

Domestic Violence Fatalities Among Adults in West Virginia 2003

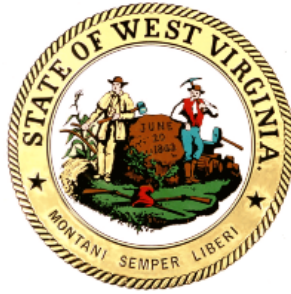


A Report of the West Virginia
Domestic Violence Fatality Review Team
February 2008



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Office of the Chief Medical Examiner
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Joe Manchin III, Governor



**DOMESTIC VIOLENCE FATALITIES AMONG
ADULTS IN WEST VIRGINIA**

2003

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West Virginia Domestic Violence Fatality Review Team**

**Joe Manchin III
Governor**

**Martha Yeager Walker
Secretary
Department of Health and Human Resources**

February 2008

**Report Written By
Eugenia Thoenen**

The West Virginia Domestic Violence Fatality Review Team extends its thanks and appreciation to all agencies and individuals who have assisted the Team by submitting reports and information concerning fatal domestic violence events. Only through their cooperation can we collect the data necessary to determine the circumstances surrounding these incidents.

We also wish to acknowledge Kim Rutledge, the first Team coordinator, for her hard work in establishing a functioning Domestic Violence Fatality Review Team.

The contents of this report are a product of the West Virginia Domestic Violence Fatality Team and do not constitute the policies or opinions of the Department of Health and Human Resources or the State of West Virginia.

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WEST VIRGINIA DOMESTIC VIOLENCE FATALITIES 2003 REPORT HIGHLIGHTS

Domestic Violence Fatalities (Source: WVDVFRT)

- In 2003, 39 domestic violence related deaths in West Virginia were identified and reviewed by the West Virginia Domestic Violence Fatality Review Team (DVFRT): 26 homicides and 13 suicides. Eleven (84.6%) of the suicides occurred following the commission of a homicide.
- Overall, there were 18 female and 21 male fatalities, with women more likely to be homicide victims and men more likely to be suicide victims. Seventeen (65.4%) of the 26 homicide victims were women; 9 (34.6%) were men. Twelve (92.3%) of the suicide victims were men; 1 (7.7%) was a woman.
- All of the homicide victims who were part of a homicide/suicide were women; all of the suicides that occurred as part of a homicide/suicide were men.
- Twenty-three (88.5%) of the 26 perpetrators of domestic violence homicides were men; 3 (11.5%) were women. None of the female perpetrators had a known prior history of domestic violence; all 3 of their male victims did. In contrast, 15 (65.2%) of the 23 male perpetrators had a documented domestic violence history, while only 3 (all male) of their victims did. Nearly half (46.2%) of perpetrators had a history of drug/alcohol abuse, while 9 (34.6%) had a diagnosed mental health condition.
- Twenty-eight (71.8%) of the 39 deaths were classified as intimate partner related fatalities, i.e., involving a spouse, ex-spouse, current or former girlfriend/boyfriend/same sex partner, or someone else who is involved as victim or perpetrator as the result of an intimate partner relationship. Eleven (28.2%) of the deaths were classified as family violence, i.e., involving a family member who is not an intimate partner. Nine of the intimate partner incidents and 2 of the family violence incidents were homicide/suicides.
- The perpetrators of intimate partner homicide were much more likely to take their own lives following commission of the crime than the perpetrators of family violence homicide. Nine (52.9%) of the 17 intimate partner homicide perpetrators committed suicide; 2 (22.2%) of the 9 perpetrators of family violence homicides killed themselves following the crime.
- Ten (55.6%) of the 18 female fatalities were due to firearms, 5 to violent assault without documented use of weapons, 2 to sharp instruments, and 1 to a blunt

object. Eighteen (85.7%) of the 21 male deaths resulted from firearm injury; the remaining 3 deaths were attributed to a vehicular collision, sharp-instrument-related injury, and being struck with a blunt object. Women were more likely to be killed by strangulation, striking or kicking, or use of sharp or blunt weapons than men.

- Firearm deaths were evenly divided between handguns (50%) and long guns, i.e., rifles (25%) and shotguns (25%).
- Most of the domestic violence homicides occurred at either the victim's or perpetrator's residence. The most frequent time of day for a domestic violence homicide or homicide/suicide was in the afternoon (noon to 6:00 PM).
- Minor children were present at the scene during 42.1% of the intimate partner homicides and 33.3% of the family violence homicides. Nearly half (45.5%) of the homicide/suicides occurred when minor children were present at the scene during the commission of the violence.

Domestic Violence Offenses (Source: WV State Police, *Crime in WV, 2003*)

- According to *Crime in West Virginia, 2003*, compiled by the West Virginia State Police, there were over 10,000 domestic violence offenses reported to law enforcement agencies in that year. The rate of domestic violence offenses committed against females was three times that of offenses committed against males (8.4 offenses per 1,000 population vs. 2.8 offenses, respectively).
- Seven out of 10 (70.8%) reported offenses involved simple assault, followed by intimidation (12.5%) and aggravated assault (12.4%). Sexual crimes accounted for 3.3% of the offenses.
- Three-fourths (75.6%) of all domestic violence victims were women. Ninety-two percent (91.8%) were white; 6.8% were African American and 1.3% were of other or unknown race. More than two-thirds (67.7%) of the crimes were directed against intimate partners.
- Personal weapons (hands and feet) were the most commonly used (74.9%), followed by no weapon (13.8%). Firearms were used in 2.1% of the offenses and knives in 1.9%.

Domestic Violence Program Utilization (Source: WVCADV)

- During FY 2003-2004, 18,579 individuals (adults and children) were served by the 13 licensed domestic violence programs operating at that time in West Virginia. A total of 1,470 persons received shelter for at least one night through one of the 13 programs. Shelter stays averaged 12.4 nights overall.

- Over 7,000 domestic violence petitions were filed through the 13 licensed domestic violence programs in 2003-2004. This does not include petitions filed directly by the petitioner.

DVFRT Recommendations

- Assure police access to an active statewide DVP database.
- Increase public awareness that the threat of suicide by one party in an antagonistic domestic relationship should be perceived as a potential threat against the other party. If a person is considering taking their own life because of a domestic situation, they may attempt to take the life of the other person as well.
- Heighten public awareness that **all** threats of homicide and suicide should be taken seriously. Persons who threaten suicide in domestic violence situations often commit homicide prior to taking their own lives.
- Increase awareness of persons or agencies responsible for the welfare of the children who are impacted by domestic violence fatalities of the need to provide them with mental health counseling. Funding for these services is available through the Victims Compensation Fund.
- Increase public awareness about the illegality of firearm possession by a person who is the subject of an active DVP. Knowingly providing a firearm to such an individual, even if the firearm is that person's own property, may result in civil or criminal action.

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West Virginia Domestic Violence Fatalities Discussion and Recommendations

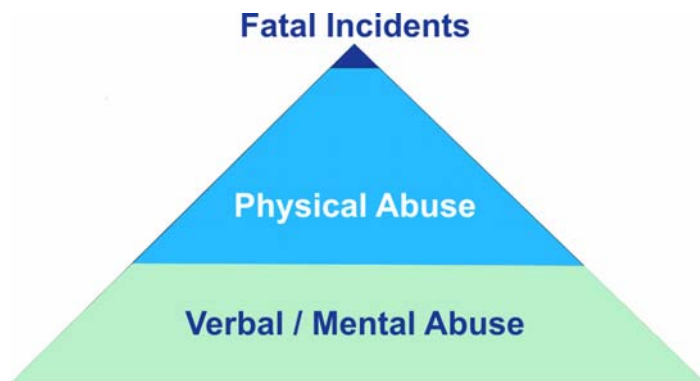
A death at the hand of an intimate partner or family member is a far too frequent occurrence in West Virginia. Domestic violence in any form is unacceptable, whether toward an intimate partner or other family member, adult or child. In West Virginia, domestic violence is a common cause of fatal assault, shattering the lives of the surrounding circle of survivors: people who are our spouses, partners, children, and friends.

There were over 10,000 domestic violence offenses reported to West Virginia law enforcement agencies in 2003; three-fourths of the victims were women. On average, two domestic homicides occur monthly in West Virginia, a disturbing statistic that has not changed over the last three decades (1). Data from the FBI's Supplemental Homicide Report indicate that West Virginia was 12th highest in the nation in 2003 in the rate of domestic homicides among women (2). Domestic violence is, simply put, a plague upon our state, and it should no longer be tolerated.

The West Virginia Domestic Violence Fatality Review Team (DVFRT) was established by the West Virginia Legislature to review circumstances of the deaths of adults significantly associated with, or suspected to have resulted from, domestic violence. This first report to the Governor and the Legislature examines the

39 identified domestic violence related deaths¹ (26 homicides and 13 suicides) that occurred in calendar year 2003, the first year reviewed following the appointment of members by the Governor. We study tragic deaths such as these because for every fatality there are hundreds of nonfatal domestic violence events that take place. Deaths represent only the tip of the iceberg of the problem of domestic violence.

Studying these stories helps illuminate our understanding of the characteristics of domestic violence in general. Those of us who are charged with protecting the health and safety of our citizens can learn how we can work in better ways to respond to domestic violence in our society.



¹ The DVFRT does not claim that these 39 deaths represent all of the domestic violence deaths that occurred in West Virginia in 2003. Improved screening procedures were implemented in 2006 that have facilitated the identification of fatalities that are domestic violence related.

Domestic Violence in the United States. One in 4 women in the United States will experience some form of domestic violence within her lifetime (3). Between 2 and 4 million women are assaulted by a domestic partner every year (4). An estimated 37% of violence-related emergency room visits made by women across the country each year, nearly 4 in 10, are due to domestic violence (5). Nearly 9 million children in the United States witness domestic violence in their homes each year (6). Domestic violence is a leading cause of homelessness in the nation (7). As terrible as these statistics are, they represent only a fraction of the problem; it is estimated that over one-half of domestic violence incidents go unreported.

