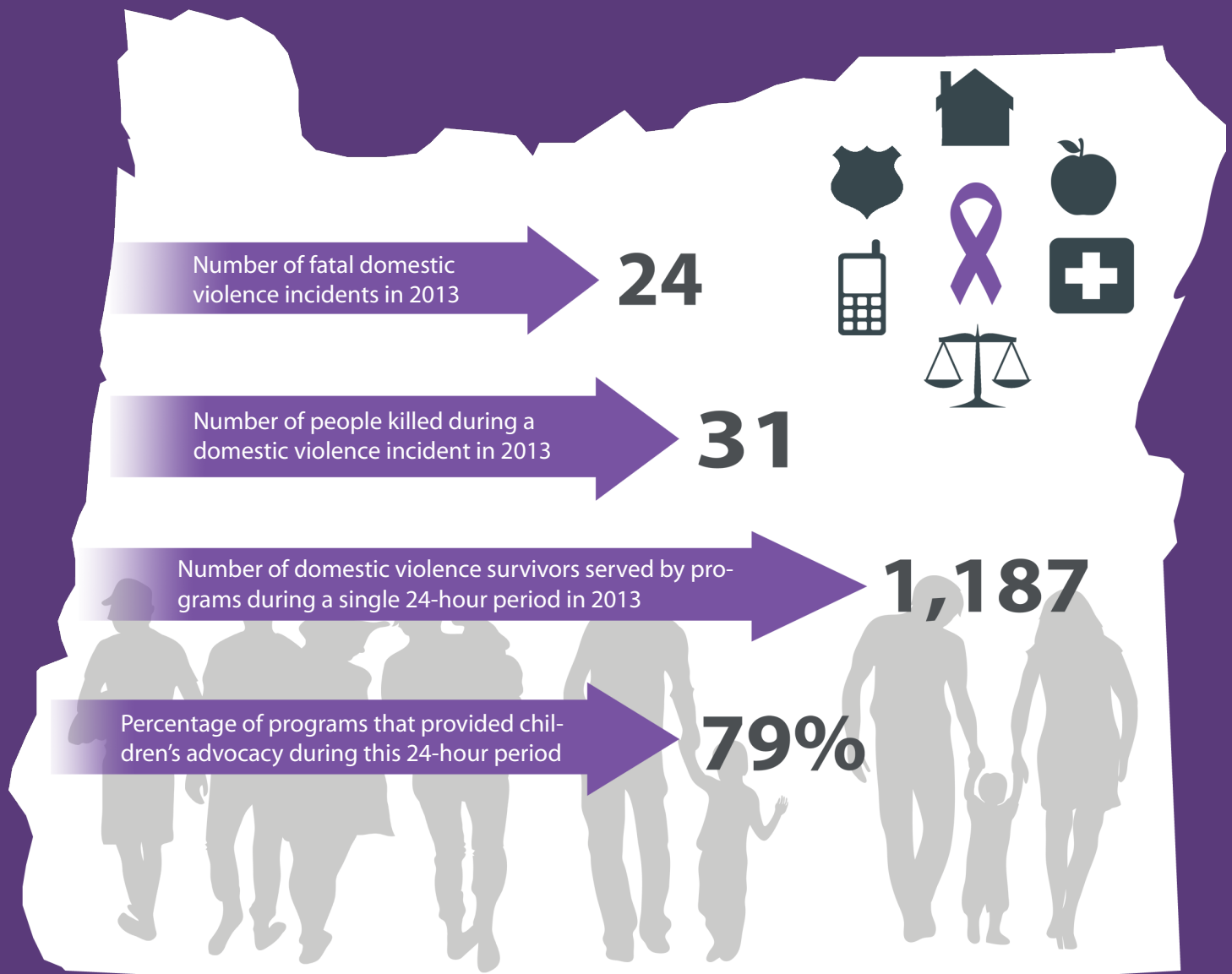


Oregon Domestic Violence Fatality Review Team



2014 Report to the Legislature



*Statistics on the cover infographic were drawn from the following sources:

Chloe Massarello, "Fatal Domestic Violence in Oregon: Demographics Related to Victims, Perpetrators, and Incidents, 2013 Report," Oregon Coalition Against Domestic and Sexual Violence (2014); and National Network to End Domestic Violence, "2013 Domestic Violence Counts: Oregon Summary," NNEDV (2014).

