offer for victims.

Findings and Recommendations

Children and Domestic Violence

In all but one case that was reviewed, there were children present when the fatality occurred, including children who were not related to the family. According to family interviews, family members or other loved ones took the primary responsibility for the parenting of the surviving children.

Children who live with domestic violence face increased risks: the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these may lead to negative outcomes for children and may affect their well-being, safety, and stability (*Carlson, 2000; Edleson, 1999; Rossman, 2001*).

Recommendations

1. CCADV will collaborate with lead child advocates within state and local government to develop and implement early intervention strategies for children exposed to domestic violence.
2. CCADV will work to amend CGS § 54-216 to include children who witness a domestic violence crime.
3. The Connecticut Domestic Violence Fatality Review Committee shall seek to collaborate with the Child Fatality Review Committee/Office of the Child Advocate to strengthen its review process and recommendations.
4. CCADV will work with lead public safety officials to develop protocols in regard to the provision of immediate trauma responsive services for children who witness or are present during a domestic violence fatality.

Services for children who witness domestic violence are the least funded of all domestic violence services in Connecticut. In 2010, over 1,200 children received services from a domestic violence agency.

Precipitating Factors

For each fatality reviewed, the Committee determined that events existed that were driving factors in the commission of the murder. For the perpetrator, it appeared that a divorce, break-up of the relationship or the loss of parental/custodial rights of children remained high as precipitating factors for the fatality.

Stalking the victim was a common theme in many of these fatalities, as well as previous property damage or other non-violent crimes.

According to Jacquelyn Campbell, PhD, RN of Johns Hopkins University and a leading expert on lethality assessment, “Lethality risk assessment needs to be distinguished from risk of reassault. Although the risk factors are overlapping, they are not exactly the same.” (*Commentary on Websdale: Lethality Assessment Approaches: Reflections on their Use and Ways Forward, 2005.*)

Recommendations

1. CCADV will facilitate the distribution of public information targeted towards professionals (legal, public safety, medical and educators) to heighten awareness of factors that contribute to the commission of domestic violence homicides.
2. CCADV will seek to strengthen the family violence information in the Connecticut Law Enforcement Officers’ Field Manual, also known as “The Red Book.”

While a perpetrator’s behavior may have been shocking to family and friends, there were precipitating factors that increased the likelihood that domestic violence would end in murder.

Findings and Recommendations

Weapons

Per CGS § 46b-38b, police can seize any firearm in plain view at the scene of a domestic violence incident. In addition, the issuance of a protective order requires the surrender of weapons by the perpetrator. Currently, the surrender of any weapons in domestic violence cases can be made to anyone with a state permit to carry a pistol.

Gunshot wounds were the number one cause of death in all the domestic violence fatalities under review. According to Arthur Kellerman, MD, MPH of Emory University, having a gun in the home makes it three times more likely that someone will be murdered by a family member or intimate partner (*"Men, Women, and Murder: Gender-Specific Differences in Rates of Fatal Violence and Victimization," Journal of Trauma 33, July 1992*).

Recommendations

1. Effective October 1, 2011, changes to CGS § 29-36k regarding the transfer of pistols and revolvers will prohibit domestic violence perpetrators from surrendering their weapons to persons other than law enforcement or a federally-licensed firearms dealer. CCADV will evaluate the new law to determine its effectiveness and make recommendations for change as necessary.
2. The Connecticut Domestic Violence Fatality Review Committee will seek to add a representative from a gun advocacy organization to its committee.

Over a ten year period, guns were the number one cause of death in domestic violence fatalities.
(Connecticut Department of Public Safety,
Family Violence Homicide Reports 2000-2009)

Training

The review committee held several discussions throughout the year on the high level of work provided by first responders, law enforcement, advocates and other professionals. Throughout these discussions, the Committee examined the training provided to each group. These conversations were not a criticism of the training that individuals received; instead, the Committee looked at what supplemental training they may need to further assist victims. Securing additional resources to provide an enhanced response to domestic violence was an on-going issue.

