INTRODUCTION

The Sacramento County Domestic Violence Death Review Team (DVDRT) is a sub-unit of the Sacramento County Domestic Violence Coordinating Council (DVCC). The DVDRT is authorized to exist pursuant to Penal Code Section 11263.3. Formed in the spring of 1998, the team meets on a monthly basis.

This report is the 13th annual report of the DVDRT. The first report was released in the fall of 2000. The reports are released in October, to coincide with Domestic Violence Awareness Month. The team is presently chaired by Paul Durenberger, Supervisor of the District Attorney’s Domestic Violence Unit.

PURPOSE

The purpose of the DVDRT is to bring together a multi-disciplinary team to review domestic violence related homicide cases (including homicide/suicide cases) in Sacramento County; to develop strategies, policies and procedures to improve the system’s response to domestic violence; and to reduce and prevent future incidents of domestic violence related homicides, homicide/suicides, and injuries. Domestic violence continues to be a widespread problem in our county. In the last 12 months approximately 4,000 fresh arrests were made for domestic violence and 2,000 warrants were requested, for a total of over 6,000 cases reported to law enforcement. The District Attorney filed and prosecuted close to 3,000 cases in that same time period. Of those, 79% were fresh arrests, and 21% were warrant arrests. The principle reason a case was handled by warrant rather than fresh arrest was to allow for completion of follow-up investigation needed for these cases.

CONFIDENTIALITY

Pursuant to Penal Code Section 11163.3, the meetings of the DVDRT are confidential. Every representative of a constituent agency or institution who attends DVDRT meetings signs an agreement of confidentiality.

MEMBERSHIP

The DVDRT is a multi-disciplinary, broad based organization which reviews information from law enforcement, public health, social services, coroner, child welfare, public and private medical organizations and domestic violence advocacy organizations. The current participating organizations are:

- Sacramento County District Attorney
- Sacramento County Sheriff
- Sacramento City Police
- Sacramento County Probation
- Elk Grove Police Department
- Citrus Heights Police Department
- Law Enforcement Chaplaincy- Sacramento
- California Attorney General’s Office
• Sacramento County Department of Health and Human Services
• Kaiser Permanente
• University of California, Davis Medical Center
• Sacramento County Child Protection Services
• Sutter Medical Center
• Mercy Sacramento/ Catholic Healthcare West
• WEAVE, Inc. (Women Escaping a Violent Environment)
• My Sister’s House

IMPLEMENTATION

To fulfill its mission, the DVDRT:

• Reviews domestic violence homicides in the county to determine if any systemic improvements should be made.
• Develops and recommends strategies to reduce and prevent domestic violence related homicides and homicide/suicides.
• Develops and recommends strategies to deal with the aftermath of domestic violence and domestic violence deaths.
• Acts as a multi-agency and multi-disciplinary team with regular meetings.
• Operates with the confidentiality principles outlined in Penal Code Section 11163.3 (requiring a signed statement of confidentiality for all team participants).
• Maintains a database of all records reviewed.
• Interacts with agencies and community based organizations to help achieve its goals, using the Domestic Violence Coordinating Counsel as a point of contact and interaction.

SELECTION AND REVIEW OF CASES

The process by which the DVDRT selects cases for review has evolved over time. Currently, any member who has knowledge of a domestic violence related death in Sacramento County not currently being prosecuted by the District Attorney may ask for the case to be reviewed. Most cases are referred by either law enforcement or the District Attorney. The DVDRT chair selects which of the referred cases will be reviewed.

When a case is selected, prior to the meeting the District Attorney’s Office provides identifying information to the other members of the team regarding the victim, the perpetrator, and any children involved. Each committee member is responsible for reviewing the records of their agency to identify relevant information regarding the case and/or parties involved. At the time of review, the District Attorney or law enforcement agency describes details of the homicide, and each member agency provides such additional information as they may have.

In some cases, the DVDRT may extend an invitation to the prosecutor, law enforcement detective or victim advocate assigned to the case. When necessary, a member of the group may be assigned to contact members of the victim’s or perpetrator’s family to develop a better understanding of the underlying relationship. In some instances, family members have been asked to attend DVDRT meetings to give direct input to the team.