Domestic Violence Fatality in WV: Violence against Women. In 2003, there were 26 homicides and 13 suicides reviewed by the DVFRT, which included 18 women and 21 men. Women were considerably more likely to be the victim of a domestic violence homicide (17 of 26), while men were more likely to commit suicide (11 of 12), frequently following the commission of a homicide. The Team found the following gender distinctions:

- ▶ Two-thirds (65.4%) of the 26 domestic violence (intimate partner and family violence) homicide victims were female; 35% were male. Twelve (92%) of the 13 persons committing suicide were male; 11 of these were homicide perpetrators. One (8%) person who committed suicide was female.
- ▶ Three-quarters (76.5%) of the victims of intimate partner homicide were women.
- ▶ All of the homicides that were part of a homicide/suicide were women; all of the suicides that occurred as part of a homicide/suicide were men.
- ▶ Perpetrators of domestic violence homicides were overwhelmingly likely to be male: 23 were male and 3 were female. Fifteen (65.2%) of the 23 male perpetrators had a domestic violence history, compared with only 3 (13.0%) of their victims (all male). In contrast, none of the 3 female perpetrators had a prior history of domestic violence, while all 3 of their male victims did.
- ▶ A current or previous domestic violence protective (DVP) order had been filed in 7 (26.9%) of the 26 homicides. All the DVPs were filed against male perpetrators or victims.

Domestic Violence and Suicide. Thirteen (33.3%) of the 39 identified domestic violence deaths reviewed by the DVFRT were suicides. Because criminal investigation findings provide much of the information useful in reviewing these deaths by the DVFRT, and relatively little police investigation of death circumstances is likely if a suicide does not occur as part of a

Public Awareness Recommendation:

The threat of suicide by one party in an antagonistic domestic relationship should be perceived as a potential threat to the other party. If a person is considering taking their own life because of a domestic situation, they may attempt to take the life of the other person also.

The Team advises the public to be aware that all threats of homicide and suicide should be taken seriously. Persons who threaten suicide in domestic violence situations often commit homicide prior to taking their own lives.

homicide/suicide, it is difficult to evaluate the role domestic violence may have played in the death. Because of the mental duress and stress that accompanies a domestic violence situation, the Team assumes that domestic violence was a factor in a far greater number of the 271 adult suicides that occurred in West Virginia in 2003 than the 13 identified and reviewed.

Domestic Violence and Children. Domestic violence not only has mental health consequences for the victim of the violence but for children who are exposed to and witness violence in the home, and who may perceive themselves to be (or frequently are) at risk of being targets of violence as well. Acute and long-term emotional problems can include nightmares, learning disabilities, depression, and aggressive behavior. Numerous studies have shown that children who grow up in violent households are at risk for using violence themselves against partners or spouses.

During the 2003 DVFRT reviews, the Team found that:

▶ Minor children were present at the scene in 11 (39%) of the 28 domestic violence fatality incidents reviewed. In 5 of those incidents, children actually witnessed the deaths.

▶ Looking at the 11 homicide/suicides only, 5 (46%) were committed with children present at the scene, with the children witnessing the events in 2 cases.

▶ At least one homicide occurred in 2003 while the victim was picking up her children during an exchange at the perpetrator's residence. Child custody exchanges can put one or more of the parties involved at risk.

System Recommendation:

The persons/agencies that are responsible for the welfare of the children who are impacted by domestic violence fatalities should assure that these children receive mental health counseling. Funding for these services is available through the Victims Compensation Fund.

Domestic Violence Petitions. Domestic violence petitions (DVPs), or protective orders, had been filed against all 3 of the male victims of intimate partner homicide in which a woman was the perpetrator. Four of the male perpetrators of an intimate partner homicide had either a current or past DVP filed against them.

By law, persons having an active DVP in effect against them are not allowed to be in possession of a firearm. Current police policy is to direct the person to relinquish all firearms in their possession to another individual for the duration of the protective order; however, there is little assurance that there is compliance for several reasons. If the abuser has a concealed weapon permit, there is currently no mechanism in place to inform the issuing agency to cancel that permit. Most police agencies lack the storage space to take possession of the firearms, and liability in case of damage to the gun(s) while in police possession becomes an issue as the weapons are not evidence in a criminal case, and the abuser still has ownership rights. In addition, another person in the

Public Awareness Recommendation:

The public needs to be made aware that it is illegal for a person who has an active DVP against them to possess firearms. Knowingly providing a firearm to such an individual, even that person's own property, may result in criminal or civil action.

System Recommendation:

Police should have access to an active statewide DVP database.

residence may own firearms, allowing access by the abuser. Reportedly, there have been instances where magistrate courts have crossed out the portion of the DVP specifying that the person cannot possess guns, even though this is federal and state law. (Such practices were not documented in any of the 2003 incidents reviewed.)

Substance Abuse. Substance abuse is frequently a factor in domestic violence, reducing inhibitions against socially unacceptable behavior such as

aggression and often providing an "excuse" for the behavior. Alcohol and/or drug use can interfere with the ability of both the abuser and the victim to make safe and rational choices, as well as acting as a coping mechanism for the victim and hindering interventions to change violent responses and behaviors.

▶ Thirteen (46.4%) of the 28 incidents reviewed by the Team involved substance abuse.

▶ Both the perpetrator and victim had histories of alcohol and/or drug abuse in 8 (61.5%) of these 13 incidents, the perpetrator had such a history in 3 (23.1%) incidents and the victim in 2 (15.4%) incidents.

▶ While most of the victims were able to be tested reliably for the consumption of alcohol and use of both illicit and pharmaceutical drugs, the perpetrators' use of alcohol and drugs could only be determined by inference from observed behaviors at the time the offense was committed.

Separation Violence. One of the most dangerous times in a relationship in which there is domestic violence is when the victim of the violence tries to end the relationship. Reviewing the 2003 homicides, the Team found that:

▶ Six (23.1%) of the 26 homicides occurred when an intimate partner had separated from or was in the process of separating from her abuser.

▶ Four (36.4%) of the 11 homicide/suicides occurred following a separation or when the victim was in the process of getting a divorce from the perpetrator.

Data Limitations. The 39 deaths included in this document were those identified by the DVFRT as meeting the definition of domestic violence fatality as set forth in the West Virginia State Code. The DVFRT does not claim that these 39 deaths represent all of the domestic violence deaths that occurred in the state in 2003. Other fatalities were reviewed that had elements of domestic violence identified in the victims' lives but for which it could not be determined that the fatal incident was directly related to that

violence. Those deaths, therefore, were not included in this analysis. Improved screening procedures were implemented in 2006 that have facilitated the identification of fatalities that are domestic violence related. This will be reflected in the increase in domestic violence deaths reviewed from 2006 and beyond.

It is recognized that a study of 39 deaths is a limiting factor in analyzing the nature of fatal domestic violence; however, each life has value. The DVFRT believes that it is important to begin the practice of issuing an annual publication sharing the results of the Team's review process with the people of our state. Moreover, by continuing to collect and publish additional data in the years to come, the DVFRT hopes to be able to discern patterns, factors, and trends in domestic violence fatalities in West Virginia that will provide sound bases on which to build effective social policy. In this way the performance of our public safety and public health agencies that are guided by these policies will be continually improved.

The Scope of This Document. In order to provide a more comprehensive overview of domestic violence fatality in West Virginia, a discussion of the 2003 fatalities that were identified and reviewed by the DVFRT is accompanied by a summary of nonfatal domestic violence incident statistics and selected information on the utilization of the state's domestic violence programs and shelters during that same time period. The data presented in this document were provided by the DVFRT, the West Virginia State Police in *Crime in West Virginia, 2003*, and the West Virginia Coalition Against Domestic Violence.

Although this document addresses only those domestic violence fatalities that occurred in calendar year 2003, the recommendations proposed by the DVFRT are based on the broader review of fatalities that has been ongoing since the Team's establishment.

Domestic Violence Fatalities in West Virginia, 2003

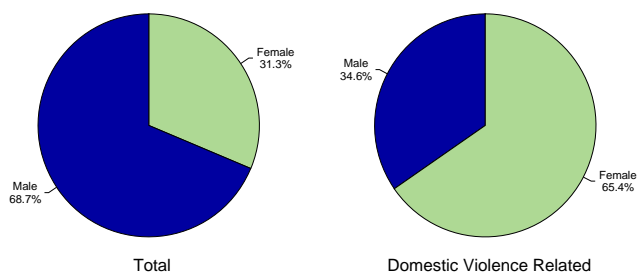
In 2003, there were 83 adult homicides and 271 adult suicides in West Virginia. Of these, 26 homicides and 13 suicides were identified as domestic violence related.² This report examines these 39 domestic violence deaths³ in the hope of shedding light on the circumstances surrounding the events, circumstances that might be altered in the future to save lives. Intimate partner violence is addressed, as well as other family violence and the increasingly occurring phenomenon of intimate partner and family homicide/suicide.

Fewer than one-third (26 of 83, or 31.3%) of total homicides in the state in 2003 were women; however, nearly two-thirds (17 of 26, or 65.4%) of the domestic violence homicides were women. The proportion of domestic violence suicides committed by men was larger than the proportion of male suicides overall (92.3% vs. 84.1%, respectively). These disparities are illustrated in Figures 1 and 2.

Twenty-eight (71.8%) of the 39 domestic violence deaths reviewed by the WVDVFRT were classified as intimate partner or intimate-partner-associated fatalities (i.e., the victim and perpetrator were spouses, ex-spouses, girlfriend or boyfriend, former girlfriend or boyfriend, or the death occurred as a result of such a relationship) (Table 1). Fourteen men and 14 women died as the result of intimate partner violence.

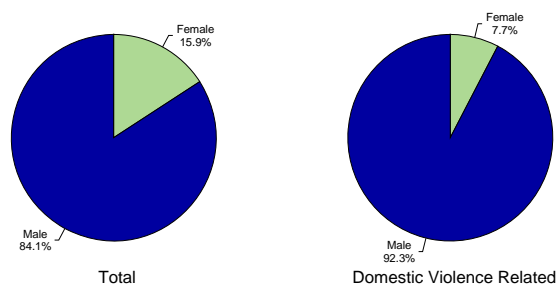
Eleven (28.2%) of the domestic violence fatalities were classified as family violence (i.e., a family member other than an intimate partner as defined by the domestic

Figure 1. Total and Domestic Violence Related Adult Homicides by Gender of Victim West Virginia, 2003



*83 total adult homicides and 17 domestic violence related homicides
Source: West Virginia Health Statistics Center and DVFRT

Figure 2. Total and Domestic Violence Related Adult Suicides by Gender of Victim West Virginia, 2003



*271 total adult suicides and 13 domestic violence related suicides
Source: West Virginia Health Statistics Center and DVFRT

² These numbers include the suicide of an adult that followed the homicides of three children. However, this report does not include the deaths of the children; these fatalities were reviewed by the West Virginia Child Fatality Review Team. In addition, there were 3 additional domestic violence fatalities for which it was undetermined if the manner of death was homicide or suicide and therefore are not included in this examination.

