



2003 Massachusetts Domestic Violence Homicide Report

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Jane Doe Inc., (JDI) the Massachusetts Coalition Against Sexual Assault and Domestic Violence, is a membership organization representing nearly 60 community-based domestic violence and sexual assault programs across the Commonwealth. JDI brings together organizations and people committed to ending domestic violence and sexual assault. We create social change by addressing the root causes of this violence, and promote justice, safety and healing for survivors. JDI advocates for responsive public policy, promotes collaboration, raises public awareness, and supports its member organizations to provide comprehensive prevention and intervention services. We are guided by the voices of survivors and victims.

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A special note to the friends and families of homicide victims: It is our hope that the publication of this report will shed light on the lives and stories of victims with the goal of improving future policy and practice and ending domestic violence homicides in Massachusetts.

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We dedicate this report to the 19 known victims of domestic violence homicides in Massachusetts in 2003.

County	City	Victim's Name	Age	Date of Incident
Barnstable	Provincetown	Timothy Maguire	36	October 28
Bristol	Fall River	William Casavant	50	November 2
	Attleboro	Dawne Brault	31	October 2
Essex	Beverly	Laurie Corbett	26	December 1
Hampden	Springfield	Amy Levesque	29	July 23
Middlesex	Stow	Sally Spry	62	April 19
	Waltham	Nelli Bessonova	43	June 29
	Cambridge	Mary Toomey	75	November 26
Norfolk	Brookline	Livia "Hedda" Rev Kury	79	March 31
Plymouth	Brockton	Laurinda Gomes	41	January 14
	Brockton	Maria Gomes	66	January 14
	Brockton	Karina Barbosa	11	January 14
	Brockton	Gilane Saget	33	June 15
	Brockton	Baby Petitry	24	June 26
Suffolk	Jamaica Plain	Stephen Reid	39	February 7
	Boston	Amelia Gomez	48	March 25
	Roslindale	Berenice Tejada	52	April 19
Worcester	Templeton	Colleen Stone	30	June 1
	Worcester	Donovan Penrose	33	June 11

Introduction

Domestic violence is a human rights, social justice, public safety, economic, and health issue. When domestic violence goes unaddressed, or when it is inadequately addressed, it can escalate along predictable lines and end, tragically, in homicide. Behind more than 30 years of initiatives to reduce and end domestic violence lie the bodies of victims murdered by batterers. The lives of surviving children, family, friends, and colleagues of the victims and perpetrators have been irrevocably changed. The purpose of this study is to identify improvements in current policy and practice that can reduce domestic violence homicides in Massachusetts and to honor the lives of victims of domestic violence. With this and future annual reviews of Massachusetts' domestic violence homicides, we hope to raise awareness among individuals, communities, systems and policy makers across the Commonwealth about the lethal and often predictable consequences of domestic violence and to improve our ability to respond to domestic violence and prevent future homicides.

Domestic violence homicides represent just the tip of the iceberg regarding mortality and morbidity resulting from domestic violence. Suicides that can be attributed to domestic violence and deaths that result from life-long battering also need to be examined. Within the category of homicide, alone, it is difficult to claim with any certainty that we were able to identify all domestic violence homicide incidents.

Multiple categories of traumatic death are the direct result of domestic violence. Suicides, drug overdoses, poisonings and other deaths that are classified as unintentional or deaths due to injuries of undetermined intent are likely to include victims of domestic violence whose killers will never be identified as homicide perpetrators. Another category of death attributable to domestic violence is premature deaths due to physical and mental health related illnesses and chronic conditions that resulted from years of battering and abuse. Among these are traumatic brain injuries, cardiac and gastro-intestinal conditions, HIV-AIDS and pregnancy complications, to name a few. While we commonly think of emergency rooms as the first contact for victims in the health care system, there are exponentially far greater numbers of victims being seen by dentists, plastic surgeons, cardiologists, obstetricians, gynecologists, gastroenterologists, substance abuse counselors, psychiatrists and many others for conditions caused by abuse and battering. The human toll from domestic violence is grossly underestimated. With this report, we begin to sketch a small portion of the full picture. It is our intention to add other categories of domestic violence related deaths with future reports as we increase our access to new sources of data.

The Jane Doe Inc. 2003 Massachusetts Domestic Violence Homicide Report examines the 17 incidents of domestic violence homicide that occurred in Massachusetts between January 1, 2003 and December 31, 2003. These 17 incidents resulted in the deaths of 24 people; 19 homicide victims and 5 perpetrators who committed suicide. Fourteen (74%) of the murder victims had been in adult intimate relationships with the people who killed them. Ten (71%) of these 14

homicides of adult intimate partners involved men killing their current or former female partners. Five of the 19 homicide victims (26%) had never been intimate partners of the homicide perpetrators, but were known to the perpetrators as someone close to and supportive of the domestic violence victim, putting them at risk.

Methodology

After conferring with representatives of the criminal justice system, we elected to begin with calendar year 2003 homicides. This distance from the year in which the homicides occurred provided a greater measure of certainty that we would have access to court records as the initial trials of the perpetrators would likely have been completed. Data for this report were obtained from a variety of sources. Measures were taken to ensure accuracy in the data that are reported.

We began our examination with the Jane Doe Inc. Domestic Violence Homicide List for 2003 - generated annually based on newspaper accounts. Throughout the year, JDI staff search multiple Massachusetts newspapers for homicide incidents which have occurred in Massachusetts and which appear or are known to have been related to domestic violence. Print media accounts of murders and suicides were our primary sources of information about the domestic violence homicides as well as the circumstances surrounding the homicides.

For the purposes of this report, homicides were considered domestic violence-related if any of the following conditions were present:

- The homicide victim and perpetrator were former spouses or intimate partners, adults or teens with a child in common, or adults or teens in a current or former dating relationship;
- The homicide victim was a bystander or intervened in an attempted domestic violence homicide and was killed (including friends, family members, new intimate partners, law enforcement officers or other professionals attempting to assist the victim of domestic violence, roommates and co-workers);
- The motive for the murder was reported to have included jealousy, in the context of an intimate partner or dating relationship;
- A relationship existed between the homicide perpetrator and adult or teen victim that could be defined as exhibiting a pattern of power and control (including family or household members and caregivers).

The JDI analyst requested, in writing, from the Massachusetts Registry of Vital Records and Statistics the death certificates for each of the names on the JDI list. Birth dates of decedents were obtained from death certificates.

Prior to the start of the project, select JDI staff completed an application to request access to Criminal Offender Record Information (CORI). This application was approved prior to the onset of the development of this report.

A CORI was requested for each victim and perpetrator for whom JDI was able to locate an accurate date of birth. This information was requested in writing and hard copies of each of the reports were sent to JDI. The material was carefully reviewed and compared to the information already collected by JDI. Subsequently, the analyst visited websites of the offices of district attorneys to review court records of identified cases. On the website, the analyst searched for information about the case (i.e., press releases and any additional court information). This material was added to the already gathered notes about each case.

JDI analysts visited each court in the counties in which a homicide occurred. The analysts reviewed available court documents pertinent to each case. This information is public and the amount of material each court supplied was dependent upon the individual court. The analyst reviewed the Supplemental Homicide Reports (SHR), obtained from the Massachusetts State Police, and the National Violent Death Reporting System (NVDRS), through the Massachusetts Department of Public Health (DPH), to search for possible domestic violence homicide incidents not previously identified. Those incidents, if verified, underwent the above process.

There have been innumerable points in this first year of review where our examination was unexpectedly rerouted due to inconsistencies in record keeping, data collection and compilation, or limitations on JDI's access to records. Among the many things that would have made a difference, we have selected a short list for inclusion here. We believe that these are important for the future of policy discussions and the capacity of Massachusetts to evaluate, in a meaningful way, the impact of ongoing and new efforts to intervene in and prevent domestic violence and domestic violence homicides.

Limitations

Death Certificates

Death certificates did not consistently provide information about race or ethnicity. Frequently, race and ethnicity was listed as unknown. This prevented us from conducting an analysis of homicides based on race or ethnicity. In addition, death certificates do not provide any information about whether, or not, female victims of child bearing age were pregnant, just prior to or, at the time of death. Pregnancy has been well documented as a risk factor for increased violence, including murder. Homicide accounts for 31% of injury-related deaths among pregnant and post-partum women.¹ Concerns exist regarding confidentiality and privacy when documenting pregnancy status on death certificates. However, we recommend further discussion and analysis as to the documentation of pregnancy status of all female decedents of childbearing age, and particularly those victims of homicide, suicide or other deaths that may not have an immediately apparent cause as well as any deaths that occurred in the victims' homes.

Deaths Due to Injuries of Undetermined Intent, Unintentional Injuries and Suicide

A substantial number of deaths in Massachusetts are ruled to be caused by injuries of undetermined intent. According to DPH, "About 27% of all injury-related deaths in 2003 were of undetermined intent, where investigation has not determined whether the injuries were accidental or intentional. Almost 94% of these deaths involved poisoning (674 deaths),

¹ Jeani Chang et al., *Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991–1999*, 95 *American Journal of Public Health* 471, 472 (2005).

which includes drug overdoses. The majority of poisoning deaths of undetermined intent was due to narcotics and “other hallucinogens” (90%).²

In 2003, deaths due to injuries of undetermined intent were ranked among the top three causes of death for Massachusetts residents ages 15-44 years old.³ For deaths of females and deaths of males between the ages of 15 and 54, deaths from injuries ruled to be of undetermined intent were substantially greater than homicides and suicides combined. However, beginning at age 55, suicides outnumber homicide and injuries of undetermined intent as a leading cause of violent death for both men and women.⁴

Comparison of Three Causes of Violent Death by Gender & Age in Massachusetts⁵

<u>Age Group</u>	<u>Homicide</u>		<u>Suicide</u>		<u>Injuries of Undetermined Intent</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
15-24	28%	6%	25%	19%	46%	74%
25-34	14%	12%	27%	22%	59%	66%
35-44	4%	3%	26%	26%	70%	71%
45-54	5%	8%	30%	36%	65%	56%
55-64	4%	0%	59%	67%	37%	33%
65-74	11%	15%	81%	46%	7%	38%
75-84	0%	33%	100%	67%	0%	0%
85+	13%	0%	67%	67%	20%	33%

It is possible that we would find additional domestic violence homicides among the deaths ruled to be due to unintentional injuries, to injuries of undetermined intent and suicide.⁶ Of particular concern are deaths due to strangulation, suffocation, drug overdoses, poisonings, and falls.

