Analysis of Domestic Violence Related Death Cases Occurring in Colorado Between 1999 and 2009 as Reviewed by the Denver Metro Domestic Violence Fatality Review Committee

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Executive Summary

Intimate partner homicide is a significant problem in our society and it impacts entire communities. Research has determined several factors that can help to predict the likelihood of domestic violence resulting in fatality. Teams have been created throughout the US to examine systemic gaps that have the potential to prevent such tragedies from occurring. These teams exist to foster collaboration and provide recommendations for changes in policy and practice within systems interacting with victims and perpetrators. The Denver Metro Domestic Violence Fatality Review Committee (DMDVFRC) collects data and conducts monthly reviews of cases where domestic violence results in fatality. This paper analyzes data collected by the DMDVFRC on 76 fatality cases occurring between 1999 and 2009. Through examination of victim and perpetrator demographics, incident information, and relationship history, it draws conclusions on common red flags and protective factors involved in cases where domestic violence results in fatality.

Results of this study show the most common cause of death in domestic violence cases to be gunshot wounds. Common red flags include prior domestic violence in the relationship, a history of violence by the perpetrator, and the victim voicing a desire to end the relationship to the perpetrator. Recommendations for system level changes include more careful monitoring of violent criminals, more effort to remove firearms from perpetrators of domestic violence, and training and education with law enforcement and the general public around how to effective safety plan with victims of domestic violence. Changes such as these have the potential to dramatically decrease rates of intimate partner homicide, thereby saving victims, as well as their families and communities from the long-lasting traumatic impacts of such crimes.

Introduction

Intimate partner homicide is a significant problem in our society, with decades of data and news reports from various sources showing just how prevalent the issue is. Despite the fact that numerous services have been instituted to protect victims of domestic violence and hold offenders accountable, the problem persists and the outcome is all too often fatal. This issue not only affects the victims and perpetrators, but also the communities and systems they interact with. A recent report from the Violence Policy Center (2013) highlights findings from a study completed using 2011 Supplementary Homicide Report (SHR) data. This national report shows that "a woman is far more likely to be killed by her spouse, an intimate acquaintance, or a family member than by a stranger" (Violence Policy Center, 2013, p.6). It is not possible in very homicide case to determine the exact relationship between victim and perpetrator, but according to this study of female victims murdered by a male offender, 94% of victims knew their perpetrator (Violence Policy Center, 2013).

Another notable finding of this study is the cause of death, with 51% of victims being killed with a gun and nearly two thirds of those victims killed by a current or former intimate partner. This total was "more than five times higher than the total number murdered by male strangers using all weapons combined" (Violence Policy Center, 2013, p.6). The most common context of these murders was that they occurred during the course of an argument, with 264 female victims shot and killed as a result of an argument with a male partner or acquaintance in 2011. The Violence Policy Center (2013) asserts that women are at the greatest risk of being killed by someone they know that possesses a gun. Studies such as this have brought the issue of intimate partner homicide to light, resulting

in several states developing multidisciplinary teams to investigate cases where domestic violence resulted in fatality. Such teams are created in an effort to better understand this problem and brainstorm ways to improve systems and raise awareness in order to prevent fatalities from occurring as a result of domestic violence.

This study will use data collected by a fatality review team in Denver, Colorado to examine the circumstances around domestic violence fatalities and provide recommendations as to how this team can better inform local, regional and state policy and practice. This paper begins by defining key terminology and discussing the history of the Denver Metro Domestic Violence Fatality Review Committee, followed by a review of current literature related to the topic, and finally an analysis of data collected with a focus on risk and protective factors related to domestic violence fatalities.

Key Terms and Definitions

There are several terms that will be used through this paper that are synonymous with or related to each other. For the purpose of clarification, key terms are defined in the following paragraphs.

Domestic violence (DV) refers to abusive behavior occurring within an intimate partner relationship. Behaviors include physical violence, emotional abuse, verbal abuse, economic abuse, and psychological abuse, among others. An intimate partner relationship involves individuals of all genders who are currently or have previously been romantically involved. This includes dating relationships, marriage, cohabitation, and relationships involving a shared child or children. Intimate partner violence (IPV) is synonymous with domestic violence, and the two will be used interchangeably throughout this paper.

Fatality describes cases in which someone died, in this case as a result of domestic violence. Lethality may also refer to a case in which someone dies as a result of domestic violence, but is also used to discuss factors that predict the likelihood that a fatality will occur. Homicide is a crime that occurs when one or more people take the life of another person. Femicide refers to homicides that are specifically directed at women. A homicide/suicide is a case where the perpetrator of homicide takes his or her life following a homicide. DVFR stands for Domestic Violence Fatality Review. A DVFRT and a DVFRC refer to teams or committees that review domestic violence related fatality cases.

