

FINDINGS AND
RECOMMENDATIONS
FROM THE
WASHINGTON
STATE
DOMESTIC
VIOLENCE
FATALITY
REVIEW
DECEMBER
2008

Now That We Know

By Jake Fawcett, Kelly Starr, and Ankita Patel
for the Washington State Coalition Against Domestic Violence

WASHINGTON STATE COALITION
WSCADV
AGAINST DOMESTIC VIOLENCE



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Prologue

A powerful sense of our collective responsibility can transform the conditions that allow abuse to thrive.

Between January 1, 1997, and June 30, 2008, 430 people in Washington State were killed by domestic violence abusers. Their deaths are not unpredictable, isolated events without context or warning. Most of the victims whose murders we discuss in this report reached out for help. They planned with friends, family, and co-workers. They went to therapists, attorneys, and health care providers. They called police. They went to court. They worked with domestic violence advocates. They stayed in shelter. They struggled to be mothers and friends and students and employees and volunteers and to contribute to their communities in the face of terrible violence from someone close to them.

Since the Domestic Violence Fatality Review (DVFR) began over a decade ago, our communities' understanding of the problem has shifted. The reality of domestic violence has become part of our daily consciousness. We have done tremendous work over the past decade to educate ourselves about the struggles that victims of domestic violence face and the harm done by abusive partners. We know that domestic violence touches everyone. Too many of us know that pain intimately.

The DVFR biennial reports have reflected that growing understanding. *Honoring Their Lives, Learning from Their Deaths* (2000) set out our intention to ensure victims are not forgotten. *"Tell the World What Happened to Me"* (2002) focused on telling the stories that had not been heard. *Every Life Lost Is a Call for Change* (2004) emphasized the need for change based on what we have learned, and *If I Had One More Day* (2006) urged us to take a step toward making that change real.

To know is not enough. We will end the violence not just by understanding the experiences of victims, but by letting that understanding transform our work and our lives. When our knowledge is met with compassion for victims' lives and a powerful sense of our collective responsibility, we can transform the conditions that allow abuse to thrive.

We no longer wonder whether people close to us are affected by domestic violence. We know that they are. Now that we know, how will our work be different? What will this workplace, this neighborhood, this clinic look like now that we know there are people here every day who are being terrorized in their homes? Now that we know someone we care about is hurting someone they love? Now that we know that each interaction we have today may be with a person struggling to survive, break free, or remain whole?

Now that we know, how will we make our knowing matter?

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Nancy Acosta Kitsap County Health District, Bremerton
Oudy Acosta Perez Kitsap County District Court, Port Orchard
Jer Adams Freelance interpreter, Walla Walla
Lisa Aguilar Domestic Violence Services of Snohomish County, Everett
Rosalinda Alvarez Lower Valley Crisis and Support Services, Sunnyside
Maury Baker Kitsap County District Court, Port Orchard
Susanne Beauregard Animal Services, Olympia
Lora Bechtholdt Domestic Violence Services of Snohomish County, Mountlake Terrace
Deanna Bedell Kitsap County District Court, Port Orchard
Sherri Bennett YWCA SafeChoice, Vancouver
Detective Lori Blankenship Kitsap County Sheriff's Office, Port Orchard
Judy Bradley Department of Corrections, Vancouver
Lieutenant Butch Braley Everett Police Department, Everett
Michael Brislaw Group Health Behavioral Health Services, Olympia
Debbie Brockman YWCA ALIVE, Bremerton
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Jeannie Bryant Clark County Prosecutor's Office, Vancouver
Barbara Bureau DSHS Community Service Office, Bremerton
Peg Cain Cain Atwell Associates, Olympia
Orcer Chalese Calhoun Walla Walla Police Department, Walla Walla
Diana Callison Thurston County District Court Probation, Olympia
Detective Lee Cantu Benton County Sheriff's Office, Kennewick
Summer Carrick SafePlace, Olympia
Kim Carroll Thurston County Prosecutor's Office, Olympia
Emma Catague Asian Pacific Islander Women and Family Safety Center, Seattle
Sue Chance DSHS Region 3, Arlington
Heidi Clark Kitsap Recovery Center, Suquamish
Mirelle Cohen Olympic College, Bremerton
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Jolene Culbertson Harrison Hospital, Bremerton
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Erinn Gailey Domestic Violence Services of Benton and Franklin Counties, Kennewick
Assistant Chief Gerald Gannon Edmonds Police Department, Edmonds
Steve Garcia Navy Region Northwest, Keyport
Orcer Pamela Garland Evergreen State College Police Services, Olympia
Barb Geiger DSHS Children's Administration, Bremerton
Marian Gilmore DSHS Division of Children and Family Services, Vancouver
David Girts University of Washington Violence Prevention and Response Program, Seattle

Gail Gosney Thurston County Prosecutor's Office, Olympia
Andryea Grazier Olympia Psychotherapy, Olympia
Larry Green DSHS Region 6, Olympia
Judge Karlynn Haberly Kitsap County Superior Court, Port Orchard
Commander James Harms Snohomish County Corrections, Everett
Nancy Hawley Department of Corrections, Everett
Sharlyne Hays Navy Region Northwest, Keyport
Eason Henderson Snohomish County Mental Health, Everett
Danielle Hill YWCA, Walla Walla
Pati Hinkel Northwest Recovery Services, Vancouver
Judge Anne Hirsch Thurston County Superior Court, Olympia
Judge Holly Hollenbeck Benton County District Court, Prosser
Kari Hovorka Edmonds Police Department, Edmonds
Monica Hudgens DSHS Community Service Office, Bremerton
Kevin Hull Kitsap County Prosecutor's Office Special Assault Unit, Port Orchard
David Johnson DSHS Division of Child Support, Olympia
Dr. Kirk Johnson Vancouver Guidance Clinic, Vancouver
Pennie Johnson Domestic Violence Prosecution Center, Vancouver
Detective Tim Keeler Kitsap County Sheriff's Office, Port Orchard
Judy Kennedy Union Gospel Mission, Olympia
Sheila Kirby Department of Corrections, Lacey
Sonya Kraski Snohomish County Clerk, Everett
Molly Kuespert Private practice, Kennewick
Van Kuno Refugee and Immigrant Service Northwest, Everett
Mike Lafferty Michael B. Lafferty & Associates, Kennewick
David Lewis Kitsap County Clerk, Port Orchard
Commissioner Thurman Lowans Kitsap County Superior Court, Port Orchard
Miyoung Maguire Korean Society of Vancouver, Vancouver
Amy Mahan-Fox Kitsap Sexual Assault Center, Port Orchard
Karen Manges BHR Recovery Services, Olympia
Judge Craig Matheson Benton and Franklin Counties Superior Court, Kennewick
Judge Carol McRae Snohomish County District Court, South Division, Lynnwood
Sam Meyer Office of Assigned Counsel, Tumwater
Andy Miller Benton County Prosecutor's Office, Kennewick
Jennifer Millett Snohomish County Prosecutor's Office, Everett
Threesa Milligan Snohomish County Legal Services, Everett
Mary Mion Lower Valley Crisis and Support Services, Sunnyside
Sergeant Rick Monk Lacey Police Department, Lacey
Della Moore Snohomish County Superior Court, Everett
Candelaria Murillo Columbia Legal Services, Kennewick
Judge Anita Neal Neal & Neal Attorneys at Law, Olympia
Terrie Noble Violent Crime Victim Service, Rainier
Lieutenant Ted Olafson Everett Police Department, Everett
Pam O'Neil-Allen U.S. Navy, Silverdale
Sandy Owen Benton-Franklin Health Department, Richland
Joanie Partin Thurston County 911, Olympia
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Alma Pavlik YWCA ALIVE, El Centro de la Familia, Bremerton
Kelly Pelland Kitsap County Prosecutor's Office, Port Orchard
Kellie Pendas Kitsap County Prosecutor's Office Special Assault Unit, Port Orchard
Christy Peters Thurston County Prosecutor's Office, Olympia
Reverend Donald Porter Tri-City Union Gospel Mission, Pasco
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Christy Raschke Westsound Community Church, Silverdale
Captain Jim Raymond Pasco Police Department, Pasco
Anne Redford-Hall Redford Law Firm, Olympia
Diana Rice Thurston County Public Health & Social Services, Olympia
Deputy Jennifer Rice Kitsap County Sheriff's Office, Port Orchard
Judge James Riehl Kitsap County District Court, Bremerton
Norma Jean Rios Lower Valley Crisis and Support Services, Sunnyside
Connie Rode La Clinica Community Health Center, Pasco
Greg Sandstrom Kitsap County Coroner, Port Orchard
Mary Santoy Benton County Prosecutor's Office, Pasco