Due to the limitations of the selection process, the time constraint placed on the team to ascertain records, and the inability of the DVDRT to gather information from every possible source, the data base of cases reviewed cannot be considered exhaustive, or statistically representative. Nonetheless, the data collected can reveal significant concerns or insufficiencies which are evaluated by various experts, representatives of local agencies in the community and members of the team, who then make recommendations.
CASES REVIEWED

In 2011-2012, the team reviewed eight distinctly different homicides. Each case required complex scrutiny by the team to evaluate all of the issues. The murder/suicide cases, where no criminal prosecution was possible, require even more effort to gather essential family history information, since the police agency is generally not inclined to devote effort to an investigation of the background factors or a case when prosecution is not possible. One of the cases was deemed to be a self-defense case that the District Attorney’s Office did not prosecute.

CASE SUMMARIES

The review of our eight cases this year reaffirms our conclusions from years past that domestic violence cuts across all age ranges, races, religions, and economic levels of our society. The main truism that can be gleaned from these cases is that a domestic violence homicide victim or perpetrator can be either male or female, and an abuser can be from any part of society.

A breakdown of some of the key factors seen repeatedly in domestic violence homicides is below:

<table>
<thead>
<tr>
<th>Case</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Victim</td>
<td>27</td>
<td>28</td>
<td>21</td>
<td>39</td>
<td>26</td>
<td>62</td>
<td>57</td>
<td>27</td>
</tr>
<tr>
<td>Age of Perp</td>
<td>31</td>
<td>37</td>
<td>22</td>
<td>40</td>
<td>42</td>
<td>58</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Kids Together?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Children - V</td>
<td>No</td>
<td>1</td>
<td>No</td>
<td>2</td>
<td>No</td>
<td>1</td>
<td>Unk</td>
<td>2</td>
</tr>
<tr>
<td>Children - Perp</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>No</td>
<td>3</td>
<td>2</td>
<td>Unk</td>
<td>2+pregnant at time of incident</td>
</tr>
<tr>
<td>Kids Witness Violence?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Relationship Status</td>
<td>Former Cohab BF-GF</td>
<td>Estranged BF-GF</td>
<td>Mistress Estranged H&amp;W</td>
<td>BF-GF H&amp;W V had asked for divorce</td>
<td>BF-GF Cohab BF-GF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapon Used</td>
<td>45 cal. Handgun</td>
<td>Knife</td>
<td>None</td>
<td>Gun</td>
<td>None</td>
<td>Gun</td>
<td>Motor-home</td>
<td>Knife</td>
</tr>
<tr>
<td>Facts</td>
<td>Shot to head</td>
<td>Beaten raped stabbed</td>
<td>Strangle in home</td>
<td>Multiple shots to chest at D’s house</td>
<td>Strangled and left on side of road</td>
<td>Shot 2x in head</td>
<td>Ran V over w/Motor-home 2x</td>
<td>Stabbed in chest during DV incident- Self defense</td>
</tr>
<tr>
<td>Prior DV History</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes- V on Perp</td>
</tr>
<tr>
<td>Prior Suicidal Ideation</td>
<td>Yes: Perp &amp; Victim</td>
<td>No</td>
<td>No</td>
<td>Yes: Perp</td>
<td>Unk</td>
<td>Yes: Perp</td>
<td>Unk</td>
<td>No</td>
</tr>
<tr>
<td>Education - V</td>
<td>B.S. degree</td>
<td>HS Grad + attended J.C</td>
<td>H.S.</td>
<td>H.S. Dropout</td>
<td>H.S. Dropout</td>
<td>H.S. Student</td>
<td>H.S.</td>
<td>Unk</td>
</tr>
</tbody>
</table>
Education Levels:

Education levels of victims ranged from high school dropout to a H.R. professional with a college degree. Perpetrator education ranged from high school dropout to multiple J.C. college degrees.

Employment:

The employment of the victims included H.R. professional for a major company, a senior manager for a health care organization, and a homemaker with children. The education levels ranged from some high school to a college education. The incomes of the victims and perpetrators ranged from middle income to low income.

Murder Suicide and Murder Witnessed by Family:

None of the eight cases was a murder-suicide. In one of the cases, the victim was killed in the presence of children.

