Editor’s Introduction

On October 1, 2009 the National Domestic Violence Fatality Review Initiative (NDVFRI) officially moved back to Northern Arizona University (NAU) in Flagstaff, Arizona, from Baylor University in Waco, Texas. Dr. Neil Websdale returned as director of NDVFRI, taking over from Dr. Byron Johnson. Neil had previously been the principal project adviser. He can be reached at 928 523 9205 or at Neil.Websdale@nau.edu. Briana Sherinian will serve as Program Coordinator and can be reached at 928 523 2355 or at Briana.Sherinian@nau.edu.

The goals for NDVFRI are to:
• Provide technical assistance to OVW grantees about domestic violence fatality review.
• Extend our capabilities as a clearinghouse for information about developments in the field of fatality review. We will continue to gather, collate, and make available in electronic form the reports and other works of fatality review teams. If you have reports that currently do not appear on our website, please send these reports to Briana Sherinian at the email address above. As noted, we are in the process of augmenting our matrix. Interns will be calling teams to request updates. Once the website is up and running smoothly we will make available a self-reporting form so that teams can update their information online.
• Work closely with our project partners and OVW to integrate fatality review into the broader national initiatives to combat violence against women. Our project partners include: the Battered Women’s Justice Project, the EMERGE batterer’s treatment project, the Asian and Pacific Islander Institute, the National Council of Juvenile and Family Court Judges, the National Clearinghouse for the Defense of Battered Women, and the Family Violence Prevention Fund.

The NDVFRI website (ndvfri.org) has moved to NAU and will be updated over the next six months. We plan to have our state-by-state matrix (a synopsis of team contacts and activities) up to date by the time of the NDVFRI conference (New Directions in Fatality Review) to be held in August 2010 in Phoenix, Arizona (see flyer in this newsletter).

In connection with putting on the conference Dr. Websdale formed a local arrangements committee. The committee consists of the following individuals:

Neil Websdale, Chief Gerald Monahan, Matthew Dale, Jeremy Arp, Constance Halonen, Courtney Langer, Marcia Romano, Malita Arellano, JoAnn Del-Colle, Captain Thomas Kelly, Stephanie Mayer, Barbara Duft, and Melissa Knight.

In this first newsletter of the four to be published on this two-year cycle, readers will find contributions from: Evan Stark on Coercive Control, a piece that draws upon his highly influential book Coercive Control: How Men Entrap Women in Personal Life; a summary piece by Peter Jaffe, Marcie Campbell, Myrna Dawson & William Lucas on the Ontario Canada fatality review team’s achievements; an overview of her important book, Neither Angels Nor Demons by Kathleen Ferraro; and, a special contribution by Matthew Dale on conducting fatality reviews with American Indian tribes in Montana. Mr. Dale’s contribution is NDVFRI’s first attempt to respond positively to Attorney General Holder’s call to pay more attention to the pressing issues pertaining to Indian tribes and violence against Indian women and children. Finally, we include a short piece by Taylor Thompson on the four cases of near-death that the Georgia Fatality Review group has reviewed over the last several years. Since our conference is promoting new directions in fatality review we felt Ms. Thompson’s piece was a good example of how teams have taken on new case types.

We look forward to talking with you about your work. In addition, if you would like to tell us how you are doing or if you have any exciting new developments to report please drop Neil an email and we’ll try to put your update into the next edition of the newsletter.

Neil Websdale

This project was supported by Grant No. 2009-X1167 -AZ-TA awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.
I wrote Coercive Control: How Men Entrap Women in Personal Life (2007) to close the gap between the experiences of battered women and the realities of law enforcement. Based largely on my forensic caseload and mounting evidence on the ways in which abusive partners interweave repeated physical abuse with intimidation, sexual degradation, isolation, and control. Alternately referred to as coerced persuasion; conjugal, patriarchal or intimate terrorism; or indirect abuse; the model formalizes many of the dimensions illustrated by the widely used “Power and Control” wheel. Until recently, it had little influence on the academic or treatment literature.

I argue that many men adapted coercive control as their abuse strategy of choice when gains in women’s rights and resources made violence alone increasingly ineffective as a means to sustain male privilege. The coercive control model illustrates the range of strategies employed to dominate individual women and the resulting harms far better than alternative models. The adoption of this model is important because the current, violence-centered and incident-based approach has caused the domestic violence revolution to stall.

Shelters, arrests, court protections and other measures have undoubtedly prevented millions of women and children from being more seriously hurt or killed. Moreover, both partner homicide and serious partner assaults are down, a consequence of the focus of criminal justice on the most serious physical assaults. There has been a normative sea change in acceptance of physical violence in relationships. But if partner violence against women is no longer just life, anyone with reasonable sympathies and a passing acquaintance with intervention to stem men’s abuse of women will sense the failure of a range of systems to mount an adequate response, the justice system included. Among the most dramatic facts are these:

- The drop in partner homicides has benefited men far more than women. The number of men killed by female partners has dropped dramatically since we opened the first shelters. But the number of women killed by male partners has changed very little among Caucasian groups, especially unmarried white women. It has declined more significantly among African-American women.

- Although severe violence by men against women has dropped, so-called “minor” violence has increased so sharply that overall levels of VAW today are about where they were in the mid-70’s. This type of violence—which survey researchers often term “normal” or “not abuse”—supports the most devastating form of abuse.

- Millions of partners have been arrested for domestic violence. But the chance that a perpetrator will be arrested or go to jail in any given incident is just slightly better than the chance of winning a lottery. Abuse has been turned into a second-class misdemeanor.

- Batterer intervention programs (BIPs) are widely offered as an alternative to incarceration. But these programs are little more effective than doing nothing at all.

The Domestic Violence Paradigm

To understand why domestic violence interventions are failing to improve women’s long-term safety, we must first consider the domestic violence model on which intervention and most research rely.

