

PREVENTING DOMESTIC VIOLENCE HOMICIDE

On August 8, 2002, authorities discovered the body of Loretta Paluszynski in the bedroom of her Salinas apartment. Loretta had been brutally beaten and repeatedly stabbed by her ex-boyfriend, Juan Gabriel Nunez. Juan fled the scene and is still at large. Family and friends described Juan as “possessive” and witnessed his physical abuse of Loretta. On one occasion, Juan beat Loretta so badly that she had to be hospitalized for her injuries. Loretta subsequently obtained a restraining order against Juan. One year before her murder, Juan was convicted of violating the restraining order and was placed on probation. Less than two months before the murder, Juan was again charged with violating a restraining order, domestic abuse against Loretta and abuse against her 4-year old son. When Juan failed to appear in court on these charges, the court issued a warrant for his arrest. Juan managed to evade arrest and, a few weeks later, Loretta was dead.¹

The first, and most critical, step in addressing intimate partner homicide in California is to examine how these murders can be prevented. Our survey of 100 intimate femicides in California (“100-Case Survey”) revealed some disturbing similarities in the lives of women murdered by their male intimate partners:

- Most of the perpetrators had a confirmed history of domestic violence against the victim (59% of cases had a history of domestic violence and, in 47% percent of these cases, the abuser made prior threats on the victim’s life);
- Nearly half (45%) of the victims had recently separated or were in the process of separating themselves from their abuser at the time of the murder;
- A significant number of perpetrators had prior contact with the criminal justice system for domestic violence against the woman they ultimately killed (59% of perpetrators with prior arrests had been arrested for domestic violence against the victim they killed;

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26% of the perpetrators who had prior criminal convictions were convicted of domestic violence against the women they killed); and

- The vast majority of victims who were abused never sought court, medical or community services for domestic violence (86% of abused victims never sought domestic violence-related services from hospitals, shelters or community-based organizations prior to their murder, and only 20% had an active restraining order against their abuser at the time of the murder).

These findings illustrate what domestic violence professionals and policymakers have urged for years – domestic violence homicides are some of the most preventable homicides that occur in our society.

Several reasons have been cited for the predictability and “preventability” of these murders. First, unlike stranger murder, domestic violence homicide is typically not a crime of sudden, unanticipated violence by an intimate partner. Rather, these murders are often the culmination of escalated violence in relationships where there is a history and pattern of abuse against the victim. A study of 220 female victims of intimate partner homicide found that 70% of the victims had been physically abused by their intimate partners prior to their deaths.² Preventing domestic violence homicide necessarily includes preventing the occurrence and reoccurrence of domestic violence in general.

Second, in addition to a history of abuse in the relationship, other identifiable factors contribute to a woman’s risk of intimate partner murder. Studies show that, in cases where women are abused by their male partners, the abuser’s access to guns, unemployment, prior threats on the victim’s life, and escalating severity of violence against the victim are among the most significant predictors of intimate partner murder.³ A victim’s attempts to separate herself or her children from a highly obsessive and controlling abuser has also been cited as a serious risk factor for intimate partner murder.⁴ Recognizing and adequately responding to these “warning signs,” therefore, can mean the difference between life and death for many women at risk of violence or murder at the hands of their intimate partners.

“Warning signs” can also occur in relationships where no history of violence or abuse exists. Studies show that factors such as a male partner’s highly controlling and jealous behavior, chronic substance/alcohol abuse and suicidal tendencies are associated with an increased risk of intimate partner homicide for women in non-abusive relationships.⁵ Our 100-Case Survey revealed that 17 percent of perpetrators with no confirmed history of abuse against their victim had a known recent history of drug or alcohol abuse, or were using drugs and/or alcohol at the time of the murder. In addition, the survey revealed that 20 percent of non-abusive perpetrators had a known recent history of mental illness, or were suffering from a serious mental condition at the time of the murder.