The Denver Metro Domestic Violence Fatality Review Committee

The Denver Metro Domestic Violence Fatality Review Committee (DMDVFRC) was formed after a 1995 incident where an estranged husband killed his wife at her place of work, also injuring other employees and killing the store manager and a law enforcement officer. This case left those involved with the victims and perpetrator wondering what could have been done differently to prevent this tragedy (Abrams, Belknap, & Melton, 2001). This question, along with the successes seen from the work of a Child Fatality Review formed in 1989, brought professionals working with domestic violence cases together to seek insight into how such cases could be prevented in the future. Under the leadership of Project Safeguard, a community-based domestic violence prevention agency, and with funding through collaboration with the Denver Police Department (DPD), the DMDVFRC was formed in 1996.

The DPD's increased focus on domestic violence cases, along with the formation of a Domestic Violence Unit, made them the perfect partner for this project and provided the DMDVFRC with access to critical information related to domestic violence fatalities

(Abrams, et al., 2001). The mission of the DMDVFRC revolved around the desire to investigate these cases in order to disseminate information that could be useful in prevention future domestic violence fatalities. This is achieved in a way that avoids placing blame or pointing fingers at anyone other than the perpetrator, but rather focusing on developing a better understanding of the dynamics present when domestic violence results in fatality (Abrams, et al., 2001).

The DMDVFRC membership is selective and voluntary, with a focus on multi-disciplinary participation and consistent commitment. Relevant agencies are invited to select a representative to attend meetings, participate in subcommittees, and report back to their respective agencies with any concerns and/or recommendations for policy and/or process changes. Relevant agencies include battered women and children's victim advocates within the community and legal systems, perpetrator treatment providers, law enforcement, prosecutors, judges, psychologists, probation officers, child advocacy and protective services, medical officials, and state coalitions, among others (Abrams, et al., 2001). Through grant funding, Project Safeguard staffed a Fatality Review Coordinator who was responsible for gathering pertinent information and compiling and presenting it at meetings, with the assistance of a community based and a system based co-chair. Subcommittees were created to focus on various issues related to domestic violence fatalities, including case reviews, lethality/risk assessment, policy implementation, and education and training.

Since its inception, the DMDVFRC has gathered preliminary data on statewide domestic violence fatalities through media, collaboration with law enforcement, and data from the Colorado Bureau of Investigation (CBI). Cases considered to be domestic violence

related include those where the victim and perpetrator had a current or former intimate partnership, suicide by a domestic violence perpetrator (either after killing, assaulting or threatening the victim, and/or in the victims presence), homicides involving a current or former intimate partner's family member, homicides of other bystanders, and homicide of the identified perpetrators by victims or other bystanders of a domestic violence incident (including law enforcement) (Abrams, et al., 2001).

Since the DMDVFRC operates with limited resources, it is not feasible to comprehensively review every fatality in the state; reviewed cases are selected on the basis of available information and jurisdiction. A case must be closed and appeals exhausted before the DMDVFRC can gather information for review, and information can only be gathered through case files and interviews with involved parties, including friends, family, employers and other non-confidential involved parties. Currently, Colorado law does not allow the DMDVFRC to access medical or mental health records of perpetrators or victims, or any information that may have been gathered by a confidential community resource, such as a domestic violence shelter (Abrams, et al., 2001).

In 2008, Project Safeguard returned the funding that supported the DMDVFRC, at which point management of the project was taken over by the Denver Domestic Violence Coordinating Council (DDVCC). The DDVCC has not made any significant changes in the process or structure of the DMDVFRC, but has expanded the review process beyond Denver, by reviewing cases in surrounding counties, with the hope of eventually expanding statewide (D. Larson, personal communication, February 28, 2014). In recent years, more emphasis has been placed on the "red flags" that were present prior to fatalities; through the ongoing development of a checklist including 19 validated red flags, as well as 8

commonly occurring red flags that have not been validated by research. A focus on steps taken by the victim to seek out help from friends, family, legal systems, and community agencies has also developed over time as a central theme of the review process (D. Larson, personal communication, February 28, 2014). This emphasis on red flags and protective factors will help the DMDVFRC make better recommendations on what to include in risk/lethality assessments and how to better connect domestic violence victims with the resources designed to prevent future fatalities.