It was determined that training and professional development must be provided utilizing a cross-disciplinary, collaborative delivery model. Trainers should have a range of experience in domestic violence.

The systemic response to the victim, offender or family experiencing domestic violence is critical. The outcome is informed by the skill, training and professional development of the individual providing assistance.

Recommendations

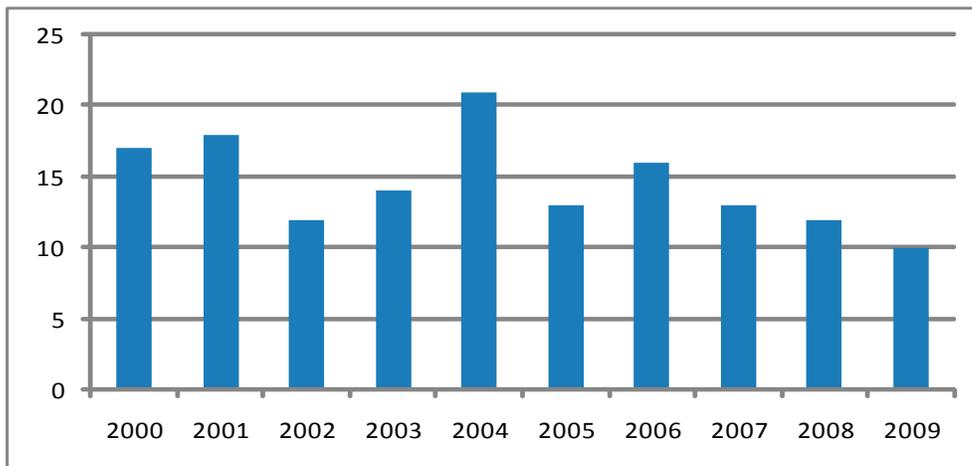
1. CCADV will initiate discussions with the public safety sector to identify training needs in the areas of stalking, harassment, and lethality.
2. CCADV will provide advanced training on trauma informed services to its member domestic violence agencies.
3. CCADV will partner with the Connecticut Bar Association to identify professional development opportunities.

Everyone who comes in contact with a domestic violence victim must have the necessary skills and training to respond in the most effective manner. We must be fully prepared as this may be a victim's only opportunity to get help.

A Decade in Review

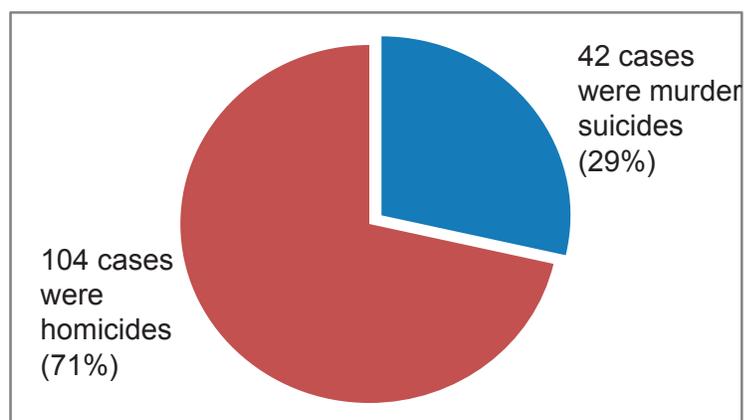
Information for these ten year data findings has been provided by the State of Connecticut Department of Public Safety. It may not be inclusive of all fatalities but is the most reliable source of information at this time.

The review committee began by examining cases that have occurred from 2000 through 2009. The total number of intimate partner fatalities is 146. As the distribution shows, the number of domestic homicides in Connecticut waivered throughout the years. The highest incidence of domestic violence fatalities occurred in 2004 (n=21) while the lowest number occurred in 2009 (n=10). From 2006-2009, there is an overall decline of 18.75%.



