

**Domestic Violence
Adult Fatality Review Team
Of Bexar County
2022**



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Giving Voice to the Silenced
A Narrative Approach

2020 Case Review Report
The year our world went silent

***A narrative report and examination of four unexpected adult
deaths resulting from Domestic Violence***

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Acknowledgements

On May 18, 2020, The Bexar County Commissioners Court designated Family Violence Prevention Services, Inc. to organize and coordinate the Domestic Violence Adult Fatality Review Team of Bexar County (DVAFRT B/C). The purpose of the DVAFRT B/C is to bring awareness and investigation to unexpected adult deaths resulting from domestic violence. The team encourages community multi-disciplinary agencies to become actively involved in meetings, with the hope of identifying service gaps and seeking recommendations for ways to decrease the pandemic of domestic violence homicide in communities and homes.

The chairs are appreciative of the team that supported this endeavor, taking time from their daily commitments to investigate each case, contribute information, and provide recommendations. The team members have provided specialized insights and considerations that have enhanced the full scope of this report. The multi-disciplinary team consists of the following member agencies.

Member Agencies

- Bexar County Criminal District Attorney's Office
- Bexar County Sherriff's Office
- Family Violence Prevention Services, Inc.
- Metropolitan Health District - San Antonio
- San Antonio Police Department
- Texas Rio Grande Legal Aid (TRLA)
- The Texas Department of Family and Protective Services
- The University of Texas Health Science Center Medical School at San Antonio
- The University of Texas at San Antonio, Department of Social Work

Appreciation is also given to Melinda Darrow and Abel Aguilar for their assistance in editing and graphic design with this report.

With gratitude,

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Introduction and Process

The Domestic Violence Fatality Review Team of Bexar County (DVAFRT B/C) is a multiagency, multidisciplinary team that reviews unexpected adult fatalities occurring in Bexar County as a result of domestic violence, with the ultimate goal of preventing future deaths. DVAFRT B/C's purpose, per the Health and Safety Code 672.003, is to decrease the incidence of preventable adult deaths by:

- Promoting cooperation, communication and coordination among agencies involved in responding to unexpected deaths,
- Developing an understanding of the causes for unexpected deaths, and
- Advising the legislature and appropriate state agencies of recommended changes to law, policy or practices that will reduce the number of unexpected deaths.

The DVAFRT B/C selected four homicides- four life stories of adult fatalities-- which occurred as a result of domestic violence. This is a sample representation of the actual number of lives lost due to family violence, both in Bexar County and nationally. The DVAFRT B/C has elected to share information and findings about these incidents through a narrative approach, to give voice to the silenced.

Of the four cases included in this report (from those selected for review in 2022), three involved murder-suicide and one included murder with death-by-law-enforcement. This report contains information about the primary victim and perpetrator in each of these cases. Information for each victim's story is provided to the extent that the team was able to gather it. The report will offer an examination of events that includes the below.

- The relationship between the primary victim and perpetrator
- Risk factors
- Primary victim characteristics
- Perpetrator characteristics
- The homicide event
- Primary victim engagement with community agencies and organizations prior to the homicide
- Perpetrator engagement with community agencies and organizations prior to the homicide

The DVAFRT B/C acts in accordance with Chapter 672 of the Texas Health and Safety Code. Confidentiality for team members is required. All team members sign a confidentiality

agreement prior to team engagement. The team conducts confidential evaluations of adjudicated cases of death due to domestic violence that occurred in Bexar County. Team members examine agency engagement with the victim and perpetrator, along with services they were offered and received, and identify any service gaps to formulate recommendations that might have prevented the death of the victim. The DVAFRT B/C had transparent conversations that avoided blame. This included a free sharing of information, in order to support an improvement of systems that would result in the prevention of deaths due to domestic violence in the county.

DVAFRT B/C's work adheres to best practices as explained by the National Domestic Violence Fatality Review Initiative (NDVFRI). Per NDVFRI, the work involves a,

“deliberate process for identification of deaths, both homicide and suicide, caused by domestic violence, for examination of the systemic interventions into known incidents of domestic violence occurring in the family of the deceased prior to the death, for consideration of altered systemic response to avert future domestic violence deaths, or for the recommendations for coordinated community prevention and intervention initiatives to eradicate domestic violence (Barbara Hart)”.

The DVAFRT model, used in about 144 communities across the United States (Websdale, 2010), aims to reduce the incidence of domestic violence fatalities through a systematic, collaborative review process. In-depth reviews can reveal service gaps and promote cooperation, communication, and coordination among the agencies that respond to those affected by domestic violence.