Drawing on the criminal justice definition of assault, domestic violence laws and most research in the field equate abuse with discrete threats or acts of violence whose seriousness is assessed by applying a calculus of physical and/or psychological harms. Repeated partner assaults are referred to using the language of “recidivism.”

There are three major problems with this model. To start, physical assault reoccurs in all but a tiny proportion of abuse cases and involves frequent or even “serial” abuse (more than once a week) in somewhere between a third (in population surveys) to a half (among victims who call police) of cases. Since abusive relationships last between 5 and 7 years on average, this means that a high proportion of victims experience dozens, hundreds, or even thousands of assaults, a major reason why they report abuse is “ongoing.” In fact, abuse resembles a chronic health condition like AIDS or a course of conduct crime like harassment, stalking or kidnapping more closely than a stranger assault or an acute, time-limited problem like the flu.

The second problem is that well over 90% of abusive assaults are non-injurious, relatively minor, and fall far below the radar of an injury-based model. Nevertheless because of their frequency in a typical abuse situation, low-level assaults have a devastating effect. A related problem with the prevailing model is that it fails to recognize that the level of fear and entrapment women present is the cumulative result of all that has come before rather than of the proximate event. When victims or their children present with high levels of fear in response to a seemingly trivial assault, they are thought to be exaggerating, or, in family court, to be manipulating or “alienating” their children from a father figure.

The third and most important problem with the prevailing model is that between 60% and 80% of the victims who seek assistance are experiencing multiple nonviolent tactics as well as physical assault. These tactics run the gamut from sexual exploitation, material deprivation and imprisonment to the imposition of rules for how victims carry out their daily affairs. More than half of the offending men we are arresting for domestic violence acknowledge they have taken their partner’s money, for instance. Many of these deprivations and controls are struc-
tural and induce an objective state of dependence or subjugation independently of how a victim processes the abuse psychologically, making terms like “psychological abuse” inappropriate. Because stalking, surveillance and many of the other tactics transcend the physical proximity of the parties, they neutralize ‘separation’ as an antidote.

The Effects of Using the Violence Model

The failures of intervention noted above follow directly from application of the violence model. Since well over 95% of domestic violence involves pushes, grabs, slaps, punches and the like, arrest is unlikely, even in mandatory arrest jurisdictions, and, if an arrest is made, almost no offenders go to jail. As abuse escalates and calls to police or visits to the emergency room are repeated over time, these victims are seen as ‘repeaters’ and the helping response becomes more perfunctory. Protection orders are predicated on the false belief that offenders and victims typically have the decisional autonomy to end abuse ‘between’ incidents. Because of stalking, surveillance and other forms of intimidation, however, these orders rarely end abuse, though they may change its dynamic. Because they take an incident-based approach, many judges become frustrated with victims and also adapt a perfunctory or punitive response. Everyone involved recognizes the situation is “tragic.” But because abuse is not understood as ongoing, its duration is attributed to the failure of victims to act on their own behalf. Few if any of the nonviolent coercive or controlling tactics are recognized, let alone incorporated into protection or prosecution.

Coercive Control

The coercive control model defines abuse as a malevolent course of conduct; identifies the hallmarks of abusive assaults as their frequency and “routine” nature rather than their severity; anticipates the use of a range of coercive and controlling tactics in addition to or instead of physical violence; and assesses risk, including the risk of fatality, on the basis of a woman’s subjective level of fear and her objective entrapment rather than the level of violence or injury. My schema draws on the human rights literature to subdivide the tactics deployed in coercive control into violence, intimidation, isolation and control. Intimidation encompasses the tactics used to induce fear and humiliation and extends from literal threats, stalking and other forms of surveillance through varied forms of sexual abuse (such as inspections) to subtle threats only understood by victims. Everyone involved understands the situation is “tragic.” But because abuse is not understood as ongoing, its duration is attributed to the failure of victims to act on their own behalf. Few if any of the nonviolent coercive or controlling tactics are recognized, let alone incorporated into protection or prosecution.

Coercive Control shares general elements with other capture or course-of-conduct crimes such as kidnapping, stalking, and harassment, including the fact that it is ongoing and its perpetrators use various means to hurt, humiliate, intimidate, exploit, isolate, and dominate their victims. But unlike other capture crimes, coercive control is personalized, extends through social space as well as over time, and is gendered in that it relies for its impact on women’s vulnerability as women due to sexual inequality. This is obvious not only from the gender specific distribution of coercive control, but also from the fact that the majority of coercive control is the micro-regulation of behaviors associated with stereotypic female roles, such as how women dress, cook, clean, socialize, care for their children, or perform sexually.

The coercive control framework does not downplay women’s own use of violence either in fights or to hurt or control men or same-sex partners. But my claim is that female-to-male violence is largely confined to “fights” between relative equals (which I do not consider “abuse”) and assaults where partners use violence to hurt or control a partner, but not structural deprivation, systemic isolation, sexual abuse and regulation. Outside prison or a similar institutional setting, there is no counterpart in men’s lives to women’s entrapment by men in personal life due to coercive control.
Control: Invisible in Plain Sight

The entrapment of women in personal life due to coercive control has been hard to discern because many of the rights it violates are so basic—so much a part of the taken-for-granted fabric of the everyday lives we lead as adults, and so embedded in female behaviors that are constrained by their normative consignment to women—that their abridgement passes largely without notice. Among my clients are women who had to answer the phone by the third ring, record every penny they spent, vacuum “till you can see the lines,” and dress, walk, cook, talk, and make love in specific ways and not in others, always with the “or else” proviso hanging over their heads. My book is filled with such examples. Against physical bruising, it is hard to take these little indignities seriously or appreciate that they comprise the heart of a hostage-like syndrome against which the slap, punch, or kick pale in significance. When women told us “violence wasn’t the worst part,” we mistakenly thought they were speaking metaphorically.