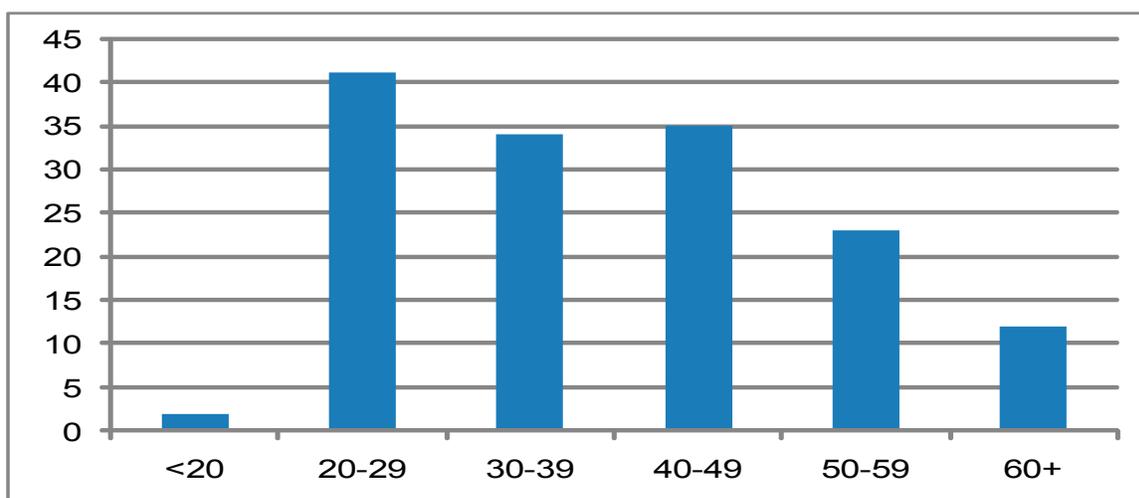
Murder/Suicides

Research has indicated that a significant percentage of homicide-suicides are preceded by a long history of battering experienced by the female victim (Currens, 1991).



Victim's Age and Gender

75% of all domestic violence homicide victims were 20-49 years old. 20-49 year olds make up only 40% of the overall population of Connecticut.