Barbara Saur YWCA ALIVE, Rolling Bay
 Commissioner Chris Schaller Thurston County Superior Court, Olympia
 Judge Vern Schreiber Clark County District Court, Vancouver
 Samantha Sharer Domestic Violence Services of Benton and Franklin Counties, Kennewick
 Lieutenant Sue Shultz Bainbridge Island Police Department, Bainbridge Island
 Cheri Simmons DSHS, Everett
 Danielle Singson Mountlake Terrace Police Department, Mountlake Terrace
 John Skinder Thurston County Prosecutor's Office, Olympia
 Detective Lieutenant Earl Smith Kitsap County Sheriff's Office, Port Orchard
 Trisha Smith SafePlace, Olympia
 Dr. Cheryl Snyder KGH Urgent Care/Sunnyside Hospital Grace Clinic, Kennewick
 Ramalina Steiner Abuse Intervention, Port Orchard
 Jody Stewart Kitsap Sexual Assault Center, Port Orchard
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 Sandra Surface DSHS Division of Children and Family Services, Lynnwood
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 Anna Trevino Lower Valley Crisis and Support Services, Sunnyside
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 Annette Tupper Snohomish County Prosecutor's Office, Everett
 Aaron Verba Providence Intervention Center for Assault & Abuse, Everett
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 Keri Wallace Snohomish County Prosecutor's Office, Everett
 Lisa Watts YWCA SafeChoice, Vancouver
 Beverly Weber United Way of Benton and Franklin Counties, Kennewick
 Judge Chris Wickham Thurston County Superior Court, Olympia
 JoAnn Wiest Department of Corrections, Olympia
 Deb Williams City of Everett, Everett
 Theresa Wilson Pacific Treatment Alternatives, Everett
 Assistant Chief Ray Wittmier University of Washington Police Department, Seattle
 Paul Wohl City of Olympia Prosecutor's Office, Olympia
 Judge Diane Woolard Clark County Superior Court, Vancouver
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List of Victims

Homicide victims killed by domestic violence abusers: July 1, 2006–June 30, 2008

- 7/9/06 **Yana Samolyuk, 18**, stabbed by her husband.
- 7/16/06 **Lori Hamm, 36**, shot by a male acquaintance.
- 7/18/06 **Patricia Leighton, 41**, shot by her husband, who later shot and killed himself.
- 7/23/06 **Susan Mason, 41**, and **Tim Mason, 44**, killed in a fire set by Susan's husband, who was Tim's cousin.
- 8/8/06 **Unnamed man, 25**, stabbed by his girlfriend's ex-girlfriend. He died five months after the stabbing.
- 8/24/06 **Unnamed woman, 43**, killed in a fire set by her boyfriend.
- 8/25/06 **Julie Britt, 34**, shot by her husband, who then killed himself. He also shot and wounded her friend.
- 9/3/06 **Olga Carter, 39**, shot by her boyfriend.
- 9/5/06 **Anna Wallace, 80**, strangled by her husband, who then killed himself.
- 9/13/06 **Janie Simpson, 35**, shot by her husband, who then killed himself.
- 9/25/06 **Luis Guillen-Penalozza, 19**, stabbed by his sister's estranged husband after he intervened when her husband was threatening her. She had a Protection Order in place against her husband.
- 10/1/06 **Robert Hess, 85**, stabbed by his wife, who then killed herself.
- 10/6/06 **Roger Lewis, 56**, poisoned by his ex-girlfriend after he ended their relationship.
- 11/5/06 **Rebecca Sue Tatum, 23**, shot by her boyfriend.
- 11/6/06 **Desiree Settlemire, 19**, shot by her boyfriend.
- 11/20/06 **Bich Mai, 25**, beaten by her brother-in-law.
- 11/27/06 **Jude Stensgar, 77**, shot by his girlfriend.
- 12/25/06 **Kyung Lee, 49**, shot by her boyfriend, who then killed himself.
 - 12/06 **Angela Bolden, 33**, killed by her boyfriend.
 - 12/06 **Dawn Ruger, 45**, strangled by her boyfriend.
 - 12/06 **Unnamed man, 27**, shot by his girlfriend.
- 1/1/07 **Sarah Ticknor, 25**, stabbed by her husband while her two children were asleep in the home.
- 1/2/07 **Patricia Elliot, 48**, shot by her husband, who then killed himself.
- 1/18/07 **George Burns, 31**, shot by his girlfriend.
- 1/24/07 **William Ford, 25**, strangled by the boyfriend of a woman he had dated.
 - 2/1/07 **Christopher Smith, 32**, shot by his ex-girlfriend.
 - 3/7/07 **Merianne Lorentson, 24**, stabbed by her ex-boyfriend.
- 3/28/07 **Turid Bentley, 66**, shot by her boyfriend, who then shot and killed himself. Her boyfriend also shot her friend who came to the home to intervene. Her friend survived the assault.
 - 3/07 **Unnamed woman, 77**, shot by her husband.
- 4/2/07 **Rebecca Griego, 26**, shot by her ex-boyfriend, who then killed himself. He had stalked and harassed her since their relationship ended.
- 4/27/07 **Monique Vance, 37**, shot by her husband. She had a No Contact Order against her husband, and he had appeared in court the previous day on a domestic violence charge.
- 4/28/07 **Clella Colson, 41**, strangled by her boyfriend in front of his son. She had a No Contact Order in place against her boyfriend.

- 5/1/07 **Jennifer Lehtinen, 42**, beaten and stabbed by her date.
- 5/6/07 **Hyunsook Kim Yi, 42**, and her mother, **Eun Wah Kim, 64**, stabbed by Hyunsook's husband.
- 5/30/07 **Deja Rodgers, 4 months**, killed by her father, who had also abused her mother.
- 6/1/07 **Brandy Lambersten, 32**, shot by her ex-boyfriend, who then killed himself. He had been harassing her since their relationship ended.
- 7/5/07 **Kathleen Upton, 43**, shot by her husband, who then shot himself.
- 7/9/07 **Pedro Rodriguez, 66**, shot by his niece's boyfriend. The boyfriend also shot Pedro's niece; she survived the shooting.
- 7/21/07 **Amy Mae Mullins, 38**, strangled by her husband.
- 7/07 **Paul Han Limstrom, 10**, shot by his father, who then killed himself.
- 8/5/07 **Rinthya Brooks, 33**, stabbed by her ex-husband at a party. Her ex-husband was shot and killed by a bystander trying to intervene.
- 8/17/07 **Robert Washburn, 67**, stabbed by his wife, who then killed herself.
- 8/20/07 **Nick DeSimone, 19**, shot by his girlfriend's ex-boyfriend, who had been stalking and harassing her and threatening Nick since their relationship ended.
- 9/2/07 **Nancy Floren, 56**, shot by her husband.
- 9/7/07 **Elisabeta Balint, 45**, shot by her husband.
- 9/8/07 **Elizabeth Roberts, 41**, shot by her husband, who then killed himself. Their three children were home at the time.
- 9/07 **Kelly Walsh, 39**, shot by her girlfriend.
- 11/12/07 **Erin VanSchaick, 25**, strangled by her estranged husband.
- 11/14/07 **Julie Casey, 44**, shot by her boyfriend, who then killed himself.
- 12/9/07 **Dale Stark, 48**, shot by his estranged wife.
- 12/25/07 **Melissa Arizola, 34**, shot by her boyfriend. Her three children were home at the time.
- 1/21/08 **Julie Johnson, 59**, stabbed by her boyfriend.
- 2/24/08 **Christin Stock, 35**, shot by her ex-boyfriend, who then killed himself. Her two children were home at the time.
- 2/28/08 **Sarah Clark, 18**, and her friend **Tanner Pehl, 20**, stabbed by her boyfriend.
- 3/1/08 **Randi Miller, 25**, and her husband, **Timothy Miller, 27**, shot by a woman who believed Randi had a relationship with her ex-boyfriend.
- 3/2/08 **Elizabeth Bouvier, 39**, beaten by her boyfriend.
- 3/13/08 **Michele Burton, 36**, stabbed by a woman who was her date.
- 3/24/08 **Girlie Quintana Weight, 26**, stabbed by her husband while their daughter was present.
- 4/18/08 **Tracey Lee Creamer, 48**, beaten and strangled by her husband, who then killed himself.
- 4/19/08 **Debra Bonilla, 38**, stabbed by her husband in front of two of her children.
- 4/23/08 **Stephanie Campeau, 34**, beaten by her boyfriend, who was also her caregiver.
- 5/3/08 **Baerbel Roznowski, 66**, stabbed by her boyfriend after he was served with an Anti-Harassment Order.
- 6/26/08 **David Grimm, 49**, beaten by his ex-girlfriend's boyfriend.

