

**SAN MATEO COUNTY
DOMESTIC VIOLENCE
DEATH REVIEW TEAM**



**REPORT OF DOMESTIC
VIOLENCE RELATED
DEATHS
2010-2017**

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OVERVIEW OF THE DVDRT

The San Mateo County Domestic Violence Death Review Team (DVDRT) investigates and reviews all domestic violence related deaths in San Mateo County with a goal of developing policy and protocol recommendations for preventing domestic violence.

The DVDRT was created in 1998 pursuant to Penal Code Section 11163.3, which allowed counties to form interagency domestic violence death review teams. Due to the sensitive nature of the subject matter covered by the DVDRT, Section 11163.3 provides that all meetings are confidential and protects the information shared at the meetings from disclosure or discovery by third parties. Thus, all DVDRT members and participants in DVDRT meetings must sign a confidentiality agreement. A copy of that agreement is provided in Attachment. Summary data of the cases reviewed by the DVDRT and its recommendations for preventing domestic violence can be disclosed.

During the time period covered by this Report, the DVDRT reviewed domestic violence death that occurred within the context of an intimate relationship; specifically, homicide deaths and deaths in which a perpetrator killed an intimate partner and died by suicide. In 2018, the DVDRT expanded the criteria for death review to include all deaths that occurred during the context of a relationship characterized by domestic violence or during the course of a domestic violence incident. The expanded review criteria will be reflected in the next report from the DVDRT.

DOMESTIC VIOLENCE DEATH REVIEW TEAM MEMBERS
SAN MATEO COUNTY, CALIFORNIA
MARCH 2018 - NOVEMBER 2019

Robert J. Foucrault, Coroner's Office, Chair
Kathryn Anderson, Community Overcoming Relationship Abuse (CORA)
Nicholas Boragno, Sheriff's Office
Trish Erwin, San Mateo County Health-Family Health Services
Linda Gibbons, Sheriff's Office
Brian E. Kulich, Deputy County Counsel
Elisa Kuhl, District Attorney's Office, Victim Services Division
Kilani Louis, San Mateo County Pride Center
Celeste Mercado, CORA
Annette Pakchian, Office of Diversity and Equity, Behavioral Health and Recovery Services
Al Serrato, District Attorney's Office
Lori Smiley-Klingler, Probation Department
K'Lynn Solt, Coroner's Office
Dr. Robert Spencer, San Mateo Medical Center/Keller Center
Emily Tauscher, Coroner's Office

DOMESTIC VIOLENCE DEATH REVIEW MEETING GUESTS

Burlingame Police Department
Daly City Police Department
East Palo Alto Police Department
Pacifica Police Department
National Domestic Violence Fatality Review Initiative
Redwood City Police Department
San Francisco District Attorney's Office
San Mateo County Coroner's Office
San Mateo County District Attorney's Office
San Mateo County Pride Center
San Mateo County Sheriff's Office
San Mateo Police Department
South San Francisco Police Department

DOMESTIC VIOLENCE DEATH REVIEW REPORT AUTHORS

Trish Erwin, San Mateo County Health-Family Health Services
Elisa Kuhl, District Attorney's Office, Victim Services Division
Brian E. Kulich, Deputy County Counsel
Dr. Robert Spencer, San Mateo Medical Center/Keller Center
Emily Tauscher, Coroner's Office

REPORT

The DVDRT consists of a multi-disciplinary team of professionals focusing on domestic violence intervention and prevention efforts. The team reviews all domestic violence related deaths that occur in San Mateo County. The Chair of the DVDRT provides quarterly updates to the San Mateo County Domestic Violence Council and is responsible for preparing a report that the Domestic Violence Council posts on its website. The report contains summaries of the reviews, thematic trends, recommendations to the community leaders, and messages to the victims of domestic violence and community members. The goal of the DVDRT is to improve systemic responses and to prevent future deaths. The most recent DVDRT Report was issued in 2009 and reflected the deaths that occurred from 2005 through 2009. The present DVDRT Report describes the deaths that occurred from 2010 through 2017.

Overview of the Domestic Violence Related Deaths In San Mateo County From 2010-2017

From 2010-2017, there were **27** fatal domestic violence related incidents resulting in **30** deaths, including **10** homicide deaths, **3** murder/suicide incidents, **13** suicide deaths, and **1** other/non-violent death. Two domestic violence related incidents were not reviewed by DVDRT due to pending criminal charges. Review of those cases will occur following resolution of prosecution efforts.

Year	Homicide	Murder/Suicide	Suicide	Other or Blue Suicide	Total
2010	1	0	1	0	2
2011	1	0	1	1	3
2012	1	0	2	0	3
2013	1	1	0	0	2
2014	1	0	1	0	2
2015	2	0	3	0	5
2016	2	0	3	0	5
2017	1	2	1	1	5
TOTAL	10	3	12	2	27

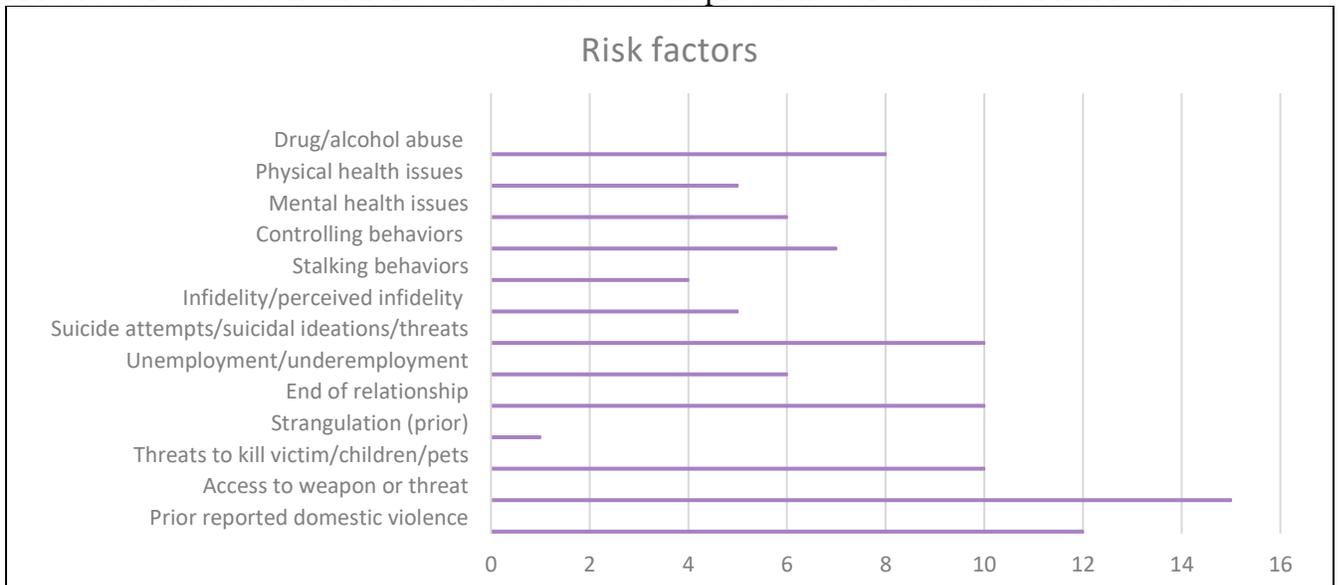
Risk factors

The following list of risk factors was adapted from Jackie Campbell's Danger Assessment (see Attachment 4) and identifies several potential indicators of lethally abusive relationships. The risk factors identified below are "weighted" equally; however, some risk factors (e.g. strangulation, see Attachment 5) may be more predictive of future lethality than other risk factors. The risk factors identified below may not apply in every case but their presence signals that a person may be at risk.

- a. Prior acts of domestic violence, active restraining order/previous restraining order
- b. Access to a weapon, or the threat of a weapon
- c. Threats to kill victim/children/pets
- d. The victim's assessment of danger
- e. Strangulation or attempted strangulation

- f. End of a relationship or separation from partner
- g. Unemployment/underemployment
- h. Suicide attempts, suicidal ideations or threats
- i. Step-children
- j. Infidelity or perceived infidelity
- k. Stalking or controlling behaviors
- l. Mental health issues
- m. Physical health issues
- n. Drug/alcohol abuse
- o. Criminal history

A review of the cases from 2010 to 2017 validated the prevalence of these known risk factors:



These numbers may not reflect the true nature of the relationship dynamics as there may be some risk factors that were not reported previous to the death review analysis. The cases reviewed by the DVDRT identified several risk factors that frequently reoccur. This may demonstrate gaps in a number of areas, including awareness, education and training. It is not unusual for friends and family members to be aware of troubled relationships, but they may not know how to react in a productive way to prevent further harm.