Some of the rights batterers deny to women are already protected in the public sphere, such as the rights to physical integrity and property. In these instances, law is challenged to extend protections to personal life. But most of the harms involved in coercive control are gender-specific infringements of adult autonomy that have no counterpart in public life and are currently invisible to the law.

The combination of these big and little indignities best explains why women suffer and respond as they do in abusive relationships, including why so many women become entrapped, why some battered women kill their partners, why they themselves may be killed, or why they are prone to develop a range of psychosocial problems and exhibit behaviors or commit a range of acts that are contrary to their nature or to basic common sense or decency. The risk that battered women will kill or be killed is a direct function of their degree of entrapment by coercive control.

In the late 1970s, we reached into the shadows to retrieve physical abuse from the canon of “just life.” Now it appears, we did not reach nearly far enough.

An Overview of the Ontario (Canada) Domestic Violence Death Review Committee (DVDRC)

by Peter Jaffe PhD & Marcie Campbell MEd, University of Western Ontario, Myrna Dawson PhD, University of Guelph & William Lucas MD, Chair DVDRC, Office of the Chief Coroner

Ontario is the only Canadian province with a domestic violence fatality review committee. However, other provinces, such as Manitoba and New Brunswick, are looking to expand their domestic homicide review process and include a domestic violence death review committee. Ontario’s “Domestic Violence Death Review Committee” (DVDRC) is a multi-disciplinary advisory committee of experts that was established in 2002 in response to recommendations made from two major inquests into domestic homicides. The mandate of the DVDRC is to assist the Office of the Chief Coroner with the investigation and review of deaths involving domestic violence with a view to making recommendations aimed at preventing deaths in similar circumstances and reducing domestic violence in general. The DVDRC defines domestic homicide cases as all homicides that involve the death of a person, and/or his/her child(ren) committed by the person’s partner or ex-partner from an intimate relationship.

The main objectives of the DVDRC are: to provide and coordinate a confidential multi-disciplinary review of domestic violence deaths; to offer expert opinion to the Chief Coroner regarding the circumstances of the events leading to the death(s) in the individual cases reviewed; to create and maintain a comprehensive database about the victims and perpetrators of domestic violence fatalities and their circumstances; to help identify the presence or absence of systemic issues, problems, gaps, or shortcomings of each case to facilitate appropriate recommendations for prevention; to help identify trends, risk factors, and patterns from the cases reviewed to make recommendations for effective intervention and prevention strategies; to conduct and promote research where appropriate; to stimulate educational
activities through the recognition of systemic issues or problems; to stimulate referrals to appropriate agencies for action and assist in the development of protocols with a view to prevention; to disseminate educational information; and to report annually to the Chief Coroner the trends, risk factors, and patterns identified and appropriate recommendations for preventing deaths in similar circumstances, based on the aggregate data collected from the Domestic Violence Death Reviews.

The DVDRC consists of representatives with expertise in domestic violence from law enforcement, criminal justice system, healthcare sector, social services and other public safety agencies and organizations. By conducting a thorough and detailed examination and analysis of facts within individual cases, the DVDRC strives to develop a comprehensive understanding of why domestic homicides occur and how they might be prevented. Information considered within this examination includes the history, circumstances and conduct of the abusers/perpetrators, the victims and their respective families. Community and systemic responses are examined to determine primary risk factors and to identify possible points of intervention that could assist with the prevention of similar deaths in the future.

The DVDRC has collected data from the files of the Office of the Chief Coroner for Ontario (OCC) on all domestic homicides that occurred between 2002 and 2008 in Ontario (population of over 13 million). The statistics revealed that there have been a total of 166 domestic homicide incidents which resulted in 230 deaths involving 142 women, 65 men (the majority being perpetrator suicides) and 23 children. It should be noted that comparison with other data sources should be done cautiously as different organizations may have differing criteria for defining domestic homicides. For example, Statistics Canada publishes data on homicides based on police reports that are not modified after subsequent court proceedings or revised coroner’s findings. Over half of the 166 incidents were homicide cases (67%) and one quarter of the incidences were homicide-suicide cases (25%). The main cause of death in these cases was stabbing (34%) followed by gunshot wounds (21%). This pattern is the reverse of findings in the United States where more than half of domestic violence fatalities were caused by firearms. This difference between Canada and the U.S. may be in part due to the different laws and regulations surrounding the licensing and purchasing of firearms and general overall access to firearms (Violence Policy Center, 2004). Statistics also revealed that in 92% of the cases, the perpetrator was male and the victim was female.

Between 2003 and 2008 the DVDRC was able to complete a comprehensive review of 77 domestic homicide cases. The major findings from these reviews continue to echo other published data in terms of the circumstances of the homicide and the risk factors identified (Campbell et al. 2003). The main cause of death in the 77 reviewed cases is again stabbing (32%) followed by gunshot wounds (25%). This trend is consistent with the statistical findings from all the 166 cases that occurred in Ontario between 2002 and 2008. Additionally, the majority of the victims in the reviewed cases were female (95%) and the majority of perpetrators were male (94%).

Consistent throughout the annual DVDRC reports and research, the most common risk factor involved with a domestic homicide case was found to be an actual or pending separation (81%). A history of domestic violence (79%) was found to be the second most common risk factor associated with perpetrators of domestic homicide, followed by obsessive behavior (62%), reports of depression (either professionally diagnosed or in the opinion of non-professionals, e.g., family, friends) (58%), and escalation of violence (57%).