In This Report

List of Victims The names and ages of homicide victims killed by domestic violence abusers from July 1, 2006, through June 30, 2008.

Executive Summary A brief overview of the Domestic Violence Fatality Review's goals, key findings and recommendations, strategies for using this report as a tool for implementing change, and a complete list of all the recommendations contained in this report.

Overview of Fatalities A quantitative summary of domestic violence fatalities in Washington State, including descriptive information such as who was killed, how frequently homicidal domestic violence abusers were also suicidal, and what weapons were used.

Barriers to Safety for Victims of Color, Native Victims, and Immigrant Victims

New data and analysis comparing rates of domestic violence homicide by race, as well as findings and recommendations based on reviews of fatality cases involving victims who were women of color and immigrants.

Findings and Recommendations Findings and recommendations based on the eleven domestic violence fatality cases reviewed in depth by Fatality Review panels between July 2006 and June 2008. Each chapter includes narrative explanation of the findings, followed by detailed recommendations that respond directly to those findings.

Appendices Appendix A explains the history of the Domestic Violence Fatality Review and how we identify and review domestic violence fatalities. Appendix B provides a glossary of terms used in this report.

Index of Topics A list of all the topic areas covered in all five Fatality Review reports.

Definition of a domestic violence fatality The Domestic Violence Fatality Review defines a domestic violence fatality as a death that arises from an abuser's efforts to seek power and control over an intimate partner. Using this definition, domestic violence fatalities include:

1. All homicides in which the victim was a current or former intimate partner of the perpetrator.
2. Homicides of people other than the intimate partner that occur in the context of domestic violence or in the midst of a perpetrator's attempt to kill an intimate partner. For example, situations in which an abuser kills a current/former intimate partner's friend, family member, or new intimate partner, or those in which a law enforcement officer is killed while intervening in a domestic violence incident.
3. Homicides occurring as an extension of or in response to ongoing intimate partner abuse. For example, when a victim's ex-spouse kills their children in order to exact revenge on the former partner.
4. Suicides of abusers that occur in the context of intimate partner violence.

Relationship of this report to previous reports The Domestic Violence Fatality Review has published four previous reports.¹ This report builds on the findings and recommendations issued in those reports and is intended to complement, not replace, them.

¹ *Honoring Their Lives, Learning from Their Deaths* (2000); *"Tell the World What Happened to Me"* (2002); *Every Life Lost Is a Call for Change* (2004); *If I Had One More Day* (2006). All four reports are available at www.wscadv.org.

Executive Summary

Introduction

Between January 1, 1997, and June 30, 2008, 430 people were killed by domestic violence abusers in Washington State. Each year, between one-third and one-half of women who are murdered in Washington are killed by their current or former intimate partners.¹

The Domestic Violence Fatality Review (DVFR) brings together locally based, multi-disciplinary review panels for a detailed examination of domestic violence fatalities. These panels focus on the events leading up to the homicide; they seek to identify gaps in policy, practice, training, resources, information, and collaboration. The Fatality Review draws attention to the loss of life at the hands of abusers for two reasons: first, to recognize and honor the lives lost and insist that the domestic violence victims, children, and their friends and family members killed by abusers are not forgotten; and second, to direct attention to the struggles and challenges faced by all of the domestic violence victims in our state who are living with abuse and can still be helped by our efforts to respond more effectively to domestic violence.

Throughout this report, you will find specific recommendations for various institutions and disciplines. Each of these recommendations is related directly to findings from eleven in-depth reviews of domestic violence fatalities conducted by the DVFR between July 1, 2006, and June 30, 2008. This report builds on the findings and recommendations issued in our previous reports² and is intended to complement, not replace, them.

While the findings in this report come directly from the observations of Fatality Review panel members, the recommendations do not. Review panels focus on identifying issues and gaps in the response to domestic violence. The Washington State Coalition Against Domestic Violence (WSCADV) developed the recommendations in this report by analyzing the issues raised by all of the review panels and convening advisory committees over the last year. WSCADV takes full responsibility for the recommendations contained herein, and the reader should note that the recommendations do not necessarily represent the opinions of individual DVFR panel or advisory committee members.

Key data findings

Overview of all domestic violence cases between January 1, 1997, and June 30, 2008

A total of 635 people died in domestic violence-related fatalities between January 1, 1997, and June 30, 2008. Domestic violence abusers or their associates killed almost all of the homicide victims (90%). Victims included domestic violence victims and their children, friends, and family members.

¹ Washington Association of Sheriffs and Police Chiefs, Uniform Crime Reporting Project, *Crime in Washington* annual reports.

² *Honoring Their Lives, Learning from Their Deaths* (2000); *"Tell the World What Happened to Me"* (2002); *Every Life Lost Is a Call for Change* (2004); *If I Had One More Day* (2006). All four reports are available at www.wscadv.org.

All domestic violence fatalities

	Homicide victim	Killed by whom	
1	Female domestic violence victim	Current or former husband/boyfriend	272
2	Female domestic violence victim	Male caregiver	1
3	Female domestic violence victim	Male abuser's associate	3
4	Female domestic violence victim	Current or former female intimate partner	2
5	Male domestic violence victim	Current or former wife/girlfriend	37
6	Male domestic violence victim	Female abuser's associate	4
7	Male domestic violence victim	Current or former male intimate partner	2
8	Children	Male abuser	32
9	Friend or family of female dv victim	Male abuser	40
10	Friend or family of male dv victim	Female abuser	2
11	New intimate partner of female dv victim	Male abuser	26
12	New intimate partner of female dv victim	Female abuser	1
13	New intimate partner of male dv victim	Female abuser	2
14	Co-worker of female dv victim	Male abuser	2
15	Law enforcement	Male abuser	4
16	Male abuser	Female dv victim in self-defense	14
17	Male abuser	Female dv victim in probable self-defense	8
18	Male abuser	Female dv victim, not in self-defense	7
19	Male abuser	Friend or family of female dv victim	14
20	Male abuser	Law enforcement	17
21	Male abuser	Suicide	139
22	Female abuser	Suicide	3
23	Children	Female dv victim	3
	Totals		
24	All domestic violence fatalities (rows 1-23)		635
25	All homicide victims (rows 1-19 and 23, excludes suicides and abusers killed by law enforcement)		476
26	All homicides by abusers and associates (rows 1-15)		430

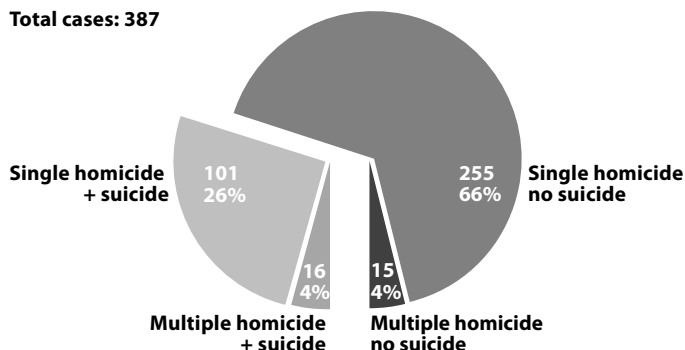
Homicide-suicides

Nearly a third (30%) of the 387 abusers who committed homicides since January 1, 1997, committed homicide-suicides. An additional 25 abusers killed themselves or were killed by law enforcement after committing domestic violence assault or attempted homicide.³ Female abusers committed 3 of the 117 homicide-suicides.