Murders can be easily disguised as accidents and forego suspicion. Family or friends who suspect foul play are frequently the catalysts for deeper investigation of deaths incorrectly ruled to be other than a domestic violence murder. However, many victims of domestic violence are very isolated and often have no one to raise questions on their behalf.

² Center for Health Information, Statistics, Research and Evaluation, Massachusetts Dept. of Public Health, *Massachusetts Deaths 2003*, p. 69 (2005) (internal citations omitted).

³ *Id.* at 40.

⁴ Injury Surveillance Program, Massachusetts Dept. of Public Health, *National Violent Death Reporting System: Massachusetts Database*, final 2003 file.

⁵ *Id.*

⁶ Domestic violence seems to lead to more deaths that are classified as suicides than deaths that are classified as homicides. In Utah, for example, 58% of the state's 65 domestic violence deaths in 2005 were suicides that did not occur in the context of a homicide. See Violence and Injury Prevention Program, Utah Dept. of Health, *2005 Utah Domestic Violence Homicides and Suicides* (2006), available at http://www.health.utah.gov/vipp/pdf/DVhomicide_factsheet_2005.pdf. We have no reason to believe that the situation in Massachusetts is any different.

CORI and Criminal Histories

JDI obtained approval for CORI access which allowed us to review criminal histories of perpetrators. The approval level we received, however, did not allow us full access to important aspects of criminal histories. For example, while it might have been noted that a perpetrator was the subject of a domestic abuse restraining order, it did not indicate who had obtained the order and therefore it was unclear whether it was the murder victim or a different person who'd previously been a victim of violence at the hands of the perpetrator. In several cases, either through media articles or court records, we were able to identify additional details of criminal histories.

Court Records

We are very grateful for the many offices that provided us with access to prosecutor and court records. Police reports are of vital importance in analyzing domestic violence homicide cases, and therefore we recommend that all jurisdictions make these records available. We are hopeful that more offices will grant access to these records for our review. Where records are incomplete we hope to find support for obtaining additional information from legal system partners. We suggest that law enforcement adopt a consistent method for documenting on police reports that an incident or crime was domestic violence-related in addition to noting 209A restraining order violations.⁷ We also recommend that this statewide data be collected and compiled.

⁷ Mass. Gen. Laws ch. 41, § 98G (2006).

Results

Domestic Violence-Related Homicides in 2003

The Massachusetts Department of Public Health (DPH) reported 139 homicide deaths for the period of January 1, 2003 to December 31, 2003.⁸

JDI determined that there were **17 incidents of domestic violence-related homicide** in 2003 resulting in **24 deaths**. **Nineteen people were murdered and 5 of the homicide perpetrators committed suicide.**

Age & Gender of Domestic Violence Homicide Victims

	<u>Female</u>	<u>Male</u>	<u>Total</u>	<u>Percent</u>
0-6 years	0	0	0	0%
7-17 years	1	0	1	5%
18-29 years	2	1	3	16%
30-49 years	6	3	9	47%
Over 50 years	5	1	6	32%
Total	14 (74%)	5 (26%)	19	100%

Age and Gender of Domestic Violence Homicide Perpetrators

	<u>Female</u>	<u>Male</u>	<u>Total</u>	<u>Percent</u>
18-29 years	1	2	3	17.5%
30-49 years	2	9	11	65%
Over 50 years	0	3	3	17.5%
Total	3 (18%)	14 (82%)	17	100%

Race and Ethnicity of Domestic Violence Homicide Victims and Perpetrators

	<u>Victims</u>		<u>Perpetrators</u>	
	<u>#</u>	<u>Percent</u>	<u>#</u>	<u>Percent</u>
Caucasian	11	58%	12	70%
African American	1	5%	0	0%
Latino	2	11%	2	12%
Cape Verdean	3	16%	1	6%
Haitian	2	11%	2	12%
Total	19	100%	17	100%

Death certificates and court records did not consistently provide the race of victims or perpetrators but did provide ethnicity or cultural identity. Of the 17 domestic violence

⁸ Center for Health Information, Statistics, Research and Evaluation, Massachusetts Dept. of Public Health, *Massachusetts Deaths 2003*, p. 69 (2005).

homicide incidents, 16 (94%) involved perpetrators killing victims of the same race, ethnicity or cultural identity.

Methods Used to Commit Homicide

- Eleven stabbed (58%)
 - Ten knives
 - One glass shard
- Four killed with a firearm in two homicide incidents (21%)
 - One handgun
 - One unknown firearm
- Two strangled (11%)
- One smothered (5%)
- One blunt trauma to the head (5%)

Relationship of Domestic Violence Homicide Perpetrators and Victims

Homicides Involving Intimate Partners

- Fourteen of the 17 (82%) homicide perpetrators were current or former intimate partners of the homicide victims.
- In one of the incidents, two female family members were killed in addition to the female partner of the perpetrator.

Relationship of Domestic Violence Homicide Perpetrators and Female Victims

All female domestic violence homicide victims were killed by adult males. In one incident, an adult woman, her mother and minor daughter were killed by the adult woman's male partner who was also the father of the minor victim. Of the 13 adult women killed:

- Ten women (77%) were killed by current or former male partners; five were husbands.
- One adult woman was killed by her female co-worker's estranged male partner.
- One adult woman was killed by her daughter's current male partner.
- One elderly woman was killed by the adult son of a friend who had been residing at her home.

Relationship of Domestic Violence Homicide Perpetrators and Male Victims

Of the five men killed:

- Three men (60%) were killed by current female partners; one of the female homicide perpetrators had a lengthy history of abuse at the hands of the male homicide victim.
- One man was killed by the current male fiancé of his former girlfriend.
- One man was killed by a current male partner.

Leaving the Relationship

Of the 16 intimate partner related homicide incidents, female victims were known to have ended relationships with five of the male homicide perpetrators (31%). We had no information about whether the other 11 victims were leaving, had left, or were contemplating leaving the relationship.

Prior Histories of Domestic Violence, Stalking, Criminal Histories, and Other Dangerousness Indicators

Previous physical harm or threats were documented in 11 of the 17 (65%) relationships.

Restraining Orders

Information about restraining orders was available for six of the 17 incidents.

- Three female homicide victims (23%) had active restraining orders against the homicide perpetrator.
- Two female homicide victims were intending to seek a restraining order the following day.
- One female homicide perpetrator held an active restraining order against the male homicide victim.

Stalking

Three homicide victims (16%) were known to be stalked by the homicide perpetrators prior to the murders.

Previous Suicide Threats or Attempts by Perpetrators

Two homicide perpetrators had previously attempted suicide.

Histories of Violence and Other Indicators of Dangerousness

Six male and 2 female homicide perpetrators and 2 male homicide victims had criminal and abuse histories, including multiple arrests and convictions for assault and battery. Among the information we uncovered about violent histories:

- One homicide perpetrator was convicted of assault and battery for attempted rape and failure to register as a sex offender.
- The Massachusetts Department of Social Services (DSS) had recently removed the children of one of the female homicide perpetrators for alleged abuse.
- One of the male homicide perpetrators had been arrested and a warrant remained outstanding at the time of the homicide for assault and battery to a child.
- Two male homicide victims had histories of arrests and convictions for violence against women.

- One of the male homicide victims had been arrested numerous times between 1997 and 2002 for violent crimes, including multiple incidents of violence against the female perpetrator; charges were repeatedly dropped after court fees were paid.

Location of Murders

One hundred percent (100%) of the homicides occurred in the victims' homes or in the immediate vicinity of the victims' homes.

Suicide

Each of the five murder/suicides involved male perpetrators killing female victims and then committing suicide. Of these:

- Three were current husbands.
- One was a current partner who had attempted suicide in 1996.
- One was a former partner.

Two male domestic violence homicide perpetrators attempted suicide after killing their female victims.

In both domestic violence homicide incidents in which a firearm was the method of murder, the perpetrator committed suicide with the firearm.

Two of the intimate partner murder/suicides involved elderly male homicide perpetrators and female victims. In both incidents:

- The couples were married.
- The husbands killed their wives.
- The perpetrators and victims were age 65 or over.
- The couples were survived by adult children and were the only couples with adult children in common.

Children as Victims, Witnesses and Survivors

One minor child was murdered and there are at least 41 surviving descendants of the homicide victims and perpetrators.

Death and Injury

- One minor child was killed by her father who also killed her mother and grandmother.
- One minor child was attacked and injured when her mother was killed.
- Two minor children had been removed from their home by DSS for alleged abuse by the female homicide perpetrator prior to the homicide.

- One male homicide perpetrator had been arrested in 1994 for assault of a child; a warrant related to that case remained outstanding at the time of the murder despite other criminal justice interventions between 1994 and 2003.

Witnesses to the Murders

- Five minor children were in the home at the time of the homicides.
- Three minor children witnessed three of the homicides; one was killed, one was injured and one discovered the bodies.
- An adult son-in-law discovered the body of his mother-in-law several days after her murder.

Surviving and Orphaned Children

Twenty-one adult and minor children lost one or both parents (and at least 18 grandchildren lost their grandmothers). Of these surviving children:

- 12 (57%) were minor children.
- Eight (38%) were adult children.
- One child (5%) is of undetermined age.

- Three adult children lost both parents in two murder-suicides.

Of the 18 children who lost either their mother or their father:

- 11 children (61%) lost their mothers
 - 5 minor children
 - 5 adult children
 - 1 child of undetermined age

- Seven minor children (39%) lost their fathers.

Friends, Family Members, and Colleagues

Four people who were not the victims of domestic violence were killed. They were:

- (In one incident) the daughter and mother of the domestic violence victim.
- One female colleague of the domestic violence victim.
- The former male partner of the domestic violence victim.