Red Flags and Risk Factors identified by the DMDVFRC

A great deal of research has been done locally and nationally to identify and validate common risk factors or "red flags" that precede domestic violence fatalities. The DMDVFRC has used existing research as well as observation to develop its own set of red flags for data collection and risk assessment. A risk or lethality assessment is a formal way for service providers to identify the level of risk associated with domestic violence for enhanced protection of victims and/or appropriate treatment of perpetrators. However, many victims/perpetrators never end up in a situation where a formal risk assessment is completed because physical violence does not always precede fatalities, and those who see red flags may not know how to assess or respond to perceived risk (Abrams, et al., 2001). One of the original goals of the DMDVFRC was to develop a consistent assessment tool that would help determine the risk of lethality in a given situation in order to help victims understand their risk and plan appropriately. In order to achieve this goal, red flags were selected for review in three areas, identified in Abrams, et al. (2001); psychosocial/violence history, current situational factors, and motivational dynamics/triggers.

Overview of the Literature

A large body of literature exists around the topic of domestic violence fatalities. The literature reviewed here spans the past decade and provides background and context for the following analysis and discussion. It is organized into four sections. The first section provides background on how and why fatality review teams exists and function. It then goes on to examine how risk assessments have informed the development of validated risk factors, what those factors are, and what protective factors are shown to have the potential to prevent domestic violence related fatalities.

Background on Domestic Violence Fatality Review Teams

Wilson & Websdale (2006) discuss the importance of a multi-disciplinary approach to working toward solutions to address the issue of intimate partner homicide. They describe the formation of Domestic Violence Fatality Review Teams (DVFRTs) throughout the US as one way of achieving this goal. Such teams form around the intention of preventing domestic violence homicides, increasing safety, and increasing accountability both for perpetrators and systems (Wilson & Websdale, 2006). These teams are made up of people with varying backgrounds and perspectives, and often operate in a highly democratic fashion in order to address conflicts that may arise (Websdale, 2012).

Storer, Lindhorst, & Starr (2013) describe the intention of Domestic Violence Fatality Review (DVFRs) teams as assisting domestic violence related service providers in prioritizing issues and implementing changes in order to improve coordinated community response to domestic violence. This happens through a collaborative process of data collection and comprehensive analysis of domestic violence fatality cases and involves players from various systems and community organizations. They argue that this process

has the potential to recognize and remedy system failures that unintentionally lead to domestic violence fatalities, while recognizing that additional research is needed to examine the effectiveness of such efforts (Storer, et al., 2013).

According to Websdale (2012), fatality review teams exist in 45 states, some of which have a single team working statewide while other, more heavily populated states, have as many as 20 teams working in communities throughout the state. By constructing a timeline and gathering information through case files and interviews, these teams seek to understand the dynamics and circumstances involved in cases of domestic violence fatalities. One area they examine is what the experience of the victim looked like in terms of navigating and accessing resources that are in place to increase safety and how improvements can be made to increase use of and access to such services. They also want to get a sense of what the life of the perpetrator looked like, in order to understand how and why homicide became an acceptable response by the offender.

Websdale (2012) asserts that by bringing together individuals from various backgrounds around an issue that they all have a stake in, these teams not only increase their chances of improving systems and reducing domestic violence fatalities, but also play an important role in fostering collaboration. DVFRTs can take on a variety of structures and processes can differ, with some teams reviewing all domestic violence related deaths in a given state, and others only reviewing a small sample of cases, but collecting data on a much wider level. DVFRTs maintain the collective belief that domestic violence homicides are preventable and, although systems can improve their responses, blame can only be placed on the perpetrators of these crimes (Abrams, et al., 2001; Storer, et al., 2013; Wilson & Websdale, 2006).

According to Wilson & Websdale (2006), there is no evidence that DVFRTs directly cause a decline in domestic violence fatalities, but there are several examples that show the important role they play in influencing policy changes at a systemic level. One of the major challenges faced by DVFRs is the reality that, although they offer recommendation for policy change, they lack the legislative power to mandate implementation (Storer, et al., 2013). It is also difficult to prove that a given outcome, such as reduced rates of domestic violence related fatalities, is directly correlated to the recommendations provided by DVFRs. The complex nature of domestic violence involves many factors; therefore change has to happen on all levels to address this problem. As such, their processes rather than their outcomes may more accurately measure the effectiveness of DVFRs (Storer, et al., 2013).