Homicides committed by domestic violence abusers

January 1, 1997–June 30, 2008

Total cases: 387

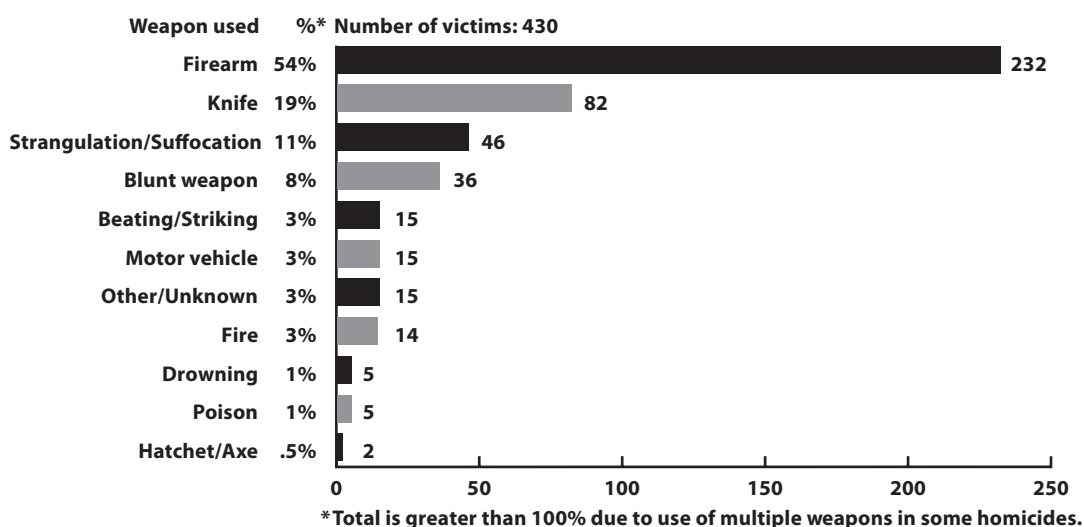


Weapons

The majority of domestic violence homicides in Washington State are committed with firearms. Since 1997, abusers used firearms to kill 54% (n=232) of domestic violence homicide victims.

Weapons used by domestic violence abusers in homicides

January 1, 1997–June 30, 2008



³ We have included the deaths of abusers killed by law enforcement in counts of suicidal abusers. In all of these cases, abusers acted consciously with life-threatening force that compelled law enforcement officers to respond with deadly force. This behavior has been defined by researchers as “suicide by cop” or “law enforcement officer-assisted suicide.” See Daniel Kennedy, Robert Homant, and R. Thomas Hupp, “Suicide by Cop,” *FBI Law Enforcement Bulletin* 67 (1998), p. 30–48; and Robert Homant and Daniel Kennedy, “Suicide by Police: A Proposed Typology of Law Enforcement Officer-Assisted Suicide,” *Policing* 23 no. 3 (2000), p. 339–355.

Children

Of the 321 domestic violence victims killed by abusers or their associates since 1997, at least 135⁴ (42%) had children living in the home with them at the time they were murdered. More than half of the victims’ children (55%) were present at the time of the homicide. News reports indicated that of the children present, 42% (n=63) witnessed the murder. Abusers killed fourteen children alongside their mothers and attempted to kill more.

Location of children at the time of domestic violence victim’s murder

January 1, 1997–June 30, 2008

Total: 272 children of 135 domestic violence victims



Key recommendations

We have identified eight key recommendations out of the many that appear in this report. These recommendations merit priority because they speak to issues or problems that Fatality Review panels identified repeatedly in domestic violence fatality cases. However, please keep in mind that each recommendation in this report is relevant to the ability of our communities to support domestic violence victims and hold abusers accountable and is directly rooted in the close examination of a domestic violence fatality.

1. Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims. Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women.
2. Domestic violence advocates should become familiar with Child Protective Services (CPS) practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS.
3. Whenever law enforcement officers advise domestic violence victims to obtain a Protection Order, they should always refer victims to a trained domestic violence victim advocate for safety planning as well.
4. All courts issuing civil Protection Orders should have domestic violence advocates available on-site to meet with victims when they first petition for a Domestic Violence Protection Order.

⁴ This number includes 120 female and 15 male domestic violence victims.

5. Health care organizations should consider contracting with local domestic violence programs to provide on-site advocacy and safety planning for patients who are surviving domestic violence.
6. Local housing authorities should establish preference policies for domestic violence victims.
7. The Division of Child Support (DCS) and the Community Services Division of the Department of Social and Health Services (DSHS) should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection.
8. Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified.

Recommendations categorized by discipline

The following is a compilation of the Fatality Review recommendations in this report, organized by professional discipline. Each chapter of the report provides context and explains in detail how our findings led us to make these recommendations. The page number following each recommendation indicates where it is found in the text of the report.

1 All disciplines

- 1.1 All professionals working with domestic violence victims should be aware of the prevalence of economic abuse and how it might limit a victim's options. (p. 48)
- 1.2 All professionals working with domestic violence victims should provide victims with referrals to domestic violence programs and information about the range of services these programs offer. (p. 51)

2 Domestic violence programs

- 2.1 Mainstream domestic violence programs at the state and local levels should support the work of domestic violence programs and other organizations addressing violence against American Indian and Alaska Native women, women of color, and immigrant and refugee women through learning about the specific and complex barriers to safety and self-determination facing victims of domestic violence in these communities and adapting services to better meet their needs. (p. 39)
- 2.2 Mainstream domestic violence programs at the state and local levels should support the work of American Indian and Alaska Native domestic violence programs that seek to develop a process (such as a fatality review) that would examine community and system responses to domestic violence against Native victims, identify shortfalls, and organize to address the problems identified. (p. 39)

- 2.3 Domestic violence advocates should consider attending appointments with domestic violence victims accessing housing, health care, public benefits, and other services. Advocates can support victims by advocating for language interpretation, fair and unbiased treatment by other service providers, and culturally appropriate services. (p. 40)
- 2.4 Domestic violence programs and ethnic community organizations should collaborate to cross-train staff and volunteers, share outreach strategies, and provide co-advocacy for domestic violence victims. (p. 41)
- 2.5 Collaborations between domestic violence programs and ethnic community organizations should include ongoing dialogue, capacity building, cross-training, program development, community partnerships, and co-advocacy. (p. 41)
- 2.6 Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims.⁵ Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women. (p. 42)
- 2.7 Domestic violence programs should carefully examine their policies and practices to ensure that they support victims in remaining connected to their communities while planning for safety. Domestic violence advocates should routinely help victims plan for how they can safely stay involved with their religious and cultural communities. (p. 42)
- 2.8 Domestic violence programs should consider innovative strategies to mitigate language and cultural barriers, such as training bilingual community volunteers as domestic violence advocates.⁶ (p. 43)
- 2.9 Domestic violence programs should partner with interpreter agencies to cross-train both domestic violence advocates and interpreters on language usage and vocabulary limitations, including dialect differences and translation of legal terminology. (p. 43)
- 2.10 Ethnic community organizations and domestic violence programs should provide domestic violence literature and resource information in public spaces throughout ethnic communities (e.g., in places of worship, ethnic restaurants, beauty salons, and small businesses) so that immigrant victims can learn about their rights. (p. 45)
- 2.11 Immigrant and refugee social service organizations and domestic violence programs should collaborate to provide trainings to immigrant and refugee women on their rights in an abusive situation, how to obtain legal help, and how to plan for their safety. (p. 45)

5 WSCADV has developed and distributed a *Model Protocol on Working with Friends and Family of Domestic Violence Victims* (2004) for domestic violence programs to assist friends and family to be effective allies to victims, available at www.wscadv.org.

6 The Asian Women's Shelter in San Francisco provides extensive language support through their Multi-Language Access Model (MLAM), in which they recruit bilingual and bicultural women from underserved communities to become paid, on-call advocates. For more information, see www.sf.aws.org/4_services/ser_language.html. Also, WSCADV has developed and distributed a *Model Protocol on Services for Limited English Proficient Immigrant and Refugee Victims of Domestic Violence* (2002), available at www.wscadv.org.