Risk and Protective Factors

There have been several substantial and important investigations of lethality or risk factors for domestic violence homicide. The most recent, important study to provide information about dangerousness assessment practice and policy was conducted by Dr. Jacquelyn Campbell and others at John Hopkins University.⁹ This study focuses our attention on the key dangerousness factors with regard to domestic violence homicide prevention.

Dr. Campbell's study (2003) examined relationship and demographic variables of 220 cases of intimate partner murders of females between the ages of 18 and 50 that occurred between 1994 and 2000 in 11 large urban areas. They also employed a control group of 343 randomly identified battered women from the same locales.¹⁰

It is important to consider that the following risk and protective factors are factors that were found to have reduced or increased the risk of domestic violence homicide. As such, knowledge of this list by abusers, victims, advocates, friends, family members, law enforcement, prosecutors, employers and others can make a tremendous difference in developing focused interventions.

There are two important caveats when considering the results of this study: these risk factors are specific to predicting risk of homicide by male domestic violence batterers of women and each of the study locales had in place active coordinated community response projects.

Risk Factors (factors known to increase the risk of domestic violence homicide)

- Highly controlling abusers
- Previous physical violence
- Abuser's threats to kill victim
- Abuser's access to firearms
- Abuser's previous threatening behavior with a weapon
- Unemployment of the batterer
- Separation after living together, especially with abusers who are extremely controlling (including having previously left, asking the batterer to leave or indication that the victim is considering leaving); risk is heightened if perpetrator believes victim has a new partner
- Perpetrator's illicit drug use, when coupled with threatening behaviors and stalking
- Battered woman has a child or children, from a previous partner, living in the home
- Forced sex
- The following previously identified factors were also found to increase risk of homicide when coupled with previous threats to kill or previous threats with a weapon:
 - Victim's perception of danger
 - Stalking

⁹ Jacquelyn C. Campbell et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study*, 93 *American Journal of Public Health* 1089 (2003).

¹⁰ *Id.* at 1089.

- Strangulation
- Abuse during pregnancy
- Escalating severity and frequency of physical violence
- Perpetrator suicide ideation and attempts
- Child abuse

Protective Factors (factors known to decrease the risk of domestic violence homicide)

- Prior arrest for domestic violence
- Victim never lived with batterer
- College education of batterer versus high school

Factors Not Found to be Predictors of Homicide

- Arrests for other crimes
- Victim alcohol or drug use
- Perpetrator alcohol use, including excessive use
- Race/ethnicity of victims or abusers

Factors Not Found to be Protective against Homicide

- Victim's access to guns

Issues and Policy Implications

Media

Media are among the most significant industries in institutionalizing cultural beliefs. Although we speak here almost entirely to print media, implications are relevant for all media forms. Media, however, is frequently in the unique role of identifying newsworthy events and therefore in influencing how they are framed. In “Changing Coverage of Domestic Violence Murders” (2006) Massachusetts-based researchers noted,

“Mass media form the convening systems of modern societies, that is, mass media host the public discourse that influences public opinion. Because ideas and policy initiatives that fail to reach relevant publics languish, media coverage becomes a critical resource for influencing public opinion or measuring public support. Far from being neutral hosts of public discourse, however, media outlets participate in ongoing policy contests; by choosing whom to quote and whom to ignore, journalists decide whose accounts count.”¹¹

Print media accounts of murders and suicides were our primary sources of information about the domestic violence homicides as well as the circumstances surrounding the homicides. Without them, we would have been hard-pressed to conduct this study of domestic violence homicides. For this, we are grateful.

However, as a purveyor of public attitudes, we suggest and request that media consider a different approach. With this study, we hope to point out how media reports promote myths and stereotypes about domestic violence, victims and batterers, instead of dispelling them and where there exist opportunities to educate the public. The media can educate and inform the public, rather than promote myths and stereotypes.

Review of Articles

Jane Doe Inc. reviewed 123 newspaper articles of 13 newspapers that contained information about the 17 domestic violence homicides that occurred in Massachusetts in 2003.

Our examination focused on the following:

- Headlines and titles of articles
- Language used in articles and causal attributions for the murders
- Sources quoted in articles
- Information about domestic violence, including information about resources and services for victims, their children and perpetrators and general information about domestic violence.

Although a few articles did provide readers with valuable information, the majority did not. Most articles reinforced myths and stereotypes about domestic violence and domestic

¹¹ Charlotte Ryan, Mike Anastario, & Alfredo DaCunha, *Changing Coverage of Domestic Violence Murders: A Longitudinal Experiment in Participatory Communication*, 21 *Journal of Interpersonal Violence* 209, 210-11 (2006).

violence homicide when they failed to point out the historical patterns of abuse or clear dangerousness indicators of the perpetrators.

Information About Services and Dynamics

With every story written there is an opportunity to inform readers about the dynamics of domestic violence, the warning signs of heightened danger, and the availability of services for victims, their children and abusers. Of the 17 homicide incidents, only 5 articles about the homicides provided any background information about domestic violence, provided referral sources in stories or recommended that victims or perpetrators seek help.

The social costs of domestic violence and domestic violence homicide, in lives, in futures and community life and the costs to all of us through the financial impact on business and health care or justice system interventions demand greater investment in awareness. One aspect of awareness is the accurate portrayal of homicides that are attributable to domestic violence. Likewise, the news reports about domestic violence homicide may provide an opportunity for a victim or batterer or friend or family member to take action for the first time. When reporting on homicides, the reading, viewing and listening public would be well served by information about services for victims and their children and for batterers.

Language Creates Context

None of the titles of the 123 articles described the homicides as domestic violence homicides or made any reference to domestic violence. Four titles referred to other factors (e.g., mental health) while 15 sensationalized the homicides or the circumstances surrounding the murders.

In reviewing the text of articles, there was little more information that provided readers with an understanding of domestic violence. In fact, the most consistent finding (53%) was the lack of causal attributions for the homicides. Most descriptions of the murders left the reader with a sense that these were sudden and unexplainable events. Such articles were found in regard to all but one of the 17 homicide incidents. Of the 123 articles examined, we found the following:

- 36% placed some responsibility on perpetrators for the homicide
“threatened that his wife wouldn’t leave the relationship alive”
- 24% referred to past violence, but not as domestic violence
“confided that during an argument a few days earlier, [he] had turned violent.”
- 15% dismissed or rationalized the homicide perpetrators’ acts
“suspect may have been delusional as the time of the attacks”
- 13% were salacious or sensationalizing
“butchered her during a squabble”
- 11% specifically mentioned domestic violence
“court records showed a history of domestic violence”
- 8% placed some responsibility on victims

After previous restraining order issued, *“asked a judge to allow him back into their apartment because his sister had convinced her he was ‘remorseful’ for his past abuse.”*

Salacious labeling and the failure to provide a context for the murders can mislead readers and perpetuate stereotypes and myths. Readers are left with a sense that these brutal crimes are unpredictable, isolated tragedies.

Other people frequently know about the violence. Often, there is information about past abuse, past violence or criminal acts. Investigation to determine past violence and controlling behaviors can provide reporters with valuable information that can tell a different sort of story. Such details and factual descriptions of the event and acts surrounding the murder create a context for understanding what happened. It brings to the foreground the intentionality of the past violence and predictability of the increased violence that culminated in homicide. Domestic violence homicides then fall into the realm of recognizable and preventable as they are no longer considered random.

When news reports fail to frame the murders or suicides in a context of domestic violence, opportunities are lost to more accurately inform the general public and more specifically to warn victims and batterers about the likeliness of the violence continuing and escalating.

Culpability for the Violence

Individual victims and perpetrators and the individual incidents are typically pathologized as unique events when not framed as a predictable outcome of a batterer's controlling behavior. When news reports fail to include factors that are known indicators of dangerousness or fail to frame them in the context of domestic violence, the readers' understanding of the incident is skewed. In such portrayals, perpetrators and victims are inaccurately portrayed as sharing culpability. The public, including other victims and perpetrators of domestic violence, come away with nothing that further protects them or informs their understanding of domestic violence. In contrast, stories that more accurately represent the incident as domestic violence can provide the public with knowledge about risk factors, prevalence, or a deeper understanding of the factors that promote and sustain domestic violence or the likelihood of either continued violence or domestic violence homicide. We are otherwise left no further ahead in understanding how social norms contribute to promoting domestic violence but in fact are further behind in knowing how our families, communities and systems can make a difference.

Sources Shape the Story

Law enforcement and representatives of prosecutors' offices were the most commonly quoted sources. However, there was also significant reliance on the neighbors or community members for quotes or background on domestic violence homicide perpetrators or incidents. Domestic violence advocates were the least cited sources.

Media Sources

<u>Cited Source</u>	<u>Number of Articles</u>	<u>Percentage of Articles</u>
DA's Office	55	44.72%
Law Enforcement	44	35.77%
Neighbors	35	28.46%
Family members	24	19.51%
Perpetrator's Attorney	22	17.89%
Friends	19	15.45%
Religious, school, community leaders	18	14.63%
Co-workers	17	13.82%
Counseling services	3	2.44%
Violence Policy Center	2	1.63%
Local program or advocate	2	1.63%
Jane Doe Inc.	2	1.63%

Community members sought for comment by media sources typically reflected popular myths about domestic violence homicides as random, unpredictable acts. In contrast, articles which cited quotes from experts, although rare, provided context and background about domestic violence and some included information about resources for victims and perpetrators. When law enforcement or district attorneys were sources in stories, there was greater likelihood that the homicides were framed as crimes.

Using domestic violence advocates as sources provides reporters with the opportunity to discern what could be relevant to domestic violence in the particular incident. When framed as domestic violence and as crimes, readers are left with a better understanding of what constitutes domestic violence and the possibility for awareness or action that can make a difference in their own lives or the lives of others.

Follow-up Stories

While it is sometimes difficult to know at the time of a homicide that it was a domestic violence homicide, follow-up stories create an opportunity to provide a more accurate portrayal of the domestic violence dynamics and circumstances of the murder. Of the 17 domestic violence homicide incidents, we found:

- 1 homicide incident resulted in 21 follow up stories
- 2 homicide incidents resulted in 15 to 20 follow up stories
- 4 incidents resulted in 6 to 9 additional stories
- 8 incidents resulted in 1 to 4 additional stories

- 2 incidents resulted in no follow up stories.