<table>
<thead>
<tr>
<th>Education - Perp</th>
<th>H.S Grad</th>
<th>HS Grad</th>
<th>H.S. grad</th>
<th>H.S</th>
<th>J.C. w/2 Certs.</th>
<th>J.C. Cosmetology certs.</th>
<th>H.S.</th>
<th>2 AA Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Diagnosis</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Perp: On meds for depression &amp; anxiety</td>
<td>Unk</td>
<td>Perp: Bipolar</td>
<td>Depression &amp; Addiction: Both V &amp; Perp</td>
<td>None</td>
</tr>
<tr>
<td>Employment - V</td>
<td>Human Assistance for large corp.</td>
<td>Trainer: Insurance Company</td>
<td>Stripper/prostitute</td>
<td>Snr. Mgmt. for Health Co.</td>
<td>Transient clerk</td>
<td>Department store clerk/ DV advocate</td>
<td>Transient</td>
<td>None</td>
</tr>
<tr>
<td>Employment-Perp</td>
<td>Drug dealer/ gardener</td>
<td>Electrician</td>
<td>Cook</td>
<td>Recently quit Payroll clerk</td>
<td>Telemarketer/cook</td>
<td>Retired store owner</td>
<td>Transient</td>
<td>None</td>
</tr>
<tr>
<td>Drugs/ Alcohol</td>
<td>Perp: MJ daily/ Alcohol abuse</td>
<td>Perp: alcohol</td>
<td>Perp: MJ</td>
<td>None</td>
<td>Perp: Crack Cocaine/ MJ/ Alcohol V: Same</td>
<td>None</td>
<td>Alcohol Perp,</td>
<td>Perp: MJ and Cocaine</td>
</tr>
</tbody>
</table>

Age Range:

The victims ranged in age from 21 to 62. The perpetrators ranged in age from 20 to 58.
Premeditation and Deliberation:

In two of the eight homicides there was evidence of calculated pre-planning by the perpetrator.

Prior Domestic Abuse:

There was evidence of prior abuse, both physical and verbal in all of the murders where we were able to get detailed histories of their relationships. However, the evidence did not show a progression of escalating violence preceding the murders. In the last case the female perpetrator was 6 months pregnant and had been the victim of repeated abuse by the victim. This case was determined to be self-defense.

Alcohol/ Drugs or Prescription Meds:

Alcohol and/or Illegal drug use was a contributing factor in two of the eight murder cases. One case was strictly an alcohol related crime as the perp was over 3x the legal limit and ran the victim over with a motorhome.

In one of the eight cases the victim was taking multiple types of antidepressants which all seemed to be prescription drugs for depression and related issues.

This is the third year in a row where a perpetrator of one of our cases seems to be linked to the use of these drugs at the time they committed a homicide of their significant other.

Prior Awareness of Abuse by Others:

In most cases, the victim had either told someone about prior abuse or family members knew about prior abuse and/or fear of future abuse. In some of the cases the victim thought they could control the situation. This incorrect judgment on the part of the victim (i.e. the victim of abuse believing he/she would have time to make a determination about the danger, and take appropriate steps before the violence turned lethal), turned out to be a deadly error.

In most of the cases reviewed, the friends or family members who knew or were concerned for the victim’s situation failed to realize there was a possibility the violence could end in murder. Repeatedly, friends or family talked about signs of abuse they had witnessed, then in the next breath expressed shock about the homicide happen. This insight into the potential lethality of domestic violence was also lacking in many of the victims, who were certain they could control their environment and escape serious injury, as they had in the past.

FINDINGS:

In the one case we reviewed where children were on the scene during the violence of the homicide, law enforcement did not call CPS to have them determine the appropriate placement of the children. This is disturbing as years ago this team developed protocols requiring that a CPS referral be done by law enforcement at the scene. This protocol should require a CPS referral whether children were present at the crime or at a different location but local and had the victim and or Perp as a guardian. CPS needed to be called to make sure the children were not just given to relatives at the scene. In the past this was a common practice of law enforcement and it resulted in a number of disastrous results of placement of children in the hands of violent criminals or families that exposed children to more violence. While we thought that prior protocols were in place to ensure this would not occur, with the turnover in local law enforcement there seems to be a need for retraining which will lead to our first recommendation.
This is the third year the team has attempted to document recent changes for the perpetrators in prescription medication for depression. The team found one out of the eight cases had this issue present. As we concluded last year it is a common problem for perpetrators who are ending a prescription for depression medication to fail to consult their physician, and to seek psychiatric attention when violent ideation or symptoms start to emerge. In addition, a new medication for depression may, in some instances, improve depressive symptoms, yet at the same time, as a result of improved thinking may lead the perpetrator to better grasp the reality of their situation and resort to violence.