- 2.12 Domestic violence advocates should learn about potential immigration consequences for various offenses in order to help immigrant victims with safety planning.⁷ (p. 45)
- 2.13 Domestic violence programs should routinely address economic abuse and exploitation as a part of safety planning with all victims. (p. 48)
- 2.14 Domestic violence programs should designate at least one advocate to receive specialized training on financial education and incorporate financial education into their core services.⁸ (p. 48)
- 2.15 Domestic violence programs should ensure that every caller knows about the range of services they offer and that similar services are available statewide. (p. 51)
- 2.16 Advocates should talk with victims about what other services might be helpful to them. Advocates should offer to co-advocate for victims with other service providers and be clear that this can be done while still maintaining the confidentiality of information the victim discloses to the advocate. (p. 51)
- 2.17 Domestic violence programs should develop communications strategies, including engaging with the media, to provide information to the general public about domestic violence and where neighbors, family, and friends of victims can turn for assistance. (p. 51)
- 2.18 Domestic violence advocates should become familiar with Child Protective Services (CPS) practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS. (p. 58)
- 2.19 Domestic violence programs should develop policies to address how they will work with victims who are using alcohol or other drugs and clearly communicate these policies to victims seeking services. These policies should emphasize a commitment to serve victims dealing with both domestic violence and substance abuse.⁹ (p. 60)
- 2.20 Domestic violence programs should develop protocols for routinely asking victims respectful and non-judgmental questions about their substance use, with the goal of identifying safety planning needs and practical strategies for safety and sobriety. Safety plans should not depend on the victim's ability to stay clean and sober.¹⁰ (p. 61)

7 See Washington Defender Association's Immigration Project, "An RCW Quick Reference Chart for Determining Immigration Consequences of Selected Washington State Offenses," available at www.defensenet.org/immigration.

8 WSCADV has developed a website for victims and advocates to find resources and information on a range of topics related to economic assistance and security: www.getmoneygetsafe.org.

9 WSCADV has developed and distributed a *Model Protocol for Working with Battered Women Impacted by Substance Abuse* (2003), available at www.wscadv.org.

10 The Alcohol/Drug Help Line Domestic Violence Outreach Project has developed tools for working with substance-abusing domestic violence victims and is available for statewide consultation on a non-emergency basis. Contact dvop@adh1.org or WSCADV at 206-389-2515 for more information. Also, the Alaska Network on Domestic Violence and Sexual Assault has developed a practical tool kit for use with substance-abusing domestic violence and sexual assault survivors: *Getting Safe and Sober: Real Tools You Can Use* by Patti Bland and Debi Edmund. Contact pbland.andvsa@alaska.com or www.andvsa.org for more information.

- 2.21 Domestic violence programs and chemical dependency treatment providers should train staff to recognize how abusers may use alcohol or other drugs to further their control over victims and routinely address this issue in victims' safety plans, as well as in victims' and abusers' relapse prevention plans. (p. 61)
- 2.22 Domestic violence programs and chemical dependency treatment providers should collaborate to provide cross-training, share outreach materials, and refer clients in order to provide more effective services to victims of domestic violence who are abusing substances. (p. 61)
- 2.23 Prenatal care providers and childbirth educators should collaborate with domestic violence programs to routinely include domestic violence information and referrals to domestic violence community resources in childbirth education classes and materials distributed to all pregnant women. (p. 64)
- 2.24 Domestic violence programs and local religious leaders should collaborate to build their capacity to improve religious responses to domestic violence and coordinated support for victims. (p. 70)
- 2.25 Domestic violence advocates working with Protection Order petitioners should provide all victims with information about what to expect from the legal process, how to present their case effectively to the court, and their right to appeal or re-file if a Protection Order petition is denied. (p. 74)
- 2.26 Domestic violence advocates assisting victims with Protection Order petitions should routinely ask victims about the abuser's access to weapons. Advocates should help victims determine whether to submit a Petition for Surrender of Weapon¹¹ along with a petition for a temporary or full Protection Order. (p. 74)
- 2.27 Domestic violence victim advocates based in law enforcement agencies should follow up with victims in all domestic violence incidents to offer resource information, even when no arrest is made. (p. 79)
- 2.28 Domestic violence programs should include information about stalking as a tactic of abuse in outreach and community education materials and inform victims of stalking that they can call a domestic violence program for support and safety planning. (p. 82)
- 2.29 Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified. (p. 84)
- 2.30 Domestic violence programs should develop domestic violence resource information and outreach materials specific to teens and provide these to law enforcement agencies. (p. 86)

¹¹ The Petition for Surrender of Weapon, Notice of Hearing and Order form is available at www.courts.wa.gov.

3 Community organizations

- 3.1 Domestic violence programs and ethnic community organizations should collaborate to cross-train staff and volunteers, share outreach strategies, and provide co-advocacy for domestic violence victims. (p. 41)
- 3.2 Collaborations between domestic violence programs and ethnic community organizations should include ongoing dialogue, capacity building, cross-training, program development, community partnerships, and co-advocacy. (p. 41)
- 3.3 Ethnic community organizations should provide information to community members on domestic violence, including information on legal rights and how to access legal assistance, options available to immigrant domestic violence victims,¹² and how to contact a domestic violence program. (p. 42)
- 3.4 Ethnic community organizations and domestic violence programs should work together to share information and develop strategies for how community members can stay safe while supporting domestic violence victims.¹³ Ethnic community organizations should also create opportunities to engage their communities in dialogue about violence against women. (p. 42)
- 3.5 Ethnic community organizations and domestic violence programs should provide domestic violence literature and resource information in public spaces throughout ethnic communities (e.g., in places of worship, ethnic restaurants, beauty salons, and small businesses) so that immigrant victims can learn about their rights. (p. 45)
- 3.6 Immigrant and refugee social service organizations and domestic violence programs should collaborate to provide trainings to immigrant and refugee women on their rights in an abusive situation, how to obtain legal help, and how to plan for their safety. (p. 45)
- 3.7 Neighborhood block watch and similar crime prevention groups should learn about domestic violence resources and engage in outreach to share information among neighbors. Neighborhood block watch orientations and written resource materials should always include information about domestic violence, how to support a neighbor who asks for help, what to do if you see or hear violence in a neighbor's home, and how to access local domestic violence resources. (p. 51)
- 3.8 Churches and other religious institutions should require their clergy and counseling staff to receive ongoing training about domestic violence and should have protocols in place to address domestic violence among congregants.¹⁴ (p. 69)
- 3.9 Domestic violence programs and local religious leaders should collaborate to build their capacity to improve religious responses to domestic violence and coordinated support for victims. (p. 70)

12 The Family Violence Prevention Fund has developed brochures for immigrant and refugee victims of domestic violence, available in eight languages, at www.endabuse.org/programs/immigrant.

13 WSCADV has developed and distributed a *Model Protocol on Working with Friends and Family of Domestic Violence Victims* (2004) for domestic violence programs to assist friends and family to be effective allies to victims, available at www.wscadv.org.

14 Training and consultation for clergy and religious leaders about domestic violence is available through Faith Trust Institute, www.faithtrustinstitute.org.

4 Funders

- 4.1 Funders should support culturally specific domestic violence work within communities of color, immigrant and refugee communities, and American Indian and Alaska Native communities and tribes. Support should include funding to develop and implement community engagement efforts, effective approaches to help victims of domestic violence, and supplemental or alternative accountability measures for abusers distinct from the criminal legal system. (p. 39)
- 4.2 Funders should prioritize ongoing, culturally appropriate services to domestic violence victims and community engagement strategies to address domestic violence within communities of color and immigrant communities. These efforts should be rooted in the principles of advocacy-based counseling,¹⁵ with corresponding policies and practices that uphold victim confidentiality and support victim safety and choice. (p. 41)
- 4.3 Funders should prioritize developing services specific to domestic violence victims who are using substances.¹⁶ (p. 61)
- 4.4 Funders should support the development, implementation, and evaluation of batterer's intervention programs that are specific to teens abusing their dating partners. These interventions should be appropriate for juvenile domestic violence offenders as well as youth referred from the community. (p. 84)

5 Legislature, government agencies, and housing authorities

- 5.1 The Washington State Attorney General should create a task force composed of tribal, state, and federal legal authorities to address jurisdictional gaps that affect American Indian and Alaska Native victims of domestic violence. Task force members should learn from, support, and collaborate with Native domestic violence victim advocates on responding to domestic violence in a culturally responsive manner. (p. 40)
- 5.2 Counties should monitor the implementation of their ten-year plans to address homelessness¹⁷ to assess whether the needs of homeless domestic violence victims are adequately addressed and modify the plan as necessary to meet those needs. (p. 47)
- 5.3 The Washington State Department of Community, Trade, and Economic Development (CTED) should evaluate how counties' ten-year plans to address homelessness meet the needs of homeless domestic violence victims. (p. 47)
- 5.4 The Washington State Legislature should continue increases in funding for the Transitional Housing, Operations and Rent (THOR) program for transitional housing for domestic violence victims and should support other new and innovative housing programs. (p. 47)

¹⁵ Washington Administrative Code 388-61A-0145: "Advocacy-based counseling means the involvement of a client with an advocate counselor in an individual, family, or group session with the primary focus on safety planning and on empowerment of the client through reinforcing the client's autonomy and self-determination."