The more unusual the incident, the more likely it is to receive media attention. None of the highly reported incidents involved a single intimate partner victim of the opposite sex. By contrast, all of the least reported incidents involved exactly that scenario. It would seem that the killing of an intimate partner of the opposite sex is not as newsworthy as, for example, the killing of an intimate partner of the same sex.

Gun Violence

Firearms continue to create serious risk to females across the country. For victims of domestic violence the danger is heightened by the presence of guns, as an abuser's access to firearms, alone, is consistently identified as a significant risk factor for homicide.

Despite the uncommonly low presence of firearms as the method of murder in these 2003 Massachusetts domestic violence homicides, there are two important reasons to focus on gun violence. First, use of firearms is the leading method of murder of women, generally, and in domestic violence homicide cases, specifically, across the county.

Second, the loss of the federal assault weapons ban and the ever increasing efforts of pro-gun lobby groups make it important to not lose sight of gun violence as a factor when contemplating policies and practices regarding domestic violence. For example, prevention efforts funded by the Centers for Disease Control and Prevention are specifically prohibited from working on firearm prevention initiatives despite the heightened risk posed to victims by batterers who have access to guns. Yet, the potentially lethal danger that batterers with guns pose to their intimate partners mandates that we keep close watch of these laws to prevent any weakening of protection – especially when that protection seems to be effective in preventing domestic violence firearm injuries and homicides.

Firearm Deaths

All deaths from firearms occurred at a rate of 10.1 per 100,000 people in the United States in 2003 compared to a rate of 3.1 per 100,000 in Massachusetts.¹² In 2003, over 50% of homicides in Massachusetts were committed with a firearm,¹³ compared to 67% nationally.¹⁴ In Massachusetts, there were 139 total homicides in 2003; more than 50% were committed with firearms. Furthermore, the Massachusetts rate of total firearm related homicides (3.8 per 100,000) was more than triple that of the New England region (1.1 per 100,000).¹⁵ When examining domestic violence related homicides in Massachusetts, we found a rate far below the national and Massachusetts percentages of homicides committed with firearms. Of the 19

¹² Center for Health Information, Statistics, Research and Evaluation, Massachusetts Dept. of Public Health, *Massachusetts Deaths 2003*, p. 9 (2005).

¹³ *Id.* at 69.

¹⁴ See James A. Fox & Marianne W. Zawita, U.S. Dept. of Justice, *Homicide trends in the United States* (2006), available at <http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm#contents>.

¹⁵ *Id.*

people killed in domestic violence related homicides in Massachusetts in 2003, 4 (21%) were murdered with firearms. While we cannot conclude that enforcement of Massachusetts gun laws directly prevented twice the number of domestic violence homicides in 2003, we mark this question for further study.

Trends to Arm Women

The National Rifle Association (NRA) has spent several years working to arm women by citing women's vulnerability to rape and violence. Fear is a compelling argument and motivator and the NRA has found it a successful strategy for expanding its membership among women and for arming women. What is rarely found in such promotions are data on women, guns, and risks.

Among the most important of consistent findings in research on femicide are:

- Current and former husbands and boyfriends, not strangers, pose the greatest risk to women.
- Access to firearms (including the gun owned or possessed by the victim) is a significant risk factor in domestic violence homicide.
- Victims of domestic violence who kill in self-defense most often are arrested, prosecuted and sent to prison.
- Guns neither protect victims nor make them invulnerable to attack or murder.

National Femicide and Guns

- Women who were killed with a firearm were more likely, not less likely, to have purchased a handgun in the three years prior to their deaths.¹⁶
- In a six month period in 2003, 50% of women killed by men in single victim/single perpetrator homicides in the U.S. were killed with a firearm; 77% of the firearms were handguns.¹⁷
- The number of women killed with firearms by husbands or intimate acquaintances was more than 3 times higher than the total number of women killed by male strangers using all weapons combined.¹⁸
- During a six month period in 2005, there were 591 total deaths resulting from 264 incidents of murder-suicide in the United States.¹⁹ Of these:
 - 94% of the perpetrators were male.
 - 255 of the 327 (78%) murder victims were female.
 - 92% of the incidents involved firearms.

¹⁶ K. M. Grassel et al., *Association Between Handgun Purchase and Mortality from Firearm Injury*, 9 Injury Prevention 48, 50 (2003).

¹⁷ Violence Policy Center, *When Men Murder Women: An Analysis of 2003 Homicide Data* 7 (2005), available at <http://www.vpc.org/studies/wmmw2005.pdf>.

¹⁸ *Id.*

¹⁹ Violence Policy Center, *American Roulette: Murder-Suicide in the United States* (2006), available at <http://www.vpc.org/studies/amroul2006.pdf>.

- 74% of the incidents were intimate partner murder-suicides and of these, 96% were females killed by their intimate partners.
- Of 39 murder-suicides with more than one murder victim, 34 (87%) were firearm related.
- Women in homes where guns were found were three times more likely to be killed than women who had no gun in the home.²⁰
- Abusers' access to firearms, alone, was cited as a significant indicator of heightened risk of homicide for victims of domestic violence.²¹

National Gun Registry

The Federal Bureau of Investigation (FBI) manages the National Instant Criminal Background Check System (NICS). Federal law prohibits individuals who have been convicted of a misdemeanor crime of domestic violence or individuals subject to a domestic abuse restraining order from buying or possessing firearms and ammunition. Federal law also requires individuals acquiring handguns from Federal firearms licensees to certify that they have not been convicted of such a crime. All felons are precluded from possessing firearms.

Massachusetts law prohibits anyone convicted of a violent misdemeanor from possessing firearms. It would appear that, although Massachusetts maintains a higher standard for who is eligible to obtain a license to possess firearms, this higher standard rests largely on the prohibition of any violent misdemeanor. An individual attempting to obtain a gun license in Massachusetts who had been convicted of a violent domestic violence related misdemeanor in Massachusetts would be denied the license. However, that same Massachusetts individual may not be detected if he attempted to purchase a firearm in another state. Massachusetts does not "tag" domestic violence related crimes, except for restraining order violations, which suggests that such information is not available in the NICS system to those outside the state of Massachusetts.

Dangerousness Assessment, Batterers Intervention, and Systems

The current response to domestic violence that makes victims, rather than batterers, responsible for stopping the violence and for preventing domestic violence homicide (e.g., by leaving, by relying on victims to agree to prosecute, by obtaining orders of protection). When victims return to batterers or change their minds about legal options, we question why. We do not consider how limited victims' options are and how batterers use power and control to coerce victims into staying.

Domestic violence homicide is preventable. Batterers' tactics and abuse escalates over time in their attempts to exert power and control over their victims. We now know a great deal about the

²⁰ See Douglas J. Wiebe, *Homicide and Suicide Risks Associated with Firearms in the Home: A National Case-Control Study*, 41 *Annals of Emergency Medicine* 771, 775 (2003).

²¹ Jacquelyn C. Campbell et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study*, 93 *American Journal of Public Health* 1089, 1090-92 (2003).

circumstances that can culminate in domestic violence homicide. Public awareness about domestic violence and consistent application of existing laws and support for best practices are critical first steps toward homicide prevention. We need resurgence in good partnerships at local and state levels with the justice system and an investment in good police, prosecutor and judicial training, education and best practice promotion.

In this study, we found no evidence that any of the batterers among the homicide perpetrators were ever ordered to or attended batterer intervention programs. Yet, we know that at least four of the cases involved an active order of protection. This indicates missed opportunities for intervention. In spite of federal and state gun laws that should have prohibited it, at least one homicide perpetrator was issued a gun for his employment as an armed security guard.

Dangerousness assessment has evolved over the years as a method for local communities, including courts, victims' services, batterer's intervention and law enforcement, working together, to better discern who may be at greatest risk of committing further violence against a victim of domestic violence. Several groups, including the FBI, researchers and local communities have investigated best approaches for active accountability by systems and communities for intervening with batterers most likely to continue being violent with victims. Dangerousness assessment has great merit and is an extension of other local efforts (e.g., coordinated community response), which when properly executed, have made a difference. Overall, the use of dangerousness assessments improves the capacity of the criminal justice system to address and respond to domestic violence. It also requires that the legal system treat, as potentially lethal, every domestic violence case.

For example, a coordinated community response in Newburyport, MA called the Greater Newburyport High Risk Assessment Team, has employed dangerousness assessments in their response to domestic violence. They have identified 22 cases as high risk for intensified monitoring. Among these 22 cases, none of the batterers have re-assaulted their victims in the past year.

Leaving the Relationship

Leaving, attempting to leave, and informing batterers of intentions to leave continue to heighten the risk of increased violence, including homicide. Highly controlling abusers increase the risk of homicide and warrant an increase in efforts to protect victims and contain batterers. Advocates, law enforcement, faith leaders, attorneys and health care providers can provide important support for victims attempting to leave, including safety planning. Increasing agencies' knowledge of the risk factors associated with domestic violence homicide also calls for heightened vigilance about the dangerousness of the batterer when victims are attempting to leave. In addition, improvements in protection mechanisms for victims who stay with their batterer or are contemplating leaving, such as increased community support for the victims and their children, and increased surveillance of batterers should be explored.

Murder-Suicide

Suicide is very often not a lone act of taking one's own life. Frequently, the male individual who commits suicide first murders others, most often women in their lives.

A history of domestic violence and a batterer's threats to commit suicide or previous suicide attempts are known risk factors for domestic violence murder-suicide. To that, add ownership of or access to firearms and the risk of homicide increases for the victims of domestic violence and for others including family members, friends, coworkers, law enforcement personnel, and others.