Dedication

We dedicate the work of the Oregon Domestic Violence Fatality Review Team and this report to all victims and survivors of domestic violence.

We especially want to recognize and remember those victims who have lost their lives as a result of domestic violence, their surviving children and family members, and their friends and community who will never forget them.

Definitions & Terminology

Intimate partner violence (IPV)

- When used by the Oregon Health Authority (OHA), IPV is defined as actual or threatened physical aggression, sexual assault, and psychological/emotional abuse directed toward a current or former spouse, boyfriend, or girlfriend.ⁱ
- The criminal justice system (CJS) and its community partners often use the terms “IPV” and “domestic violence” (DV) interchangeably. As used by CJS and partners, IPV and domestic violence also include family relationships outside of the intimate partner context.ⁱⁱ
- This report endeavors to identify which definition is being utilized either in the body of the report or by reference to a footnote.

Gender language

- According to the Bureau of Justice, women account for 82 percent of victims of IPV and men account for the remaining 18 percent.ⁱⁱⁱ All of the cases reviewed by Oregon’s statewide Domestic Violence Fatality Review Team thus far have involved male perpetrators and female victims in heterosexual relationships. The language used in this report reflects that reality. However, it should not be construed to suggest that all victims are women and that all perpetrators are men. Additionally, we recognize that IPV/domestic violence also occurs in same-sex relationships.

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ⁱ“Homicides in Oregon,” CD Summary Oregon Health Authority/Public Health Division, November 12, 2014 vol. 63, no. 22.

ⁱⁱORS 135.230.

ⁱⁱⁱBureau of Justice Special Report, Nonfatal Domestic Violence, 2003-2012, April 2014. For domestic violence victimization, women account for 76 percent and men account for 24 percent.

Executive Summary



Introduction

Adrian, the 23-year-old mother of a two-year-old girl, was shot and killed outside of her home by her estranged boyfriend, Dustin Michael Bryant, in Turner, Oregon on November 22, 2013. As is typically the case, this domestic violence killing occurred against a background of ongoing DV; indeed, just three months before he killed her, Bryant's abuse of Adrian led to his being sentenced to a lengthy term of probation for multiple DV-related charges.

Adrian Bird was one of several people who lost their lives due to domestic violence in the month of November last year. In fact, November was the deadliest month in Oregon in 2013 in terms of domestic violence homicides. In that one month our state suffered the loss of six of our fellow Oregonians in five incidents in five separate counties.¹

Nov. 1st Jackson County	Kimberly Ann Staack was fatally shot in the head by her boyfriend, Robert Joseph Simonson, while they were staying at a friend's apartment.
Nov. 2nd Lane County	Casey Lynn Wright was bludgeoned to death by her boyfriend, Robert Cromwell, at his home.
Nov. 3rd Clackamas County	After an altercation with his girlfriend from which she escaped, Lawrence Cambra set their home on fire and fatally shot responding police officer Robert Libke before killing himself.
Nov. 20th Coos County	Ladd Robson beat his half-brother, Lance Lucero, to death at the home of his parents.
Nov. 22nd Marion County	Adrian Bird was shot to death by her estranged boyfriend, Dustin Michael Bryant, in front of her daughter and police.