¹⁶ Excellent examples of such services exist in Washington State. Contact WSCADV at 206-389-2515 to be connected with organizations doing this work.

¹⁷ The state Homeless Housing and Assistance Act, RCW 43.185C, required every county in Washington State to develop and implement a ten-year homeless housing plan starting in 2005.

- 5.5 Local housing authorities should collaborate with and take guidance from domestic violence programs in planning how they will serve domestic violence victims as part of their five-year public housing agency (PHA) plans mandated by the U.S. Department of Housing and Urban Development. (p. 47)
- 5.6 Local housing authorities should establish preference policies for domestic violence victims.¹⁸ (p. 47)
- 5.7 The Department of Social and Health Services (DSHS) should routinely provide information about local domestic violence resources to all individuals accessing public benefit programs.¹⁹ (p. 52)
- 5.8 DSHS should expand its current partnerships with locally contracted domestic violence programs to place domestic violence advocates in all Community Service Offices (CSOs), including branch offices, to provide information, advocacy, and support to all victims accessing public benefits. (p. 52)
- 5.9 DSHS should develop a system to measure CSO accountability regarding screening of WorkFirst program participants that emphasizes workers' responsibility to screen rather than victims' responsibility to disclose, and includes specific target ranges for the percentage of participants who will be identified as domestic violence victims and offered exemptions from some WorkFirst program requirements. (p. 53)
- 5.10 Due to the prevalence of domestic violence and the many barriers that exist to disclosing abuse, DSHS should require all of its offices and programs to have domestic violence information (e.g., brochures from the local domestic violence program) consistently available in areas where individuals can help themselves to the information, such as in restrooms, in the front office waiting area, and on the desks of all case managers and social workers. (p. 53)
- 5.11 The Division of Child Support (DCS) and the Community Services Division of DSHS should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection. This evaluation should take place in collaboration with domestic violence advocates and statewide experts. Based on findings from this evaluation, DSHS should work to improve areas in which policy or practice falls short of consistent notification of the good cause option. (p. 54)
- 5.12 DSHS should develop a mechanism for measuring how many people apply for, are granted, and are denied good cause for non-cooperation with child support collection. Evaluation measures should be specific to each region, CSO or call center, and case-worker. (p. 54)

¹⁸ "Allowing preferences for victims of domestic violence creates alternatives for assisting those who may otherwise remain in an abusive situation or become homeless because of the need to flee the abuse. Under the guidance of 24 CFR § 960.206, PHAs may establish such preference policies based on local needs and priorities as determined by the PHAs." U.S. Department of Housing and Urban Development. *Public Housing Occupancy Guidebook* (Chapter 19) 2003.

¹⁹ One example of how to achieve this is the Division of Child Support's current practice of sending annual mailers to clients with information about domestic violence resources.

- 5.13 DSHS should connect all individuals who are denied good cause with an advocate from a community-based domestic violence program to help the victim anticipate and plan for the abuser's potential to re-engage contact or escalate violence when ordered to pay child support. (p. 54)
- 5.14 The Community Services Division of DSHS should collaborate with DCS to conduct additional research and learn more about the domestic violence homicide victims identified as DCS clients. Additional research should identify whether victims were screened for domestic violence; how many of the victims applied for good cause; how many of the victims were either granted or denied good cause; and whether the victims received any referrals to domestic violence advocacy services. (p. 56)
- 5.15 Other DSHS programs should follow DCS's lead and look at domestic violence fatality cases from an organizational learning perspective to see how many victims were clients. (p. 56)
- 5.16 Child Protective Services (CPS) should adopt nationally recognized child welfare best practices regarding domestic violence, including:
- Recognizing the connection between children's safety and adult domestic violence victim safety and placing adult victim safety at the center of their response to cases that involve domestic violence;
 - Holding abusers responsible for the harms their abusive behaviors cause by making findings against them for child abuse and neglect, rather than placing responsibility on the adult victim of domestic violence to end the abuse; and
 - Recognizing the centrality of safe housing in responding to dangers posed to children by domestic violence and using discretionary funds to help domestic violence victims and their children find housing that is safe and affordable. (p. 58)
- 5.17 DSHS Children's Administration leadership should partner with domestic violence advocacy experts to develop a plan for the agency to more effectively address cases involving domestic violence, making use of the information available from other states that have pioneered this work and the resources developed as part of the national Greenbook Initiative.²⁰ (p. 58)
- 5.18 CPS should engage in community outreach, with a particular focus on immigrant communities and communities of color, to inform the public about CPS protocols and to address people's fears of engaging with CPS. (p. 58)
- 5.19 DSHS Children's Administration should distribute a field guide for responding to domestic violence to all CPS workers.²¹ Children's Administration should support these

²⁰ For example, see Ann Rosewater and Leigh Goodmark, *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, Family Violence Prevention Fund (2007), available at www.thegreenbook.info/documents/Steps_Toward_Safety.pdf.

²¹ One resource is a guidebook for child protective workers prepared by the Massachusetts Department of Social Services' Domestic Violence Unit: *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, by Fernando Mederos, Family Violence Prevention Fund (2004), available at www.endabuse.org/programs/children/files/AccountabilityConnection.pdf.

guides with extensive and ongoing training for their workers and pursue funding or reallocate resources in order to create domestic violence specialist positions within CPS. (p. 58)

- 5.20 The Washington State Legislature should ensure that certification programs for chemical dependency counselors are required to include training on domestic violence, its relationship to substance abuse, and effective interventions for both domestic violence victims and abusers. (p. 62)
- 5.21 The Washington State Institute for Public Policy should conduct research to explore how the evidence-based treatment models and screening instruments currently used in Washington State's juvenile justice system do or do not address dating and intimate partner violence. (p. 84)

6 *Law enforcement*

- 6.1 Law enforcement agencies should clearly communicate to domestic violence programs, courts, and local communities what their policies and practices are with respect to working with Immigration and Customs Enforcement (ICE). Law enforcement agencies should not coordinate their efforts with ICE in patrol, incident response, or investigation on non-federal, non-terrorism-related crimes. (p. 40)
- 6.2 Law enforcement officers should conduct all interviews with professional, qualified interpreters, both at the scene to determine if a crime has been committed and throughout their investigation. (p. 43)
- 6.3 Local law enforcement agencies should consider utilizing federal STOP grant funds to support language access resources for investigating domestic violence crimes. (p. 44)
- 6.4 In order to increase access to interpretation and translation services at the local level, law enforcement agencies should partner with domestic violence and other social service programs to advocate for additional funding resources. (p. 44)
- 6.5 Courts and law enforcement agencies should develop language access plans consistent with guidelines developed by the U.S. Department of Justice.²² (p. 44)
- 6.6 Law enforcement officers should take complete offense reports and provide the victim with domestic violence information and referrals for all domestic violence calls, including verbal incidents or other circumstances where it is not determined that a crime occurred. (p. 79)
- 6.7 Law enforcement officers should always ask domestic violence victims about prior unreported assaults, to document evidence of crimes that may be charged and the abuser's pattern of violence. (p. 79)
- 6.8 Domestic violence victim advocates based in law enforcement agencies should follow up with victims in all domestic violence incidents to offer resource information, even when no arrest is made. (p. 79)

²² See www.lep.gov for these policy guidelines.