As the DVDRC reviews domestic homicide cases and makes recommendations to prevent similar tragedies in the future, major themes and trends are identified. One major theme identified is around the importance of screening, treating, and monitoring men suffering with depression and/or suicidal ideation. Over the past six years of the DVDRC, depression has been one of the most common risk factors present with perpetrators of domestic homicide. Research has indicated that there is a relationship between male depression and domestic homicide and homicide/suicide (Buteau, Lesage and Kiely, 1993). In fact, several U.S. domestic violence death review committees have identified depression as a common risk factor for domestic violence fatalities and have made recommendations around education, training, screening, intervention, and firearms (Santa Clara, 2006; Washington State, 2006). The Ontario DVDRC has made recommendations around educating both the public and professionals on the risk of suicide and depression in the context of domestic violence, and the importance of screening for abusive behavior with men suffering with depression.

Another major theme identified within the recommendations made by the committee is the risk associated with separation and how victims can take appropriate steps to separate safely. The DVDRC did an analysis on 72 reviewed cases that involved a male perpetrator of homicide and found that an actual or pending separation was observed in 81% of the cases, with 58 cases involving an actual separation and 18 having a pending separation. Further analyses on the sample of cases classified as having an actual separation revealed that in 45% of these cases, the couple had been separated for three months or less. These statistics are consistent with research findings indicating that the period immediately after separation is most dangerous for abuse victims (Brownridge, 2006). Out of all the cases where the victim and perpetrator were separated, 37% had reasons for ongoing contact with the main reason being issues related to the children (13%).

From these findings, the DVDRC recommended that victims of abuse and the general public should be educated on the dynamics of a separation, particularly when the relationship involved domestic violence. Additionally, the DVDRC recommended ongoing research of this risk factor in more detail. More specifically, research should be conducted to identify key elements of safe separations including critical steps and issues to be considered when facilitating a separation involving a couple with a history of domestic violence.

The DVDRC continues to identify four common themes for recommendations in domestic homicide review. These four main themes are: 1) education and awareness, 2) assessment and intervention, 3) resources, and 4) child-related issues. Specifically, many case reviews involve recommendations around educating professionals and the general public on the dynamics of domestic violence and how to reduce the risk for lethality. Many recommendations also emphasize the importance of risk assessment, safety planning, high-risk case management, and interventions by police, courts, workplaces, healthcare systems, and social services. The main recommendation regarding resources is the need to provide more programs that are accessible to rural and First Nation communities. Finally, several recommendations concerning child-related issues, such as legislation reform, assessment, policy and practice, and custody and access disputes, stemmed from several case reviews that involved children. Over the years, the DVDRC has continued to repeat recommendations from the four common themes.

More recently, the DVDRC formed a triage committee to review and screen cases with the intention of passing on to the full DVDRC for further review only those cases with new issues, themes or areas of potential recommendation. The committee continues to
identify and track recurring issues and themes to incorporate into the database; however only unique or new areas of recommendation not previously made are discussed in the annual report. All recommendations are directed to the appropriate ministries, agencies and organizations for consideration.

There has been considerable progress made in the field of domestic violence in Ontario partly in response to the recommendations made by the DVDRDC. For example, the creation of the Neighbours, Friends, and Family (NFF) campaign in 2006 was in direct response to recommendations made by the DVDRDC. The NFF campaign addresses the need for public awareness and education by developing and providing educational materials about domestic violence to all communities and providing strategies for effectively intervening with victims and perpetrators to reduce the risk of lethality and enhance the safety of women and children (www.neighboursfriendsandfamilies.ca). In 2007, the committee made a recommendation, directed to the Ministry of the Attorney General, to create an inter-ministerial committee with a mandate to review all community, agency and government responses since its inception. It is hoped that if implemented, this recommendation will lead to a comprehensive report that will show the responses and the policies and programs created to prevent similar tragedies of domestic violence. To view past DVDRDC annual reports, please go to http://www.mcscs.jus.gov.on.ca/english/publications/pubs.html.

References


Neither Angels nor Demons: Women, Crime and Victimization
by Kathleen J. Ferraro

Fatality review teams know that when women kill their intimate partners there is often, not always, a prior history of intimate partner violence (IPV). In my book, Neither Angels nor Demons: Women, Crime, and Victimization, I analyze the connections between women’s childhood and adult victimization and their participation in crime. My goal is to complicate our understanding of the ways IPV affects women. I draw my analysis from detailed case data and interviews with 45 women who were victims of IPV and also perpetuated serious crimes. The cases include 26 women who killed or tried to kill their intimate partner and 19 whose crimes against others were related to their own abuse. Their offenses include murder, attempted murder, manslaughter, sexual abuse of children and adults, armed robbery, counterfeiting, aggravated assault, failure to protect, child abuse, mail fraud, and drug trafficking. Their sentences ranged from the dismissal of charges to life imprisonment. All women had testimony on the effects of battering introduced into their pre-trial, trial, or sentencing decisions. And although all had experienced violence at the hands of their family members, that experience was not always deemed relevant in mitigating the seriousness of their crimes.

People continue to express confusion and frustration over the behavior of women who are abused by intimate partners: Why do they stay? Why don’t they call the police? Why do they recant their testimony? My first two chapters tackle these questions and demonstrate how our policies and ways of talking about IPV are incompati- ble with the lived experiences of many women. In talking with thousands of women over the past thirty years, I have realized that women’s lives and self images rarely conform to popularized notions of IPV. For example, none of the women in this book defined themselves as a “battered woman.” They all were victims of physical and emotional violence, most were also sexually abused, and some also watched their loved ones suffer abuse at the hands of their intimate partners. But the term “battered woman” violated their own self perceptions as competent people with complex lives and relationships. This language is particularly problematic for women who do not share the qualities of the “good battered woman.” Women who are tough, sexually nonconformist (prostitutes, strippers, women with multiple partners), who fight back, neglect their kids, or use drugs often view the criminal justice system as an opponent rather than a
Violent relationships defy easy explanations and interventions because they are complicated and confusing. Women often feel love and fear, connection and alienation, attraction and repulsion toward the men who abuse them. Even women who follow the requirements for successful prosecution—prompt reporting, consistency, follow through, refusal to believe men’s excuses and justifications, compliance with requirements of protection orders and prosecution—continue to be harassed and abused by their partners. Women described men who escaped consequences regardless of their own efforts to engage law enforcement and prosecution. Such experiences lead women to believe that there is no way to stop abusive men or to be safe.