Geographical Distribution

Domestic violence can happen to anyone, regardless of gender, profession or economic status. The deaths examined in this report occurred across San Mateo County as illustrated in the maps depicted in Attachments 6 and 7.

History of Previous Abuse

Many victims attempt to leave an abusive relationship more than once before they can successfully end the relationship. In addition to the challenges of ending a relationship, a victim must consider personal safety, finances, children, social support, immigration status and more. A study by the

National Criminal Justice Reference Service found that more than 80% of females aged 35 to 49 were previously victimized by the same offender (Kelleher et al. 2006).

The results of our review of the domestic violence deaths in San Mateo County reflected that the history of previous abuse was a strong indicator of the potential lethality of an abuser. In one case reviewed by the team, a perpetrator killed the victim after a long history of threatening, controlling and violent behavior. At the time of the murder, the perpetrator was on probation for a prior domestic violence incident and the victim had a restraining order against him.

The DVDRT found that at least 43% (12) of the individuals who died were involved in a relationship with prior abuse.

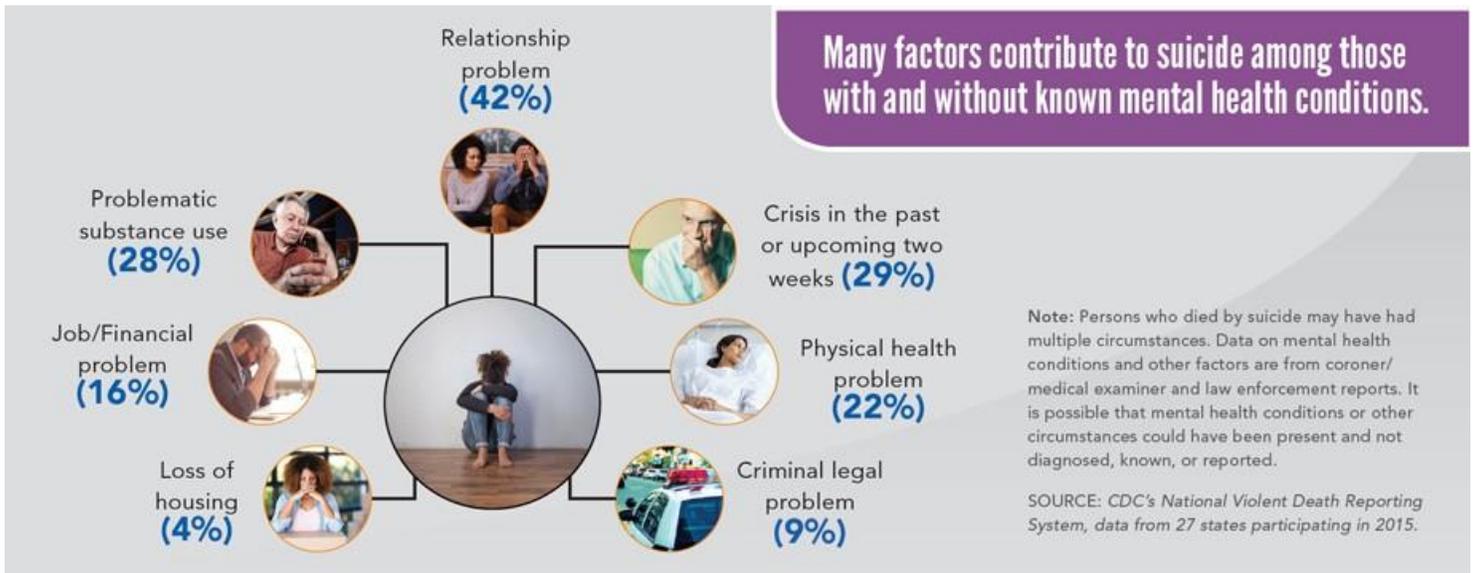
Suicidal Ideations and Attempts

In 2018, the DVDRT expanded the criteria for death review from strictly homicides and suicides occurring in the context of a murder/suicide to include suicides with a history of or link to domestic violence. The inclusion of deaths by suicide sought to review a wider scope of preventable, violent deaths resulting from domestic violence. For instance, the cycle of violence for the victim does not always break with the perpetrator's death by suicide, and the victim may need additional resources to attain healthy relationships.

According to the Centers for Disease Control and Prevention (CDC), more Americans die from suicide than homicide, and suicide rates have increased in nearly every state from 1999 through 2016 (CDC 2019). The risk factors associated with suicide are multi-faceted and not always a result of a mental health condition. Common risk factors for suicide are often experienced by those involved in intimate partner violence: relationship problems, problematic substance use, job or financial problems, criminal or legal problems, and a recent life crisis.

Suicide may be employed by a victim to respond to domestic violence or a perpetrator to perpetuate domestic violence (Clay 2014). Perpetrators of domestic violence may make threats of suicide to control an intimate partner's behavior and actions. In one case reviewed by the team, a perpetrator threatened to kill himself or his partner, but his partner was able to calm the perpetrator down by promising to return to the relationship. Perpetrators of domestic violence may use the act of suicide as a means of further terrorizing an intimate partner or traumatizing a victim by completing the suicide in front of the victim.

In another case, the perpetrator confronted the victim after she had fled with their children to a friend's apartment. He shot the victim's vehicle and the vehicle he drove to the location before shooting himself in the parking lot of the apartment complex. A relationship with domestic violence may provoke a victim to die by suicide in order to seek escape from the abuse or even exercise control over their own life (Clay 2014). One case reviewed by the team revealed a woman in a volatile relationship characterized by numerous incidents of domestic violence hanged herself from a shower stall.



In reviewing the domestic violence deaths in San Mateo County, the DVDRT found that at least 36% (10) of the individuals who died previously threatened suicidal or homicidal actions.

Gun Violence

Domestic violence may involve the use of firearms. The threat of firearms may range from presence or storage in the home, perpetrator’s access and familiarity with firearms, or the brandishing of or threatening with the firearm to the victim. Storing a gun in the home is associated with increased risk of both suicide and homicide of women (Bailey 1997).

50-60% of male perpetrators of intimate partner homicide kill with firearms (National Archive of Criminal Justice Data 2015; Petrosky et al. 2017). 72% of murder-suicides involve intimate partners and the vast majority of incidents involve an intimate partner murdering a woman with a firearm (Violence Policy Center 2015).

Legislative approaches, such as laws requiring intimate partner violence offenders to surrender firearms, are associated with decreased rates of intimate partner homicides (Diez et al 2017; Hemenway 2017; Lee et al 2017; Loftin et al. 1991).

In reviewing the domestic violence deaths in San Mateo County, the DVDRT found that at least 54% (15) of the individuals who died had access to a firearm or were the registered owner of a firearm.

Mental Health

Research into the correlation between domestic violence and mental health issues indicates there is a “bi-directional” association for male batterers and female victims. In one study of men enrolled in Batterer Intervention Programs (BIP), the research found “correlations showed all mental health problems were positively associated with intimate partner violence (IPV) perpetration; as the frequency of mental health problems increased, the frequency of IPV perpetration also increased” (Shorey et al 2012).

As indicative of the findings of the San Mateo DVDRT committee, an Ontario, Canada death review committee found that of the more than 100 cases it reviewed, male perpetrators who were more depressed were “significantly older, more likely to commit homicide-suicide than homicide only, more likely to have prior threats or attempts of suicide, more likely to have been abused or witnessed domestic violence as a child than nondepressed perpetrators and more likely to exhibit sexual jealousy” (Cheng and Jaffe 2019).

For female victims of domestic violence, emotional and psychological abuse are often part of the abuser’s arsenal to control her (Sagar and Gagan 2018). As a result, research indicates female victims are up to three times as likely to develop mental health disorders as a result of the abuse, and in addition, are more likely to have had mental health disorders prior to being abused (Mahase 2019). And for women who develop disorders as a result of the abuse, these can include depression, PTSD, as well as more severe issues such as schizophrenia or bipolar disorder.

In reviewing the domestic violence deaths in San Mateo County, the DVDRT found that at least 21% (6) of the individuals who died had a documented medical history or was suspected to have suffered from mental health issues.

Drug and Alcohol Abuse

The use and abuse of alcohol and other drugs is prevalent among both perpetrators and victims of domestic violence with research indicating that 40-60% of domestic violence incidents involve substance abuse (Werner 2017). For female victims, research indicates that substance use may correlate with the violence in a variety of ways, including coercion by the abuser to use drugs or alcohol or in response to the abuse as a way to self-medicate (Werner 2017). A survey completed by the National Domestic Violence Hotline found that almost a third of women were forced to use alcohol or drugs, or forced to use more than they wanted; 35% reported the abuser threatening to call the police on them due to their use and/or saying they would not be believed by the police because of their use (25%); and 25% reported using to mitigate the impact of the abuse (Werner 2017). Overall research indicates that women who are abused use alcohol or other drugs two to six times as much as women who are not victims of intimate partner violence (Werner 2017).