DVFRs throughout the US receive resources and charges from various bureaucratic structures. State teams in Arizona and Connecticut, for examples, are overseen by the state domestic violence coalitions (Arizona Coalition Against Domestic Violence, 2012; Connecticut Coalition Against Domestic Violence, 2012). In Florida and Oklahoma, DVFRs are governed and supported through the state's Office of the Attorney General (Florida Office of Attorney General & Florida Coalition Against Domestic Violence, 2012; Oklahoma Office of Attorney General, 2012). Georgia has a Commission on Family Violence that works in collaboration with the state domestic violence coalition and New Hampshire's DVFR is a program of the Governor's Commission on Domestic and Sexual Violence (Georgia Commission on Family Violence and Georgia Coalition Against Domestic Violence, 2013; New Hampshire Governor's Commission On Domestic And Sexual Violence; 2012). In Virginia, the DVFR exists within the state health department's Office of the Chief Medical

Examiner and receives funding through a US Department of Justice Office of Violence Against Women grant (Virginia Department of Health, Office of the Chief Medical Examiner, 2010).

Background on development and validation of risk and lethality factors

The use of risk assessments to validate risk factors

The Danger Assessment (DA) was developed in 1986 to help women in abusive relationships assess their risk of lethality. The 15-question tool has been used widely in practice with victims and research has been done to validate its accuracy. A large national study compared intimate partner homicide cases with cases of intimate partner abuse. The findings showed that victims who had been threatened or abused with a weapon "were 20 times more likely to be killed as other abused women" (Campbell, et al., 2004, p. II-5-4). Threats of homicide resulted in significantly more likelihood (15 times that of the abused group) of completed homicide. Access to a gun, combined with separation or estrangement, was another important risk factor for lethality, according to Campbell, et al. (2008). Other risk factors that were common among homicide victims in this study were extreme jealousy and controlling behavior, and in nearly one-third of homicides, the perpetrator committed suicide.

Campbell (2004) discusses the role that victims have in assessing their own risk of danger in intimate partner relationships. One study of the DA showed that "approximately 50% of the women who were killed or almost killed by their intimate partner did not accurately assess him (or her) as capable of killing her," (Campbell, 2004, p. 1467) even if they perceived high levels of danger. Some research has asserted that this may be partially a way for victims to cope within an abusive relationship that they are unwilling or unable

to leave (Campbell, et al., 2007). Although the DA has been at least partially validated through more than one study, it continues to be tested and adjusted for accuracy.

Common risk factors

Campbell, Glass, Sharps, Laughon, & Bloom (2007) reviewed 10 years of research on intimate partner homicide to look at the associated risk factors and their implications. Key findings show the number one predictor of intimate partner homicide is prior incidents of domestic violence, followed by access to guns, estrangement, threats to kill, threats with a weapon, attempted strangulation, and a child in the home not biologically related to the perpetrator. Cases of homicide-suicide exhibit the same risk factors, as well as mental health concerns in the perpetrator (Campbell, et al., 2007). Other risk factors include stalking, forced sex, threats to harm children or pets, jealousy or controlling behavior, threats of suicide, intimate partner violence during pregnancy, underemployment, and substance abuse. Campbell, et al. (2007) also discusses non-fatal strangulations as a risk factor for lethality. Although studies have not proven that previous incidents of strangulation increase the risk for lethality, it is known that incidents of strangulation are more likely to result in death than other forms of violence.

Campbell, Webster, & Glass (2008) analyzed a revised 20 question version of the original 15 question DA to determine its predictive validity, using data from a multi-city study of the original tool. The revised tool added four questions and split another into two questions. Using cases of attempted intimate partner homicide (referred to in this study as femicide) and intimate partner abuse, they were able to accurately identify the various risk levels within the groups. Campbell, et al. (2008) suggests that the revised DA can assist services such as domestic violence shelters in capturing "more than 90% of potentially

lethal IPV cases" (p. 667). Tools such as the DA utilize risk factors to help determine lethality risk, and fatality review teams use these risk factors to assess what improvements can be made to prevent such fatalities from occurring.

Protective factors

A large body of research shows that the highest risk of lethality in domestic violence scenarios is access to firearms and that guns are the most common cause of death in such cases. Federal and state laws exist which prohibit certain domestic violence offenders from possessing or obtaining firearms, but scarce resources and lack of follow through often allow such offenders to slip through the cracks. One study showed that of 82 victims reporting ownership of a firearm by their abuser when obtaining a protection order due to domestic violence, only 26% reported the authority to remove firearms being used (Campbell, et al., 2007). An initiative in the Houston Police Department, which strengthened policies around firearm removal, resulted in a 67% increase in removal of firearms from domestic violence offenders. In the same time period, preliminary data showed an 83% decrease in domestic violence homicides within the jurisdiction (Goralski, 2013). Based on this knowledge, Goralski (2013) asserts that law enforcement needs to take a more active role in assessing for lethality and removing firearms from high-risk domestic violence offenders. Policy changes such as better monitoring of and increased efforts to take weapons from DV offenders in either criminal or civil proceedings, along with better training for law enforcement officers around lethality indicators and assessment have the potential to drastically reduce cases of domestic violence homicide.