Moreover, risks for women in non-abusive relationships may be intensified when coupled with a traumatic event for the perpetrator, such as a sudden loss of employment, known or suspected infidelity by the other partner, or threats of separation by the other partner. In 49 percent of our surveyed murder cases involving a non-abusive relationship, the victim had recently separated herself from the perpetrator, the perpetrator suspected the victim was having an affair or was jealous of a new intimate relationship and/or the perpetrator was experiencing serious financial difficulties. In light of the above statistics, domestic violence homicide prevention must include strategies for identifying and responding to the predictors of intimate partner murder in non-abusive relationships.

Finally, studies show that, prior to the time of murder, victims and perpetrators of domestic violence homicide often come into contact with, or seek the help of, agencies and individuals whose intervention could have reduced the victim’s risk of danger. An examination of domestic violence homicides in Oklahoma, for example, found that victims and perpetrators often had repeated contacts with the legal system and service providers and, in 57 percent of the cases surveyed, someone (family members, law enforcement and/or friends) knew of ongoing violence in the relationship.⁶ In our 100-Case Survey, in 92 percent of cases with a confirmed history of abuse, the parties had prior contact with police, courts or

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The magnitude of a woman's risk of being murdered by her intimate partner, therefore, depends on how effectively different systems and individuals identify and respond to abuse suffered by domestic violence victims. Whether it is the criminal justice system, social service system, medical community, legal services, family courts, or a victim's personal support system — each of these systems must be responsible for appropriately intervening and responding to domestic violence before this violence escalates into serious injury or death.

Indeed, the predictable nature and cycle of domestic violence has caused practitioners and policymakers in California, and throughout the country, to implement different strategies for improving the way that individual systems respond to victims and perpetrators of such violence. Each attempt to improve current practices contributes to the "prevention" of domestic violence homicide. Nevertheless, while law enforcement agencies, courts, prosecutors, health professionals, and social service organizations have all made significant improvements in addressing domestic violence generally, preventable homicides still occur at an alarming rate.

In this volume of the report, we examine and make recommendations regarding efforts to prevent domestic violence and domestic violence homicide in the following areas: law enforcement, probation, data collection and death review. Future volumes of the report will examine other systems and issues that play a role in domestic violence homicide prevention including the criminal prosecution and punishment of domestic violence, medical community responses to domestic violence, family court responses to domestic violence, civil remedies for domestic violence, and economic issues facing domestic violence victims. Future volumes will also examine how all of the above systems and issues impact underserved communities of victims.

(Footnotes)

1. Sources: Nix, K., *Salinas police seek victim's ex, man has criminal history of abuse*, THE CALIFORNIAN (August 10, 2002); Nix, K., *Police on lookout for killing suspect*, THE CALIFORNIAN (August 13, 2002); Nix, K., *Protection orders not always helpful outside the legal bounds*, THE CALIFORNIAN (August 29, 2002); and Nix, K., *Loretta Paluszynski stabbed to death; suspect evades capture*, THE CALIFORNIAN (August 8, 2003).
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3. *Id.*; Campbell, J., et al., *Assessing Risk Factors for Intimate Partner Homicide*, NATIONAL INSTITUTE FOR JUSTICE JOURNAL, ISSUE NO. 250 (2003); Walton-Moss, J. and Campbell, J., *Intimate Partner Violence: Implications for Nursing*, ONLINE JOURNAL OF ISSUES IN NURSING, VOL. 7 NO. 1 (January 31, 2002).
4. *Family and Intimate Partner Violence Homicide*, VIRGINIA DEPARTMENT OF HEALTH, OFFICE OF THE CHIEF MEDICAL EXAMINER (2000) p. 5; Moracco, K., et al., *Female Intimate Partner Homicide: A Population-Based Study*, JAMWA, VOL. 58, NO. 1 (2000); Campbell, D., et al., *Could We Have Known? A Qualitative Analysis of Data from Women Who Survived an Attempted Homicide by an Intimate Partner*, JOURNAL OF GENERAL INTERNAL MEDICINE, VOL. 18, ISSUE 10 (2002).
5. Campbell, *supra* note 3; Block, C., *Chicago Women's Health Risk Study (Part I and II), Final Report*, NCJ 183128, U.S. DEPARTMENT OF JUSTICE, NATIONAL INSTITUTE OF JUSTICE (Washington, DC: June 2000).
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