³ The DVFRT does not claim that these 39 deaths represent all of the domestic violence deaths that occurred in West Virginia in 2003. Improved screening procedures were implemented in 2006 that have facilitated the identification of fatalities that are domestic violence related.

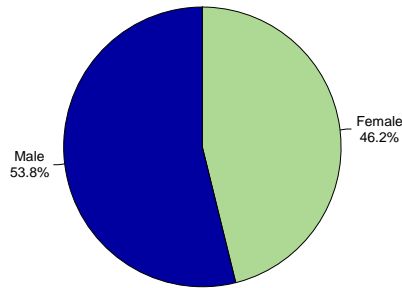
violence legislation passed in 2003. See Appendix A). Seven men and 4 women died as the result of family violence.

Table 1. Domestic Violence Fatalities by Type of Domestic Violence, Gender, and Manner of Death West Virginia, 2003							
DV Classification	Homicide*		Suicide		Total		Total
	Male	Female	Male	Female	Male	Female	
Intimate Partner	3	12	9	1	12	13	25
Intimate Partner Associated	1	1	1		2	1	3
Total Intimate Partner	4	13	10	1	14	14	28
Family Violence	5	4	2		7	4	11
Total	9	17	12	1	21	18	39

*See Appendix B for a map detailing 2003 domestic violence homicides by gender and county.

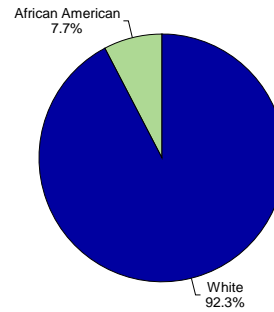
Overall, domestic violence fatalities in 2003 were more likely to be male than female (Figure 3), with 21 male deaths and 18 female deaths. Thirty-six (92.3%) of the fatalities were white and 3 (7.7%) were African American (Figure 4). Two (5.1%) of the fatalities were Hispanic. The ages of the victims ranged from 20 to 75, with over one-third (35.9%) aged 40 to 49 (Figure 5).

Figure 3. Domestic Violence Fatalities by Gender
West Virginia, 2003



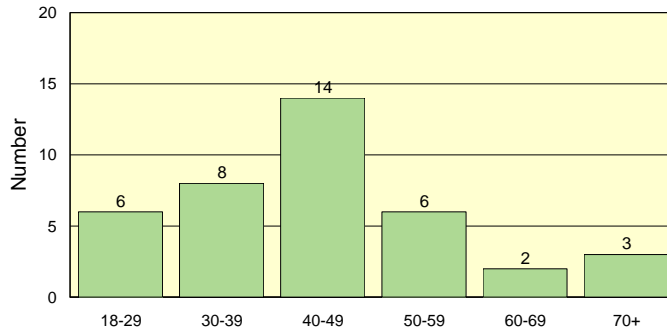
39 fatalities
Source: WVDVFT

Figure 4. Domestic Violence Fatalities by Race
West Virginia, 2003



39 fatalities
Source: WVDVFT

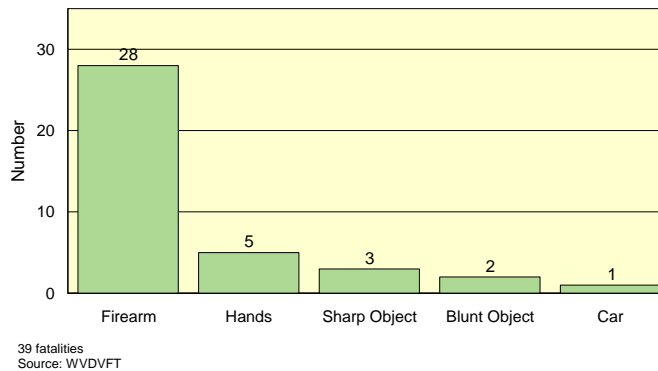
Figure 5. Domestic Violence Fatalities by Age
West Virginia, 2003



39 fatalities
Source: WVDVFT

Weapon Used. Firearms were by far the most common weapon used in fatalities resulting from domestic violence (Figure 6). Twenty-eight (71.8%) of the deaths were due to firearms, with personal weapons (strangulation, striking, or kicking) responsible for 5 deaths and sharp objects for 3 deaths. Two victims died from blunt object injuries and 1 person was killed in a vehicular collision. Firearm deaths were evenly divided between handguns (14) and long guns, i.e., rifles (7) and shotguns (7).

**Figure 6. Domestic Violence Fatalities by Weapon
West Virginia, 2003**



Location of Incident. West Virginia is one of the most rural states in the nation, with areas of rugged mountainous terrain that can negatively impact response times in cases of emergency. In 2003, 35.2% of the state’s population lived in incorporated places having municipal police departments (190 statewide), with the remaining 64.8% residing in unincorporated areas served by county and state law enforcement agencies.

Fifteen (38.5%) of the 2003 domestic violence deaths occurred in incorporated places; 24 (61.5%) took place in unincorporated areas. The distribution of deaths by municipal/nonmunicipal status closely matched that of the population as a whole.

Domestic Violence Homicide Perpetrators

Perpetrator Characteristics. Twenty-six perpetrators committed domestic violence homicides in 2003⁴ (Table 2). The perpetrators were overwhelmingly likely to be male: 23 (88.5%), were men, while only 3 (11.5%) were women. None of the female perpetrators had a prior known history of domestic violence; however, all 3 of their victims had known histories. In contrast, 15 (65.2%) of the 23 male perpetrators and only 3 (13.0%) of their victims had known histories. Male perpetrators were more likely than females to be known to abuse drugs and/or alcohol and to have a diagnosed mental health

⁴ Twenty-five perpetrators committed 26 adult homicides; 1 perpetrator killed 3 children. That perpetrator committed suicide following the 3 child homicides and is included in this report as a domestic violence fatality. The child deaths, however, are not included in this report; they were reviewed by the West Virginia Child Fatality Review Team.

condition. Nearly half (47.8%) of the male perpetrators committed suicide after the homicide; none of the female perpetrators did so.

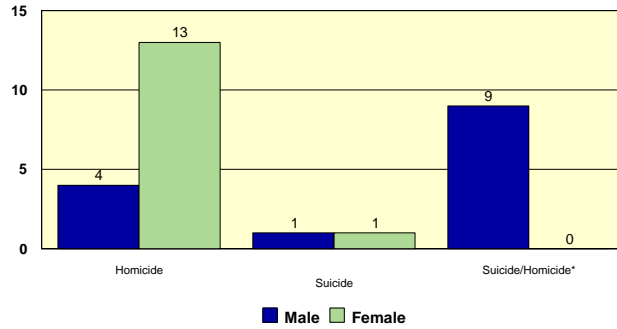
Table 2. Characteristics of Perpetrators and Court Findings Total Domestic Violence Homicides West Virginia, 2003				
	Female	Male	Total	%
Total	3	23	26	100.0
Age				
18-29	1	4	5	19.2
30-39	2	8	10	38.5
40-49	0	3	3	11.5
50-59	0	6	6	23.1
60-69	0	1	1	3.8
70+	0	1	1	3.8
Prior known DV history	0	15	15	57.7
Drug/alcohol abuse	1	11	12	46.2
Diagnosed mental health condition	1	8	9	34.6
Committed suicide following homicide	0	11	11	42.3
Court findings				
No charges (suicide)	0	11	11	42.3
No findings	1	1	2	7.7
Manslaughter	2	2	4	15.4
2 nd degree murder	0	5	5	19.2
1 st degree murder	0	3	3	11.5
Lifetime commitment to a mental facility	0	1	1	3.8
Note: Percentages may not add to 100 due to rounding.				

INTIMATE PARTNER FATALITIES

Intimate partner related (IP) relationships include spouse (married or separated), former spouse, current or past girlfriend or boyfriend, including same sex partner, dating partners, and a party in a perceived relationship (i.e., one of the parties perceives a relationship and has threatened, harassed, or stalked the other). The parties do not have to be cohabiting in the relationship. This classification also includes intimate-partner-associated relationships (i.e., a friend, law enforcement officer, coworker, neighbor, or other relative who is involved as victim or perpetrator because of an intimate partner relationship).

In 2003, there were 28 identified intimate partner fatalities in West Virginia. Seventeen of the deaths were homicides, 9 were suicides that followed a homicide, and 2 were suicides that did not involve a homicide (Figure 7). Fourteen of the fatalities were women; 14 were men.

Figure 7. Intimate Partner (IP) Fatalities by Manner of Death and Gender West Virginia, 2003



28 fatalities
 *Perpetrator committed suicide following homicide
 Source: DVFRT

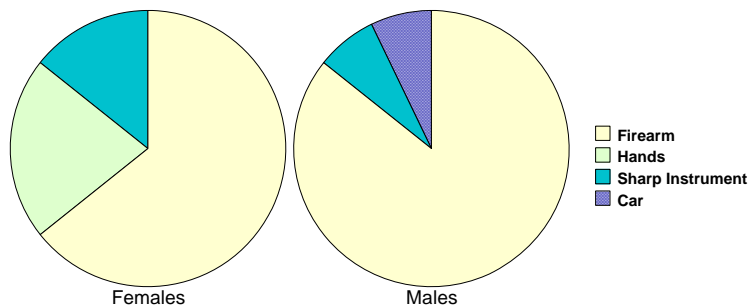
Weapon Used. Table 3 and Figure 8 present total IP fatalities (homicides and suicides) by gender and weapon used. Overall, 21 (75.0%) of the 28 IP deaths were due to firearms, 9 (64.3%) of the 14 female deaths and 12 (85.7%) of the 14 male deaths. Handguns were responsible for 11 (52.4%) of the firearm deaths, while rifles and shotguns were used in the remaining incidents. Strangulation was the cause of 3 (21.4%) of the female deaths, while sharp instruments were responsible for the remaining 2 (14.3%) female deaths.