Another protective factor with the potential to prevent intimate partner homicides is interactions with community-based services not related to IPV. Such services could

include medical or mental health services, as well as previous contact with the criminal or civil justice system. According to Campbell, et al., data from the 11-city study showed that "Seventy-four percent of murdered [women] and 88% of the survivors of attempted femicide seen in the health care system had sought help…for injuries specifically resulting from the abuse…" (p. 262). Additionally, just over half of the perpetrators in that study had been previously arrested, with the majority arrested for nonviolent crimes. And, although research shows that estrangement or separation may increase the risk of lethality in an abusive relationship, research shows that a woman having her own residence to be a protective factor against intimate partner homicide (Campbell, et al., 2007).

Summary of the Literature

The literature discussed above provides historical insight into domestic violence fatality review teams and the types of information they are collecting and analyzing. Building on this research, the remainder of this paper will look at factors present in domestic violence fatalities catalogued by the DMDVFRC, with a focus on commonly occurring risk factors and actions taken that have been shown to prevent such fatalities. The intention behind this study is to help the DMDVFRC understand local trends so they are better able to disseminate pertinent information to systems responding to domestic violence as well as to raise awareness about domestic violence fatality prevention to the general public.

Methodology

As the previous section shows, there are many DVFRs throughout the country collecting data in order to analyze and report on domestic violence related fatalities. Although each team may use a slightly different definition and select cases in various ways,

there are many similarities between them. Findings by DVFRs are typically focused on understanding the prevalence of domestic violence related fatalities and how they can be prevented. Data collection and analysis includes basic demographics of all parties involved, red flags and that are consistent with prior research, relationship history and status at the time of incident, specific data on incidents including time, location, cause of death, and weapons used. Additionally, the perpetrator's history of substance, criminal record, and mental health, as well as protective steps taken by the victims help to paint a picture of potential points of intervention that could be strengthened.

The DMDVFRC collects data on all domestic violence fatality cases reviewed, through prosecutor case files, interviews with family, friends and employers, and committee consensus on red flags and interventions, The data includes demographic characteristics of the victim and perpetrator, information about current and former relationships, involvement of system and community based services, history of abuse, suicides occurring in relation to domestic violence fatalities, collateral victims, incident information, autopsy reports, case dispositions, and information about family members, criminal history and life events of involved parties. This study will examine data collected on domestic violence related fatalities occurring between 1999 and 2009 that have been reviewed and catalogued by the DMDVFRC.

Findings will highlight common characteristics involved in these cases, with an emphasis on commonly seen red flags and protective steps taken by the victim(s). Data for this study will be analyzed in the following categories:

1. Victim and perpetrator demographics
2. Incident information

3. Relationship history
4. Red flags
5. Protective factors/steps taken

The discussion will focus on what factors were present that could have prevented fatalities and what limitations are faced by the DMDVFRC in terms of improving its process to prevent future fatalities from occurring.

Results

The data used in this analysis includes information collected by the DMDVFRC on 76 cases that occurred in a 10-year period. The most common type of crime represented in this data set is murder, with 51.3% of cases involving a successfully completed murder. 32.9% of cases were classified as murder/suicide, and other categories included attempted murder/suicide, murder/attempted suicide, suicide only, perpetrator killed during DV incident, and collateral death. The most common cause of death to the victim (Fig.1) was by gunshot (51.6%), followed by stabbing (18.4%), then beating (10.5%). In 52.2% of cases, the victim was killed at the joint residence of the victim/perpetrator, and in 32.2% the victim was killed in their own residence. A weapon was used in 86.8% of cases, with the most common type of weapon used (Fig. 2) being a firearm (56.1%), followed by a knife, then a bat, board or blunt object (6.1%). Of those cases where a suicide occurred (46.1%), the most common location of suicide was the victim/perpetrators' joint residence (35.3%), followed by the victim's residence (20.6%).