Domestic violence is experienced by more than a third of women and a quarter of men in their lifetimes (Black et al., 2011). The Bureau of Justice Statistics reports that 2,340 individuals were murdered by an intimate partner in one year (Catalano, Smith, Snyder, & Rand, 2009); 70% of these victims were women. However, family violence deaths are considered to be *undercounted*, primarily because of challenges in collecting and recording information during the aftermath (Garcia, Soria, & Hurwitz, 2007). For example, a perpetrator's identity might not be known to police when they complete reports, or the presence of family violence might not be known. For such reasons as these, the DVAFRT B/C estimates that domestic violence fatalities are undercounted in Bexar County.

Confounding Circumstances of 2020

Twenty-twenty was the year of COVID-19, the pandemic, and lockdown. It was the year of stay-at-home orders, quarantines, restrictions on travel, and an increase in social isolation. This proved difficult for many, and risky for victims living with domestic violence- increasing the risk of heightened abuse and lethality for those living in a violent home. For victims of domestic violence, sheltering in place with their perpetrator did not provide protection; it created an increased risk of victimization. For many, stay-at-home orders resulted in extended amounts of time with their perpetrator with little to no separation.

Prior to COVID-19, victims experienced social isolation. The definition of social isolation is a lack of social connections needed to access resources. It involves the perpetrator restricting the victim from communication with family and friends, transportation, their phones, and financial resources.

The COVID-19 pandemic added another level of isolation, functional isolation, to victims of domestic violence. Functional isolation occurs when support systems are no longer reliable. Social distancing measures created an additional barrier, making it more difficult for victims to access services. It became more challenging to find a safe place to flee, and to have the ability to reach out for social support and help from law enforcement and domestic shelters. The fear of family and social engagement was unprecedented. Family and support options that may have been available prior to COVID-19 were limited.

The San Antonio Police Department (SAPD) reported a 21% increase in family violence calls. In a 2020 Kens5 News article, the SAPD's public information office stated that,

“Domestic violence is a crime that thrives on secrecy... The community needs to be aware that although we are limiting our interactions with friends, families and neighbors we have to be mindful that these situations are occurring.”

<https://www.kens5.com/article/news/health/coronavirus/san-antonio-police-see-21-increase-in-family-violence-call-volume-compared-to-this-time-last-year/273-723e22ce-15f5-449d-8e97-e591b9c330c1>

*Four
Narrative
Life
Stories*



Myth

Domestic violence is about anger.

Fact

Domestic violence is about power and control. Abusers are often in enough control to take purposeful steps to hide the abuse, but may use anger as an excuse.

*Life Story 1*

A lover of family, of nature and life, she was gentle, devoted, and kind to those that entered her sphere. Helping others was second nature for her. Listening, supporting, entertaining, preparing meals, and helping others was her life, her way of being.

A survivor of a long-term relationship riddled with domestic violence, her close family members were not aware of this violence until it escalated into frequent occurrences of physical abuse. She successfully left this relationship, with her life intact.

One day she met a man who was visiting San Antonio. They dated briefly and married quickly. Family members began to witness a decrease in her time spent with family and friends. She was not as available as she used to be. When with family and friends she had to check in with her husband on the phone a lot. Something seemed off; within six years, something was amiss.

It was Wednesday, a day that she had planned to take a family member to a medical appointment. Another family member grew concerned when she did not respond to repeated text messages or phone calls. She did not take her relative to the scheduled medical appointment. This was out of character for her; concern took hold. Something was not adding up.

Making a visit to the victim's home was the next step. Upon arrival, the concerned family member went around to the back of the home. In a moment, life forever changed.

The concerned relative almost tripped over a motionless body on the ground, a gun still in his hand. Then a second discovery was made, the discovery of a life taken too soon. There would be no more long talks, no more long walks. Laughter and joyful moments together were now a memory.

A life silenced

What we know:**❖ Ruled a murder – suicide****❖ Relationship:**

The victim and perpetrator were married and living together at the time of the homicide.

❖ Risk factors:

The victim had been in a previous domestic violent relationship.

The team did not identify that the victim had accessed services.

❖ Victim characteristics:

The victim was highly engaged with family and friends; she valued the lives of those she loved.

She was described as someone who was available for others and did a lot for them.

She had no known history with law enforcement and no known criminal history.

She had no known involvement with CPS or APS.

There was no known substance use.