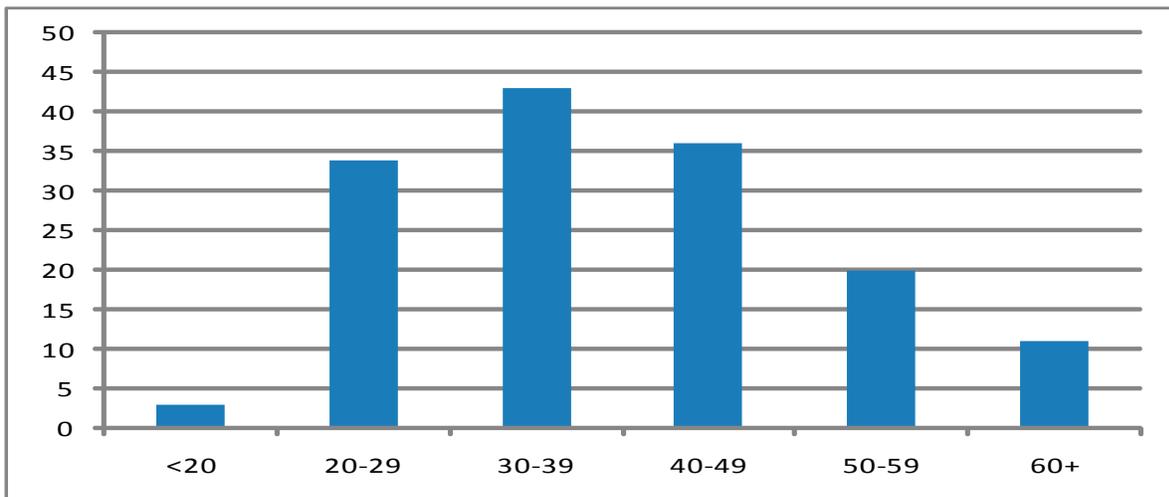


Age Range	CT Population 2009 *	Percentage of Overall Population	Domestic Violence Homicide Total	Percentage of Overall Fatalities
0-10	430,253	12.23%	0	0.00%
10-19	484,695	13.78%	2	1.36%
20-29	443,810	12.61%	41	27.89%
30-39	428,303	12.17%	34	23.13%
40-49	549,474	15.62%	35	23.81%
50-59	501,959	14.27%	23	15.65%
60+	679,794	19.32%	12	8.16%
Total	3,518,288	100.00%	147	100.00%

* 2009 population data is per the State of Connecticut, Department of Public Health.

Offender's Age

69% of all homicides were committed by individuals in the age range of 20-49 years old. 20-49 year olds make up only 40% of the overall population of Connecticut.



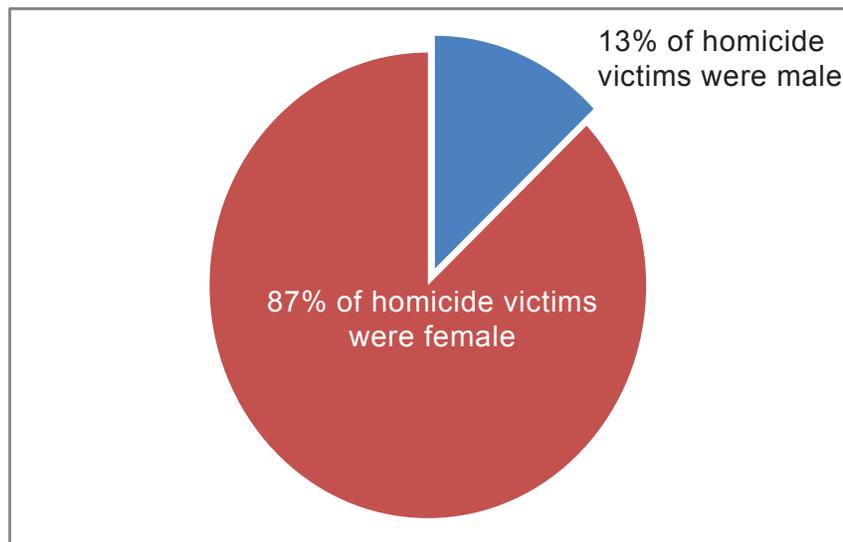
Age Range	CT Population 2009 *	Percentage of Overall Population	Domestic Violence Homicide Total	Percentage of Overall Fatalities
0-10	430,253	12.23%	0	0.00%
10-19	484,695	13.78%	3	2.04%
20-29	443,810	12.61%	34	23.13%
30-39	428,303	12.17%	43	29.25%
40-49	549,474	15.62%	36	24.49%
50-59	501,959	14.27%	20	13.61%
60+	679,794	19.32%	11	7.48%
Total	3,518,288	100.00%	147	100.00%

* 2009 population data is per the State of Connecticut, Department of Public Health.