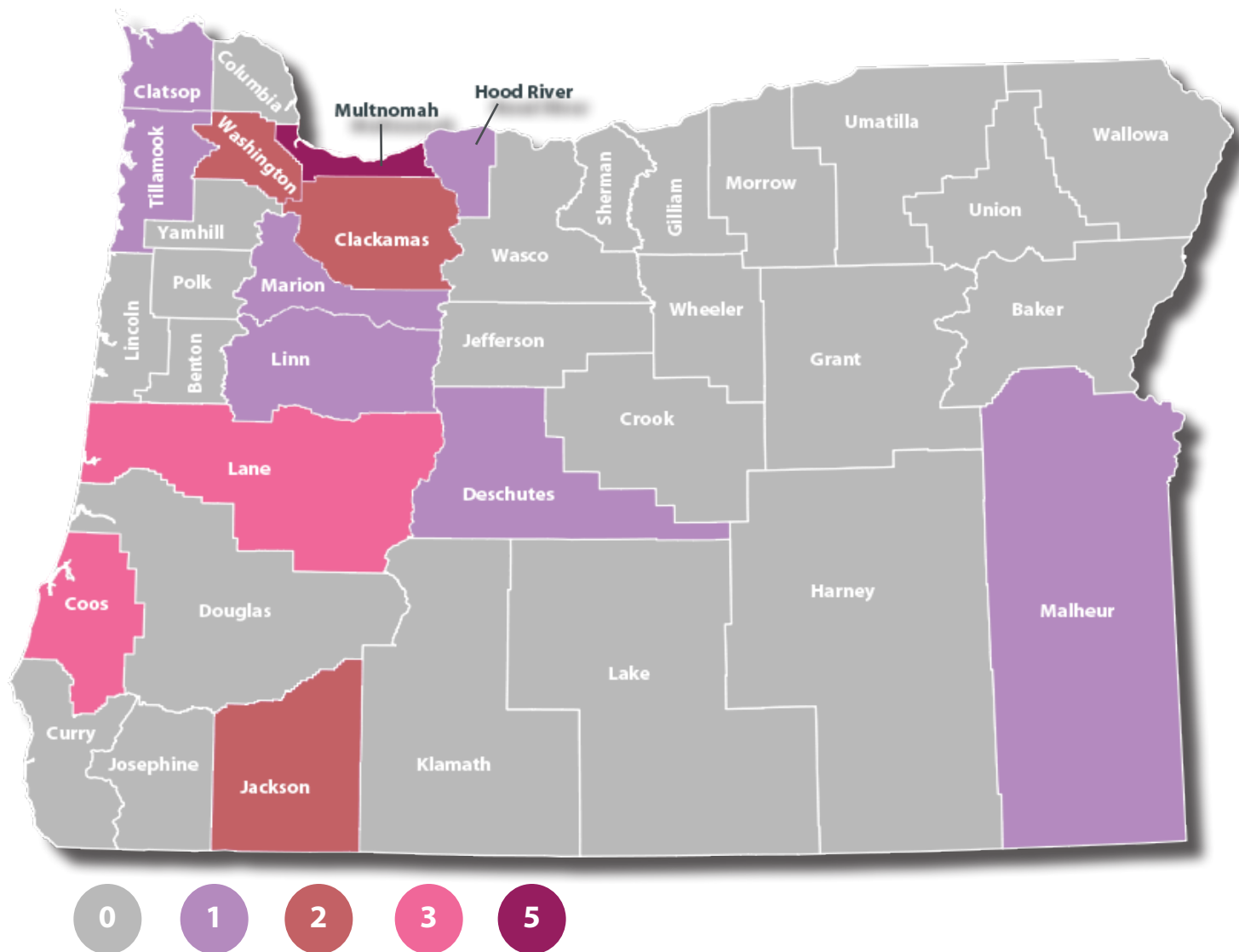
In total, there were 25 victims in Oregon who died as a result of domestic violence in 2013.² The victims of those incidents include current, estranged, and ex-intimate partners; family members (other than intimate partners); neighbors of the perpetrator/victim, and an officer responding to a domestic violence call. In

¹Chloe Massarello, "Fatal Domestic Violence in Oregon: Demographics Related to Victims, Perpetrators, and Incidents, 2013 Report," Oregon Coalition Against Domestic and Sexual Violence (2014), 14.

²For purposes of tracking deaths, the Criminal Justice System and its community partners define "domestic violence" to include family relationships outside of the intimate partner context. The Oregon Health Authority keeps statistics related to deaths in the intimate partner violence context. OHA's definition of IPV is narrower than the one used by CJS and its partners, resulting in data disparities.

total, there were 31 domestic-violence related deaths in our state last year that occurred during the course of 24 separate incidents.^{3,4}

Number of Oregon Domestic Violence Homicide Incidents by County, 2013



Domestic Violence in Oregon: 2003-2012

Domestic violence is far too prevalent in Oregon, as it is nationally and globally. Recently, the Oregon Health Authority released a report entitled, “Homicides Related to Intimate Partner Violence: A Seven Year Review (2003-2009).” The report presented these key findings:⁵

³In addition to the 25 victims, there were five perpetrators who died as a result of self-inflicted injuries. There was also one death resulting from a case of self-defense (a man threatened a woman and three teenagers, broke into a room where all four were hiding, and was shot to death).