IPV is not only physical but involves the manipulation of a partner’s view of the world. Women described the mind games that caused them to lose trust in their own perceptions and their own moral compass. Men’s violence, threats to kill or harm children and other loved ones, and extreme psychological cruelty were all forms of betrayal of women’s basic belief that their partners loved them. Beyond the betrayal of abuse, however, was the manipulation of everyday perceptions. Most men contradicted women’s understanding of their abuse by defining injuries as accidents and/or women’s responsibility due to failure to follow men’s rules. The bruises were not from his fist but from falling. He was not aggressive; she should have prepared the food he requested. A large group of men, 24%, spun tales of supernatural powers, political intrigue, and unique spiritual connections with their partners. Many of these tales were the result of serious mental illness and/or drug abuse. Men told women that they were God, political spies, or shamans who could see into women’s souls. Their stories were intertwined with anomalous events that seemed to verify their outrageous lies to their partners. Women became confused about how much of these stories were true and how they could challenge the authority of these alleged powerful beings. How can you escape from someone who can read your mind, even from a great distance? And if your spiritual connection goes back to previous lifetimes, shouldn’t you hang in there and endure abuse in this one? Although these claims seem outrageous from an outsider’s perspective, they are presented in the context of isolation from other views. Women who were also abusing drugs found men’s stories of super human powers more plausible.

Women’s childhood experiences also influenced how they responded to their partner’s violence. Many of the women were abused or observed abuse in their childhoods. About 44% were physically abused as children and 31% were sexually abused, rates much higher than in the general population. The majority, 56%, neither observed violence in their childhood homes nor were physically or sexually assaulted prior to their abuse by their intimate partner. All but a few women, however, described childhoods filled with struggle and pain. Their parents worked long, hard hours for wages that could barely support a family. Many experienced neglect, abandonment and parental alcohol abuse. Women with alcoholic mothers or mothers suffering from mental illness described being the caretakers for their mothers and leaving home at an early age to escape this responsibility. The four major themes that emerged from women’s descriptions of their childhoods were loneliness, loss, and alienation; physical and sexual abuse; parental overwork, exhaustion and absence; and maternal emotional distance and paternal abandonment. I argue that it is not only explicit abuse that harms children and leads them to destructive relationships and criminal behavior. It is also the loneliness, lack of hope, and emotional emptiness that characterize many socially marginalized families. I also explain how race and gender intersect class relationships in reproducing the pain within families.

In Chapter 5, I analyze the cases of 26 women who killed or attempted to kill their partners. None of these women had wanted to kill their partners. Some still loved their husbands and grieved their loss; others had stopped loving their partners and felt safer after their death. Most women, however, continued to feel the presence of their partners in the internalized rules and control established during their lives. All the women had experienced prior violence and abuse from the men they killed or attempted to kill. The contexts in which they used lethal or sublethal violence to protect themselves included: reactions to imminent danger (10 cases), proactive violence used to preempt an assault (8), and the involvement of third parties (3). In two cases, women maintained the deaths were an accident. In three, I could not determine the nature of the homicide due to contradictory statements and evidence, although there was no dispute that the women had been physically abused by their partners. Of these 26 cases, all but four women reported that they were terrified of their partners, believed they would be killed and felt nothing could protect them. None, however, met the strict legal standards of imminent danger and proportional force required to argue self-defense.

Women who reacted violently to situations that they perceived as imminently life threatening received the most sympathetic treatment from courts. Their stories share similar features: he was in an angry rage; he threatened to kill her, her children, or another loved one; he kept loaded guns around the house; and the look on his face made him appear “evil,” “crazy,” or “like someone else.” Although these cases were charged initially as first or second degree murder or manslaughter, after evidence on battering was introduced charges were dropped or reduced, and all but one woman was released or placed on probation. Women who acted proactively to defend themselves, based on their knowledge of their partner’s violence, were not treated as sympathetically. Even with evidence on the effects of abuse, all but one of these women received prison sentences and lost custody of their children. The three women whose husbands were killed by another person and were convicted of third party murder were sentenced to prison for 12.5, 18, and 25 years. In two of these cases, there was clear corroborating evidence that the women had been violently abused. No money was exchanged, but there was evidence that the women knew about and helped carry out the murders. When murder is premeditated, evidence of prior abuse of the perpetrator by the victim may only serve as a mitigating factor in sentencing and cannot form part of a defense strategy.

In Chapter 6, I analyze the cases of 19 women who committed crimes against people other than their abusive partners. I refer to these as crimes of complicity. The women did not plan or intend the crimes but were entrapped in situations where they observed the crimes of their male partners or where they committed crimes under orders from their abusers. None of the women had a record of violent offenses; all of the men did. All of the women had been abused by their partners and these cases involved the most heinous physical abuse of all 45 cases. In 12 cases, the crimes were committed by male partners or under orders from them. Seven cases involved the abuse or murder of women’s children. The women who were charged with crimes against others were terrified of their partners and believed they had no
choice but to obey orders to commit crimes or remain silent about the crimes they witnessed. Women’s compliance with their partner’s commands within the relationship, as well as their isolation from friends, family, and legal authorities, undermined their capacity to adhere to their own moral judgments. In some cases, heavy use of alcohol or drugs further impaired women’s decision making. Many of these women also described the “special powers” of their abusers. They believed there was no escape and were simultaneously enthralled with the charismatic power of their partners and terrified of the consequences of disobedience.