The Violence Policy Center (2006), a national non-profit that conducts research and education regarding violence in America, has estimated that there are more than 500 murder-suicide incidents that result in over 1,000 deaths annually in the US. In their analysis of 591 murder-suicide deaths in a six month period of January to July 2005, the Violence Policy Center found the vast majority (92%) of incidents involved a firearm; 94% of perpetrators were male and most involved males killing their female intimate partners. Of the murder-suicides reviewed, 74% were intimate partner murder-suicides. Females were the victims in 96% of these intimate partner murder-suicides. Children witnessed the murder-suicide or found the bodies of slain family members in 43% of the cases. Thirty-nine of the cases involved multiple murder victims; of those, 34 were firearm related murder-suicides.²²

Homicide-suicide occurs at a higher rate for older persons compared to the rate for younger persons, with older men always the perpetrators, and, in over 90% of the incidents, guns are the method of murder.²³ One of the domestic violence homicide-suicide incidents in our study was framed by many in the media as a mercy killing due to the victim's disability. Often, homicide-suicide among elders is an act of desperation and violence, not love.²⁴ In addition, homicide-suicides are generally not suicide pacts, as the perpetrator of elder domestic violence has contemplated and even planned the act for some time.²⁵

Services for Domestic Violence Victims and Their Children

Services for victims of domestic violence have been identified as a significant factor in reducing domestic violence homicide.²⁶ The availability of shelters and community based services that is easily accessible to victims, their children and family members is of great importance to the

²² Violence Policy Center, *American Roulette: Murder-Suicide in the United States* (2006), available at <http://www.vpc.org/studies/amroul2006.pdf>.

²³ Wisconsin Coalition Against Domestic Violence, *Domestic Abuse in Later Life Homicides: 5 Year Report*, p. 3 (2006).

²⁴ *Id.*

²⁵ *Id.*

²⁶ Domestic violence homicides of wives by their husbands decreased by more than 50% in Canada between 1974 and 2002. Increases in victim access to services, such as emergency shelters and legal assistance, has been credited as a significant factor in this decline. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile*, pp. 35–36 (2004), available at <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2004000.pdf>.

prevention of domestic homicide.²⁷ In our review of the 17 domestic violence homicide incidents, there was indication that only one victim may have had contact with a local domestic violence program. While responsibility for stopping the violence or for the homicides does not and cannot lie with victims, support and safety planning can make a difference. Local programs provide 24 hour access to safety and support that has made a difference for hundreds of thousands of victims across the country.

In Massachusetts, there is a network of more than 60 local programs that provide emergency and long-term services for victims of sexual and domestic violence and their families. This network of services has been weakened by loss in funding from public and private sources. Cuts in victim services dollars at the federal level, cuts from United Way, cuts in federal housing grants for emergency and transitional housing and no increases at the state level coupled with ever increasing demand for services has taken its toll. Once a national leader in innovation, programs in Massachusetts and across the country now struggle to keep open their doors. It is critical that we return to focus and also reinvest in old practices and new innovations in order to make the next big impact on ending domestic violence.

We need a serious primary prevention effort that will be inclusive of school-based curriculum and children, as well as reaching adults and families, neighborhoods and communities. We need to support partnerships among local domestic and sexual violence programs, survivors and communities, businesses and faith leaders to promote projects that can transform the social norms that sustain and promote violence against women and other human rights abridgments.

Whether we are considering emergency or long term services for victims and their children, prevention and intervention services for perpetrators, or training for systems, we must deepen our understanding and commitment to under represented and marginalized communities. The issues of sexual and domestic violence will not be resolved unless and until we understand how to reach all communities of victims and their children and all perpetrators. Efforts to reach immigrant and refugee communities, communities of color, elders and people with disabilities, teens and gay, lesbian, bisexual and transgender individuals need greater support. Understanding and then acting to remove the barriers to seeking help that make traditional domestic violence services unavailable to victims or ineffective for perpetrators is paramount.

Examining Domestic Violence in Under Represented Communities

Young Adults, Adolescents, and Teens

Domestic violence occurs in teen, adolescent and young adult relationships. Females aged 16-24 years old experience the highest per capita rate of intimate partner violence.²⁸ Approximately 1 in 5 female public high school students in Massachusetts reported

²⁷ The availability of legal services in victims' communities has been shown to significantly reduce the incidence of domestic violence. Amy Farmer & Jill Tiefenthaler, *Explaining the Recent Decline in Domestic Violence*, 21 Contemporary Economic Policy 158, 169 (2003). Other services, including hotlines, shelters, outreach, job training, and counseling provide valuable temporary safety and support, and help victims to become self-sufficient, an important mechanism for reducing domestic violence. *See id.*

experiencing physical and/or sexual violence at the hand of a dating partner.²⁹ In a study of over 700 adolescent mothers (under 18 years old), approximately 1 in 8 reported being physically assaulted by the baby's father.³⁰

With youth often comes inexperience in dating and intimate partner love relationships. Often, possessiveness and jealousy by a partner is perceived as romantic, not controlling behavior. This inexperience, coupled with "romantic" views of love and relationships, peer pressure to engage in sexual relationships, seeking independence from parents and adults, and the realities of power and control in dating violence, makes it very difficult for victims to recognize the signs of abuse and to seek help. Prevention of domestic violence must begin early and should include educating young boys and girls about healthy relationships, respect, and healthy sexuality. Communities including parents, schools, places of worship, athletic organizations, camps, and youth programs must all be engaged in prevention efforts to stop the violence before it starts.

Violence in Same Sex Relationships

Domestic violence occurs in same sex relationships at rates similar to heterosexual relationships. Society still has a long way to go in recognizing same sex relationships in general, and much further to go in recognizing that domestic violence happens in these relationships. This marginalization of same sex relationships results in systems that are not trained and do not have the capacity to identify domestic violence in same sex relationships, or to respond effectively to same sex domestic violence incidents, to victims of same sex violence, or to hold perpetrators accountable. Victims of same-sex domestic violence face prejudice and bias not only for being gay, but also for being a domestic violence victim. This bias also gives tacit permission for dismissal and minimization of the violence in same sex relationships. These compounded barriers reduce the likelihood that victims will seek assistance from traditional advocacy organizations or from law enforcement. These barriers and bias often contribute to same sex violence going undetected as domestic violence by police and by the media. In our review of 17 domestic violence homicide incidents one incident was a same-sex domestic violence homicide.

Violence Against People with Disabilities

People with disabilities face prejudice, bias, stigma, isolation and dehumanization. They are more vulnerable to violence due to social and physical isolation, inaccessible communities and services, and dependence on others for care and support. The Massachusetts Department of Public Health (2002) reports that among women ages 18 – 59, those with disabilities were

²⁸ Lawrence A. Greenfeld et al., U.S. Dept. of Justice, *Violence by Intimates: Analysis of Data on Crimes Committed by Current or Former Spouses, Boyfriends, and Girlfriends* 13 (1998), available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/vi.pdf>.

²⁹ Jay G. Silverman et al., *Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality*, 286 JAMA 572, 574 (2001).

³⁰ Constance M. Wiemann et al., *Pregnant Adolescents: Experiences and Behaviors Associated with Physical Assault by an Intimate Partner*, 4 Maternal and Child Health Journal 93, 96 (2000).

twice as likely to have experienced intimate partner abuse in the past year compared to those without disabilities.³¹ However, it is important to note that men with disabilities and elder men are abused by family members and caregivers at a rate higher than in the general population. The experiences of victims of intimate partner violence often includes fear, isolation, feeling powerless, injuries, and sexual abuse and is compounded if the victim has a disability. In the 17 incidents of domestic violence homicide we reviewed, three of the victims were reported to have various forms of disability, with one confined to a bed due to Parkinson's disease.

Often, the dangerousness of the perpetrator of intimate partner violence against a person with a disability is minimized or their actions overlooked – they are the caregivers, partners, or they are older or have disabilities themselves and could not possibly hurt anyone. These myths fuel the reality of inaccurate reporting of incidents of domestic violence against people with disabilities. They also promote ineffective interventions to assist and support survivors and to hold perpetrators accountable.

Domestic Violence in Later Life

There is no age limit to becoming a victim of domestic violence. Domestic violence in later life can be committed against someone healthy, ailing, or with a disability. A partner, spouse, companion, caregiver, or family member may perpetrate the abuse. Often, the abusive partner is also the primary caregiver, thereby making the victim even more dependent on the abuser and isolated from others.

Research in the late 1980s and 1990s debunked the myth that most elder abuse was caused by caregiver stress. Instead the research showed that the elder abuse was occurring within a spousal relationship with a long history of domestic violence.³² As the general population grows older, estimates of domestic violence among the elderly are expected to increase dramatically - putting additional pressure on service providers.³³ The National Center on Elder Abuse estimates that over 80% of elder abuse cases go unreported.³⁴ Fifty-eight percent of elder abuse perpetrators are spouses, while only 24% are adult children, despite the fact that reported cases more often name the children as perpetrators.³⁵

While domestic violence can happen to anyone at any point in their lives, there are some circumstances that are more specific to older victims. These life circumstances may make it difficult for older victims to seek assistance or support from family members, community services, law enforcement, or state agencies. The fears of disclosing the abuse are very real

³¹ Division of Special Health Needs, Massachusetts Department of Public Health, *A Profile of Massachusetts Adults with Disabilities, 1998-2000*, p. 52 (2002).

³² Kate Speltz & Jane Raymond, State Bar of Wisconsin, *Elder Abuse, Including Domestic Violence in Later Life*, 73 Wisconsin Lawyer (Sept. 2000), available at <http://www.wisbar.org>.

³³ See National Clearinghouse on Abuse in Later Life, Wisconsin Coalition Against Domestic Violence, Abuse in Later Life Fact Sheet (2003), available at <http://www.ncall.us/resources.html>.

³⁴ The National Center on Elder Abuse, American Public Human Services Association, *The National Elder Abuse Incidence Study 5-1* (1998).