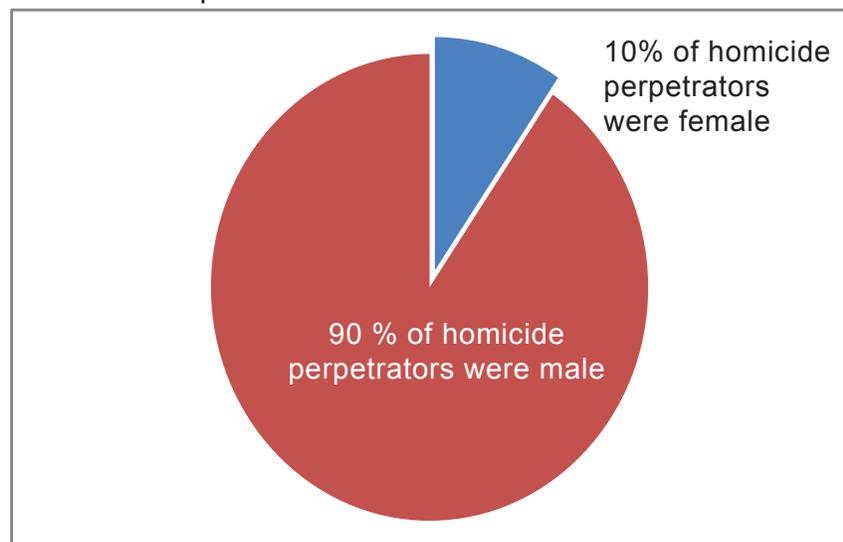
Gender

The greatest number of homicide victims were female, while the greatest number of homicide perpetrators were male.

Homicide Victims

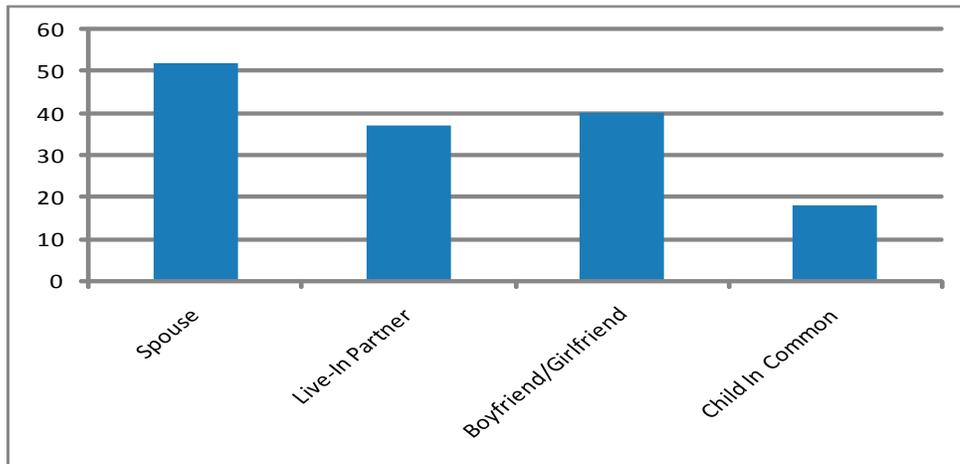


Homicide Perpetrators



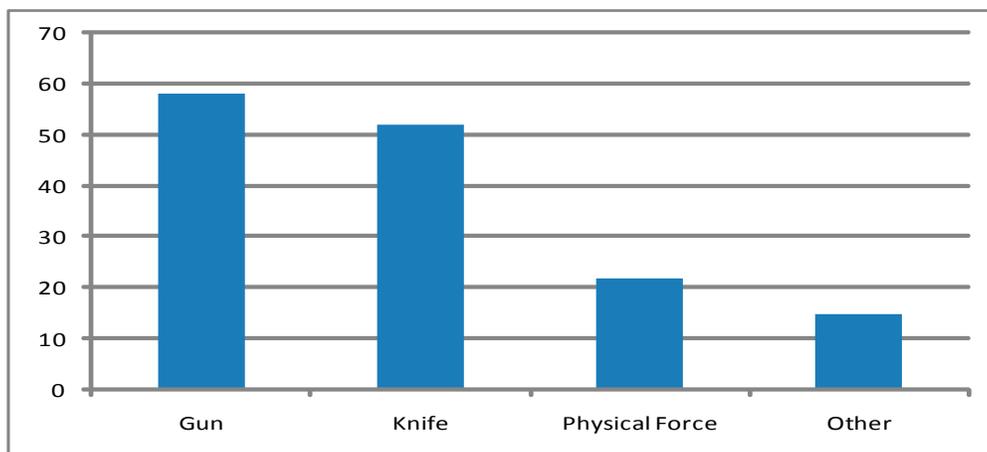
Relationship Status

35% of all homicide victims were married to their perpetrator at the time of their death, whereas 25% of victims were living with their partner; 27% were identified as a girlfriend or boyfriend; and 13% had a child in common.