Table 3. Intimate Partner (IP) Fatalities by Weapon and Gender

	Female		Male		Total	
	#	%	#	%	#	%
Firearm	9	64.3	12	85.7	21	75.0
Strangulation	3	21.4	0		3	10.7
Sharp Instrument	2	14.3	1	7.1	3	10.7
Car	0	0.0	1	7.1	1	3.6
Total	14	100.0	14	100.0	28	100.0

19 incidents with 28 fatalities (17 homicides, 2 suicides, and 9 suicides following a homicide)
 Note: Percentages may not add to 100 due to rounding.

Figure 8. Intimate Partner (IP) Fatalities by Weapon Used and Gender of Victim West Virginia, 2003

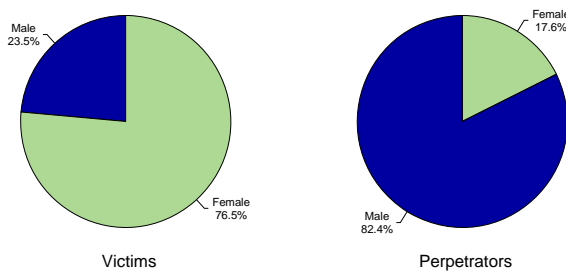


28 fatalities
 Source: DVFRT

Intimate Partner Homicides

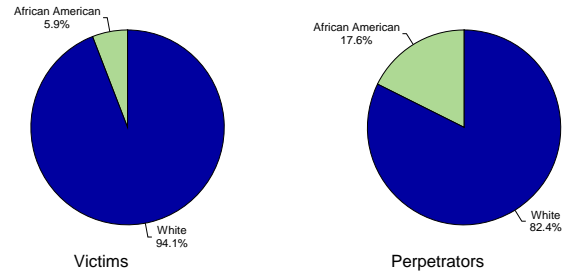
There were 17 IP homicide victims and 17 perpetrators in 2003. Fifteen of the 17 IP-related homicides involved intimate partners, while 2 were intimate partner associated. Figures 9 through 11 compare the gender, race, and age of the victims and the perpetrators. Over three-fourths (76.5%) of the IP victims were women, while 82.4% of the perpetrators were men. Ninety-four percent (94.1%) of the victims were white and 5.9% were African American; 82.4% of the perpetrators were white, 17.6% were African American.

Figure 9. Intimate Partner (IP) Homicides by Gender of Victims and Perpetrators West Virginia, 2003



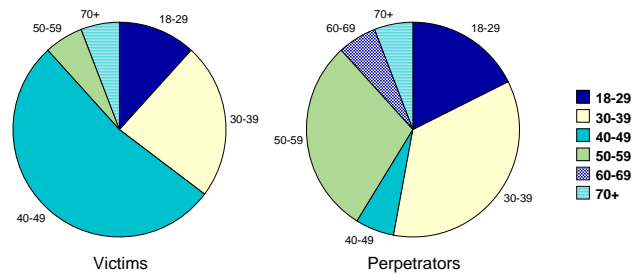
17 homicides (15 IP and 2 IP-associated)
Source: DVFRF

Figure 10. Intimate Partner (IP) Homicides by Race of Victims and Perpetrators West Virginia, 2003



17 homicides (15 IP and 2 IP-associated)
Source: DVFRF

Figure 11. Intimate Partner (IP) Homicides by Age of Victims and Perpetrators West Virginia, 2003



17 homicides (15 IP and 2 IP-associated)
Source: DVFRF

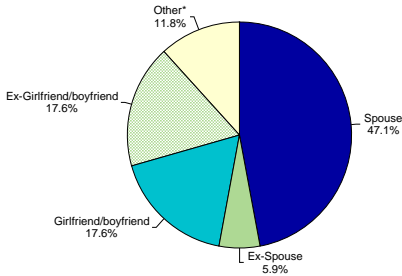
The average age of the IP homicide victims was 42, compared with an average age of 44 for the perpetrators. The youngest victim was 23, the oldest was 75. Overall, the majority of the parties involved in an IP homicide incident (58.8%) were aged between 30 and 50.

Perpetrator Characteristics. Seventeen perpetrators committed intimate partner homicides in 2003 (Table 4). Fourteen (88.5%) were men, while only 3 (11.5%) were women. None of the female perpetrators had a prior known history of domestic violence; their 3 male victims all had known histories. In contrast, 11 (78.6%) of the 14 male perpetrators and only 1 (7.1%) of their victims had known histories. Male perpetrators were more likely than female perpetrators to have a history of drug and/or alcohol abuse and to have a diagnosed mental health condition. Nine (64.3%) of the male perpetrators committed suicide after the homicide; none of the female perpetrators did so.

Table 4. Characteristics of Perpetrators and Court Findings Intimate Partner Homicides West Virginia, 2003			
	Female	Male	Total
Total	3	14	17
Age			
18-29	1	2	3
30-39	2	4	6
40-49	0	1	1
50-59	0	5	5
60-69	0	1	1
70+	0	1	1
Prior known DV history	0	11	11
Drug/alcohol abuse	1	8	9
Diagnosed mental health condition	1	5	6
Committed suicide following homicide	0	9	9
Court findings			
No charges (suicide)	0	9	9
No findings	1	0	1
Manslaughter	2	1	3
2 nd degree murder	0	2	2
1 st degree murder	0	2	2

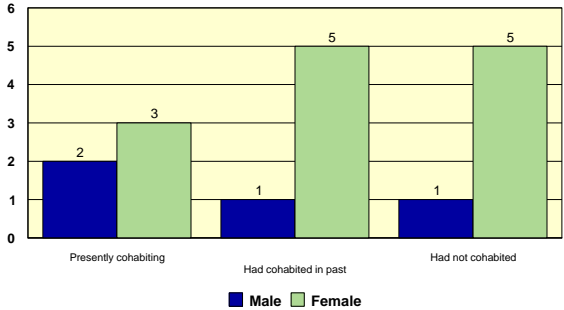
The relationship of the victim to the perpetrator in the 17 IP-related homicides is shown in Figure 12. Over half of the victims were either currently (47.1%) or formerly (5.9%) married to the perpetrator at the time of the homicide. Four (50.0%) of the 8 currently married victims were in the process of separating from their spouse (the perpetrator). Thirty-five percent (35.2%) of the victims were either the current (17.6%) or former (17.6%) girlfriend or boyfriend of the perpetrator. Only 5 (29.4%) of the victims were currently living with the perpetrator (Figure 13).

Figure 12. Intimate Partner (IP) Homicides by Relationship of Victim to Perpetrator West Virginia, 2003



17 homicides (15 IP and 2 IP-associated)
*Son of perpetrator's girlfriend; daughter-in-law
Source: DVFRIT

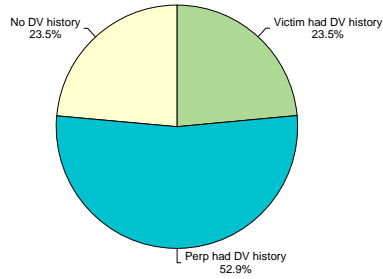
Figure 13. Intimate Partner (IP) Homicides by Victim's Cohabitation with Perpetrator and Gender West Virginia, 2003



17 homicides (15 IP and 2 IP-associated)
Source: DVFRIT

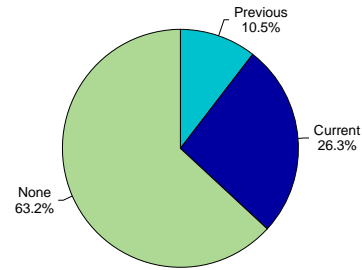
Domestic Violence History. Over three-fourths (76.5%) of the IP homicides had a known prior history of domestic violence for the victim and/or the perpetrator (Figure 14). All those with a history of committing domestic violence were men. A current or previous domestic violence protective (DVP) order had been filed in 7, or over one-third, of the incidents (Figure 15). All the DVPs were filed against male perpetrators or victims.

Figure 14. Intimate Partner (IP) Homicides by Domestic Violence History between Victim and Perpetrator West Virginia, 2003



*17 homicides (15 IP and 2 IP-associated)
Source: DVFRIT

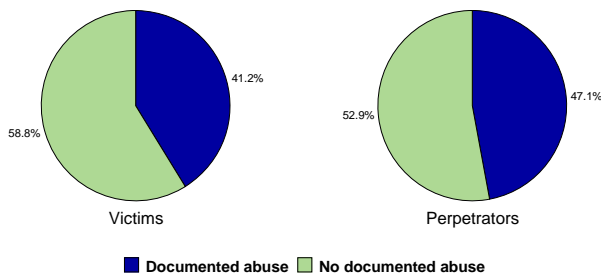
Figure 15. Intimate Partner (IP) Fatalities by Previous or Current DV Protective Order Filed against Victim or Perpetrator West Virginia, 2003



19 incidents (17 homicides and 2 suicides)
Source: WVDVFT

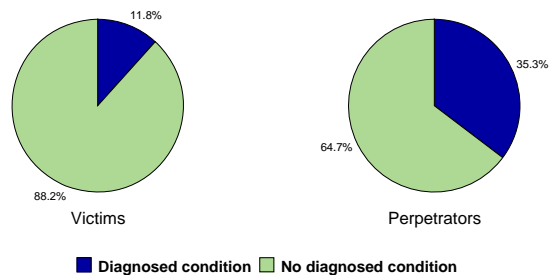
Mental Health History and Drug/Alcohol Abuse. Perpetrators of IP homicides were slightly more likely than their victims to have a history of drug and/or alcohol abuse or have been under the influence during the incident (47.1% vs. 41.2%, respectively) (Figure 16). A greater difference was noted in having a diagnosed mental health condition, as illustrated in Figure 17. Over one-third (35.3%) of perpetrators had been diagnosed with a mental health condition, compared with 11.8% of their victims.