Use of alcohol or other drugs by male perpetrators is also well documented with research indicating that 20% or more of batterers report having used/abused substances prior to an assault on their female partner (Soper 2014).

Research from the United Kingdom indicates that men who have been drinking perpetrate more severe assaults, that in domestic violence homicides substance abuse was present in more than half and that “since 2011, substance use has been detected among domestic homicide perpetrators more than four times as often as it has among those killed by them” (Gadd et al 2019).

In reviewing the domestic violence deaths in San Mateo County, the DVDRT found that at least 29% (8) of the individuals who died were partners in an intimate relationship in which drugs and/or alcohol were abused.

SAN MATEO COUNTY SHIFTS IN DOMESTIC VIOLENCE RESPONSE

The review of domestic violence related deaths that occurred from 2010 through 2017 referenced in this report was conducted from March 2018 through February 2019. Through the lens of current day practice, discussions often led to systemic gaps at the time of the incident that have since been addressed. The following timelines offer perspective on the evolution of how law enforcement has addressed domestic violence within San Mateo County and the legislative changes introduced to California:

2011 Update of County-wide DV Protocol for Law Enforcement

4/2012 POST launches two new "DV: It's Your Call" online courses

Update 9/2014 San Mateo Domestic Violence Safety and Accountability Assessment identifies 4 gaps described below

Gap 1: Insufficient documentation about the exposure to and impact of DV experienced by children

Gap 2: Missed opportunities for staying connected with victims after they have made their initial call to 911

Gap 3: Interveners need to know the context of a DV incident: 1. Traumatic nature 2. History of abuse 3. What officers saw and heard upon arrival and while on-scene

Gap 4: Language and cultural differences can exacerbate victims' resistance to coming forward, or require the use of interpreters that create challenges for prosecuting cases

11/2014 San Mateo County Domestic Violence Council Launches Initiative DVCCR to improve response, Support for Victims of DV

2015 SMC Sheriff begins participating in Victim Information and Notification Everyday (VINE)

3/2015 POST launches new "DV Response" online course

4/2016 Revision to County-wide DV protocol for Law Enforcement



2010-2017 CASE SUMMARIES

The following summaries represent a portion of the cases reviewed by the DVDRT. Two incidents of domestic violence related death occurred during the period 2010-2017 that were not reviewed by the team. The review of these cases will await the conclusion of the pending criminal charges.

10-01 Homicide

On April 13, 2010, the victim was found in her home with multiple gunshot wounds. A month earlier, she had overdosed on medication given to her by her husband as part of what she believed was a suicide pact, but her husband never took the medication. Her husband had a mistress, was experiencing significant financial issues, and was borrowing money to continue paying a life insurance policy in the victim's name.

Risk Factors: infidelity; financial stress/unemployment; controlling behavior; access to firearm.

10-02 Suicide

On May 28, 2010, the decedent was found having hanged himself in his home. A suicide note was discovered at the scene. The decedent had previously attempted suicide in December 2009 and was prescribed medication, though he was not taking it. He was separated from his wife, who reported that he tried to kill her, obtained a temporary restraining order against him and left him for another man. He was fired from his job as a result of the restraining order.

Risk Factors: previous suicide attempt/threat; drug/alcohol use; jealousy; separation from partner; history of domestic violence; existing restraining order.

10-03 Suicide

On December 9, 2010, the decedent was found having hanged herself in her home. A suicide note was discovered at the scene. She was in a volatile relationship for over two years before her death, with numerous incidents of domestic violence and a restraining order in place against her boyfriend for her protection.

Risk Factors: previous suicide attempt/threat; separation from partner; history of domestic violence; existing restraining order.

11-01 Accident

On February 11, 2011, the decedent died of a methamphetamine overdose. The decedent suffered from a mental health disorder and had an extensive criminal history, including domestic violence, child abuse and drug use. Four days before his overdose, the decedent allegedly threw an object at his girlfriend inflicting injury upon her face. The day of the incident, the decedent searched for his girlfriend and died during the course of confronting her at the location where she had hidden.

Risk Factors: drug/alcohol use; history of domestic violence; mental health issues; criminal history.

11-02 Suicide

On May 6, 2011, the decedent was found in the bathroom of his home with a gunshot. The decedent was experiencing financial hardship, physical decline, and depression. He was prescribed medication. He had quit his job a year earlier and his wife, who suffered from mental illness, was unemployed. The decedent and his wife, who fought often, had been fighting just before the suicide. A number of weapons were found in the home.

Risk Factors: access to firearm; financial stress/unemployment; physical health issues; mental health issues.

11-03 Homicide

On December 9, 2011, the victim's ex-wife poured boiling hot water on him while he slept, causing partial and full thickness burns to his face, neck, arms, and torso. He died after spending 13 days in the hospital. The victim and his ex-wife had known each other since childhood and immigrated to the United States from the Philippines. They divorced in 2006 and reconciled in 2008. In November 2011, the victim told his ex-wife he intended to marry another woman. She had previously threatened to stab him in his sleep.

Risk Factors: separation from partner; jealousy; infidelity; previous threats of violence.

12-01 Homicide

On February 7, 2012, the victim died after being stabbed in the groin by his girlfriend during an argument. The victim had assaulted his girlfriend in the past. The victim had extensive criminal history and history of drug use.

Risk Factors: previous domestic violence; criminal history; drug/alcohol use.

12-02 Suicide

On August 9, 2012, the decedent shot himself during an argument with his wife. The decedent, an alcoholic, had been drinking before his suicide and methamphetamine was found in his system. He exhibited signs of depression and had expressed suicidal thoughts in the last year. The decedent and his wife had no history of domestic violence. They were experiencing financial problems and the decedent thought his wife was cheating on him. His previous marriage ended after his ex-wife cheated on him. Multiple firearms were found in the residence.

Risk Factors: previous suicide attempt/threat; drug/alcohol use; financial stress/unemployment; jealousy; infidelity (suspected); access to firearm.

13-01/13-02 Murder/Suicide

On April 22, 2013, the suspect shot his wife in the head while she was watching television on the couch and then shot himself. He survived his gunshot wounds for a few days before dying at the hospital. The suspect left a letter referencing significant, painful medical conditions and financial problems. The suspect did not work. The victim was the primary caregiver for him, and she worked in order to maintain health care coverage for her husband. No history of domestic violence.

Risk Factors: financial stress/unemployment; physical health issues; access to firearm.

13-03 Homicide

On August 13, 2013, the victim was stabbed multiple times with a kitchen knife by her boyfriend while in her bedroom. The suspect accused the victim of cheating on him. He had an extensive violent criminal history.

Risk Factors: infidelity (suspected); jealousy; criminal history.

14-01 Suicide

On April 19, 2014, the decedent confronted his wife, shot her vehicle, his father-in-law's vehicle, and then shot himself. His wife had recently obtained an emergency protective order against him for domestic violence and fled their residence. The decedent had a history of threatening suicide. He also had a history of drug abuse, and both alcohol and methamphetamine were found in his system at the time of his death.

Risk Factors: history of domestic violence; existing restraining order; separation from partner; previous suicide attempt/threat; drug/alcohol use; access to firearm.

14-02 Homicide

On April 30, 2014, the victim was found dead in her bathroom with multiple blunt force injuries to her body. The victim's boyfriend, with whom she had a 30-year relationship, had a history of threatening, controlling, and violent behavior and domestic abuse. At the time of the victim's murder, her boyfriend was on probation for a prior incident of domestic violence and the victim had a restraining order against him.

Risk Factors: history of domestic violence; existing restraining order; controlling behavior.

15-01 Suicide

On April 12, 2015, a 26-year old male was found dead with a gunshot at his and his ex-girlfriend's former place of employment. Their long-term relationship had ended a month before. On the day of his death, he asked her to meet at his residence so that she could pick up her property. When she arrived, he allegedly tied her up, took her cell phone, and left the residence. The decedent was experiencing significant issues with his employment. Investigators discovered kidnapping tools in his vehicle. The decedent was the registered owner of the gun that was used in the suicide.

Risk Factors: access to firearm; jealousy, financial stress/employment issues, separation from partner.

15-02 Suicide

On June 10th, 2015, a 41-year old male was found dead by a gunshot after having an argument with his wife where he threatened to kill her. The decedent texted his sister that he was most likely going to divorce his wife after 19 years of marriage. The decedent displayed jealous behavior. He was reported to be violent when drinking alcohol and depressed. He had made previous threats to hurt himself and/or his wife which were never reported to police. There were no known previous suicide attempts.

Risk Factors: drug/alcohol use; threats of violence; history of domestic violence; separation from partner.