Cause of Death

The cause of death for most of the victims was a gunshot wound(s) (n=58). Over half (n=74) were killed by a form of intimate contact such as via stabbing, strangulation or beating.



Through this body of work, the Connecticut Domestic Violence Fatality Review Committee honors all who have lost their lives to domestic violence. According to reports compiled by the Connecticut Department of Public Safety, the following individuals lost their lives due to intimate partner violence. This list does not include any children or bystanders who may have been killed as well.

Sheila Alexander-Caldwell
Sergia Alfinez
Patricia Austin
Lisa Aviles
Layla Banks
Sharon Barnaby
Michelle Barrows
Shara Bartholomew
Whitney Bass
Michelle Beaulieu
Judy Beckwith
Francisca Benedetto
Vonda Bennings
Christine Blakeslee
Donna Bochicchio
Monserrate Bonilla
Lynn Bosert
Cynthia Broadbent
Debbie Brown
Martha Brown
Shaneya Brown
Jessenia Calderon
Elizabeth Carlson
Veronica Campos
Ann Cassia
Urime Ceku
Jean Chapman
Marie Chucia
Page Chyung
Robin Cloutier
Rose Conrad
Miriam Cortes
Jose Cotto

Laurie Courtemarch
Donald Davis
Christine DeFelice
Joan Derrett
Daayon Devane
Catherine Donnelly
Constance Doughty
Barbara Eckert
Brandi-Lynn Fambrough
William Farrell
Carol Ferenz
Lisa Figueroa
Mercedes Figueroa
Holly Flannery
Judy Gagliardi
Sharon Gary
Francoise Genesse
Josephine Giamo
Sierra Giorgi
Timothy Godfrey
Maria Rosa Gonzalez
Marilyn Gordon
Chelsea Hansley
Simone Harris
Robyn Hayes
Diane Hoagland
Renea Irvin
Gulande Isaac
Wendy Jackson-Perillo
Maryneliz Jimenez
Teresa Jimenez
Jeannette Jones

Rita Joyce
Shalanda Joyner
Ramona Kendall
Donald Kennedy
Brian Kimball
Pauline Knighton
Gina LaCouture
Christina Laguer
James Langley
Mindy Leigh
Decieta Leslie
Latasha Logan
Kelly Lombard
Jennifer Magnano
Lizsandra Martinez
Sandra Massol
Ciara McDermott
Kirk McLeod
Jenny McMechen
Veronica McWillie
Cornelia Meyer
Adriene Celeste Montiero
Lapreea Moore
Alice Morrin
Heather Mullins-Keltz
Yaritzzi Myers
Nelita Nacuf
James Newton
Tiana Notice
Jose Luis Silva Oliveira
Belinda Parker
Desti Parnell
Ashley Peoples
Ilda Margarita Perez
Danielle Piazza
Ann Pocevic
Anh Qui Bui
Amanda Realie
Elizabeth Reynes
Norma Rivers

Jessica Rodriguez
Migdalia Rodriquez
Donald Rogers
Duprey Rosaura
Elizabeth Ross
Mayra Ruiz
Susan Russell
Gilberto Sanchez
Aida Santiago
Benno Schapira
Daniel Shumaker
Hazel Simmons
Steven Sitton
Judith Stevens
Susan Stewart
Robert Stowe
Gina Sulser
Danical Symons
Shannon Tedone
Maria Teixeira
Analise Titus
Pamela Trotter
Harriet Turgeon
Gumersinda Velez
Debra Vigneau
Willie Vines
Kenneth Waldron
Keith Watkins
Ebony Weston
Adrienne White
Alquan White
Twonna White
Henry Whyte
Robin Wilcox
Tammy Williams
Urszula Winiarski
Patricia Woodland
Michelle Wooley
Wei Xia
Zenobia Zubrowski

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