Women whose children were sexually abused or killed by their intimate partners are the most difficult to understand. Our primordial desire for maternal nurturance and protection is challenged by women who fail to protect their children from their abusive partners. Based on a very small sample of four child deaths, I try to explicate the overwhelming sense of powerlessness described by these mothers. All were impoverished women of color with extensive histories of abuse from childhood forward; all but one had serious drug or alcohol problems; three of four gave birth after their incarceration to a child fathered by their abuser. They had between two and twelve children and all had experienced prior intervention from child protective services. All are serving life sentences. In sharing their stories, I try to illuminate the ways their social marginalization, fear, dependency, and histories of abuse overwhelmed their capacity to act decisively on their children’s behalf. The women did not view their own abuse as an excuse. They hoped people would understand that they were not callous demons, but women who were too confused, exhausted, afraid and hopeless to defy their abusers.

I offer no simple program for breaking the link between women’s victimization and offending. In describing the complex circumstances of women’s lives, I suggest that an over-reliance on individualistic strategies, such as criminal justice interventions, undermines our more creative and expansive ideas. Women trapped in violent relationships need and deserve equal protection, but unless they have hope and conviction that their lives are precious and worth preserving, protection will be precarious. If we focus all our resources on “holding batterers accountable,” we neglect the work of imagining and creating communities where violence against an intimate partner is unthinkable.

Dr. Kathleen Ferraro is a professor of sociology at Northern Arizona University in Flagstaff, Arizona. Her most recent book is an anthology entitled "Women's Lives," published by Allyn and Bacon. She also serves as Co-Chair of the Coconino County, Arizona, fatality review team.

As the process of reviewing intimate partner homicide (IPH) has grown and matured, it has become clear that previously underrepresented groups deserve “a seat at the table.” These groups include survivors and/or family members, clergy and members of child death review teams, among others. Members of local ethnic and cultural minorities, referred to in federal parlance as “underserved populations,” are also now seen as essential participants in the death review process.

In Montana, Native Americans are the state’s largest minority, comprising approximately seven percent of the population. Of those 66,000 individuals, roughly 57% reside on one of the state’s seven Reservations. These communities vary tremendously in acreage and appear across the state (http://indiannations.visitmt.com/). Populations also fluctuate, ranging from fewer than 3,000 residents on the Rocky Boy’s Reservation to more than 8,000 on the Blackfeet (http://gain.mt.gov/docs/mbq4-041.pdf).

Montana’s statewide Fatality Review Commission (also referred to as a team) is keenly interested in the needs of these citizens because Native Americans, both on and off the Reservation, are disproportionately represented in intimate partner deaths in our state.

Domestic Violence Fatality Review in Indian Country
By Matthew Dale

FATALITY REVIEW BULLETIN
According to the list of statewide IPH homicides maintained by the team, Native victims account for 17% of deaths since 2000. Montana’s experience is similar to national statistics, which indicate that Native women suffer far higher rates of domestic and sexual violence than white women (http://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf).

The Commission’s focus on high rates of American Indian violence is mirrored in both our state legislature and the U.S. Congress. Last year, for instance, the Montana legislature passed Senate Joint Resolution 26, which calls upon residents to help, “Honor Montana’s American Indian Women By Stopping The Violence Against Them” (http://dataopi.mt.gov/bills/2009/billpdf/S0026.pdf). The resolution resulted in a one-day symposium on the scope of the problem and potential solutions. The team’s history and previous legislative testimony resulted in an invitation to participate in that event. Doing so provided an opportunity to disseminate the team’s findings to more than 100 attendees, including representatives of all Montana tribes.

Nationally, Senator Byron Dorgan introduced the Tribal Law and Order Act in the 2007-2008 Session and plans to do so again in 2009-2010. The Act is motivated by a desire to reduce extraordinary levels of violence on many Reservations, and would have far-reaching effects in tribal courts (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:s797is.txt.pdf). Additionally, President Obama and Attorney General Eric Holder have made Indian Country crime reduction a centerpiece of this administration.

Undertaking fatty death review in Indian Country, where each federally recognized tribe is a sovereign nation, is complex. Many of the protocols teams have developed in the areas of membership, record retrieval, report writing and inclusion of local members, are different in tribal and federal environments. It is perhaps preferable that only teams with extensive experience and well established practices take on these reviews. Otherwise, there is a danger that the long history of misunderstandings between Native and white communities will be replicated. A sincerely undertaken but poorly executed review runs the risk of setting cooperative tribal and nontribal reviews back for some time.

At times there has been concern raised nationally regarding death review among some Native cultures, out of fear that tribes may have a taboo against speaking of the dead. That has not been Montana’s experience. In fact, our tribal representative is not aware of a tribe for whom this is a concern. It may be that our understanding will be enlarged through this article and ongoing discussions of our work but at this point it seems reasonable for teams to continue in their outreach for tribal death review participants.

Once Montana’s Commission decided to focus on Indian Country reviews, we needed to re-examine our membership. It was essential that we add a tribal member and a federal law enforcement representative. As happens frequently in fatality review, we sought to fill multiple needs with a single person. This was accomplished when Phoebe Blount, FBI victim services staff and an enrolled member of the Fort Peck Reservation, joined us. Phoebe’s ability to serve as a liaison between tribes and the team has been invaluable.

It can’t be reiterated too strongly just how necessary it is that a federal law enforcement or criminal justice employee be a team member for those undertaking Indian Country reviews. Statutes that were helpful in procuring state and local reports mean little in a federal environment and almost every relevant report – law enforcement, proba-
tion, medical, etc. – must come from a federal source. Involved agencies might include the FBI, Bureau of Indian Affairs (BIA), Bureau of Alcohol, Tobacco, Firearms and Explosives (BATF), U.S. Attorney’s Office (USAO), federal Victim Services and/or the Office of Federal Probation.