15-03 Suicide

On August 3, 2015, a 44-year old male with previous mental health issues, suicidal ideations and a recent suicide attempt was found hanging in his home. The decedent and his wife had recently separated as a result of his depression and anger issues. The decedent had a history of being noncompliant with his medications. Several years before his death, the decedent's wife had reported domestic abuse and threats to the police. Following the initial report to the police, there were additional reports against the decedent of restraining order violations and vandalism. The day before his death, the decedent's wife and children moved out of state. His wife stated that she was fearful for their safety. Before his death, he texted his wife suicidal statements as a result of the end of their 18-year marriage.

Risk Factors: separation from partner; previous domestic violence; suicidal ideations/attempts, mental health issues.

15-04 Homicide

On November 28, 2015 a 34-year old female called 911 to report that her boyfriend had stabbed her after a domestic dispute. After the attack the suspect fled, and the victim succumbed to her injuries. There was a history of abusive and violent behavior by the suspect in the months leading up to the murder. Several incidents resulted in the suspect's arrest. Roughly two months before the murder, the victim called police to report that the suspect had struck her in the face several times and attempted to strangle and suffocate her during an argument. The suspect had a history

of mental health issues and substance abuse issues. The suspect was subsequently found guilty of murder and was sentenced to 26 years to life in prison.

Risk Factors: previous domestic violence (with increasing violence); restraining order; threats; drug/alcohol use; mental health issues.

16-01 Suicide

On April 29, 2016, a 44-year old male was found with a fatal gunshot wound in his home. The decedent was in the process of ending a marriage of 20 years. During the divorce proceedings, the decedent's wife was awarded assets and custody of their children. There was a history of jealousy and allegations that his wife was cheating on him. The day before his death, he asked to meet with his wife to work things out and when he picked her up, he had a gun. He threatened to kill her or himself. She was able to calm him down by promising to return to the relationship. After he left, she reported the incident to police. No known previous suicide attempts or ideations.

Risk Factors: separation from partner; threats; access to gun (stolen); jealousy; infidelity.

16-02 Suicide

On June 17, 2016, a 66-year old female was found with a fatal gunshot wound during a welfare check by police officers. The decedent was known to suffer from anxiety. Neighbors called the police to request a welfare check because they had not seen her recently. The decedent reported a domestic violence incident between her and her husband to police a month before her death. There was an effort to connect the victim to resources for domestic violence victims. An investigation occurred and ruled out foul play.

Risk Factors: previous domestic violence; mental health issues; access to a gun.

16-03 Homicide

On December 17, 2016 a 23-year old female was beaten to death by her boyfriend while she slept. The victim's roommates detained the suspect until police arrived. The suspect admitted to killing the victim in her sleep and indicated that he awoke in the middle of the night and had thoughts of killing the victim. The suspect had mental health issues. In the last few months of the victim's life he was jealous of the victim. Despite having been arrested for domestic violence and having a protective order, the suspect tried to contact the victim from jail and was subsequently charged with violating the protective order. The day before the victim was killed the suspect was arraigned for a probation violation and was scheduled to return to court six days after the victim was killed. The defendant pled not guilty by reason of insanity to murder and to a restraining order violation and was sentenced to an indefinite stay at a locked mental health facility.

Risk Factors: mental health issues; jealousy; pending criminal case(s); previous domestic violence (with increasing violence); active restraining order.

16-04 Suicide

On December 19, 2016, a 49-year old female died as a result of hanging. The decedent was a Mexican national who was in the country by way of her marriage. Approximately four months before the decedent died, she reported to police that her husband had abused her child. The decedent was living in a shelter at the time of her death. There was a history of previous suicidal ideations.

Risk Factors: suicidal ideations/threats; pending criminal case; immigration concerns.

17-01 Blue suicide

On March 21, 2017, a 43-year old male went to his estranged wife's workplace. She had a protective order against him and she called the police to report that he was at her workplace,

violating the restraining order. The decedent and his estranged wife got into an argument which resulted in him following her through the business complex, with the decedent shooting his gun into the air. After police arrived, he was seen placing the gun into his mouth and verbalized suicidal intent. In simultaneous succession, the decedent shot himself at the same time a police officer shot the decedent. In the month leading to his death, the decedent had placed a loaded AR15 on their shared coffee table, which his wife perceived as a threat. The next day, there was an alleged domestic violence incident and police removed the decedent's guns. Subsequently, there were violations of the restraining order and a report that the decedent had hacked into his estranged wife's iPad.

Risk Factors: separation from partner; protective order; previous domestic violence (with increasingly violent threats); access to guns; suicidal ideations; drug/alcohol abuse.

17-02/17-03 Murder/Suicide

On September 30, 2017, a 57-year old victim was found dead in her home. Neighbors heard an argument and a woman screaming in the residence followed by multiple gunshots. Several neighbors called 911 and police responded. The 61-year old suspect was also found dead with a gunshot wound. The suspect and victim had ended their relationship and the suspect was supposed to move out of their shared home the next day. There were no reported previous incidents of domestic violence, though the victim had discussed signs of abusive behavior to friends and family. The suspect was jealous of the victim and had deactivated her Facebook account.

Risk Factors: separation from partner; drug/alcohol abuse; access to gun; jealousy.

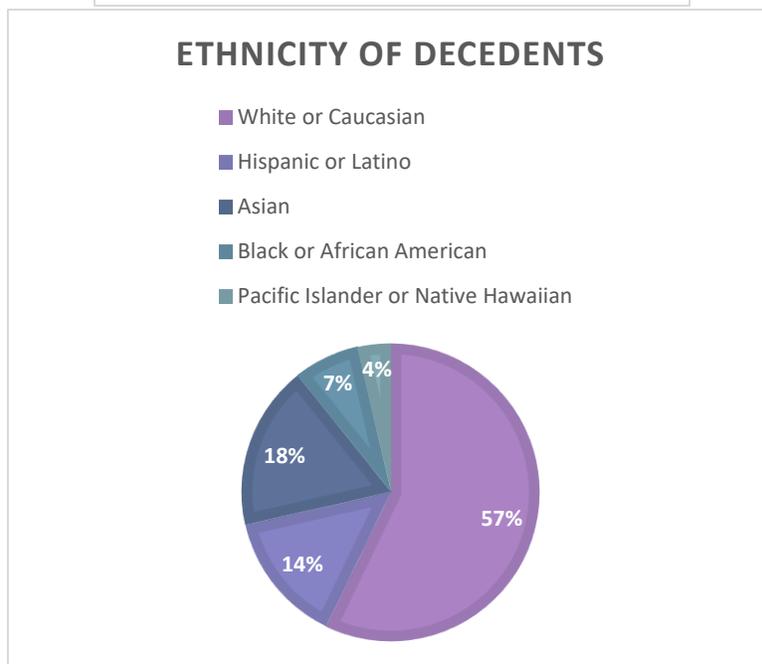
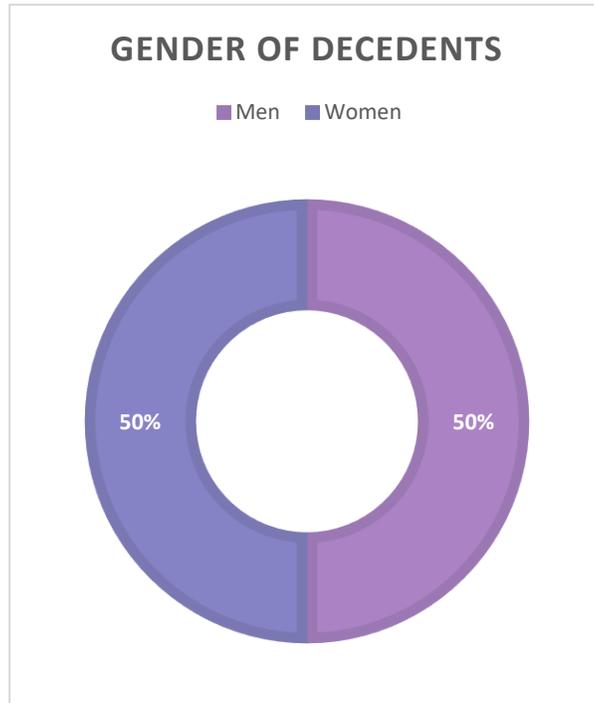
17-04/17-05 Murder/Suicide