She had no known mental health diagnosis.

There were no known indicators of violence behind closed doors.

There was no record of outreach to domestic violence agencies; there was no evidence she engaged with a domestic violence shelter for services or resources.

❖ Perpetrator characteristics:

The perpetrator was reportedly visiting friends from out of town when he met the victim.

He had no known history with law enforcement, and no known criminal history.

He had no known involvement with CPS or APS.

There was no record of outreach to domestic violence agencies.

There was no known substance use.

He had no known mental health diagnosis.

He did not engage in a Batterers Intervention and Prevention Program

Myth

Domestic violence is a not a matter of violence against women; men are victims of abuse as often as women are.

Fact

While men can be victims of violence and deserve access to equal services, the majority of victims are women. Men comprise the largest segment of perpetrators.



Life Story 2

A devoted mother of three, 41, died when her boyfriend, 31, stabbed and killed her in their home. She was known to be a fun person, full of life. Her children were her world; she would have done anything for them.

Family members began noticing a change after she entered into a new relationship. She became distant, more isolated from family and friends. She was afraid. Those close to her knew something was wrong, and suspected that she was experiencing domestic violence at the hands of her boyfriend- but didn't have confirmation. It was later reported that he once placed a gun to her head, with a threat that if she ever told anyone about the abuse he would kill her and harm her daughters. Knowing her life was at risk, she did not disclose the violence to her family and friends.

When a close family friend tried to reach out to her, with no success, they became concerned. Phone calls went to voicemail, which was unusual. This family friend asked other friends to check in on her, and law enforcement was contacted and responded. It was at this welfare check that her lifeless body was found in her home. The cause of death was multiple sharp force injuries. A life was taken too soon.

Her boyfriend stole the victim's car. Three weeks later, he shot and stabbed his brother-in-law; the brother-in-law was transported to the hospital in critical condition. The perpetrator then drove to Dallas, where he hijacked a DART bus. Once the bus stopped, the perpetrator shot at the responding officers, injuring two. Law enforcement shot and killed him.

A Life Silenced

What we know:**❖ Ruled a murder for the victim – Ruled death by law enforcement for the perpetrator****❖ Relationship:**

The victim was the ex-girlfriend of the perpetrator.

❖ Risk factors:

The victim had experienced strangulation at the hands of the perpetrator in 2016.

The victim was afraid to cooperate with law enforcement.

The team did not identify victim services engagement.

The victim denied supportive services.

Family and friends were aware of the domestic violence, but it was not disclosed by the victim.

❖ Victim characteristics:

The victim was highly engaged with family until the abuse progressed.

It was reported that the perpetrator had threatened the victim, saying that if she disclosed the abuse, harm would come to her and her family.

The victim refused victim services by law enforcement in 2016.

The victim was provided services for a Protective Order in April of 2018.

The victim was provided with a safety plan in May 2018 and sought services from the Crime Response Team.

She had no known criminal history

There was reported involvement with CPS in 2009.

There was reported substance use, but not abuse. There was no use at the time of death.

She had no known mental health diagnosis.

She engaged in a hotline call to domestic violence agency in September 2016, the same month the strangulation occurred.

❖ Perpetrator characteristics:

There was a prior history of strangulation.

There was a prior history of domestic violence, including violation of Protective Orders in January 2009 and February 2009. The perpetrator was found guilty on both counts.

There were criminal history records back to 2005, for theft, violation of protective orders (twice), robbery, strangulation, assault bodily injury, and Family Violence enforcement.

There was no known involvement with CPS or APS, and no outreach to domestic violence agencies.

There was known use of alcohol by the perpetrator.

There was known use of illicit drugs, including reported use during the homicide.

He had no known mental health diagnosis.

He did not engage in a Batterers Intervention and Prevention Program.

Myth

If a victim wants to be safe, she should just leave the abuser.

Fact

The most dangerous time for a victim, in terms of lethality, is during or immediately after an attempted or completed separation.

***Life Story 3***

She was a loving and compassionate woman toward family, friends, animals, patients, and her beloved teenage child. She believed in treating others with dignity and respect, and worked as a nurse. Music and dance brought her joy. She persevered through life's difficult times; she was determined to succeed and she did.

There was report of marital separation, and report that they may have been in the process of reconciliation when her husband took her life in their shared home. She was murdered with a gunshot; her perpetrator died by self-inflicted gunshot. It is unknown if the victim's child was present in the home during the murder. Family reported that the perpetrator had a history of violent behaviors. A life was taken too soon.