The vast majority of victims were female (88.2%) and just over half of victims were white (50.8%), followed by Hispanic (24.6%), then African American (20%) (Fig. 3). Most victims fell within an age range of 26-40 years old (43.4%). 25% were under 25 years old,

and 25% were 41-55 years old. 90.8% of perpetrators were male and 39.1% were white, followed by Hispanic (30.4%), then African American (21.7%) (Fig. 4). Just over half (53.9%) of perpetrators also fell within the 26-40 year age range, followed by 41-55 years old (31.6%). 55% of perpetrators were employed at the time of incident, while 22% were unemployed and 5.3% were underemployed. The remainder were either retired (1.3%), disabled (6.6%), a student (2.6%), or their employment status was unknown (6.6%).

In 59.2% of cases, the victim and perpetrator were currently married and/or living together at the time of incident. In 32.9% of cases, they were divorced or no longer living together and 42.1% were separated at the time of incident. 65.8% of victims had expressed a desire to leave the relationship and in 44.7% percent of victims had told he perpetrator of the desire to end the relationship. 55.3% had told others of their desire to end the relationship. Just over half (52.6%) of victims had experienced verbal harassment in the relationship. 42.1% had experienced pushing, shoving, grabbing or slapping and 25% had experienced punching, kicking or biting in the relationship. In 9.2% of cases there was a known history of strangulation and 28.9% of victims had experienced isolation by the perpetrator.

The victim was pregnant in only 2.6% of cases included in this sample and 42.1% of victims had children from a previous relationship. 31.6% of perpetrators had prior DV convictions, 40.8% had prior DV arrests, and 47.4% had prior arrests for other assaults. 14.5% of perpetrators had previous restraining order violations and 27.6% were on probation at the time of incident. 39.5% of perpetrators had a history of alcohol abuse and 28.9% had a history of drug abuse. 26.3% of perpetrators had made threats of suicide prior to incident, 34.2% had threatened to kill the victim, and 30.3% tracked, followed or stalked

the victim prior to incident. In 64.5% of cases, there were recent changes in the victim/perpetrator relationship and in 14.5% of cases, there were known changes in the perpetrator's mental health. In 26.3% of cases, there were recent changes in the perpetrator's employment or financial situation, and 25% of perpetrators had experienced a recent change in residence.

63.2% of victims in this study had disclosed DV at some point prior to the incident. 38.2% had reported to police, 9.2% had reported to a medical professional, 5.3% had reported to a DV shelter or program, and 11.8% had reported to civil court for the purpose of divorce, custody or a protection order. 34.2% had reported to friends or coworkers, 6.6% reported to neighbors, and 11.8% had received medical treatment for DV related injuries. 21.1% of victims had moved out of victim/perpetrator's joint residence prior to incident. 11.8% had filed for divorce and/or custody, 10.5% had filed for a temporary restraining order, and 23.7% filed criminal charges against perpetrator.

Discussion

The results from this study reveal many similarities between domestic violence fatality cases reviewed by the DMDVFRC and existing research on domestic violence fatality cases. Although processes, resources and the scope of work done by DVFRs around the country differ greatly, there are several areas that remain consistent across the board. In terms of basic demographics, this study showed that victims are most likely to be females and perpetrators male, which is consistent with existing research. Other demographics from this study tell us that both victims and perpetrators are most likely to be white and between the ages of 26 and 40 years old. However, since the data used in this study is limited to Denver and surrounding counties, as well as being limited by availability

of information, this may not provide and accurate picture of what is happening on a statewide level. Additional funding and support for the DMDVFRC could allow this team to expand their efforts to other geographic locations throughout the state of Colorado, providing a more representative sample for future studies.

This sample showed the most common cause of death to the victim being by gunshot and that some sort of weapon, most often a firearm, was used in the vast majority of cases. This is consistent with previous research and reinforces the fact that more effort needs to be taken to remove firearms from the possession of domestic violence offenders. It is also worth noting that almost two thirds of victims in this study had disclosed prior domestic violence to someone and just under a quarter had filed criminal charges against their perpetrator. Based on the analysis of this sample, law enforcement, friends, and coworkers are most likely to receive such disclosures. Shelters and domestic violence programs, followed by neighbors, then medical professionals are those least likely to receive such disclosure, but it is also difficult to gather accurate data from such sources due to confidentiality concerns that limit access to information. Regardless, more effort should be taken to disseminate information to law enforcement and the general public about how to respond to disclosure of domestic violence in order to better prevent fatalities.