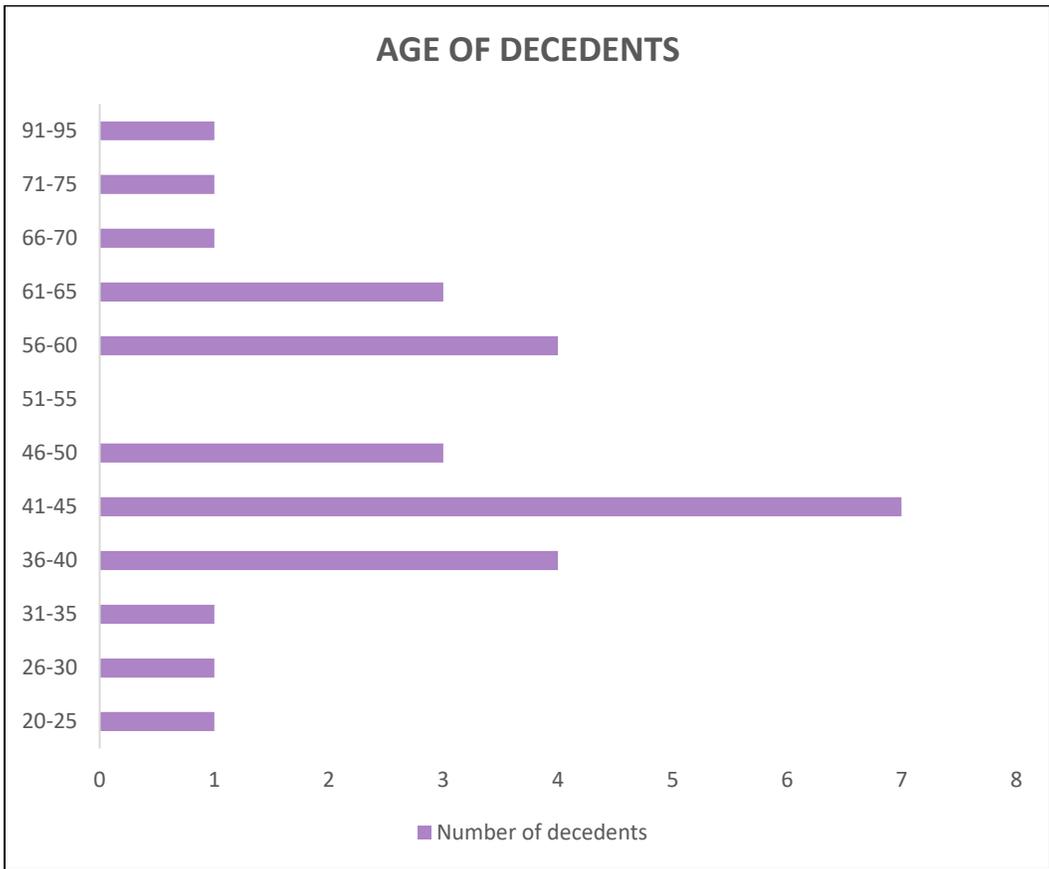
On December 13, 2017, a 50-year old victim was found shot to death in her home after an anonymous call to the police department. The 57-year old suspect was found dead of a gunshot, lying next to the victim. The victim and suspect were in a same sex relationship. Two years before the victim's death, the suspect lost her job and had been displaying increasingly obsessive behavior directed at the victim. The suspect had a limited social network, had possible health concerns and the decedent communicated that didn't want to be a burden upon the victim.

Risk Factors: access to gun; financial stress/unemployment; physical health issues; obsessive behavior.

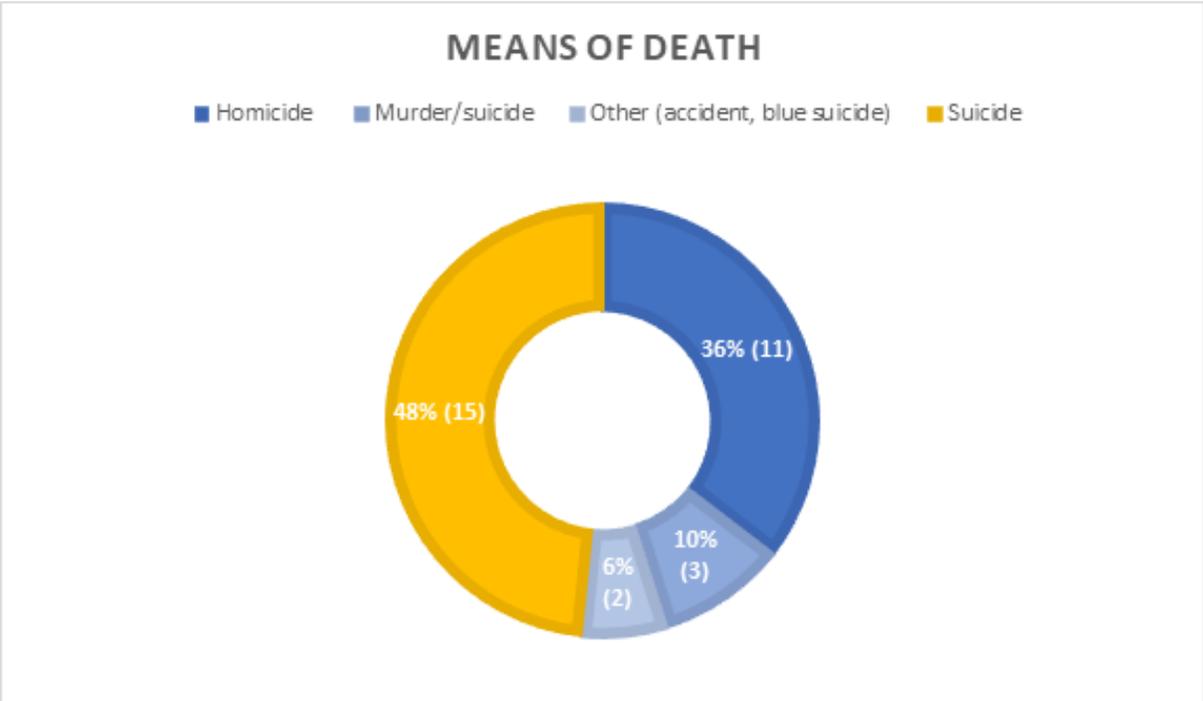
STATISTICAL ANALYSIS: DEATHS

From the cases reviewed by the DVDRT it is evident that domestic violence can and does occur regardless of age, race, immigration status, sexual orientation, religion or economic status. To illustrate this fact, the following graphs illustrate some of the statistical data relating to the domestic violence deaths that the DVDRT reviewed.

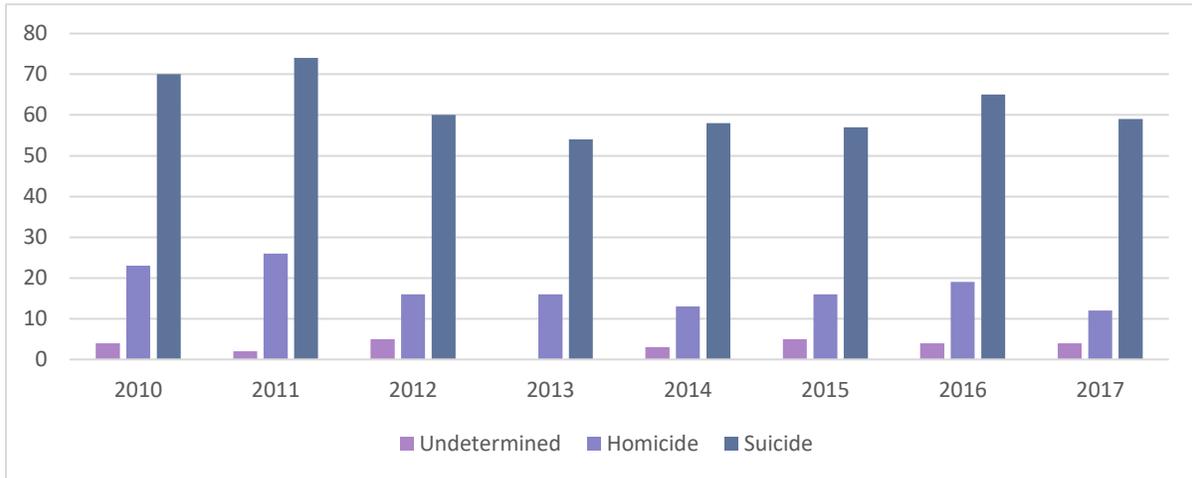




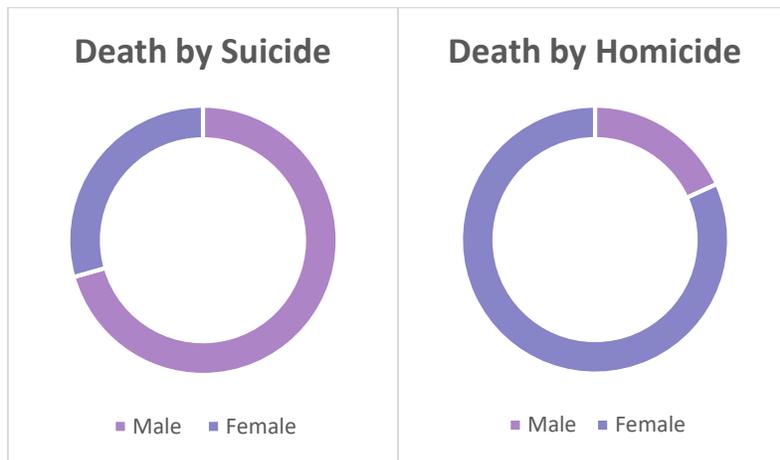
During the period covered by this Report, 17 lives were lost to homicide, murder/suicide or blue suicide (i.e., suicide by law enforcement shooting). The most common mechanism of injury was death by firearm.