³⁵ Karl Pillemer & David Finkelhor, *The Prevalence of Elder Abuse: A Random Sample Survey*, 28 The Gerontologist 51 (1988).

and often well founded. Unique barriers exist making it difficult for elders to seek help or access services or even disclose the abuse. The victim may be physically frail or have disabilities, may fear being institutionalized or displaced from their home, may fear loss of independence, may fear losing benefits and health insurance, may have limited economic options and resources, may hold strong religious and cultural beliefs regarding marriage and family loyalty, may have caregiver dilemmas, may believe that battering is an acceptable part of a relationship, may feel a stigma attached to asking for help and may be unaware of available resources. For many older victims of domestic violence the abuse may have been going on for years, while for others, the violence may have begun later in life. The impact of abuse on victims at any age is profound.

In the 17 domestic violence homicide incidents in our study, there were six victims (five women and one man) age 50 or older. Three of the women were murdered by their husbands, two of whom committed suicide following the murders; one woman was murdered by her daughter's intimate partner, one woman was murdered by her housemate, and one man was murdered by his intimate partner who, court records show, had experienced years of domestic violence at the hands of her homicide victim.

Often providers and systems do not recognize the signs of domestic violence in later life or minimize it completely. Education of providers, systems, and elders on the dynamics of domestic violence in later life and available victim and batterer services, can play a role in the prevention of this abuse and homicides. A coordinated community effort including elder protective services, victim advocates, health care, home care, senior networks and centers, and the criminal justice system should be encouraged as an important step towards prevention and victim-centered intervention.

Immigrants and Domestic Violence

Immigrants to the United States often experience higher incidence of domestic violence than natural-born citizens. A 2004 study in New York City found that over half of the city's domestic violence homicide victims were foreign-born.³⁶ A survey conducted in the Washington, D.C. region concluded that approximately two-thirds of immigrant women in the area were subject to weekly physical or emotional abuse,³⁷ and a nationwide survey of Korean immigrant women found that 60% were battered by their husbands.³⁸

While some might try to explain the higher frequency of domestic violence in immigrant communities as a cultural phenomenon, this explanation offers at best an incomplete picture.

³⁶ New York City Dept. of Health and Mental Hygiene, *Femicide in New York City: 1995-2002*, p. 5 (2004), available at http://www.ci.nyc.ny.us/html/doh/downloads/pdf/ip/femicide1995-2002_report.pdf.

³⁷ Leslye E. Orloff & Nomi Dave, *Identifying Barriers: Survey of Immigrant Women and Domestic Violence in the D.C. Metropolitan Area*, 6 *Poverty & Race* 9 (1997).

³⁸ Patricia Tjaden & Nancy Thoennes, U.S. Dept. of Justice, *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey* 27 (2000), available at <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>.

Domestic violence often increases after immigration to the United States,³⁹ thus indicating that the problem is broader than cultural perceptions of violence.

Battered immigrant women face unique problems. Language barriers severely limit victim access to legal and domestic violence services.⁴⁰ Even if these language barriers can be overcome, immigrant victims may not seek help or may be convinced by their batterers that help is unavailable to them because these victims do not understand the American legal system. Many immigrants come from societies with corrupt legal systems, and therefore are easily persuaded by their batterers that the courts will not assist those without money, or a wife against her husband, or a non-citizen against a citizen.⁴¹

Another important reason for the prevalence of domestic violence in our immigrant communities is victim vulnerability due to immigrant status.⁴² Victims often have their immigrant status exploited by their batterers as a method of exerting control.⁴³ Foreign-born victims of domestic violence are threatened with deportation, with not filing immigration papers, or with withdrawal of immigration papers.⁴⁴ The consequence is that many immigrant victims fear leaving the abusive relationship because of the batterers threats that will affect their immigrant status.⁴⁵ When these fears become coupled with the language barriers and social seclusion of immigrants, victims can become trapped in their violent situations.

In our examination of the 2003 domestic violence homicide incidents, we found six incidents (30%) in which immigrants were killed and in each incident the perpetrators were also immigrants of the same race/ethnicity as their homicide victims.

³⁹ Mary A. Dutton et al, Characteristics of Help-Seeking Behaviors, Resources, and Services Needs of Battered Immigrant Latinas: Legal and Policy Implications, 7 *Georgetown Journal on Poverty Law and Policy* 245, 250 (2000) (finding that 48% of Latinas surveyed reported increased battering after immigration); Leslye E. Orloff & Nomi Dave, *Identifying Barriers: Survey of Immigrant Women and Domestic Violence in the D.C. Metropolitan Area*, 6 *Poverty & Race* 9 (1997).

⁴⁰ Leslye E. Orloff et al., *With No Place to Turn: Improving Advocacy for Battered Immigrant Women*, 29 *Family Law Quarterly* 313, 316-17 (1995) (citing language obstacles to accessing shelters and communicating with court and emergency personnel).

⁴¹ *Id.* at 315-16.

⁴² See Leslye E. Orloff & Nomi Dave, *Identifying Barriers: Survey of Immigrant Women and Domestic Violence in the D.C. Metropolitan Area*, 6 *Poverty & Race* 9 (1997).

⁴³ Leslye E. Orloff & Janice V. Kaguyutan, *Offering a Helping Hand: Legal Protections for Battered Immigrant Women: A History of Legislative Responses*, 10 *Am. U. Journal of Gender, Social Policy, and the Law* 95, 98 (2001).

⁴⁴ Leslye E. Orloff & Nomi Dave, *Identifying Barriers: Survey of Immigrant Women and Domestic Violence in the D.C. Metropolitan Area*, 6 *Poverty & Race* 9 (1997).

⁴⁵ *Id.*

Massachusetts Domestic Violence Homicide Narratives

The following narratives tell the stories of the 2003 domestic violence homicides as reported in media accounts and court records. In sharing what we know of the experiences of these domestic violence victims, we hope to honor their lives.

January 14, 2003

**Laurinda Gomes
43 years old**

**Karina Barbosa
11 years old**

**Maria Gomes
66 years old**

**Brockton, MA
(Plymouth County)**

On the evening of January 13, 2003, Laurinda Gomes, her daughter Karina Barbosa, and her mother Maria Gomes were shot to death by Laurinda's longtime boyfriend and Karina's father, Pedro Barbosa (38 years old). After fatally wounding all three females in his household, Barbosa turned the gun on himself and committed suicide. Barbosa's 12 year-old son from a previous relationship, Laurinda's 21-year old son from a previous relationship, and a young male cousin of Barbosa's were at home at the time of the homicides but were physically unharmed.

The gunshots awakened Barbosa's 12-year-old son, who found his sister, stepmother and step-grandmother all injured and his father holding a gun. The police were called, and upon their arrival, Barbosa committed suicide. Family members and friends interviewed by newspaper reporters after the murder-suicide indicated that Laurinda feared Barbosa, that Barbosa had threatened her before, and that he had beaten the children. Barbosa had previously attempted suicide in 1996.

Barbosa, who worked as an armed security guard with Alliance Detective & Security Services, possessed the gun legally. Although Barbosa's 1996 suicide attempt would likely have prevented his 2001 gun permit application from being approved, this information did not surface during the routine background checks. In the days following the murder-suicide, Brockton police "admitted that they failed to review their own records when doing a background check on the shooter and are changing their gun licensing policy." (Boston Herald Article 1/17/03)

Laurinda, Barbosa, and their family members had immigrated to the United States from Cape Verde and were well known in their community.

No public court records were found at local district and superior courts.

Barbosa is survived by his 12 year-old son and Laurinda's 21 year-old son was subsequently killed in a motor vehicle accident.

February 7, 2003

**Stephen Reid
39 years old**

**Jamaica Plain, MA
(Suffolk County)**

Stephen Reid was stabbed multiple times allegedly by his wife, Sara Navarro (43 years old), early on the morning of February 7, 2003 at their home in a Jamaica Plain halfway house.

Both Stephen and Navarro had histories of mental illness and violence and were receiving state mental health services. In addition to the incidents detailed below, neighbors indicated that the police had visited the house on several occasions prior to the domestic violence homicide.

In 2000, Navarro was arrested for assault and battery of Stephen at his apartment. They were dating at the time and not living together. Navarro was allegedly upset that Stephen had asked her to leave his apartment. Navarro was later sentenced to one year's probation and ordered to remain in therapy and take all prescribed medications.

In 2001, Stephen was arrested for threatening Boston Housing Authority officials when they came to discuss the possibility of evicting him from his apartment. He was placed on probation and ordered to continue his therapy and to take all prescribed medications.

On February 7, police arrived at the home at 3:15 a.m. and discovered Stephen dead and Navarro standing nearby covered in blood. She had a knife wound on her hand, but records are unclear as to whether it was a defensive wound or not. Reports did not indicate who called the police.

Navarro was arraigned in West Roxbury District Court on February 7, 2003 and charged with murder. She was sent to Taunton State Hospital for a 20-day psychiatric evaluation. A trial date has not yet been set.

Stephen is survived by his parents and several siblings.

March 25, 2003

Amelia Gomez
48 years old

Boston, MA
(Suffolk County)

Amelia Gomez was stabbed to death allegedly by her estranged boyfriend, Cesar Rios Vellez*, in the parking lot of her apartment building on the evening of Tuesday, March 25, 2003.

Amelia, who was born in Puerto Rico and was both a mother and a grandmother, broke off her relationship with Vellez a few days before her death after Vellez, who had been living with Amelia, allegedly punched her in the face during an argument. When Vellez returned later to collect his belongings and Amelia refused to let him enter her home, Vellez threatened to take both her life and his own.

Amelia told friends and family that Vellez was stalking her and that she was planning to seek a restraining order against him but was afraid to leave her home. On Tuesday afternoon around 4:30 p.m., Gomez went out to her car in the parking lot outside her home. Vellez was hiding in his car waiting for her. He chased her around her car, caught her and stabbed her repeatedly before ultimately slitting her throat. Several neighbors witnessed what happened and tried to intervene. After attacking Amelia, Vellez tried to flee but was prevented by several men. He then stabbed himself in the abdomen multiple times. When police arrived, Vellez was transported to the hospital where he was treated for his self-inflicted injuries. Amelia died at the scene.

Vellez has been charged with murder. He pleaded not guilty at his arraignment.

Amelia is survived by an adult daughter, an adult son and four grandchildren.