Figure 16. Intimate Partner (IP) Homicides by Drug/Alcohol Abuse* by Victims and Perpetrators West Virginia, 2003



17 victims and 17 perpetrators
*Drug and/or alcohol abuse documented in incident report
Source: DVFRIT

Figure 17. Intimate Partner (IP) Homicides by Mental Health* of Victims and Perpetrators West Virginia, 2003



17 victims and 17 perpetrators
*Diagnosed mental health condition documented in incident report
Source: DVFRIT

Additional Characteristics of Intimate Partner Fatalities

Table 5. Characteristics of Intimate Partner (IP) Fatality Incidents*		
	#	%
Time of Year of Incident		
Winter (Jan.-Mar.)	5	26.3
Spring (Apr.-Jun.)	7	36.8
Summer (Jul.-Sep.)	5	26.3
Fall (Oct.-Dec.)	2	10.5
Time of Incident		
Early AM (0000-0600)	5	26.3
Late AM (0601-1200)	3	15.8
Early PM (1201-1800)	8	42.1
Late PM (1801-2400)	2	10.5
Unknown	1	5.3
Scene of Incident		
Victim's residence	8	42.1
Perpetrator's residence	5	26.3
Outside residence	1	5.3
In car	2	10.5
On street	1	5.3
Motel	1	5.3
Other residence	1	5.3
Minor Children Present at Scene	8	42.1
*19 incidents (17 homicides or homicide/suicides and 2 suicides) Note: Percentages may not add to 100 due to rounding.		

Tables 5 and 6 present selected characteristics of the 19 IP incidents. The largest number of incidents occurred in the spring months and were more frequent during the afternoon hours, i.e., from noon until 6:00 PM.

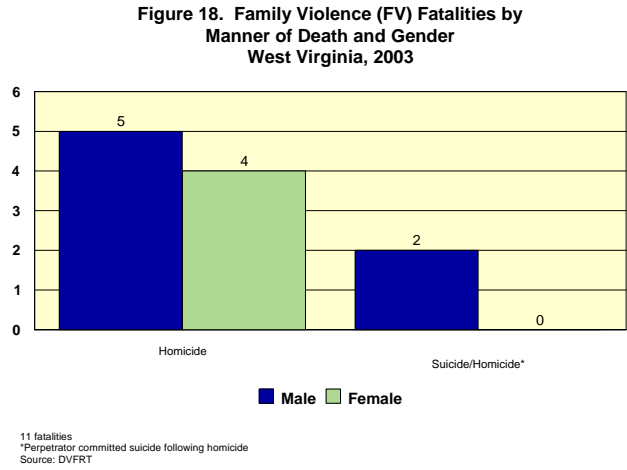
Over two-thirds (68.4%) of the incidents took place at either the victim's or perpetrator's residence. Most of the incidents were not witnessed; over half of the victims were discovered by the police, while 21.1% were discovered by minor children.

Minor children were present at the scene in nearly half (42.1%) of the incidents. Children actually witnessed the deaths in 3 (15.8%) of the incidents.

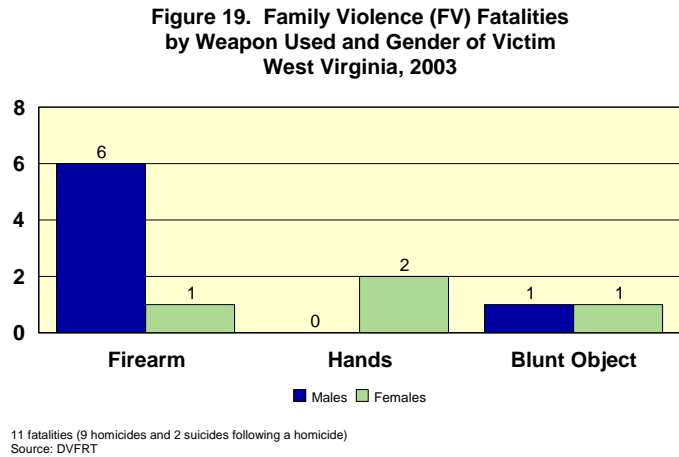
Table 6. Witnesses and Victim Discovery in IP Fatality Incidents*				
	Incident Witnessed By		Victim Discovered By	
	Number	%	Number	%
Minor Children	3	15.8	4	21.1
Adult children	0	0.0	1	5.3
Police	0	0.0	11	57.9
Friends/Associates	2	10.5	0	0.0
Spouse	1	5.3	3	15.8
Passerby	2	10.5	0	0.0
Not witnessed	11	57.9	--	--
Total	19	100.0	19	100.0
*19 incidents (17 homicides or homicide/suicides and 2 suicides) Note: Percentages may not add to 100 due to rounding.				

FAMILY VIOLENCE FATALITIES

Eleven identified family violence (FV) fatalities⁵ occurred in 2003 and were reviewed by the DVFRRT. Nine of the fatalities resulted from homicide (5 men and 4 women); 2 men committed suicide (Figure 18).



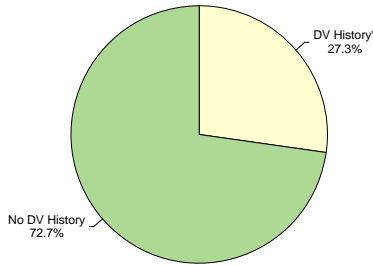
Weapon Used. Figure 19 presents the distribution of the weapons used in the FV fatalities by gender of the victim, showing a distinct difference. While the majority (85.7%) of men died from firearm injury, this was not the case for female victims.



⁵ These fatalities include the suicide of an adult that followed the homicides of 3 children. The adult death is included here; however, the deaths of the children are not. The WVDVFRRT was established by the state legislature in 2003 to “review all deaths of victims or suspected victims of domestic violence, including suicides, 18 years and older, who are residents of this state” (see Appendix A for statute). The children’s deaths were reviewed by the West Virginia Child Fatality Review Team.

A prior history of domestic violence was documented for 3 of the FV fatalities (2 victims and 1 perpetrator), as shown in Figure 20; no domestic violence protection orders had been filed.

Figure 20. Family Violence (FV) Fatalities by Known Domestic Violence History for Either Victim or Perpetrator West Virginia, 2003

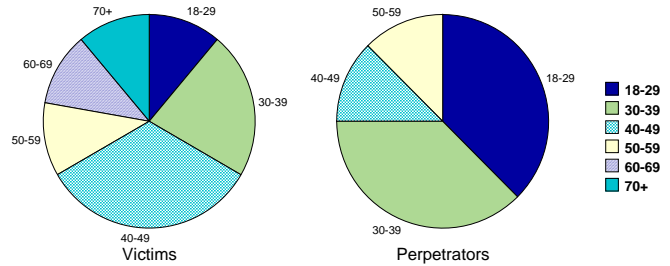


11 fatalities
 *Either victim or perpetrator had a prior known history of domestic violence.
 Source: DVFRIT

Family Violence Homicides

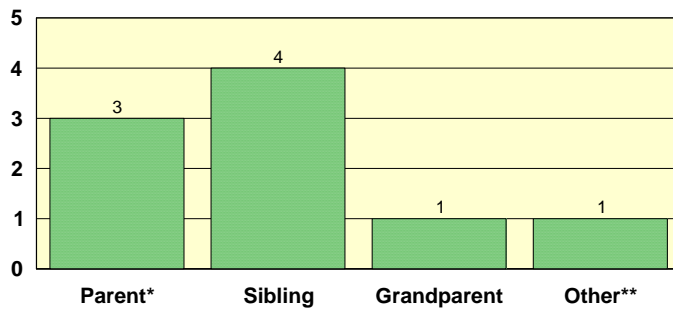
There were 9 adult victims of FV homicide, with 9 perpetrators⁶. The victims of family violence homicide were generally older than the perpetrators, as shown in Figure 21. The average age of the victims was 47; that of the perpetrators was 36. Siblings were the victims in 4 of the homicides; parents or stepparents in 3 (Figure 22).

Figure 21. Family Violence (FV) Homicides by Age of Victims and Perpetrators West Virginia, 2003



*8 incidents with 9 homicides
 Source: DVFRIT

Figure 22. Family Violence (FV) Homicides by Relationship of Victim to Perpetrator West Virginia, 2003



9 homicides
 *Includes stepparent **Friend of brother
 Source: DVFRIT

⁶ One perpetrator killed two adults; 1 perpetrator killed 3 children, whose deaths are not included here. See footnote 5 on page 15.

Perpetrator Characteristics. All of the perpetrators of family violence homicides in 2003 were men (Table 7). Two (22.2%) committed suicide following the homicide. Two (22.2%) of the perpetrators had a prior history of domestic violence, 3 (33.3%) had a history of drug/alcohol abuse; 4 (44.4%) had a previously diagnosed mental condition.

Table 7. Characteristics of Perpetrators and Court Findings Family Violence Homicides West Virginia, 2003		
	Number	%
Total	9	100.0
Gender		
Male	9	100.0
Female	0	0.0
Age		
18-29	2	22.2
30-39	4	44.4
40-49	2	22.2
50-59	1	11.1
Prior known DV history	2	22.2
Drug/alcohol abuse	3	33.3
Diagnosed mental health condition	4	44.4
Court findings		
No charges (suicide)	2	22.2
No findings	1	11.1
Manslaughter	1	11.1
2 nd degree murder	3	33.3
1 st degree murder	1	11.1
Lifetime commitment to a mental facility	1	11.1

Note: Percentages may not add to 100 due to rounding.

Mental Health History and Drug/Alcohol Abuse. Three of the 8 perpetrators and 2 of the 9 victims of FV homicide had histories of drug and/or alcohol abuse (Figure 23). Three of the perpetrators had been diagnosed with a mental health condition (Figure 24).

Figure 23. Family Violence (FV) Homicides by Drug/Alcohol Abuse** by Victims and Perpetrators West Virginia, 2003

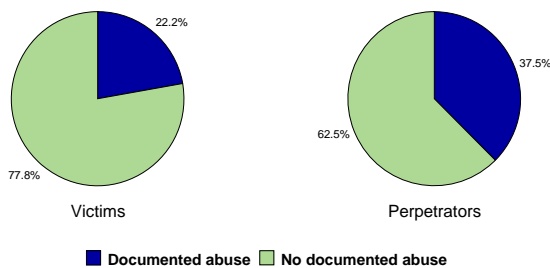
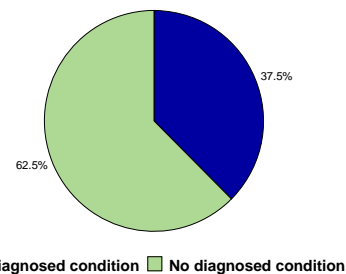


Figure 24. Family Violence (FV) Homicides by Mental Health* of Perpetrators West Virginia, 2003



9 victims and 8 perpetrators
**Drug and/or alcohol abuse documented in incident report
Source: DVFRIT

8 perpetrators responsible for 9 homicides
**Diagnosed mental health condition documented in incident report
Source: DVFRIT

Additional Characteristics of Family Violence Incidents

Table 8. Characteristics of Family Violence (FV) Fatality Incidents		
	#	%
Time of Year of Incident		
Winter (Jan.-Mar.)	0	0.0
Spring (Apr.-Jun.)	1	11.1
Summer (Jul.-Sep.)	1	11.1
Fall (Oct.-Dec.)	7	77.8
Time of Incident		
Early AM (0000-0600)	1	11.1
Late AM (0601-1200)	2	22.2
Early PM (1201-1800)	4	44.4
Late PM (1801-2400)	2	22.2
Scene of Incident		
Victim's residence	9	100.0
Minor Children Present at Scene		
	3	33.3
Incident Witnessed by		
Minor children	2	22.2
Adult relatives only	3	33.3
Not witnessed	4	44.4
Note: Percentages may not add to 100 due to rounding.		