Violent deaths include suicides, homicides, and undetermined deaths. Across the nation and within San Mateo County, suicides outnumber homicides and undetermined deaths (CDC 2019). The below graph depicts the total number of violent deaths within San Mateo County from 2010 through 2017 (CDPH 2017).



Consistent with national trends, women in San Mateo County are disproportionately killed as a result of domestic violence (Violence Policy Center 2015). Of the homicidal deaths of women aged 14 and older from 2010-2017 in San Mateo County, 64% of female homicides were a result of intimate partner violence.



STATISTICAL ANALYSIS: NON-LETHAL DOMESTIC VIOLENCE

CORA

San Mateo County has one domestic violence-shelter agency, Communities Overcoming Relationship Abuse (CORA). Prior to 2012 CORA had 22 shelter beds. In 2012 CORA opened a second shelter which increased their bed capacity to a total of 28 beds. Below is a chart illustrating the number of individuals, on an annual basis, who were provided emergency shelter services by CORA and the number of calls to the CORA hotline:

	Number of Individuals Provided with Emergency Shelter	Number of Individuals Who Called the Hotline
2014	224	7,527
2015	190	7,730
2016	199	6,245
2017	204	6,546

*Please note that data prior 2013 was not tracked in CORA's current database and is unavailable.

DISTRICT ATTORNEY

Most domestic violence incidents do not result in fatalities. Also, many incidents of domestic violence are not reported to authorities.

Between 2015-2017 the San Mateo County District Attorney's Office received 4,253 domestic violence case referrals. Every case referred to the District Attorney's Office for review is analyzed to determine whether: 1) a crime was committed; 2) sufficient evidence is available to support a successful prosecution; 3) securing a guilty verdict from a jury is likely; and 4) filing charges would be in the interest of justice. Of the 4,253 domestic violence cases referred, 1,497 were not charged criminally. The reasons criminal charges are not filed vary with each case.

Of the 2,684 domestic violence cases filed, 1,919 have been completed with a domestic violence related conviction, and 393 cases were dismissed. Most dismissals occur when there is little evidence other than the statement of a victim and the victim does not wish to cooperate with the prosecution.

*Please note that data prior 2015 was not tracked in the District Attorney's Office's current database and is unavailable.

PROBATION OFFICE

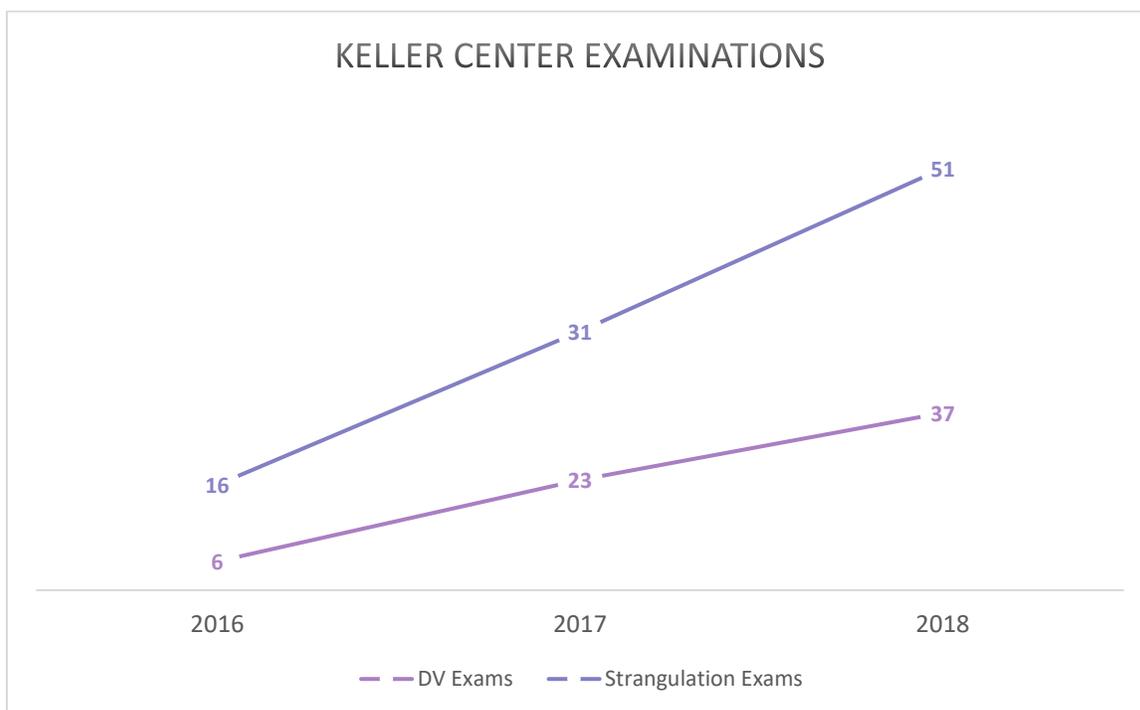
In 2017, there were nine Deputy Probation Officers and the Probation Services Manager assigned to the Domestic Violence Unit of San Mateo County Probation Department. The unit supervises offenders convicted of misdemeanor and felony domestic violence offenses. The unit provides specialized, intensive supervision to integrate the criminal justice and community response to intimate partner violence that will break the cycle of domestic violence.

Between 2016 and 2018, offenders convicted of domestic violence offenses comprise approximately 10% of the clients served in the Probation Department:

Year	Clients Supervised
2016	309
2017	305
2018	349

SAN MATEO COUNTY HEALTH AND KELLER CENTER

The below graph depicts the increase of domestic violence and strangulation examinations of minors and adults conducted by the Keller Center since 2016:



The increase illustrated in this chart is likely due to an increased recognition of strangulation as an element of assault and subsequent referral to Keller Center for evidence collection and photographic documentation. In fatal domestic violence cases, studies reveal strangulation represents a significant predictor of ultimate homicidal behavior.

Perpetrators of domestic violence homicide of a partner are most often men who use their superior physical power to force submission to control their partner under fear of death. While strangulation is meant to warn the victim that their life is in the hands of the perpetrator, ultimately adult domestic violence homicides in San Mateo County are most often a result of firearms.

RECOMMENDATIONS TO COMMUNITY LEADERS

Criminal Justice System: Curriculum While Incarcerated

Behavioral and Forensic Mental Health Curriculum and Programming for those detained in the San Mateo County Jail is the responsibility of the Correctional Health Division and the Sheriff. County jails are undergoing significant changes in their populations. Assembly Bill 109 has repatriated sentenced individuals from the state prison system to counties. As a result, county jails, including those in San Mateo County, have become “hybrid” institutions with significantly longer stays for many inmates.

This provides San Mateo County with both an opportunity and a responsibility to increase an emphasis on rehabilitation and programming in the jail. Structured groups aimed at addressing domestic violence are incorporated into “Choices,” a “therapeutic community” within Correctional Health. Recent research into Batterers Intervention Programs have identified some of the challenges of these programs nationally and the jail is actively reviewing its programming to provide staff with guidance on validated research and best practices which are trauma-informed and gender-sensitive. The DVDRT recommends that these efforts continue.

Children as Survivors and Adverse Childhood Experiences (ACEs)

As demonstrated with the shifts in legislation and law enforcement response, attention and concern for the survivors of domestic violence incidents have been granted greater priority than ever before. Children as witnesses to domestic violence have been recognized as survivors, and thus afforded additional attention for services and support. Additionally, in recent years research around childhood adversity, known as Adverse Childhood Experiences (ACEs), such as impoverished lifestyle or exposure to family alcohol, drug abuse, or violence, may create toxic, cumulative stress that may disrupt healthy development of childhood emotions and behavior and impact health and behavior as an adult (Center for Youth Wellness 2015; Child and Adolescent Health Measurement Initiative 2014).

The DVDRT was limited in understanding the impact of ACEs upon victims and perpetrators in the context of domestic violence due to limitations of the current review process. While law enforcement and medicolegal death investigation offer robust investigation into the immediate fatal event, the reviews often lacked a rich understanding of both the victim’s and perpetrator’s lifestyle, childhood, and life experiences with adversity.