- 6.9 Law enforcement agencies should develop protocols that require officers to complete a full incident report and provide domestic violence information to victims for all domestic violence calls or when domestic violence is identified in the course of responding to a call. (p. 80)
- 6.10 Law enforcement officers should provide domestic violence victims with referrals to community-based domestic violence programs, even when the victim is involved in criminal behavior or arrested on another charge. (p. 80)
- 6.11 Law enforcement officers should receive specialized training on recognizing and documenting stalking, collecting evidence, and documenting the victim's level of fear. (p. 81)
- 6.12 Law enforcement officers should provide stalking victims with information about how to document an abuser's stalking to support criminal charges (e.g., keeping a stalking log). (p. 81)
- 6.13 Whenever law enforcement officers advise domestic violence victims to obtain a Protection Order, they should always refer victims to a trained domestic violence victim advocate for safety planning as well. (p. 81)
- 6.14 State-level criminal justice agencies, such as the Washington Association of Sheriffs and Police Chiefs and the Washington Association of Prosecuting Attorneys, should work collaboratively with domestic violence organizations to develop model protocols for the criminal justice response to stalking. Such protocols should identify stalking as a pattern of behavior best understood from the victim's perspective and should emphasize the lethality risks associated with stalking. (p. 82)
- 6.15 Law enforcement officers should provide domestic violence information and referrals to all victims of intimate partner violence, including those under age sixteen. (p. 86)

7 Attorneys, judges, and courts

- 7.1 Courts and law enforcement agencies should develop language access plans consistent with guidelines developed by the U.S. Department of Justice.²³ (p. 44)
- 7.2 Immigration and family law attorneys and domestic violence advocates should help victims strategize about how to document abuse in order to support their immigration claim, whether or not they have contacted law enforcement. (p. 45)
- 7.3 State and local bar associations, in collaboration with legal service organizations with expertise in immigration law, should provide affordable Continuing Legal Education (CLE) credits for family law attorneys on immigration options specific to domestic violence victims and other legal concerns for immigrant victims. (p. 45)
- 7.4 All courts issuing civil Protection Orders should have domestic violence advocates available on-site to meet with victims when they first petition for a Domestic Violence

²³ See www.lep.gov for these policy guidelines.

- Protection Order.²⁴ These services should meet the definition of advocacy-based counseling as defined in the Washington Administrative Code.²⁵ (p. 73)
- 7.5 Courts should require that clerks routinely provide all Protection Order petitioners with referral information to a local domestic violence program, as mandated by RCW 26.50.035.²⁶ (p. 74)
 - 7.6 Judges and commissioners issuing Protection Orders should recognize the increased lethality risk represented by stalking, homicide threats, and suicide threats by an abuser. (p. 74)
 - 7.7 Courts should increase their capacity for telephonic or video Protection Order hearings for victims facing safety concerns or other significant barriers to appearing in court. Courts with this capacity should provide all petitioners with information about this option. (p. 74)
 - 7.8 As specified in RCW 7.69.030, court clerks should provide written information to all Protection Order petitioners about the provision in state employment law that protects domestic violence, sexual assault, and stalking victims who take time off work for court hearings and other safety planning measures from penalty by their employer.²⁷ (p. 74)
 - 7.9 In order to increase victims' knowledge of the full range of legal options for protection available, courts should provide information about Domestic Violence Protection Orders and domestic violence advocacy services to all persons requesting a civil Restraining Order as part of a dissolution. (p. 76)
 - 7.10 All professionals providing information to courts regarding family court cases (e.g., guardians ad litem, parenting evaluators, and other specialized evaluators) should be required to receive training regarding domestic violence that specifically addresses the evaluator's ethical role with regard to identifying and responding to domestic violence; best practices for screening for domestic violence; assessing the impact of domestic violence and future risks; and crafting recommendations to the court that maximize child and adult victim safety, as well as ensure children's best interests and well-being. (p. 76)

²⁴ Courts could achieve this by contracting with an advocate from their local community-based domestic violence program. As an example of how advocate assistance can be beneficial to victims in the Protection Order filing process, Walla Walla County has reported that after they established a Protection Order clinic staffed with trained domestic violence advocates, the rate of petitions that are completed and temporary orders granted increased by 53%. For more information about this program, call Danielle Hill at 509-525-2570 or WSCADV at 206-389-2515.

²⁵ WAC 388-61A-0145.

²⁶ RCW 26.50.035(2): "All court clerks shall obtain a community resource list from a domestic violence program...serving the county in which the court is located. The community resource list shall include the names and telephone numbers of domestic violence programs serving the community in which the court is located, including law enforcement agencies, domestic violence agencies, sexual assault agencies, legal assistance programs, interpreters, multicultural programs, and batterers' treatment programs. The court shall make the community resource list available as part of or in addition to the informational brochures described in...this section."

²⁷ See RCW 49.76 and 7.69.030(9), effective April 2008. The Northwest Women's Law Center has developed a factsheet for victims about their rights under this law, available at www.nwwlc.org/tools/ViolenceAgainstWomen.htm.

- 7.11 The Administrative Office of the Courts should add a protection provision pursuant to RCW 9.41.800 to the “Petition for Order for Protection” and “Temporary Order for Protection and Notice of Hearing” forms. This provision would allow petitioners for a Temporary Protection Order to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing a firearm prior to the Protection Order hearing. (p. 74)
- 7.12 The Administrative Office of the Courts should amend the instructions for Protection Order petitioners to inform them of their right under RCW 9.41.800 to request that the court order the respondent to surrender firearms and prohibit the respondent from obtaining or possessing firearms with both temporary and full Protection Orders, using the Petition for Surrender of Weapon.²⁸ (p. 74)
- 7.13 The Administrative Office of the Courts should inform all judges and commissioners of changes to RCW 26.50.050, clarifying options for Protection Order service when the respondent cannot be served in person.²⁹ (p. 74)
- 7.14 Family law attorneys should routinely screen clients for domestic violence³⁰ and be aware of the American Bar Association’s *Standards of Practice for Lawyers Representing Victims of Domestic Violence, Sexual Assault and Stalking in Civil Protection Order Cases*.³¹ (p. 76)
- 7.15 The Administrative Office of the Courts should develop and provide specialized training to judges and commissioners who hear family law cases on how to appropriately address safety risks to victims of domestic violence and their children when drafting orders containing visitation and visitation exchange provisions. (p. 76)
- 7.16 State-level criminal justice agencies, such as the Washington Association of Sheriffs and Police Chiefs and the Washington Association of Prosecuting Attorneys, should work collaboratively with domestic violence organizations to develop model protocols for the criminal justice response to stalking. Such protocols should identify stalking as a pattern of behavior best understood from the victim’s perspective and should emphasize the lethality risks associated with stalking. (p. 82)
- 7.17 Prosecutors should routinely request, and judges should routinely order, domestic violence offenders to complete a state-certified batterer’s intervention program as part of their sentence. (p. 82)
- 7.18 Courts should order domestic violence offenders to substance abuse treatment only in conjunction with batterer’s intervention. (p. 82)
- 7.19 Judges and commissioners should receive training regarding teen dating violence, including the potential lethality in these cases. (p. 86)

28 The Petition for Surrender of Weapon, Notice of Hearing and Order form is available at www.courts.wa.gov.

29 These changes went into effect in June 2008.

30 See “Tool for Attorneys to Screen for Domestic Violence” and other resources from the American Bar Association, available at www.abanet.org/domviol/.