The age range, employment status, education level, and race varied markedly. These findings repeatedly demonstrate intimate partner homicides cut through every level of the socio-economic community of Sacramento County. This reality is commonly dismissed or ignored when people speak of domestic violence.

Without a commitment to on-going education, treatment and resources specific to domestic violence dynamics, for victims, abusers, their families, and friends, as well as the community as a whole, we will not be able to significantly reduce the number of intimate partner deaths in Sacramento County.

**DVCC SUB-COMMITTEES: ON-GOING ACTIVITIES**

The DVCC has four standing committees. Three are currently active. They include: the Dvdrt; the Health Care Domestic Violence Network (HDVN); the Law Enforcement Committee; and the Community Committee (DVPC). Each sub-committee is comprised of agency and/or community representatives with expertise in these distinct areas. The committees work independently, and are multi-disciplinary in nature. Their responsibilities and duties are determined by the DVCC Executive Committee.

The Community sub-committee, known as the DVPC (Domestic Violence Prevention Collaboration) has been very active in the past year. The DVPC has an annual awards ceremony where community members who have dedicated themselves to the cause of domestic violence are honored. They are also working on updating a DV resource directory to make sure all information is current. Plans are in the works to update the DVCC website and meetings will begin shortly on how and what to include on the site.

Since Jan Scully announced a commitment to create a Family Justice Center for DV victims and families the DVPC has been involved in tours at both the Alameda County Family Justice Center and the Sonoma County Family Justice Center. The group also has monthly educational presentations where members of the group educate each other on what types of help their group provides for victims. This educational process allows the advocates who deal with victims to better access and direct victims to agencies that have the means to help them with their needs.

This year our Health Care Subcommittee stopped having regular meetings. A combination of lack of meeting attendance, economic problems, and a lack of defined goals and objectives hampered goal accomplishment. The committee still has a small amount of money at their disposal and is still considering how to best use this small fund to better the lives of DV victims in the community.

The law enforcement sub-committee discussions have been limited, due to the reduction in staff at all of the local law enforcement agencies. Efforts have been made by the District Attorney to provide training for all patrol and detective law enforcement personnel new to domestic violence. The training has been revised and offered to every law enforcement agency in the county, at their request. Law enforcement agencies regularly attend the other sub committee meetings.
RECOMMENDATIONS

The committee has reviewed the problem of children at a DV homicide crime scene or being off site but who are affected due to the loss of their guardian spouse or an arrested perpetrator. The committee recommends the following:

1) The District Attorney’s Office create a training for Homicide Detectives on the dangers this violence has on children and what steps to take to try and prevent future violence in the family.
2) In a coordinated effort, CPS communicate to law enforcement (including but not limited to homicide detectives) how to contact them and communicate to law enforcement what they are willing to do. This could be done via letter that is sent via email to all officers in the field.
3) Ask the board to request a commitment from local law enforcement to require and endorse all detectives to see this training

The committee thinks it would be beneficial for the court, probation and BTP providers to know about antidepressant medication taken by perpetrators. We are going to explore ways the court and probation can communicate to the BTP providers and how we can inform victims of this potential trigger of future violence.

The committee, which is part of the DVCC, is excited about the potential a Family Justice Center could bring to Sacramento County. Since 2001 we have made this yearly presentation and we have come up with recommendations, some effective, some probably have had a minimal impact, but the Family Justice Center has the potential to fundamentally change the way we do business in Sacramento. Law enforcement, the District Attorney, and the advocate groups we have in Sacramento working together for the benefit of victims. If we do it the right way, it will benefit victims and enhance our advocate groups. The biggest potential is a reduction in DV homicides, which has been documented in San Diego and other Family Justice Centers. The cost of a DV homicide in county dollars can be over a million dollars. The cost to family and friends and children is irreparable.

CONCLUSION

Due to the economic downturn and budget cuts, the need for different agencies to work together to solve the problems in our community has never been so great. The DVCC is going to be active in the next year in working with law enforcement and community groups in meetings and planning groups to try and create an effective concept for a Family Justice Center in Sacramento. We see this concept as an opportunity to advance the collaboration we have worked on in Sacramento. We hope you will join us during the next year as we explore this exciting opportunity.