⁴In addition to the deaths, there were individuals injured in these fatal incidents: one perpetrator attempted suicide after he killed his wife, but was not successful. In another incident, a perpetrator attempted to murder a roommate (after the perpetrator killed his wife), but did not succeed. That person was critically injured.

⁵Shen X., Millet L., “Homicides Related to Intimate Partner Violence in Oregon: A Seven Year Review,” Oregon Department of Human Services (2010) Portland, Oregon.

- ➡ Approximately one in five homicides in Oregon was related to intimate partner violence (IPV).
- ➡ Intimate partners committed 46% of the homicides of females age 15 and older.
- ➡ Women were more likely than men to be killed by an intimate partner.
- ➡ 80 percent of female victims of intimate partner homicides were killed by their current husbands or boyfriends.
- ➡ Approximately two-thirds of victims who were killed by an intimate partner were living with the perpetrator when the incident occurred.
- ➡ In incidents of IPV-related homicide, men are far more likely than women to be killed by people other than their intimate partners.
- ➡ More than 40 percent of the incidents of intimate partner homicide were followed by a suicide or suicide attempt.
- ➡ Three in four homicide-suicide events were related to IPV.
- ➡ Gunshot wound was a predominant mechanism of death in the incidents of IPV-related homicide.
- ➡ 65 percent of victims who were killed by an intimate partner were at her/his own home when the incident occurred.

The report noted that from 2003 through 2010, Oregonians lost 206 members of our communities due to intimate partner violence across 27 of Oregon's 36 counties.⁶ Unfortunately, since the report has been published, additional Oregon counties have suffered a domestic violence-related homicide and/or homicide-suicide.

Recently, OHA has published additional data that includes 2011 and 2012 statistics on homicide trends and characteristics. In 2011, there were a total of 28 IPV-related homicides that occurred among Oregon residents. These deaths occurred among victims of IPV, perpetrators (primary aggressors) of IPV, and relatives and friends of an IPV victim.⁷

As in the previous seven years, 75 percent of homicide/suicide incidents in 2011 were related to intimate partner violence.⁸ Similarly, gunshot wound was the most common cause of death among all IPV homicides in 2011. In fact, from 2003-2012, 60 percent of all IPV-related homicides involved a firearm

A Look at National Data

Percentage of Homicides Perpetrated Using Guns by Type of Relationship, 1980-2008⁹

Victim's relationship to offender	Homicides by gun
Husband	66.1%
Ex-husband	83.6
Wife	66.7
Ex-wife	75.0
Boyfriend	44.8
Girlfriend	54.5
Same-sex relationship	30.8

⁶Id.

⁷Shen X., Millet L., "Violent Deaths in Oregon: 2011," Oregon Health Authority, Portland, Oregon.

⁸Id.

⁹This table has been adapted from Table 11 in Alexia Cooper and Erica J. Smith, "Homicide Trends in the United States, 1980-2008," US Department of Justice, Bureau of Justice Statistics (2011), 20.

as the mechanism of death.¹⁰ Particularly in homicide-suicide incidents, a firearm is the favored weapon among perpetrators: firearms accounted for 87% of all deaths in homicide-suicide events.¹¹

The numbers reported by OHA for IPV-related deaths for 2012 are similar to previous years. In 2012, there were 25 IPV-related deaths in Oregon.¹² However, according to the media-reported deaths list,¹³ there were 40 DV-related deaths in 2012, 27 of which resulted from gunshot wounds.¹⁴

To be sure, the statistics for 2011 and 2012 are sobering. However, it was the dramatic spike in DV-related deaths in 2010 that had been truly eye-opening, attention-grabbing, and for some, a call to action. In that year, our state suffered the loss of 71 Oregonians due to intimate-partner-violence related deaths.¹⁵ Nearly one in three of all homicides in Oregon in 2010 was related to intimate partner violence.¹⁶