31 ABA Commission on Domestic Violence (2007), available at www.abanet.org/domviol/docs/StandardsCommentary.pdf.

8 *Chemical dependency treatment and batterer's intervention providers*

- 8.1 Domestic violence programs and chemical dependency treatment providers should train staff to recognize how abusers may use alcohol or other drugs to further their control over victims and routinely address this issue in victims' safety plans, as well as in victims' and abusers' relapse prevention plans. (p. 61)
- 8.2 Domestic violence programs and chemical dependency treatment providers should collaborate to provide cross-training, share outreach materials, and refer clients in order to provide more effective services to victims of domestic violence who are abusing substances. (p. 61)
- 8.3 Chemical dependency treatment providers should routinely screen clients for abusive and controlling behavior toward partners, check criminal histories, and search civil court records for Domestic Violence Protection Orders. Providers should recommend a high-quality, state-certified batterer's intervention program when domestic violence is identified. (p. 62)
- 8.4 Chemical dependency treatment providers and batterer's intervention programs should collaborate to offer treatment programs that simultaneously address both chemical dependency and domestic violence, and that are collaboratively run by a state-certified chemical dependency treatment provider and a state-certified batterer's intervention provider.³² (p. 62)
- 8.5 Domestic violence programs and batterer's intervention programs should make connections with juvenile probation officers, juvenile offender treatment providers, and professionals conducting assessments of juvenile offenders to provide training about domestic violence and how to identify intimate partner violence in screening, and to facilitate referrals when intimate partner abuse is identified. (p. 84)

9 *Health care and mental health providers*

- 9.1 Health care organizations should have protocols in place to routinely screen for domestic violence with all pregnant women and to refer women who disclose abuse to a local domestic violence program. (p. 64)
- 9.2 Prenatal care providers and childbirth educators should collaborate with domestic violence programs to routinely include domestic violence information and referrals to domestic violence community resources in childbirth education classes and materials distributed to all pregnant women. (p. 64)
- 9.3 Health care organizations should develop guidelines for medical providers on how to document domestic violence in confidential medical records, and protocols for how such information is shared between providers to facilitate comprehensive, coordinated care. (p. 64)

³² Good models exist for this type of group. Contact WSCADV at 206-389-2515 to be connected with providers doing this work.

- 9.4 Health care organizations should consider contracting with local domestic violence programs to provide on-site advocacy and safety planning for patients who are surviving domestic violence.³³ (p. 65)
- 9.5 Health care providers, medical social workers, and childbirth educators should routinely screen all patients for domestic violence victimization and refer patients who disclose abuse to a domestic violence program for assistance with safety planning and finding other resources. (p. 65)
- 9.6 The Washington State Department of Health, in collaboration with medical professional associations and commissions, should include annual domestic violence training in continuing education requirements for licensing of health care providers. (p. 65)
- 9.7 Primary care clinics, emergency departments, prenatal clinics, and other health care providers should routinely offer information about domestic violence resources and safety planning to all patients (e.g., displaying flyers, distributing resource cards, periodically attaching information to all discharge instructions). (p. 66)
- 9.8 Health care and mental health providers should routinely screen men who disclose depression or suicidal thoughts for violent and controlling behavior toward partners and learn about the increased risk to partners when abusive men are depressed or suicidal. (p. 67)
- 9.9 All branches of military service and the Veterans Health Administration should routinely screen returning troops and veterans for post-traumatic stress, depression, suicidal thoughts, and domestic violence and should educate service members and their partners about the risks of untreated depression and post-traumatic stress disorder (PTSD).³⁴ (p. 67)
- 9.10 Suicide prevention programs should develop specific interventions for men who are abusing or controlling their partners. (p. 67)
- 9.11 Suicide prevention programs should target outreach, community education efforts, and prevention messages to partners, friends, and family members of suicidal, abusive men. (p. 68)
- 9.12 Counselors providing therapy to couples should have protocols in place that direct them to consider that domestic violence may be an issue for any couple seeking therapy; establish criteria for when to refuse joint counseling based on the risk of further violence; and routinely meet with each individual separately to screen for coercive control, threats of violence, and severity and frequency of violence.³⁵ (p. 69)

33 Community Health Care in Tacoma operates a weekly family practice clinic specifically for domestic violence victims and their children. Patients meet with a domestic violence advocate on-site, and the clinic has special protocols that attend to victim safety and confidentiality. For more information about this program, contact Robert Kinch at 253-597-4550 or rkinch@commhealth.org or WSCADV at 206-389-2515.

34 The U.S. Army is currently implementing a program (RESPECT-MIL) to screen active duty soldiers for depression and PTSD. Information is available at www.pdhealth.mil/respect-mil.asp.

35 For a thorough discussion of the therapist's role in working with victims of domestic violence, how to screen for domestic violence, and suggested criteria for which couples should be excluded from joint therapy, see Michele Bograd and Fernando Mederos, "Battering and Couples Therapy: Universal Screening and Selection of Treatment Modality," *Journal of Marital and Family Therapy* 25, no. 3 (July 1999), p. 291-312.

- 9.13 Counselors should consult local domestic violence programs to identify high-quality, state-certified batterer’s intervention programs. Counselors should refer their clients who exhibit a pattern of abusive control over a partner to such programs and refer victims to the local domestic violence program. (p. 69)
- 9.14 Professional associations of social workers, mental health counselors, marriage and family therapists, psychologists, and psychiatrists (e.g., National Association of Social Workers, American Mental Health Counselors Association, American Association for Marriage and Family Therapy, American Psychological Association, American Psychiatric Association) should include domestic violence education in licensing and accreditation requirements. (p. 70)
- 9.15 Counselors and therapists should not assess a domestic violence victim’s risk of harm based solely on a victim’s or abuser’s self-report when results will inform charging or sentencing decisions. (p. 70)

10 *Employers*

- 10.1 Labor unions, employers, and employer associations should distribute information about employment rights specific to victims of domestic violence.³⁶ (p. 48)
- 10.2 Employers should develop policies and issue guidelines for supervisors and human resources personnel on how to address domestic violence situations in a safe and supportive manner.³⁷ (p. 50)
- 10.3 Employers should routinely make information available to employees about domestic violence community resources. (p. 50)
- 10.4 Employers should partner with local domestic violence programs to provide training to all staff on identifying and responding to domestic violence. (p. 50)

11 *Media*

- 11.1 Journalists should include information about how to help a victim of domestic violence in coverage of domestic violence crimes.³⁸ (p. 51)

36 The Washington State Department of Labor and Industries has published a factsheet on the 2008 Domestic Violence Leave law, available at www.lni.wa.gov/WorkplaceRights/LeaveBenefits/FamilyCare/DomViolence/default.asp.

37 The Family Violence Prevention Fund offers resources for employers on the importance of addressing domestic violence at the workplace and how to implement policies on safety, education and training, leave, performance concerns, and benefits, available at www.endabuse.org/workplace.

38 WSCADV has developed and distributed *Covering Domestic Violence: A Guide for Journalists and Other Media Professionals* (2002, revised 2008), which includes local and national statistics, tips for accurately covering domestic violence crimes, and resource information reporters can incorporate into their coverage. This guide is available at www.wscadv.org.

How to use this report as a tool for implementing change

1. Read the report and remember the stories of those who have lost their lives to domestic violence.
2. Share the report with others. Copies of this report and previous reports can be ordered at www.wscadv.org. The full report as well as executive summary and copy-ready handouts of key data findings are also available on the website to read, download, and print for free. Email the link to co-workers, advocates, judges, police officers, mental health professionals, chemical dependency counselors, attorneys, health care workers, religious institutions, schools, family, and friends. Print specific sections that you think would be particularly relevant to other individuals' work and share these sections with them. Print handouts and use in community presentations.
3. Make a discussion of the report the focus of a staff meeting at your workplace. As an agency, identify five to ten recommendations particularly relevant to your community and work toward their implementation. View the recommendations as goals and identify steps for moving forward. Use the recommendations for strategic planning.
4. For nonprofit agencies: Share the report with your board and offer it as a tool for education and strategic planning.
5. If your community has a domestic violence task force or commission, share the report with the group's facilitator and make it a topic for a future meeting. As a community task force, identify areas in which the community is doing well and those in which improvement is needed. Identify a few key recommendations for your local task force to address. Start a fatality review work group to report back to the task force as a whole on its progress.
6. Create discussion groups in your community to talk about the report. These groups can be interdisciplinary groups of professionals or groups of community members interested in making their communities safer and healthier (e.g., religious groups, neighborhood watch). As a group, identify a few recommendations to prioritize, and plan action steps toward achieving them.
7. Use the Fatality Review findings, recommendations, and statistics in community education, with the media, and in grant proposals.

*Now
That
We Know*

Washington State Coalition
Against Domestic Violence

1402 Third Avenue
Suite 406
Seattle, Washington 98101

(206) 389-2515
(206) 389-2520 Fax
(206) 389-2900 TTY
www.wscadv.org