While we have found individual agents and supervisors to be extremely helpful, they work within large bureaucracies with myriad laws, rules and protocols. No matter how well intentioned any one employee may be, many layers must be navigated and this takes a great deal of time. At a minimum, teams should expect their standard preparation time to double when undertaking a tribal review. Montana’s team completes two reviews per year, and generally two to three months is adequate to accumulate all the available information. In contrast, we have learned that Native American review preparation requires nearly the entire six month period available.

Another key consideration when considering a Reservation-based review is the extreme isolation of some of these communities. Montana’s team decided early on to review deaths across the state, and to travel to the location of the death. In our most recent Indian Country review, that meant one-way distances of more than 400 miles for some attendees. Not only is this a significant financial consideration, but the amount of time necessary to conduct the review is also extreme. Distances of this magnitude turn an average 16 hour per review commitment into nearly twice that [including travel]. Given that Commission members receive no remuneration and must take time away from their day jobs to participate, this can be a significant concern.

That commitment to travel, however, to be physically present, pays some of the largest dividends, we have found. Reservation communities are well aware of their distance from most state services and they recognize the unusual nature of the team’s visit. State and local, and in this case tribal, participants understand the importance of coming together, and individuals from all backgrounds make extraordinary efforts to collaborate. Attendance by local professionals, both Native and non-Native, has improved with each review.

Our process for reviewing Native deaths began slowly and has become more sophisticated over the past five years. Our first review included a Native victim and perpetrator but the death itself took place off either Reservation. The second was a Reservation-based death but the review itself took place in a different city nearby. Our third review, and the primary basis for this article, was in one of the most remote communities in the state. We heard repeatedly that the team’s willingness to travel to the community was appreciated and was essential to the review’s success.

We have found this spirit of commitment leads to reviews of great depth. Team members have wide varieties of experience working with Native Americans. Tribal participants have been patient and forthcoming in explaining their positions and experiences both as tribal employees and Native American family members. Commission members have been humbled by the levels of trust and disclosure that tribal hosts have offered. This sharing adds considerably to our knowledge of the victim and the environment in which his or her life and death took place. In our experience, such nuance and candor does not occur without actually experiencing the culture firsthand.

These reviews also call for heightened levels of diligence once the event ends. As acknowledged above, United States history has innumerable examples of broken promises between the state and Native Americans. Fatality review teams have a responsibility to be sensitive participants but to not stop there. Tribal communities have experienced any number of “listening tours” that have failed to result in concrete outcomes. If during the review process teams commit to take action or implement recommendations, timely follow through is a must.
Montana’s team has learned that tribal participants have a great deal to offer, even if their experience reviewing IPH deaths is limited. One of the most far-reaching, concrete results of fatality review in our state has been dissemination of the Hope Card. The Card, a portable, laminated distillation of the key elements of an Order of Protection, began as a tribal initiative. Created by BIA agent John Oliveira while working on the Crow Reservation, the Card was offered originally as part of the tribe’s Purple Feather Campaign. With the assistance of the Office on Violence Against Women and the Montana Attorney General’s Office, the Card is now on the cusp of being available across the state, to all holders of permanent [non-temporary] Orders. If not for active engagement with tribal nations, the brilliance of the Hope Card might be limited to a fraction of Montana’s vulnerable population.

A team’s report to the community can be an excellent vehicle for publicizing both the challenges and successes of work with tribes. As mentioned earlier, the efforts of Montana’s team, highlighted in the 2009 Report to the Legislature [http://www.doj.mt.gov/victims/statisticsreports/biennialreport/2009.pdf], led to its inclusion in the state’s Honoring Native Women event. The appendix of that same report describes the Hope Card and the “Indian Country Federal Crime Case Tracker,” an initiative of the U.S. Attorney’s Office in Montana.

The Tracker was created in response to tremendous Native American frustration with the federal criminal justice system. For some time, tribes have felt that prosecutions for many Reservation-based crimes have languished, or never even occurred, in some cases. In an effort to increase transparency and accountability, then-U.S. Attorney Bill Mercer directed that a simple, easily understood spreadsheet be used to follow all crimes, regardless of the reporting entity, from the moment contact is made with the USAO.

The form was accompanied by a Memo to a wide variety of professionals, both tribal and nontribal, asking them to use the form, effective immediately. Montana’s team was impressed by the instrument and Mr. Mercer’s response to Native concerns, and wanted to distribute it to an audience far larger than the original recipients. Mr. Mercer readily agreed, and through its inclusion in the report, the Case Tracker is now available statewide and, in fact, nationwide should another USAO choose to implement it. In very public ways, the work of fatality review teams can both spur change and draw attention to positive responses in a way that few other groups can.

Domestic violence fatality review work in Indian Country can be frustrating and difficult. Teams are called upon to learn whole new ways of executing even their most basic tasks. Every aspect of their work – membership, meeting locations and times, document accumulation, interviews, report writing – needs to be re-examined in light of the special challenges of operating in tribal, that is sovereign, and federal environments. That said, the work is immensely rewarding and creates opportunities that simply do not exist when working solely in local, county or state systems. A decision to move in this direction must be thoughtful and collaborative, and team members should be fully committed before the review begins. Done well, fatality reviews of Reservation-based deaths can re-energize a team and remind members why they volunteered to serve in the first place.

To summarize, key considerations when reviewing Indian County IPH deaths include:

1. It is essential that at least one Native American sit on the fatality review team. That member serves as an ambassador to the tribal community, opening doors and reducing suspicion. They also serve as an intermediary for contacts with Reservation residents, particularly family members. In most reviews a liaison is not necessary; in Indian Country it is essential.
2. A federal law enforcement or criminal justice representative on the team makes navigating the federal system and procuring documents considerably easier.
3. Consider travelling to the Reservation community or, at a minimum, providing funding for tribal representatives to travel to the review site.
4. The team should have a sense of history as it prepares – learn from others who have worked with the community in the past. Participants must enter the process as eager to learn as they are to teach. As in all reviews, “do no harm” is tantamount.
5. Go beyond a “listening tour.” Make a commitment early on to work diligently to implement concrete responses to at least some of what is learned during the review.