Other common red flags assessed in this study include the victim being pregnant or having children from a previous relationship, the employment status of the perpetrator, threats of suicide or homicide by the perpetrator, a history of stalking, the perpetrator's criminal record, especially related to DV and substance abuse. Here, we saw low rates of unemployment, underemployment and pregnancy, but almost half of victims had children by who the perpetrator was not the other parent. Threats of suicide or homicide, as well as

stalking, were present in only about one quarter of cases, showing that these are not as predictive as the victim's own disclosure of DV, but are still present. Almost half of perpetrators had prior arrests for DV and/or other assaults, which was more significant in this study than prior DV convictions, drug abuse, and other contact with legal systems. This shows that more attention should be paid to ensuring that violent offenders are held accountable for their actions and that we need to find ways to make it easier for victims to disclose abuse and receive access to appropriate protective services.

The most common location of both victim death and perpetrator suicide shown is a residence shared by the victim and perpetrator, followed by the residence of the victim. This likely has to do with the fact that many fatalities occur during an argument, but more research could help develop a better understanding of how to safety plan with victims. It is known that the time of separation is often the most dangerous time for a victim of domestic violence, but more than half of the victims in this study had not yet left the relationship, although the majority had expressed a desire to do so. This shows that the imminence of the ending of a relationship may be just as dangerous as the time after the relationship has ended, which is another area that should be considered in the safety planning process.

Conclusion

Over the past decades, much work has been done to develop and implement services and policies to protect victims of domestic violence and hold offenders accountable. Still, recent reports from state and nationwide sources show that domestic violence continues to result in homicide. Access to guns, combined with prior domestic violence within a relationship significantly increases the chances of domestic violence resulting in fatality. Several other risk factors have been identified and studied through

previous research, and most states in the US have teams specifically designed to examine cases of domestic violence fatality in order to determine systemic gaps that may factor in to such cases.

In Colorado, the DMDVFRC collects statewide data on domestic violence related fatalities, and then selects cases from Denver and surrounding counties to review in depth on a monthly basis. Although this committee is able to generate valuable information through this process, several limitations exist. First, limited funding for staff time means relying on interns to enter and process data, and prevents the DMDVFRC from expanding efforts statewide. Next, lack of access to information from confidential resources creates gaps in the data, meaning that a full picture of the circumstances leading up to a fatality is often not possible. Additionally, without the legislative power to mandate and implement policy changes, this committee is limited to making recommendations and attempting to provide education.

Results of this study showed that more effort needs to be made to remove firearms from perpetrators of domestic violence. Additionally, disclosure of domestic violence by victims in this study was most frequently made to law enforcement and friends or coworkers, so training and education should be directed in these areas. Finally, since nearly half of perpetrators in this study had prior arrests and/or convictions for DV and other violent crimes, more effort should be made to monitor and hold perpetrators accountable for their actions. These recommendations, along with additional resources to engage in continued research and analysis has the potential to significantly decrease incidents of intimate partner homicide in the Denver area and beyond.