Table 8 presents additional characteristics of the 9 family violence incidents. The majority (77.8%) of the FV incidents occurred in the fall, i.e., October through December. They were more frequent during the afternoon hours (noon until 6:00 PM). All of the FV homicides took place at the residence of the victim. Minor children were present during 3 of the incidents. Minor children actually witnessed the homicide in 2 cases, while adult relatives witnessed 3 homicides; 4 incidents were not witnessed.

HOMICIDE/SUICIDES

There were 11 incidents of domestic violence homicide that were followed by the suicide of the perpetrator. One of these incidents involved the homicides of 3 children by their father; these fatalities are not included in the homicides reviewed in this report as they were not adult fatalities.⁷ Instead, they were reviewed by the West Virginia Child Fatality Review Team and included in that team's recent report, *Child Deaths in West Virginia, 1999-2004*. The adult suicide that followed the child homicides is included in the perpetrator suicides that are examined in this section, however, resulting in 11 suicides (perpetrators) and 10 adult homicide victims.

All of the 11 perpetrators of the 2003 homicide/suicides were men (Table 9); all 10 of the adult victims were women. There was no discernible pattern in age noted with perpetrators of homicide/suicide, with ages ranging from 23 to 75. The perpetrators were in all cases the same age or older than their victims. The average age of the victims was 41; that of the perpetrators was 46. Ten perpetrators were white; 1 was African American. Nearly two-thirds (63.6%) of the perpetrators had a prior history of domestic violence, but a domestic violence protection order had been filed by only 1 of the victims.

⁷ The WVDVFR was established by the state legislature in 2003 to "review all deaths of victims or suspected victims of domestic violence, including suicides, 18 years and older, who are residents of this state" (see Appendix A for statute).

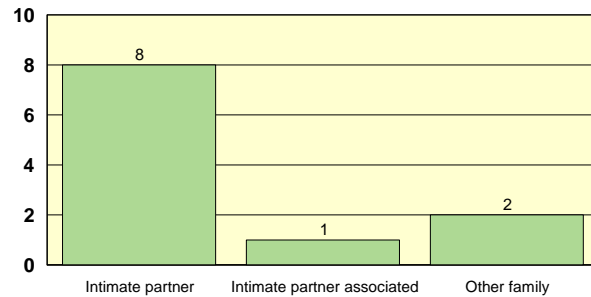
Two perpetrators had a history of drug and/or alcohol abuse, while 5 had been diagnosed with a mental health condition.

Table 9. Characteristics of Perpetrators Homicide/Suicides West Virginia, 2003		
	Number	%
Total	11	100.0
Gender		
Male	11	100.0
Female	0	0.0
Age		
18-29	2	18.2
30-39	2	18.2
40-49	2	18.2
50-59	3	27.3
60-69	1	9.1
70+	1	9.1
Prior known DV history	7	63.6
Drug/alcohol abuse	2	18.2
Diagnosed mental health condition	5	45.5

Note: Percentages may not add to 100 due to rounding.

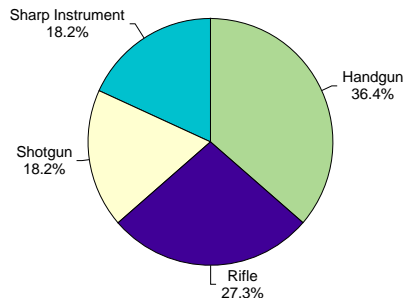
Six (54.5%) of the perpetrators were married to their victims; the parties were in the process of separating in 3 (50.0%) of these marriages. Nine of the homicides were classified as intimate partner or intimate-partner-associated relationships; the remaining 2 incidents involved other family members (Figure 25).

Figure 25. Domestic Violence Homicide/Suicides by Type of Domestic Violence West Virginia, 2003



11 incidents (11 suicides; 10 adult homicides, 3 child homicides)
Source: DVFRT

Figure 26. Domestic Violence Homicides/Suicides by Weapon Used in Incident West Virginia, 2003



11 incidents (11 suicides; 10 adult homicides, 3 child homicides)
Source: WVDVFT

Weapon Used. Firearms were used in 9 of the homicide/suicide incidents, handguns in 4, rifles in 3, and shotguns in 2 (Figure 26). Sharp instruments were used in 2 homicides.

Additional Characteristics of Homicide/Suicides

Table 10. Characteristics of Homicide/Suicide Incidents*		
	#	%
Time of Year of Incident		
Winter (Jan.-Mar.)	1	9.1
Spring (Apr.-Jun.)	5	45.5
Summer (Jul.-Sep.)	3	27.3
Fall (Oct.-Dec.)	2	18.2
Time of Incident		
Early AM (0000-0600)	1	9.1
Late AM (0601-1200)	1	9.1
Early PM (1201-1800)	7	63.6
Late PM (1801-2400)	1	9.1
Unknown	1	9.1
Scene of Incident		
Victim's residence	7	63.6
Perpetrator's residence	3	27.3
Other residence	1	9.1
Minor Children Present at Scene	5	45.5
Incident Witnessed by		
Minor children	2	18.2
Passerby	1	9.1
Not witnessed	8	72.7
*11 incidents (11 suicides; 10 adult homicides)		
Note: Percentages may not add to 100% due to rounding.		

The majority (72.8%) of the homicide/suicide incidents occurred during the spring and summer months, as shown in Table 10; nearly two-thirds (63.7%) happened during the afternoon, i.e., noon until 6:00 PM. The victim's residence was the most frequent location (63.7%) of a homicide/suicide incident. Minor children were present at the residence during 5 (45.5%) of the 11 incidents. Most (72.7%) of the homicide/suicides were not witnessed; however, minor children witnessed 2 of the incidents.

Domestic Violence Offenses in West Virginia, 2003

According to data published in *Crime in West Virginia, 2003*, issued by the West Virginia State Police, there were over 10,000 domestic violence offenses reported in West Virginia in that year. The breakdown of these offenses by gender, age, and race of the victim is presented in Table 11 (unknowns are not included in the breakdowns).

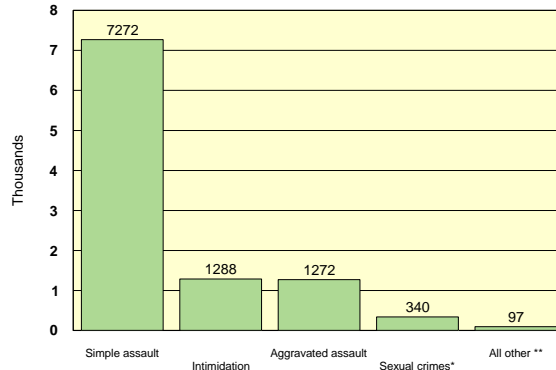
The overall rate of domestic violence offenses committed in West Virginia in 2003 was 5.7 offenses per every 1,000 state residents. The rate of offenses committed against women was threefold that against men, 8.4 offenses per 1,000 women compared with 2.8 offenses per 1,000 men. Persons aged 18-29 were the most likely to be victims (12.9 offenses per 1,000); those aged 65 and older were the least likely (0.5 offenses per 1,000). The rate of domestic violence among white victims was 5.5 offenses per 1,000 population, while that among African Americans was 12.0 and that among persons of other races was 0.6.

Table 11			
Number and Rate of Domestic Violence Offenses by Age, Gender, and Race of Victim			
West Virginia, 2003			
	Number	Population	Rate per 1,000
Total	10,269	1,810,347	5.7
Gender			
Male	2,504	883,874	2.8
Female	7,760	926,473	8.4
Age			
<18	1,202	388,781	3.1
18-29	3,692	285,157	12.9
30-39	2,488	234,352	10.6
40-49	1,671	278,838	6.0
50-64	621	345,878	1.8
65+	143	277,341	0.5
Race			
White	9,429	1,720,378	5.5
African American	702	58,483	12.0
Other	19	31,486	0.6
Source: <i>Crime in West Virginia, 2003</i>			

Seven out of 10 (70.8%) domestic violence offenses reported in 2003 involved simple assault, followed by intimidation (12.5%) and aggravated assault (12.4%). Sexual crimes accounted for 3.3% of the incidents, as shown in Figure 27. Three out of every four (75.6%) victims of domestic violence in 2003 were women (Figure 28). Ninety-two percent (91.8%) of victims were white; 6.8% were African American, while 1.3% were of other races or race was unknown (Figure 29). Half (49.8%) of all 2003 domestic violence victims were under the age of 30; 11.7% were under the age of 18, while 36.0% were aged 18-29. Only 7.4% were 50 and older (Figure 30). More than two-thirds of the

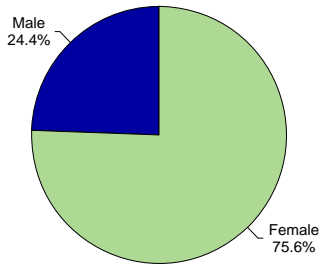
crimes (67.7%) were directed against an intimate partner, while 9.3% were against a child and 8.2% against a parent (Figure 31).