**Police suspect that Rios Vellez was in the United States illegally and this is not his real name.*

March 31, 2003

**Dr. Livia “Hedda”
Rev-Kury
79 years old**

Dr. Livia “Hedda” Rev-Kury was strangled to death by her husband, Dr. George Kury (76 years old), who then committed suicide by drug overdose. Police found the couple on March 31, 2003. At the time of her death, Livia was reportedly bedridden with Parkinson’s disease.

**Brookline, MA
(Norfolk County)**

Livia was a successful pathologist who owned and operated two labs in Brookline and Peabody before she stopped practicing in 2001. She was well-known in Boston society as the famed owner of a local favorite restaurant, Café Budapest, before it closed in 2000. Both doctors were born in Hungary. Livia survived Auschwitz, immigrated to the United States from Hungary in 1957, and married her husband in Boston that same year. Both had graduated from the same medical school in Budapest.

Accounts indicated the couple was having financial troubles as Cafe Budapest struggled and that Livia put an estimated \$400,000 of the couple’s savings into the restaurant. As Livia’s physical health deteriorated, Kury took over their finances. Kury was reportedly not pleased about his impending employment transfer from the Medical Examiner’s Cape Cod office to Boston.

On the morning of March 31, police arrived at the Kury’s Brookline apartment after friends called with concern about the couple whom they hadn’t heard from in a few days. The police found Livia on her bed and Kury on the floor. The police also found a note penned by Kury, but details of what the note contained were not released.

Investigators ruled the deaths a murder-suicide.

Livia and Kury are survived by an adult son.

April 19, 2003

**Sally Spry
65 years old**

**Stow, MA
(Middlesex County)**

Sally Spry was stabbed to death by her husband, William Spry (65 years old), in their home. After killing his wife, Spry committed suicide by hanging himself.

Sally was employed as a teacher in early childhood development at Montachusett Regional Vocational Technical School in Fitchburg. Spry was a retired electrical engineer.

The police were called to the house the morning of April 19, 2003 after a 911 call from a friend of Sally's who had arrived to pick her up for their planned trip and instead found Sally's body. Police arrived at the house and found Sally in the living room and her husband hanging in the second floor hallway.

The Stow Police Chief Joseph Rebello was quoted in a press release issued by the Middlesex District Attorney's Office as saying "the couple had experienced ongoing domestic problems over the last week." No court records were found at area district and superior courts. The case was ruled a murder-suicide.

Sally and her husband are survived by two adult children.

April 19, 2003

Berenice Tejada
52 years old

Roslindale, MA
(Suffolk County)

Berenice Tejada was stabbed to death by her husband of four weeks, Euclides Ortiz (45 years old), in the basement apartment of their home. Both were born in the Dominican Republic and had dated for two and half years before getting married.

Following an argument over Berenice finding out another woman was pregnant by Ortiz, Ortiz stabbed her. After stabbing Berenice multiple times in the neck and chest, Ortiz wrapped her body in blankets and stowed it in the basement. Her body was discovered on April 19, 2003 by her son-in-law when he went down into the basement to make a repair. The police arrived and later arrested Ortiz who was found hiding in a friend's apartment in Chelsea, MA.

Public Court records document that Ortiz had a prior criminal history. He was arrested in 1996 and convicted of assault and battery and assault with intent to commit rape. In December 2003, a warrant was issued for his failure to register as a sex offender.

Ortiz was convicted of first degree murder in the death of Berenice Tejada and sentenced to life in prison without parole. Massachusetts state law provides for an automatic right to appeal in murder cases but no record of an appeal was found in court documents. Earlier criminal charges were dismissed following his murder conviction. After Ortiz's conviction, deportation procedures began.

Berenice is survived by two adult children and 14 grandchildren.

June 1, 2003

**Colleen Stone
30 years old**

**Templeton, MA
(Worcester County)**

Colleen Stone was fatally shot in the back by her husband, Christopher Stone (29 years old), following an argument in the driveway of their home on the morning of June 1, 2003. Stone fled the scene and committed suicide in the woods near their home.

Colleen was a hostess and manager at a local restaurant in Worcester. Stone had been employed by TJ Maxx since June 1998. The couple had been married for several years and did not have any children.

Around 9:00 a.m. Stone shot his wife in the back and then called 911 identifying himself as Christopher Stone and telling the operator that he had fought with his wife and shot her. When police arrived, Stone was not at the home. Colleen was transported to UMass Memorial Medical Center in Worcester where she died an hour later.

The police discovered Stone's car abandoned nearby later that evening and began a search for him and the next day discovered Stone's body about 100 yards from his abandoned car. He died from a self-inflicted gunshot wound to the head.

No public court records were located for either Colleen or Christopher Stone at area district and superior courts.

It is unknown whether Colleen is survived by any other close relatives.

June 11, 2003

Donavan Penrose

Age 33

**Worcester, MA
(Worcester County)**

Donavan Penrose died from a head injury inflicted by Steven Laramée who was engaged to Penrose's ex-girlfriend Nathalie Blanchette. Nathalie Blanchette of Leominster had previously dated (and has a son with) Donovan and was currently engaged to Laramée. All three lived in the same apartment complex and had previously shared two sides of a basement apartment.

Public court records show that Laramée had an argument with Natalie outside her home on the evening of June 10th after he saw her drinking with Donovan and accused the two of having an affair. Blanchette testified in court that Laramée found out she and Donovan had an affair two months prior to the assault on Donovan. During the course of Laramée's argument with Natalie, during which she reports he tore her dress when she attempted to leave, she called out to Donovan (who was nearby) for assistance. Donovan and a male friend walked over to the couple and Laramée rushed forward and punched Donovan in the face. Donovan fell to the ground hitting his head. He was taken to the hospital but died a day later from his injuries. The cause of death was listed as blunt trauma.

Public court documents reveal that both Laramée and Donovan had previous arrest records - Laramée in 1996 for disorderly conduct and resisting arrest and Donovan for a 1998 assault against Natalie and a series of charges in 1997 and 1998 relative to motor vehicle violations and fraud.

Laramée was charged with murder and aggravated assault and battery. The murder charge was later reduced to manslaughter and Laramée pleaded guilty and is currently serving a life sentence.

Donovan is survived by his five children and extended family.

June 16, 2003

**Gilane Azor Saget
33 years old**

**Brockton, MA
(Plymouth County)**

Gilane Azor Saget was allegedly stabbed to death by her estranged boyfriend, Jean Claude Jules (34 years old), on the evening of June 16, 2003.

Gilane emigrated from Haiti and worked the night shift as a nursing assistant at Northeast Specialty Hospital in Braintree, MA. Jules was a carpenter. She had recently broken off their relationship due to Jules threatening her and she had moved out of their apartment the weekend before her murder. Before leaving work on June 16th Gilane called a friend to determine if Jules was at the apartment. The friend told her he was at another friend's house. Gilane left work around 11:00 p.m. and arrived at the apartment to stay the night. Upon learning that Gilane was at the apartment, Jules and a friend drove to the apartment around midnight.

Public court records document that after killing Gilane, Jules drove her car with her body in the passenger seat abandoning it less than a block from where she worked. Her body was discovered by someone walking by the car and Jules was picked up at his parent's house by the authorities. He alleges that he accidentally stabbed Gilane when she came at him with a shoe and a knife during an argument.

Jules was arraigned on June 17, 2003 on charges of first-degree murder and assault and battery with a dangerous weapon. The case was continued and a new trial date was set for August 9, 2006.

Gilane is survived by a brother in Haiti.

June 26, 2003

**Baby Petitry
23 years old**

**Brockton, MA
(Plymouth County)**

Baby Petitry was stabbed to death with a shard of glass from a broken window allegedly by Solange Anestal (23 years old), his girlfriend, during an argument on the evening of June 26, 2003.

Baby emigrated from Haiti and worked as a cook at Bickford's Restaurant in Waltham, MA. When he arrived home from a late shift he argued with Anestal and, according to two friends who witnessed the argument, it centered on whether Anestal was going to be able to go out with her friends.

Plymouth County Assistant District Attorney Bill Ascii said in the Boston Herald (*Woman Held in Fatal Stabbing, June 28, 2003*) that "the couple's relationship had been rocky since their two-month old baby was recently taken away by the Department of Social Services. The newborn and Anestal's five year-old child from a previous relationship were taken amid abuse allegations against their mother."

A review of public court records show that Anestal had been arrested just a week prior to Baby's death on charges of assault and battery on a police officer and resisting arrest. Those charges were still pending at the time of the domestic violence homicide. Several charges were later dismissed in March 2004.

Court records show that Anestal was arraigned in September 2004 on murder charges but her case is still awaiting trial due to continuances and psychiatric evaluation at Taunton State Hospital. Court files indicate that Anestal filed a motion to request services of a psychologist to evaluate her as a battered woman but no information was available about the reasons behind that request or whether there was a history of violence between Anestal and Baby.

Baby is survived by his parents in Haiti, a sister, and his infant child.

June 29, 2003

**Nelli Bessonova
43 years old**

**Waltham, MA
(Middlesex County)**

Nelli Bessonova was stabbed to death in front of her 15-year old daughter allegedly by her husband, Viktor Bessonov, on the evening of Saturday June 28, 2003 and died the next day. The couple and Nelli's 15-year old daughter emigrated from Kazakhstan in late 2002 leaving another daughter (age unknown) behind to live with relatives. Nelli was employed as a cook at a local restaurant while Bessonov worked at a local auto parts store.

Public court records show that in March 2003, Bessonov was arrested by Waltham police on charges of assault and battery, assault with a dangerous weapon and threats to commit a crime against Nelli but was later released on personal recognizance with a bail warning. A restraining order was granted to Nelli. Court records note that the restraining order was later amended at Nelli's request to allow Bessonov to continue living with her and her daughter on the condition (by the Court) that he not abuse his wife and step-daughter. The March 2003 charges are still pending.