The DVDRT recommends a shift in its case review to include, for at least one case annually, a “deep dive” examination into the lives of both the victim and perpetrator involved in a fatal domestic violence incident. As conducted by Montana’s statewide team, collateral interviews of family, neighbors, friends, and co-workers expand the understanding of the incident in which the domestic violence endured. The “deep dive” examination would encompass a comprehensive review of ACEs experienced by the perpetrator and the victim, life adversity, and resiliency factors. This comprehensive review and investigation would require financial support from the Domestic Violence Council to fund the staffing for research and interviews with close associates of the victim and the perpetrator.

MESSAGE TO VICTIMS

If you are experiencing abuse or if you do not feel safe in your relationship, ask for help. If you are facing any of the items below, we encourage you to reach out and speak with a domestic violence advocate for information and support:

Signs of an abusive relationship

If your partner does/is...

- Excessively jealous, including being jealous of your friends, family or time at work
- Controlling of your time, finances or appearance
- Insults, demean or shames you in private or public
- Pressures you to have sex when you don't want to
- Threatening to hurt children or take them away
- Destroys your property
- Pressures you to drink alcohol or take drugs
- Threatens to hurt or kill your pets
- Intimidates or threatens you with guns, knives or other weapons
- Possessive of you
- Threatens deportation, withdrawal of petitions for legal status or reporting your legal status to authorities

If you are in an abusive relationship, know that you have not done anything to cause the abuse. No one deserves to be abused. Help is available. Please refer to our attached resource sheet (Attachment 3) for information about advocacy groups who can help. Contacting a professional can get you information about your legal options, help you develop a safety plan, and identify resources such as housing and counseling.

MESSAGE TO FRIENDS, FAMILY MEMBERS, COWORKERS

Often family and friends may be aware of potentially abusive behavior but may not understand the dangers or how to best support a victim. Some may not speak up because they fear “making things worse” for the victim.

Potential signs of an abusive relationship

Source: National Domestic Violence Hotline

If your friend or loved one...

- Worries about making their partner angry
- Makes excuses for their partners behavior
- Has unexplained marks or bruises
- Their partner is jealous, possessive or puts them down in front of others
- They are absent from social events and gatherings

If you are concerned about a friend or loved one, there are things that you can do to help. You can learn about the resources that are available to victims (Attachment 3). If you chose to speak with the person about your concerns make sure that you are supportive, listen and be non-judgmental.

You may want to consider some of the following things when supporting someone who is in an abusive relationship:

- Validate their feelings. Acknowledge that they are in a difficult and scary situation.
- Encourage them to seek the support and guidance of a professional.
- Do not pressure them to leave the relationship. This could make things more dangerous for the victim or could make it difficult for the victim to tell you how they are feeling.
- Help them develop a safety plan. You can contact a victim services provider for assistance with safety planning.

Remember that ending any relationship can be difficult, and the power and control dynamics make leaving a relationship even more challenging. Try to be supportive of them no matter what they decide.

If you feel that the victim is in immediate danger, call the police. That action can save a life.

CONCLUSION

One of the key lessons learned from the cases reviewed for this Report was the value of increased collaboration. Teams from neighboring counties and national fatality review were invited to discuss the challenges and successes of domestic violence death review. As a result, the DVDRT was challenged to incorporate new techniques and consistent standards for case review. Identifying gaps in representation, the team grew in membership, embracing the expertise of professionals working in a wide range of fields from diversity, aging populations, emergency response, etc. The variety of perspectives during review led to dynamic conversation, identifying system failures and lessons learned.

Collaboration and partnership, not only within the confidential setting of DVDRT, but in the field agencies will be the most successful when addressing domestic violence through information sharing, making referrals, providing support, and cross training. The successes of combatting domestic violence may be seen in the numerous achievements of the agencies referenced among the below lists of crisis hotlines, referral agencies, and public safety agencies.

However, despite the successes of prevention and enforcement efforts, domestic violence continues to exist in San Mateo County. Domestic violence has the potential to affect anyone, regardless of race, gender, profession or economic status. Fatal domestic violence arises in various forms of method and manner, but at the core of domestic violence is the abuser's need for power and control. A multi-faceted approach is necessary to combat domestic violence, from identifying and addressing ACEs, healing the co-occurring conditions such as drug and/or alcohol abuse and mental health issues frequently involved in and unfortunately exacerbating intimate partner violence, protecting potential victims from perpetrators' access to firearms, and providing intervention for batterers. As a County, let us resolve to the concept that one death related to domestic violence is one death too many.

Respectfully submitted: The San Mateo County Domestic Violence Death Review Team

ATTACHMENT 1: San Mateo County Law Enforcement Agencies

**San Mateo County
District Attorney's Office**
400 County Center, 3rd Fl.
Redwood City, CA 94063
650.363.4636

Atherton Police Department
83 Ashfield Road
Atherton, CA 94027
Main: 650.688.6500
Emergency: 650.323.6131
Non-Emergency (8am – 5pm):
650.363.8471

Belmont Police Department
1 Twin Pines Ln. Ste. 160
Belmont, CA 94002
Emergency: 650.593.2122

Brisbane Police Department
50 Park Place
Brisbane, CA 94005
Emergency: 415.467.1212
Non-Emergency (7am – 7pm):
415.508.2180

Broadmoor Police Department
388 88th St.
Broadmoor, CA 94015
Emergency (Dispatch): 650.755.3838
Non-Emergency (8am – 5pm) 650.755.3840

Burlingame Police Department
1111 Trousdale Avenue
Burlingame, CA 94010
Main: 650.777.4100
Non-Emergency (8am – 5pm):
650.692.8440

Colma Police Department
1199 El Camino Real
Colma, CA 94014
Emergency: 650.997.8320
Non-Emergency (8am – 5pm):
650.997.8321

Daly City Police Department
333 90th Street
Daly City, CA 94015
Emergency/Dispatch: 650.992.1225
Non-Emergency (8am – 5pm):
650.991.8119

East Palo Alto Police Department
141 Demeter Street
East Palo Alto, CA 94303
Emergency: 650.321.1112
Non-Emergency (8am – 5pm):
650.853.3160

Foster City Police Department
1030 E. Hillsdale Blvd.
Foster City, CA 94404
Emergency: 650.573.3333
Non-Emergency (8am – 5pm):
650.286.3300

Hillsborough Police Department
1600 Floribunda Avenue
Hillsborough, CA 94010
Non-Emergency (8am – 5pm):
650.375.7470

Menlo Park Police Department
701 Laurel Street
Menlo Park, CA 94025
Main: 650.858.3328
Emergency: 650.858.3317
Non-Emergency (8am – 5pm):
650.858.3300

Pacifica Police Department
2075 Coast Hwy.
Pacifica, CA 94044
Emergency: 650.738.7314

Redwood City Police Department
1301 Maple Street
Redwood City, CA 94063
Emergency: 650.780.7100

San Bruno Police Department

1177 Huntington Ave.
San Bruno, CA 94066
Emergency: 650.877.8965
Non-Emergency (8am – 5pm):
650.616.7107

South San Francisco Police Department

33 Arroyo Drive, Ste. C
So. San Francisco, CA 94080
Emergency: 650.873.3333
Non-Emergency: 650.877.8900

San Mateo Police Department

200 Franklin Parkway
San Mateo, CA 94403
Emergency: 650.522.7700
Non-Emergency (8am – 5pm):
650.522.7650

San Mateo County Sheriff

400 County Center, 3rd Fl.
Redwood City, CA 94063
Emergency: 650.363.4911

Areas covered: Half Moon Bay, Millbrae, San Carlos, Eichler Highlands, Portola Valley, Woodside, and Unincorporated San Mateo County. Unincorporated San Mateo County includes: North Fair Oaks, Belmont/Harbor Industrial Area, Redwood City, Menlo Oaks, West Menlo, Stanford Lands, Ladera Oaks, Los Trancos Woods, South San Francisco, San Bruno Mountain, Burlingame Hill, Colma/Broadmoor Area, North Coast, Mid-Coast, South Coast, and Skyline/La Honda Area

San Mateo County Children & Family Services (CFS)

1 Davis Drive
Belmont, CA 94002
Hotline: 800.632.4615

San Mateo County Adult Protective Services (APS)

Hotline: 800.675.8437

ATTACHMENT 2: San Mateo County Campus Public Safety Agencies

Cañada College

4200 Farm Hill Blvd
Redwood City, CA 94061
650.738.7000

College of San Mateo

1700 West Hillsdale Blvd
San Mateo, CA 94402
650.738.7000

Menlo College

1000 El Camino Real
Atherton, CA 94027
650.400.5837

Notre Dame de Namur University

1500 Ralston Ave
Belmont, CA 94002
Emergency: 650.504.0656 or 650.740.1483
Non-emergency: 650.508.3502

Skyline College

3300 College Drive
San Bruno, CA 94066
650.738.7000

San Mateo County Community College District

1700 West Hillsdale Blvd
San Mateo, CA 94402
650.738.7000

ATTACHMENT 3: Crisis Hotlines and Referral Agencies

EMERGENCY POLICE RESPONSE – 911

Bay Area Legal Aid
1048 El Camino Real
Redwood City, CA 94063
888.330.1940
www.baylegal.org