Figure 27. Number of Domestic Violence Offenses by Type of Offense West Virginia, 2003



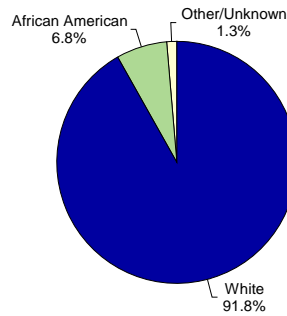
*Forcible fondling, forcible rape, forcible sodomy, incest, sexual assault with object, statutory rape
 **Kidnapping/abduction, murder/nonnegligent manslaughter, negligent manslaughter
 10,269 incidents; Source: Crime in West Virginia, 2003

Figure 28. Domestic Violence Offenses by Gender of Victim West Virginia, 2003



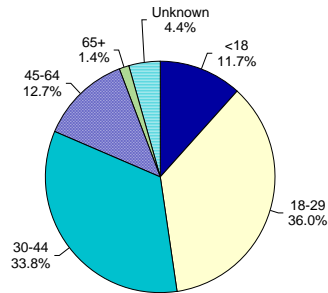
10,264 incidents for which gender of victim was known
 Source: Crime in West Virginia, 2003

Figure 29. Domestic Violence Offenses by Race of Victim West Virginia, 2003



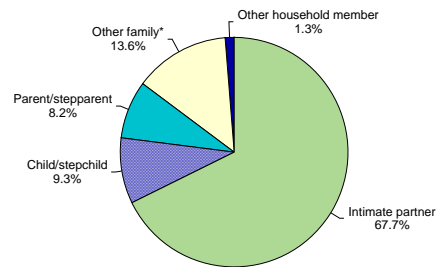
10,269 incidents
 Source: Crime in West Virginia, 2003

Figure 30. Domestic Violence Offenses by Age of Victim West Virginia, 2003



10,269 incidents
 Source: Crime in West Virginia, 2003

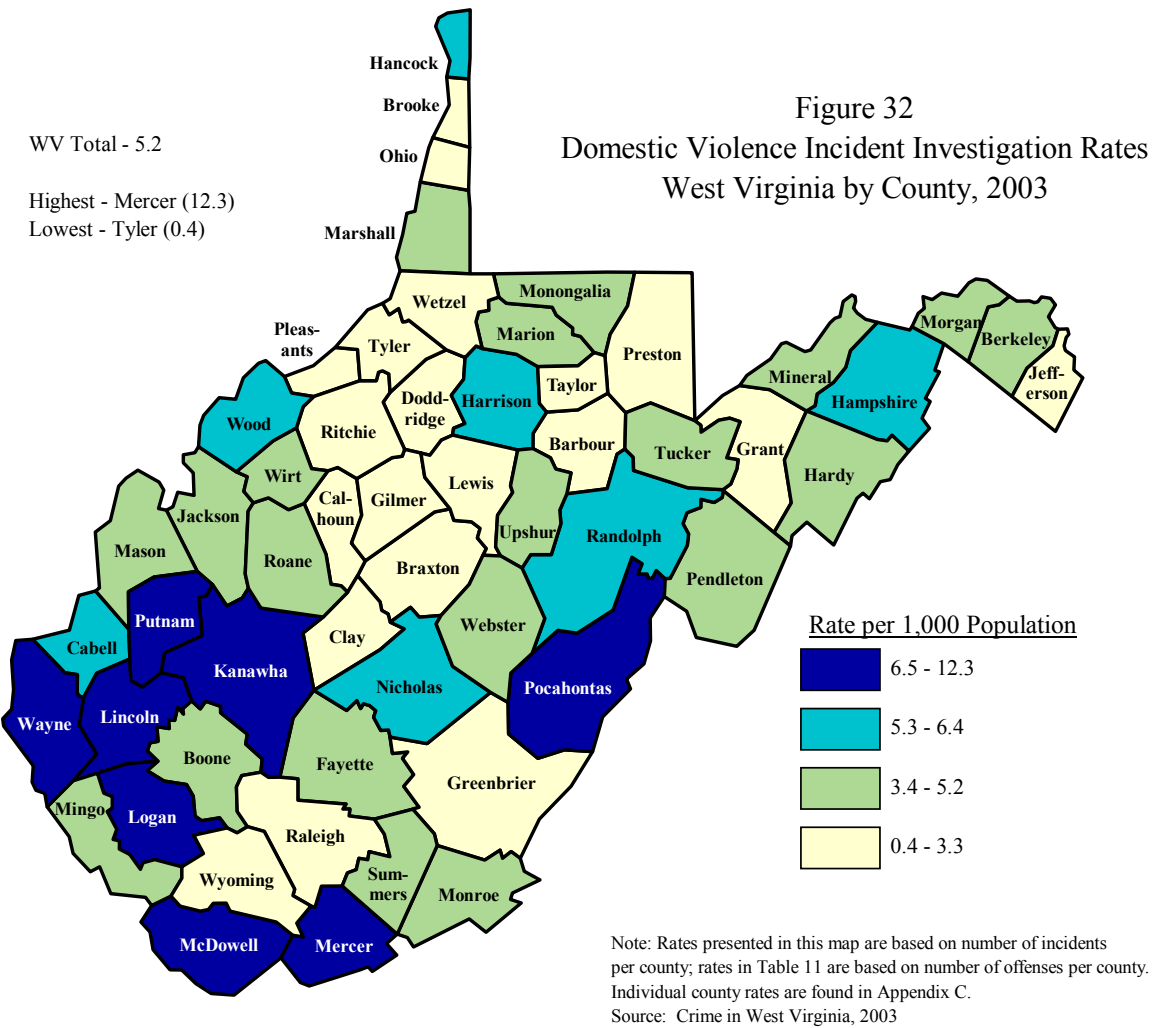
Figure 31. Domestic Violence Offenses by Relationship of Victim to Perpetrator West Virginia, 2003



10,205 incidents for which relationship of victim to perpetrator was known
 Source: Crime in West Virginia, 2003
 *Grandparent, grandchild, in-law, sibling, stepsibling, other

Information on weapon used during the offense was supplied for 9,077 offenses in 2003. Personal weapons, i.e., hands and feet, were the most commonly used (6,796 or 74.9%), followed by no weapon (1,250 offenses, or 13.8%). Firearms were used in 190 offenses (2.1%), knives in 177 (1.9%), and other weapons in 476 offenses (5.2%). The weapon was unknown for 188 (2.1%) offenses.

The county where the domestic violence investigation occurred was reported for 9,400 incidents.⁸ Figure 32 shows the rate of domestic violence investigations by county. (Individual county rates are found in Appendix C.)

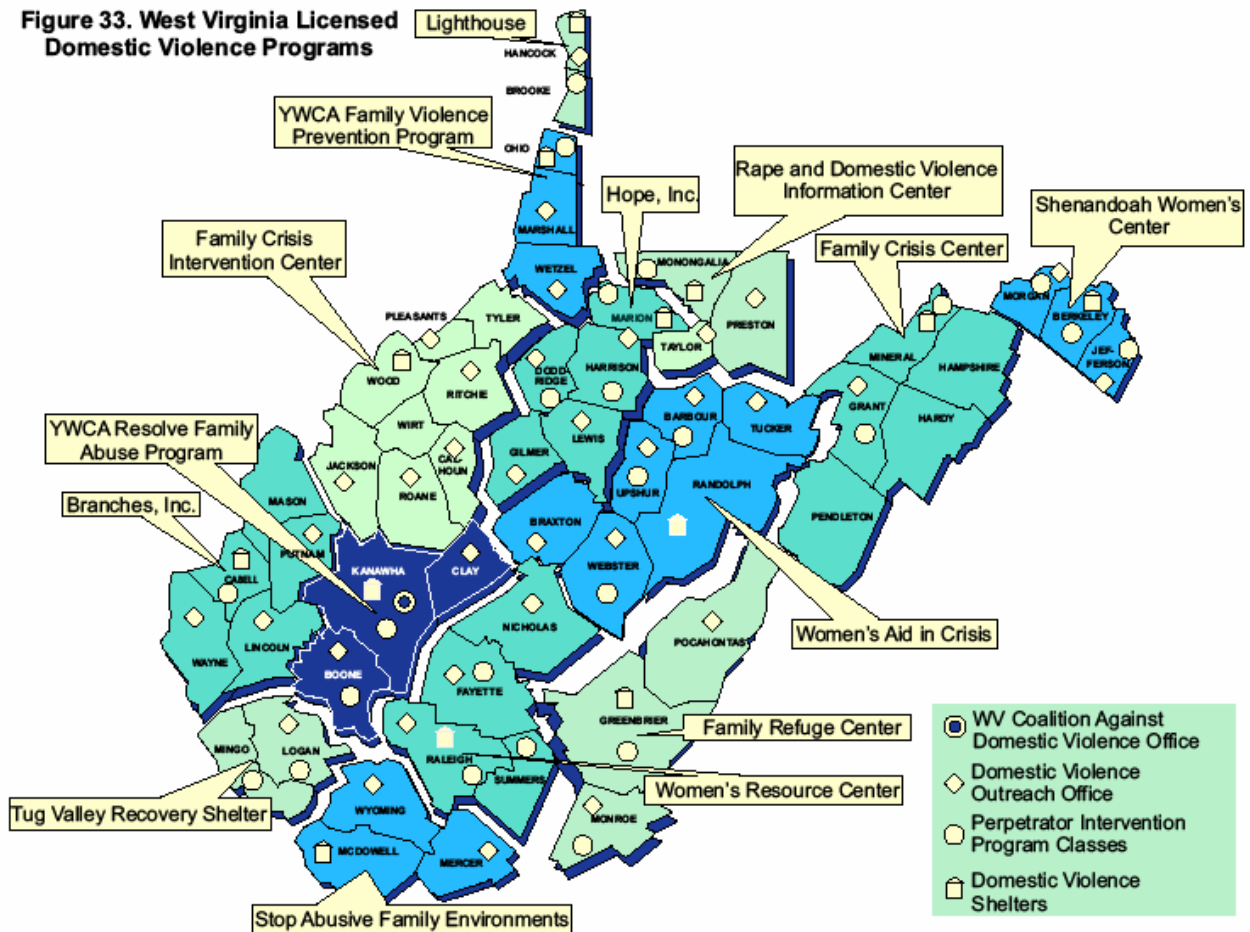


⁸ An incident may have more than one offense, explaining the difference in totals used in this chapter. In addition, information was not available for the city of Wheeling in the 2003 report, resulting in a smaller number of incidents in Ohio County, while incomplete reporting in Raleigh and Wyoming counties due to delays in implementing a new reporting system resulted in the submission of a smaller number of incidents than actually occurred.