Three months later, on the evening of June 28, 2003, Bessonov woke Nelli while she was sleeping in her daughter's room and began stabbing her with a kitchen knife. Nelli escaped from the room despite her injuries and Bessonov then began attacking his step-daughter by grabbing her throat and stabbing her in the chest. She escaped and ran down the street where she received help from employees at a local restaurant who called the police. Upon arrival at the Bessonov home, the police found Nelli critically injured but alive and Bessonov who had slashed his wrists but survived. All three were transported to area hospitals. Nelli died from her wounds and Bessonov survived and was charged with her murder. Nelli's daughter survived and Bessonov was charged with assault with intent to murder for attacking his 15-year-old stepdaughter.

In December 2005, Bessonov was civilly committed for a period not to exceed one year (or until such time as there is no longer a threat of serious harm by reason of mental illness or whichever is shorter) at Bridgewater State Hospital. All current and previous charges against him are still pending.

Nelli is survived by her two daughters and her parents.

July 23, 2003

**Amy Lee Levesque
29 years old**

**Springfield, MA
(Hampden County)**

Amy Levesque was fatally stabbed by her estranged boyfriend (and the father of her children), William Murphy (33 years old), on the evening of July 23, 2003. Amy worked as a waitress and was living with her father and her two children, ages 5 and 9. Her father's home was located just across the street from where the murder occurred, behind the Hill Pub.

According to police reports obtained by review of public court records, Murphy and Amy had an argument outside the Hill Pub that evening. The two were not dating at the time and Amy was reportedly dating someone else. Murphy stabbed Amy and later reported the crime to a friend who called police. Murphy's signed statement to the police included that the two had been involved on and off for 14 years and had three children together (one of whom died as an infant from SIDS). Initially Murphy stated that Amy had threatened him with a knife but in a revised statement he admitted he was upset after Amy told him she no longer wanted to be in a relationship with him and confessed to stabbing her with a knife he carried for protection.

A month before the murder Murphy had been arrested for assault charges against Amy and 3 days before the murder Murphy had reportedly attempted suicide.

Murphy pleaded guilty to second degree murder. Massachusetts state law provides for an automatic right to appeal in murder cases and Murphy has filed an appeal which is currently pending.

Amy is survived by her parents and her two children.

October 2, 2003

**Dawne Marie Brault
31 years old**

**Attleboro, MA
(Bristol County)**

Dawne Marie Brault was stabbed to death at the front door of her home on the evening of October 1, 2003, by Ralph Nesbitt (47 years old), a co-worker's ex-boyfriend.

Dawne worked as a certified nursing assistant at The Life Care Center, an elder nursing care facility in Attleboro, MA. Also employed at the Life Care Center was Nancy Robinson, Nesbitt's ex-girlfriend and the mother to his five children.

Public Court records document that Nesbitt believed Nancy was involved with another co-worker and that Dawne was supporting this new relationship. Nesbitt had a history of involvement with the criminal justice system including a May 2003 summons for making intimidating calls and threats to kill Dawne and the male co-worker he believed was involved with Nancy. Over a year earlier, in October 2002, Nesbitt was arrested for violating a restraining order that Nancy had taken out against him. In 2001 he was arrested for assault & battery on a police officer, resisting arrest and a traffic charge.

Near midnight on October 1st, Nesbitt allegedly broke into Dawne's home and stabbed her over 20 times. Despite her wounds, she managed to call 911 and identify Nesbitt as her attacker. She was transported to an area hospital but died from her wounds less than an hour later.

Public records also indicate that Nesbitt had a history of mental illness but following psychiatric evaluation was determined to be competent to stand trial. Nesbitt was convicted of first-degree murder and burglary/armed assault on March 29, 2005 and is currently serving two concurrent life sentences (one for each charge) in prison. Massachusetts state law provides for an automatic right to appeal in murder cases and Nesbitt has filed an appeal which is currently pending.

Dawne is survived by her husband and two school-aged children.

October 28, 2003

**Timothy Maguire
36 years old**

**Provincetown, MA
(Barnstable County)**

Timothy Maguire was strangled to death by Nathan Miksch, his dating partner, on the evening of Friday, October 27, 2003 and died early the next morning. Timothy worked part-time as a clerk at a local convenience store. Miksch was unemployed at the time but had previously worked as a waiter in Provincetown.

Timothy and Miksch were involved in a dating relationship for over a year before Miksch killed Timothy by strangling him with a belt. At some point following Timothy's murder, Miksch severed Timothy's left arm and then stuffed his body in a closet. Miksch allegedly went to a bar and made statements to friends that he had done something bad and that they probably wouldn't see him for a while. He left with friends and did not return to Timothy's home.

Timothy's housemates called police three days later reporting that they had not seen Timothy and that a foul odor was coming from a closet in his bedroom. The police arrived and discovered Timothy's body. Miksch was charged with Timothy's murder, assault and battery, and larceny for stealing Timothy's ATM card.

According to court records Miksch confessed to police. He pleaded not guilty at arraignment. Miksch claimed that he had passed out on Friday night after taking prescription drugs and drinking alcohol and was unsure of the events of the evening.

There was extensive local media coverage of the trial and the trial itself was filmed by a local independent film maker and tapes of the trial can be viewed on the internet.

On March 8, 2006 Miksch was convicted of second-degree murder and larceny for having stolen Timothy's ATM card as part of a plan to leave town. He was sentenced to life in prison and will be eligible for parole in 15 years. Massachusetts state law provides for an automatic right to appeal in murder cases but there is no record of an appeal being filed.

Timothy is survived by an aunt.

November 2, 2003

**William Casavant
50 years old**

**Fall River, MA
(Bristol County)**

William Casavant was smothered to death allegedly by his girlfriend, Kathleen Ferreira (30 years old) in their home on November 2, 2003.

A review of public court documents show that William had a record of assault against Ferreira, most recently on February 1, 2003 at which time he was arrested for assault and witness intimidation (there were prior assault charges pending at the time). The violence dated back to at least August 2001 at which time an emergency restraining order was issued to Ferreira after police were called to the home and were told William had been punching her and bruises were evident on Ferreira. While some of the earlier charges were eventually dismissed, William did get probation for two instances of assault and battery and for resisting arrest in 2002.

William also had two separate prior incidents with local police. A 1998 article from the Providence Journal detailed a stand-off in which police were called to William's home upon report of him having a gun and acting suicidal. He surrendered to police. In 1997, police were called to his home for a domestic disturbance where they seized several weapons and charged William with weapons violations.

Kathleen was arraigned in New Bedford Superior Court on July 6, 2004 and charged with second-degree murder. Kathleen's charges remain pending while further psychological testing and evaluation is completed. Given the history of abuse and concerns about her mental health, public court records indicated that self-defense and/or battered women's syndrome are being considered as a possible defense.

It is unknown whether William is survived by any other close relatives.

November 26, 2003

**Mary Toomey
76 years old**

**Cambridge, MA
(Middlesex County)**

Mary Toomey was stabbed to death by her housemate and son of a friend, Anthony DiBenedetto (47 years old), in her home. DiBenedetto had been living with Mary for about three years following a separation from his wife.

Public court records show that DiBenedetto was arrested in December 2000 for assaulting Toomey and cutting her finger with a knife. He was charged with assault and battery with a dangerous weapon and assault and battery on a person over 60 with a disability. He pleaded guilty, and received a suspended sentence of three months in a house of corrections and given a year's probation, ordered to take his psychiatric medications (records do not indicate for what) and stay away from Mary. Court records also show that DiBenedetto had three restraining orders against him at the time of the 2000 arrest but did not reveal who had taken out the orders. Police reported having been called to the home at least 10 times for incidents involving Mary and DiBenedetto.

On November 26, 2003 DiBenedetto allegedly stabbed Mary three times in the back and neck after she argued with him. After stabbing Mary, DiBenedetto allegedly stored her body in her bedroom, scattered onions throughout the room to mask the odor, opened the window to keep the body cool, and weatherproofed the bedroom door to keep the rest of the apartment warm. He stayed in the home waiting for Mary's government check to arrive in the mail and posted a note on the door of the apartment that stated that Mary was out of state for a few days. He planned to flee the state once the check arrived. Mary was well known in the Cambridge neighborhood and rarely left the area. Neighbors immediately became suspicious regarding the note and DiBenedetto's behavior. They alerted the police who discovered the body the next day, November 27th, and arrested DiBenedetto.

On April 22, 2006 DiBenedetto was convicted of second-degree murder and sentenced to life in prison. He will be eligible for parole in 15 years. Massachusetts state law provides for an automatic right to appeal in murder cases and DiBenedetto has filed an appeal which is currently pending.

It is unknown whether Mary is survived by any other close relatives.

December 1, 2003

**Lori Ann Corbett
26 years old**

**Beverly, MA
(Essex County)**

Lori Ann Corbett was stabbed to death by her ex-boyfriend, Jason Beals (34 years old), in the home that she shared with her mother, on the morning of December 1, 2003. After stabbing Lori, Beals committed suicide by stabbing himself in the chest.

Lori was a certified public accountant and served as controller for a software development company. Lori and Beals were both living with Corbett's mother at the time. However, Lori's mother reported that Lori was trying to break off the relationship and that Beals was moving out of the home.

On December 1, 2003 Beals allegedly entered the Corbett's home, took a knife from the kitchen and walked upstairs to Lori's bedroom where he stabbed her repeatedly and slit her throat. He then went down to the basement and stabbed himself. Lori managed to call 911 but died before the police arrived. Beals was taken to Beverly Hospital and pronounced dead.

On November 28, 2003, Lori's mother, Gail Corbett, called 911 and told Beverly Police that her daughter had asked Beals to leave but he was resisting. The call was picked up by Beals' father, Beverly police officer Raymond Beals, Jr. In a violation of department policy, Officer Beals did not log the call and responded himself and escorted his son out of the home. According to family members interviewed by the Boston Herald, Lori had intended to appear in Salem District Court the Monday after her murder to apply for a restraining order. No court records were found at local district and superior courts.

Following the deaths, Officer Beals was put on administrative leave and then retired from the Beverly Police Department prior to a scheduled disciplinary hearing. Two months later, the Beverly Police Department conducted a review of department policy and proposed changes to strengthen domestic violence responses. In addition, police Chief John Cassola reached out to a local community based domestic violence program, HAWC, to seek their assistance in reviewing the policy.

Lori is survived by her parents.