Response

Driven to respond to the dramatic and unacceptable surge of domestic violence-related deaths in 2010, the statewide Domestic Violence Fatality Review Team (DVFRT), originally authorized by statute in 2005, began to take shape in January 2011.¹⁷ During the year following initial meetings in early 2011, the Team recruited a multi-disciplinary membership and drafted its protocol. The mission of the DVFRT is to improve the coordinated statewide response to and prevention of domestic violence and domestic violence fatalities through the review of domestic violence fatalities throughout the state. The DVFRT is guided by this mission statement, as well as by the statutory mandates (see FN 17), and the core principles and values outlined in the Team's protocol.

In an effort to honor the victims and family members who lost loved ones, the Team endeavors to complete as thorough a review of a case as possible. Due to the exhaustive nature of the review, the Team ideally will complete, at most, two cases per calendar year. The Team chooses a case for review based on the protocol criteria, as well as the issues or factors the Team feels are timely, relevant, and distinct from any previously reviewed case. The guidelines and structure of the review allow for an in-depth study of the case and the identified issues within that case. The goals are to identify the strengths and weaknesses of the system responses to the parties involved in the DV homicide or homicide/suicide and then, if possible, to offer concise, practical recommendations for each issue.

¹⁰Shen X., Millet L., "Homicide Trends and Characteristics in Oregon, 2014 Report," Oregon Health Authority, Portland, Oregon.

¹¹Supra, FN 7.

¹²Shen X., Millet L., "Violent Deaths in Oregon, 2012," Oregon Health Authority, Portland, Oregon.

¹³See FN 2.

¹⁴The women and children were all killed by a male perpetrator who was the current or past boyfriend or husband of the female victim, or victim's daughter's boyfriend or son. The male victims were killed by a same-sex partner (1), another male "over" a woman (2), a male family member (2), a current or past wife or girlfriend (2), a sister's estranged boyfriend (1), and in one case, the male victim was shot as a husband fled the scene after killing his wife and children. In addition to the 31 victim deaths, an additional 9 people lost their lives in domestic violence-related fatalities. These are deaths in which perpetrators committed suicide after the murder of a partner or family member, were killed in officer-involved incidents, or otherwise lost their lives.

¹⁵This number comes from the media-reported deaths list compiled by the Criminal Justice System and community partners. Using the OHA official report, that number is thirty-eight. Shen, X., Millet L., "Violent Deaths in Oregon: 2010," Oregon Health Authority (2012) Portland, Oregon.

¹⁶See FN 4.

¹⁷In 2005, the Oregon legislature passed Senate bill 1047 authorizing the formation of a domestic violence fatality review team. This bill was later codified in ORS 418.714 and ORS 418.718. On a statewide level, ORS 418.718(1) provides the Department of Human Services (DHS) with the authority to form a statewide interdisciplinary team to meet semi-annually and review domestic violence fatality cases.

Case Reviews

The DVFRT completed its first review in May, 2012. The case involved an adult male perpetrator and adult female victim. The parties had been married for a considerable amount of time. Each had adult children from previous marriages. In legal terms, both the victim and perpetrator were elderly. Family members, acquaintances, and community members reported knowing or having heard that the perpetrator engaged in abusive behavior toward the victim prior to her death. The victim had completed a restraining order petition but had not filed it with the court prior to her death. Law enforcement had no previous contact with either party. The perpetrator shot and killed the victim before he set the house on fire and shot and killed himself.

The purpose of each case review is not to point blame, or adjudicate the case, but to identify gaps, challenges, and even successes and offer recommendations for systems improvement.