California Partnership to End Domestic
Violence
[https://www.cpedv.org/domestic-violence-
organizations-california](https://www.cpedv.org/domestic-violence-organizations-california)

Community Overcoming Relationship
Abuse (CORA)
800.300.1080
<https://www.corasupport.org/>

Freedom Center (El Centro de Libertad)
550 Allerton Street, Redwood City, CA
94063
650.599.9955

Keller Center
222 W. 39th Avenue, San Mateo CA 94403
650.573.2623

Legal Aid Society of San Mateo County
330 Twin Dolphin Drive, Suite 123,
Redwood City CA 94065
650.558.0915

National Domestic Violence Hotline
<https://www.thehotline.org/>

Rape Trauma Services
650.652.7273
<https://www.rapetraumaservices.org/>

Restraining Order Self Help Center
www.courts.ca.gov
Safe at Home, California Secretary of State
877.322.5227

San Mateo County Child Abuse Hotline
650.595.7922

San Mateo County TIES Line
800.675.8437

Sitike Counseling Center
306 Spruce Avenue, South San Francisco,
CA 94080
650.589.9305

StarVista
610 Elm Street, Suite 212, San Carlos, CA
94070
650.591.9623

Suicide Crisis Service
[www.suicide.org/hotlines/california-suicide-
hotlines.html](http://www.suicide.org/hotlines/california-suicide-hotlines.html)

Victim Notification System
(Victims can register and be informed when
a defendant is to be released)
www.vinelink.com (877) 411-5588

Victim Services Division,
District Attorney's Office
400 County Center,
Redwood City, CA 94063
650.599.7479
<https://da.smcgov.org/>

ATTACHMENT 4: Lethality Assessment Tool

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN
Copyright © 1985, 1988, 2001

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or lasting pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-husband, or whoever is current physically hurting you.)

- 1. Has the physical violence increased in severity or frequency over the past year?
 - 2. Has he ever used a weapon against you or threatened you with a weapon?
 - 3. Does he ever try to choke you?
 - 4. Does he own a gun?
 - 5. Has he ever forced you to have sex when you did not wish to do so?
 - 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
 - 7. Does he threaten to kill you and/or do you believe he is capable of killing you?
 - 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
 - 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: _____)
 - 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _____)
 - 11. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
 - 12. Have you ever threatened or tried to commit suicide?
 - 13. Has he ever threatened or tried to commit suicide?
 - 14. Does he threaten to harm your children?
 - 15. Do you have a child that is not his?
 - 16. Is he unemployed?
 - 17. Have you left him during the past year? (If you *never* lived with him, check here: _____)
 - 18. Do you currently have another (different) intimate partner?
 - 19. Does he follow or spy on you, leave threatening notes, destroy your property, or call you when you don't want him to?
- Total "Yes" Answers

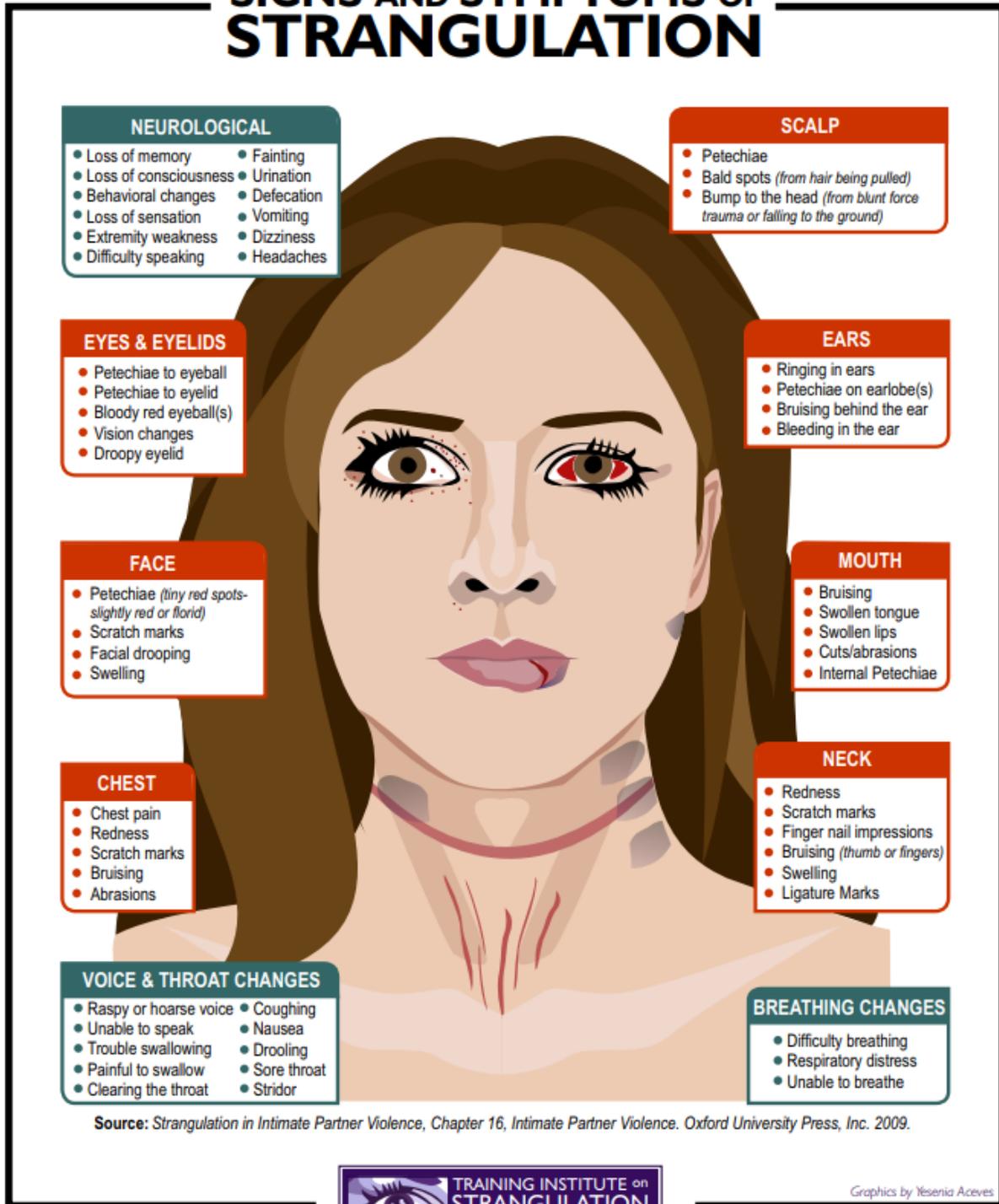
Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

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ATTACHMENT 5: Signs and Symptoms of Strangulation

SIGNS AND SYMPTOMS OF STRANGULATION



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

ATTACHMENT 6: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

**SAN MATEO COUNTY
DOMESTIC VIOLENCE DEATH REVIEW TEAM**

The San Mateo County Domestic Violence Death Review Team was created pursuant to Penal Code Section 11163.3 to support the efforts of the San Mateo County Domestic Violence Council to conduct a complete examination of every domestic violence related death that occurs in San Mateo County. In order to assure a coordinated response that fully addresses all systemic concerns surrounding domestic violence related deaths, Penal Code Section 11163.3 allows the Domestic Violence Death Review Team to access confidential information, including, but not limited to autopsy reports, criminal investigations, mental health information, children and family services, hospital or related-medical data, and any other information that may have a bearing on the involved decedent and family, and requires that all information shared with other members of the Domestic Violence Review Team is confidential.

As a member of the San Mateo County Domestic Violence Death Review Team, I understand that all of the information shared regarding reviewed cases is confidential and may be used only for the purpose of the team review process. Information that is to be considered confidential is any information that is specific to an individual, but not limited to: their name or identifying characteristics, which in the absence of a name might serve to identify them; mental health and health information; personal criminal and/or legal information.

With this purpose in mind, I the undersigned, as a representative of

Agree that all information secured in the Domestic Violence Death Review Team process will remain confidential and will not be released to persons outside of the San Mateo County Death Review Team. I understand that on occasion certain information may be released to another County's Death Review Team but such a release will not occur without permission of the Team Chair.

Print Name

Signature

Date

ATTACHMENT 7: San Mateo County Locations of Death



ATTACHMENT 8: San Mateo County Locations of Injuries



John Ridener 4/19/19

ATTACHMENT 9: References

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