A Life Silenced

What we know:**❖ Ruled a murder – suicide****❖ Relationship:**

The victim and perpetrator were married but separated at the time of homicide.

❖ Risk factors:

There was reported illicit drug use in the home.

The victim had separated from perpetrator; it was reported that there was discussion of reconciliation.

The victim fled home in November 2020 to get away from the perpetrator.

CPS became involved due to a minor sleeping on the porch; a report was filed two (2) days prior to the homicide.

❖ Victim characteristics:

The victim was highly engaged with family and friends.

She was gainfully employed in the healthcare field.

There was history with law enforcement in 2008, which was dismissed.

There was CPS involvement in February 2020 due to a minor's involvement with illicit drug use, and in November 2020 due to a minor sleeping on the porch. A report was filed two (2) days prior to the homicide.

There was no known substance use by the victim.

She had no known mental health diagnosis.

There was no record of engagement with a domestic violence shelter for services or resources.

❖ Perpetrator characteristics:

It was reported by family that the perpetrator had a history of violent behavior.

There was history with law enforcement in October 2020, for interfering duty of public service.

There was CPS involvement in 2015 for neglectful supervision of a child.

There was no known substance use by the perpetrator.

He had no known mental health diagnosis.

He did not engage in a Batterers Intervention and Prevention Program.

Myth

Domestic violence only affects the adults in the home.

Fact

Children are always victims of domestic violence, whether or not they are directly injured. Exposure to violence in the home can negatively affect a child's development, increases the risk of child abuse, and leads to a higher likelihood of becoming a victim or perpetrator in adulthood.

*Life Story 4*

A mother of four children, her loss left four children without a mother. Her ex-boyfriend shot and murdered her. She died on the way to the hospital. The perpetrator died of a self-inflicted gunshot wound. Information was limited; a life was limited. A life was taken too soon.

A Life Silenced

What we know:**❖ Ruled a murder – suicide****❖ Relationship:**

The victim was the ex-girlfriend of the perpetrator.

❖ Risk factors:

Due to the little information available, it is unknown if there were risk factors in the relationship.

❖ Victim characteristics:

There was no known history with law enforcement.

The victim had no known criminal history.

There was no known involvement with CPS or APS.

There was report of substance use, but not substance abuse. Use at the time of the homicide is unknown.

She had no known mental health diagnosis.

There was no record of engagement with a domestic violence shelter for services or resources.

❖ Perpetrator characteristics:

There was no known history with law enforcement.

There was no known criminal history.

There was no known involvement with CPS or APS.

There was reported use of illicit drugs.

He had no known mental health diagnosis. There were reported suicide attempts.

He did not engage in a Batterers Intervention and Prevention Program.

Recommendations and Summary

The Domestic Violence Adult Fatality Review Team of Bexar County greatly appreciates all community members that contributed their time and resources to make this report possible. Although the team was small, members were able to exhaust all the information that was available to them. The information gathered for this report is able to provide only a small level of insight into the community crisis of unexpected adult fatality resulting from domestic violence. It is the team's hope that the voices of the four (4) victims represented have been heard. Their stories are stories of truth, truth that is unfortunately multiplied in Bexar County.

The objective of this initiative was to bring a multidisciplinary team of community agencies together to identify service gaps in order to try and prevent unexpected adult fatalities resulting from domestic violence. As a team, members increased knowledge about multi-agency efforts to reduce domestic violence in the community. They were able to identify service gaps, while being in full support of each other. There was a spirit of professional respect, with the absence of blame. The team discussed some barriers which are encountered that are, at times, beyond their control.

The following are recommendations made by the team.

1. Procure grant funding to develop continual community awareness through Public Service Announcements (PSA)/Awareness Campaigns. This would involve ongoing PSAs on all media platforms to inform the public of the definition of domestic violence, the progressive nature of domestic violence, generational impact, red flags and available resources.
2. Continue to expand the team with additional multidisciplinary agencies.
3. Provide continued education on sectors of supportive services within the community.
4. Integrate supportive instructional services within the medical field to social workers and counselors, to ensure that they have depth of knowledge as it pertains to domestic violence.
5. Create a repository of disaggregated victim and perpetrator information for multi-agency follow-up intervention after a domestic violence incident. Items for the repository would include, but not be limited to:
 - risk assessment of victim and family, focusing on strangulation,
 - CPS intervention if children are in the home,
 - Collaboration with schools, and
 - A follow-up by a victim advocate with the family for one year following the incident.