DVFRT Protocol

The DVFRT identified several critical issues and offered recommendations from the review of the first case:

Issues	Recommendations
<ul style="list-style-type: none"> Senior services and cultural competency around the elderly population 	<ul style="list-style-type: none"> Domestic violence multi-disciplinary teams in each county whose members should include adult protection service workers Improved awareness around suicide prevalence in the elderly population
<ul style="list-style-type: none"> Impact of childhood trauma 	<ul style="list-style-type: none"> Awareness and additional research surrounding effects of childhood trauma Improved trauma-informed prevention services and intervention
<ul style="list-style-type: none"> The role of the health care system in identifying and serving victims and perpetrators of domestic violence 	<ul style="list-style-type: none"> Education of medical care providers around domestic violence issues including safety planning and appropriate referrals
<ul style="list-style-type: none"> Inadequate and inaccurate media coverage 	<ul style="list-style-type: none"> Improved and accurate media reporting on domestic violence to promote public awareness
<ul style="list-style-type: none"> Access to Family Abuse Prevention (FAPA) orders is limited to court's normal business hours 	<ul style="list-style-type: none"> Increased accessibility to FAPA (restraining order) processes (24-hour) to facilitate victim separation from violence and increased protection.
<ul style="list-style-type: none"> Lack of shelter and housing for victims in general and diverse populations in particular (homeless, domestic and sexual violence survivors, families) 	<ul style="list-style-type: none"> Access to emergency and transitional housing to meet diversity of community needs

The DVFRT reviewed its second case in May, 2013. The case involved a victim and a perpetrator who were in an intimate relationship and were living together in a central/eastern Oregon town at the time of

the murder-suicide. Both were in their twenties and members of one of Oregon's nine Tribal Nations. The couple had one young child together. The victim had three children from a previous relationship. The victim's previous relationship also involved domestic violence. The perpetrator had been exposed to domestic violence during his youth, as well. The perpetrator killed the victim by shooting her. He then shot and killed himself. The couple's eight-month old baby was in the room when the murder-suicide occurred.

A Look at National Data

In response to a 2005 survey by the CDC, **39%** of American Indian/Alaska Native women and **18.6%** of American Indian/Alaska Native men reported a lifetime history of intimate partner violence victimization.¹⁸

The DVFRT reviewed its third case in May, 2014.

The case involved a victim and perpetrator who had been in an intimate relationship but were separated and living apart at the time of the murder. The murder happened in a small southern Oregon town. Both parties were in their twenties. The couple had one young child together. The victim had another young child who did not live with her. Both the victim and perpetrator had significant drug and alcohol issues and there was a history of domestic violence in the relationship. The victim had filled out a restraining order petition close in time to her death but had not filed it with the court. The perpetrator killed the victim by stabbing her. He ultimately fled but was caught by police. The couple's 11-month old baby was in the apartment when the murder occurred.

This biennial report offers four key findings identified in the two cases reviewed by the Team since our last report in December, 2012.¹⁹ These findings are: children exposed to domestic violence, civil protection orders, points of intervention, and improving community awareness and promoting cultural change. Beginning in February 2015, each of these findings will be discussed in a series of installments issued by the DVFRT. The discussion of each finding will include concrete recommendations on how we, as a state, can effect change. It will take a truly cooperative effort to make the social, cultural, and political changes necessary in order to decrease and hopefully, one day, prevent these and all types of violence from occurring. As United Nations Secretary General Ban Ki-Moon states, "we must unite. Violence against women cannot be tolerated, in any form, in any context, in any circumstance, by any political leader or by any government."

The Violence Against Women Act (VAWA) was passed in September 1994. This year marks the 20th anniversary of VAWA. Much progress has been made in the last twenty years, but much work still remains. It feels appropriate to offer this quote by Joe Biden, VAWA's primary sponsor in 1994:

Through this process I have become convinced that violence against women reflects as much a failure of our nation's collective moral imagination as it does a failure of our nation's laws and regulations. We are helpless to change the course of this violence unless and until we achieve a national consensus that it deserves our public outrage.²⁰

We hope that this report and its successive in-depth installments inspire a personal, public, and collective statewide outrage which can be leveraged to bring about necessary change regarding prevention, protection, and care.

¹⁸Centers for Disease Control and Prevention, "Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence- United States, 2005," MMWR 2008, 57: 115.

¹⁹There are many findings from the 2013/2014 reviews which are similar to those identified in the 2012 case review.

²⁰MAJORITY STAFF OF S. COMM. ON THE JUDICIARY, 103D CONG., THE RESPONSE TO RAPE: DETOURS ON THE ROAD TO EQUAL JUSTICE 1 (Comm. Print 1993).