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Appendices

Figures 1-4

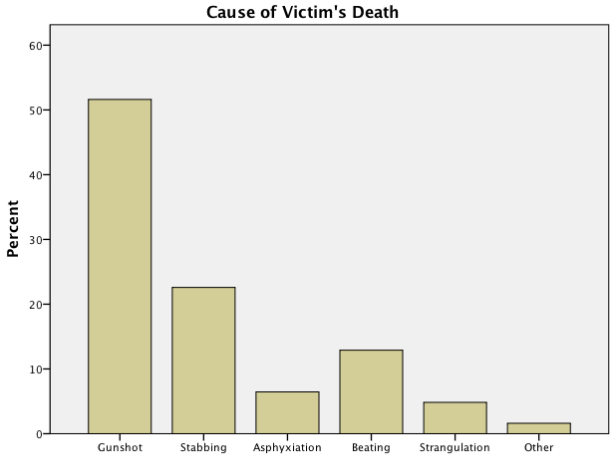

Figure 1

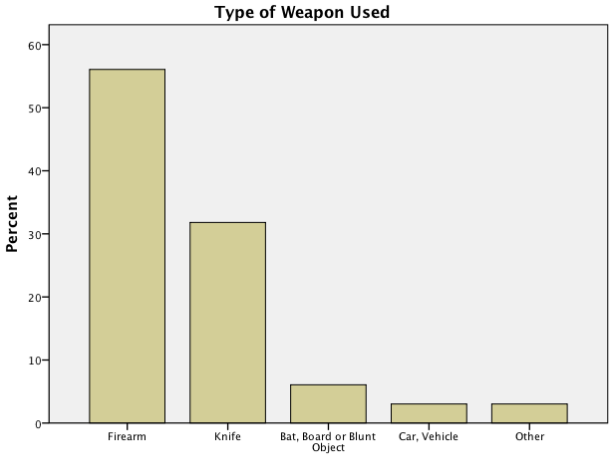

Figure 2

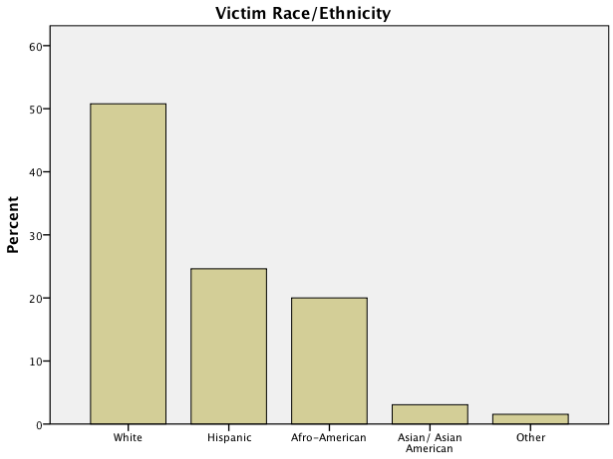

Figure 3

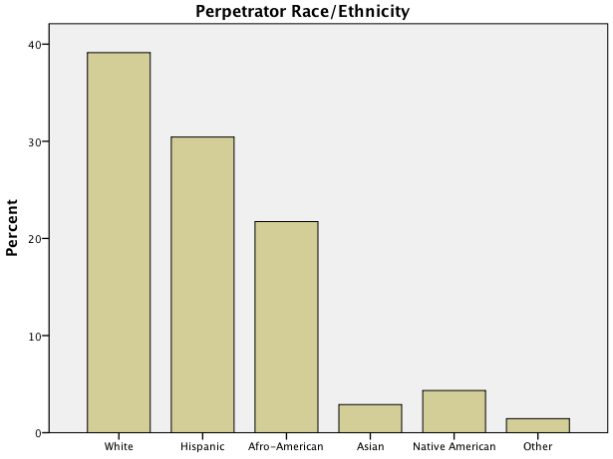

Figure 4

Supplemental Document

The capstone project allowed me to utilize and integrate multiple areas of course competencies gained through the Master of Public Administration (MPA) program at CU Denver's School of Public Affairs. The three areas most relevant to completing my capstone are: the ability to analyze, synthesize, think critically, solve problems and make decisions; the ability to articulate and apply a public service perspective; the ability to communicate and interact productively with a diverse and changing workforce and citizenry.

One of the most challenging and important elements of completing this project was narrowing the topic in order to select the appropriate reference sources in order to generate a meaningful literature review. This section of the project was critical in allowing me to determine the most effective methods and tools by which to analyze the data provided by my client. Through careful assessment, review and synthesis of a wide range of research articles and reports, I was able to develop a solid understanding of the risk and protective factors related to domestic violence fatalities. This understanding allowed me to determine exactly which variables to examine in my analysis of the data. I was able to see my topic from multiple perspectives by selecting research completed within a variety of academic and practice communities. The diversity of my background research helped me think creatively in order to make decisions about what types of recommendations for policy and process changes would be most useful and relevant for my particular client.

Another important element of completing this project was to understand the public service perspective and how it related to my client and final product. When I initially approached my capstone client, there were several ideas about the form this project could take. I had to consider both what was most interesting to me, as well as what my client

needed from me. As we moved forward, I had to clearly articulate what was realistic in a way that respected the client's wishes and needs. We worked closely together early on to make decisions together about what shape the project would take. Confidentiality is critically important when looking at cases of domestic violence fatality, so I had to ensure that the information provided to me was safe, secure, and that I did not share sensitive information with anyone outside of the organization. The data set used in my analysis did not contain identifying information, but some of the supplemental materials I was provided did. I also had to remain flexible, especially when I realized that the data I had to work with was not exactly what I had expected. Both my client and second reader are incredibly busy professionals, so I had to express my needs and expectations clearly from the start while also respecting their time, boundaries, and the expectations they had of me.

Finally, in order to be as informed and effective as possible in completing this project, I had to interact with several members of the agency I was working with in order to understand the backgrounds, viewpoints and processes involved in their work. This meant attending meetings and communicating with professionals other than just the main point of contact, both in person and in writing. In addition to my required paper and oral presentation, it was also requested that I present my findings to the DMDVFRC at their monthly meeting, which typically has around 20 people from various agencies present. This required me to present the information in a way that would be meaningful to an audience made up of diverse backgrounds, with different values and ethical considerations.

The capstone project allowed me to utilize the wide variety of skills gained through my experience in the MPA program. As a result, I am completing my degree with the confidence that I will continue to make valuable contributions in the field of public service.