Take advantage of the efforts of all interested parties – local, state, federal, tribal – to reduce domestic violence deaths on Reservations. Use your report to highlight best practices, regardless of their source, so that other communities and agencies can benefit from their creation and implementation.

Dale directs the Office of Consumer Protection and Victim Services within the Montana Department of Justice. He coordinates the work of the state’s fatality review team and also serves as a national consultant for NDVFRI.
In 2006 the Georgia Domestic Violence Fatality Review Project began reviewing near fatality cases. We define a near fatality as a situation where, by fate or circumstance, the victim survived an attack on her life. To date, we have reviewed four cases, all women who were separating from abusive male partners and were attacked with firearms. Following is a brief discussion of the review process.

We entered into this process with careful consideration and preparation. We hashed through our concerns about: ethical obligations to survivors; causing additional emotional and psychological harm; issues of safety for survivors; the risk of alienating survivors from people they may need to call on for help in the future; and uncovering grounds for a lawsuit. We concluded that as long as we remained true to our core value of being survivor-centered, potential benefits would outweigh any risks.

Two key purposes of our near fatality review process are to provide a safe forum for survivors to offer feedback to their community and for the community to learn ways to keep domestic violence victims safer. To these ends, case selection is guided by the following criteria:

1. It has been at least two years since the incident occurred.
2. The survivor is contacted via an existing community relationship, such as with an advocate. Sometimes survivors can be identified when they have spoken publicly about their experiences or have expressed a desire to do so.
3. The survivor is fully informed of the process and consents to the review. A case will not be reviewed without her consent and participation.
4. All safety and advocacy concerns are explored with the survivor. It is determined that the perpetrator is not currently a threat to the safety and well-being of the survivor and her family (i.e. the perpetrator is deceased, or was prosecuted and received a substantial sentence).

Two important additional considerations are advocacy and confidentiality. Even though two or more years have likely passed since the incident, we may be reaching out to someone who has immediate advocacy needs. For example, it was revealed in one interview that the survivor’s son was acting out in school, so the team provided her with a counseling referral. Teams must be prepared to offer resources such as follow-up advocacy, counseling, and referrals to the survivor. Our obligation to provide advocacy applies with survivor contact, whether or not she consents to the review of her case. We felt that confidentiality is crucial when reviewing a case where the victim possibly still lives in the community or has ties there. We want to be careful not to alienate her from any systems or individuals that she may need help from in the future.

Once the above considerations have been worked through, the interview can take place. At this point, we designate a few team members to work closely with the survivor, gathering and synthesizing information from the interview. Those present in the interview with the survivor include a licensed therapist, a support person chosen by the survivor, a note taker and an interviewer who will mainly ask questions and conduct the interview. The licensed therapist is on hand to prepare the survivor before the interview, check-in with her during the process, and de-brief with her privately after the interview. We believe involving a licensed therapist, especially one with trauma expertise, reduces the likelihood of further emotional trauma.

After the meeting the note taker will put the notes into narrative form. The narrative is then presented to the survivor to make sure we have told her story in a way that best honors her experience. She is able to add, subtract and clarify details as she sees fit. She also chooses the pseudonyms we use when printing the narrative in our fatality review annual report.

The most important thing for us when reviewing near fatalities is that the survivor has ultimate control of the process. We have set forth what we believe to be best practices but we have also come to learn that we cannot account for every situation that may present itself. This is why considering the impact upon and outcome for survivors guides our decision-making.

On a personal note, to say that this work has had an emotional impact on me would be an understatement. Prior to coordinating this Project, I worked directly with battered women as an advocate. This transition was emotionally difficult for me to make, as I went from advocating for women who still had hope and who were still alive, to having a desk covered with files detailing preventable tragedies. The first near fatality interview we conducted was a pivotal event that altered how I view all aspects of my work. My assigned role was note-taker. As I listened to this woman, this survivor, narrate the most horrific events of her life, I nearly came unglued. In those moments, she represented all of the voices of the women who had been silenced: the ones whose families I interviewed; the ones whose cases I helped review; the ones (the thousands) who could no longer tell their stories. This experience and all the lessons we gleaned from her story confirm the importance of intentionally involving survivors in all aspects of our work. Today, I consider the near-fatality reviews the most powerfully rewarding and potentially valuable tool we have to advance women’s safety.
New Directions in Domestic Violence Fatality Review

Location: Hyatt Regency Phoenix
Phoenix, AZ 85004

Date: August 16th and 17th, 2010

The two-day conference will combine plenary addresses, panel sessions, and hands-on mock review activities.

Speakers include:
David Adams
Jacqueline Campbell
Kathleen Ferraro
Barbara Hart
Sue Osthoff
Connie Sponsler-Garcia
Evan Stark
Neil Websdale

The conference will appeal to OVW grantees and non-grantees that work on fatality review teams or are interested in participating in this important coordinated community response to domestic violence and domestic homicide. It will be of particular interest to domestic violence advocates, police officers, probation officers, prosecutors, defense attorneys, judges, court personnel, child welfare workers, members of faith communities, public health professionals, and others involved in cases of intimate partner violence and abuse. It will also appeal to those involved in the multi-agency review of criminal justice and broader social problems.

*A limited number of scholarships are available.

*COJET and AZ POST credit available.

For more information, please contact Bria Sherinian at 928-523-2355 or Briana.Sherinian@nau.edu
http://www.ndvri.org

See the following pages for complete conference details and registration information.