Domestic Violence Program Utilization, FY 2003-2004

Safety for a victim of domestic violence is the first priority when a domestic violence incidence occurs. In fiscal year (FY) 2003-2004, West Virginia had 13 licensed domestic violence service providers in the state operating under the auspices of the West Virginia Coalition Against Domestic Violence (WVCADV). The programs, which now number 14, offer referral services, advocacy, aid in acquiring domestic violence protection orders, and educational and public service presentations to promote awareness of the problem of domestic violence, in addition to providing emergency shelter to victims and their families. Figure 33 below shows the location and scope of the 14 programs.

Figure 33. West Virginia Licensed Domestic Violence Programs

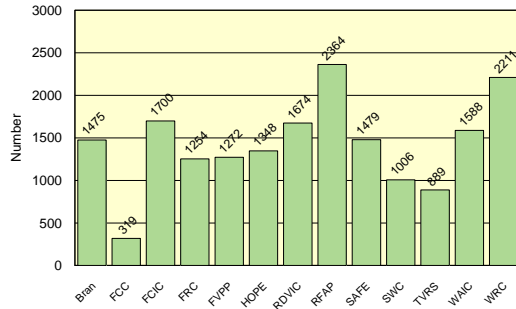


The WVCADV maintains a significant database with statistics compiled by its current 14-member licensed domestic violence service providers around the state. Statistics available from the WVCADV include shelter utilization, non-shelter contacts with program staff, services provided to communities and schools, domestic violence petitions filed, and victim and abuser characteristics, as well as information in many other areas of interest to policy planners and public officials. These data are available on the coalition's website: <http://www.wvcadv.org>. Table 12 lists the member programs, the counties served by each, and telephone contact information.

Table 12. West Virginia Licensed Domestic Violence Programs, 2007		
Program	Counties Served	Telephone Information
Branches, Inc. (BRAN)	Cabell, Lincoln, Mason, Putnam, Wayne	(304) 529-2382 (888) 538-9838 (voice/TTY)
Family Crisis Center (FCC)	Grant, Hampshire, Hardy, Mineral, Pendleton	(304) 788-6061 (304) 788-6556 (TTY only) (800) 698-1240
Family Crisis Intervention Center (FCIC)	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood	(304) 428-2333 (800) 794-2335 (voice/TTY)
Family Refuge Center (FRC)	Greenbrier, Monroe, Pocahontas	(304) 645-6334 (voice/TTY)
YWCA Family Violence Prevention Program (FVPP)	Ohio, Marshall, Wetzel	(304) 232-2748 (800) 698-1247 (voice/TTY)
HOPE, Inc. (HOPE)	Doddridge, Gilmer, Harrison, Lewis, Marion	(304) 367-1100 (304) 367-1101 (TTY only)
The Lighthouse	Brooke, Hancock	(304) 797-7233 (304) 797-0002
Rape and Domestic Violence Information Center (RDVIC)	Monongalia, Preston, Taylor	(304) 292-5100 (304) 263-8522 (TTY only)
Resolve Family Abuse Program (RFAP)	Boone, Clay, Kanawha	(304) 340-3549 (800) 681-8663 (voice/TTY)
Stop Abusive Family Environments (SAFE)	McDowell, Mercer, Wyoming	(304) 436-8117 (voice/TTY)
Shenandoah Women's Center (SWC)	Berkeley, Jefferson, Morgan	(304) 263-8522 (voice/TTY)
Tug Valley Recovery Shelter (TVRS)	Mingo, Logan	(304) 235-6121 (voice/TTY) (800) 340-0639
Women's Aid in Crisis (WAIC)	Barbour, Braxton, Randolph, Tucker, Upshur, Webster	(304) 636-8433 (800) 339-1185 (voice/TTY)
Women's Resource Center (WRC)	Fayette, Nicholas, Raleigh, Summers	(304) 255-2559 (voice/TTY)

During FY 2003-2004, a total of 18,579 individuals (adults and children) were served in some capacity⁹ (shelter or non-shelter assistance) by the 13 licensed domestic violence programs operating in West Virginia at that time. The number of individuals given assistance ranged from 319 at the Family Crisis Center to 2,364 at the Resolve Family Abuse Program (Figure 34).

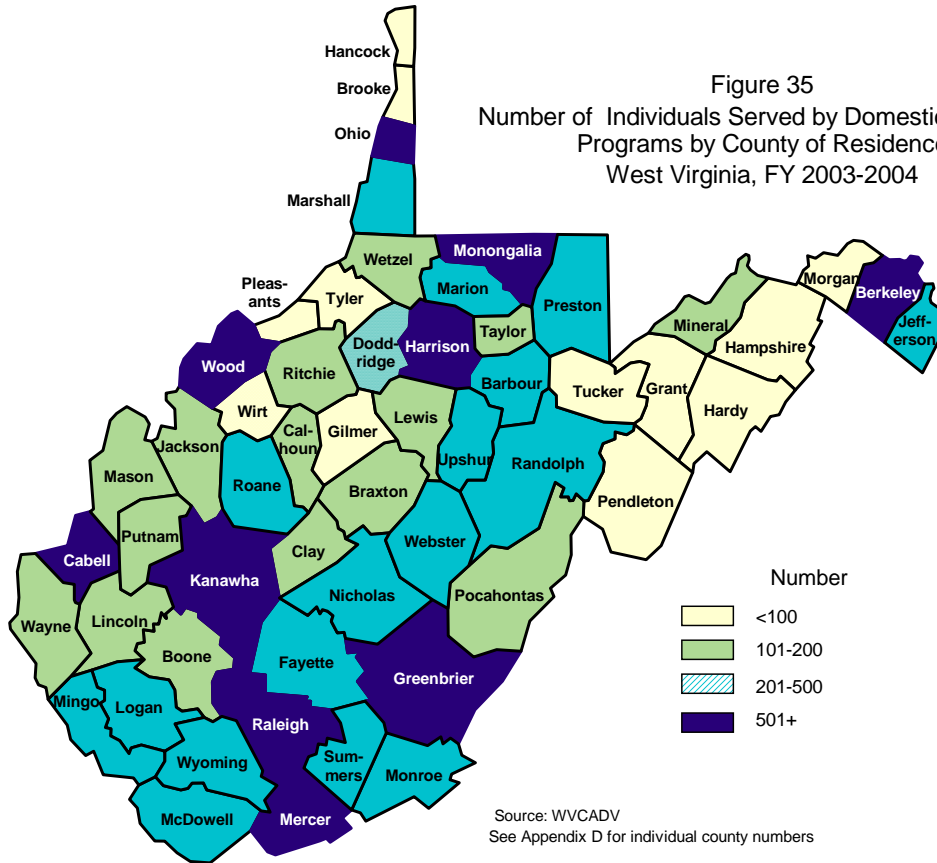
Figure 34. Total Number of Individuals (Adults and Children) Served by Domestic Violence Programs by Program West Virginia, FY 2003-2004



WV total: 18,579 individuals
Source: WVCADV

The map below (Figure 35) illustrates the number of individuals served by a domestic violence program by the individual's county of residence. These ranged from 16 Pendleton County residents to 1,948 residents of Kanawha County. Services were also provided to 644 residents of other states. (Individual county data are found in Appendix D.)

Figure 35
Number of Individuals Served by Domestic Violence Programs by County of Residence West Virginia, FY 2003-2004

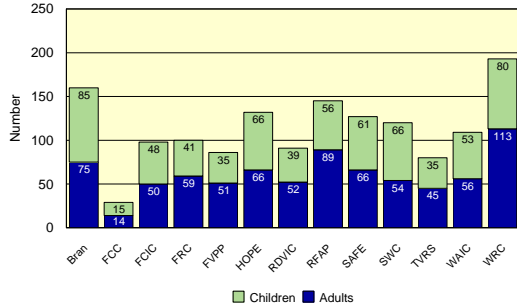


Source: WVCADV
See Appendix D for individual county numbers

⁹ There were a total of 31,782 non-shelter contacts and 2,762 shelter visits made to the 13 programs in FY 2003-2004.

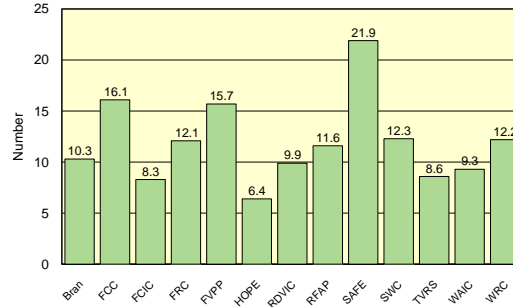
In FY 2003-2004, 1,470 persons received shelter for at least one night at one of the 13 programs around the state, 790 adults and 680 children. Figure 36 shows the breakdown of persons receiving shelter by location. Shelter stays averaged 12.4 nights overall, ranging from an average of 6.4 nights at HOPE, Inc., to an average of 21.9 nights at Stop Abusive Family Environments (Figure 37).

Figure 36. Total Number of Individuals Receiving Shelter at Domestic Violence Shelters by Program West Virginia, FY 2003-2004



WV total: 1,470 persons (680 children, 790 adults)
Source: WVCADV

Figure 37. Average Number of Nights per Shelter Stay at Domestic Violence Shelters by Program West Virginia, FY 2003-2004



WV average: 12.4 nights per shelter stay
Source: WVCADV

The WVCADV, through its member programs, provides education and public awareness programs to communities and schools. One hundred professional programs, 371 community programs, and 855 school programs were presented statewide in 2003-2004, reaching 62,283 individuals (Table 13).

Table 13 Community Services Provided by West Virginia Licensed Domestic Violence Programs FY 2003-2004				
Program	Community Programs	School Programs	Professional Programs	Total Number of Persons Attending
BRAN	34	1	9	1,519
FCC	10	13	4	706
FCIC	47	225	19	9,720
FRC	49	73	0	2,418
FVPP	21	46	0	1,138
HOPE	22	122	13	8,190
RDVIC	13	16	3	1,614
RFAP	15	34	13	3,243
SAFE	9	10	5	565
SWC	35	15	11	3,625
TVRS	9	12	2	412
WAIC	79	227	21	26,264
WRC	28	61	0	2,869
Total	371	855	100	62,283

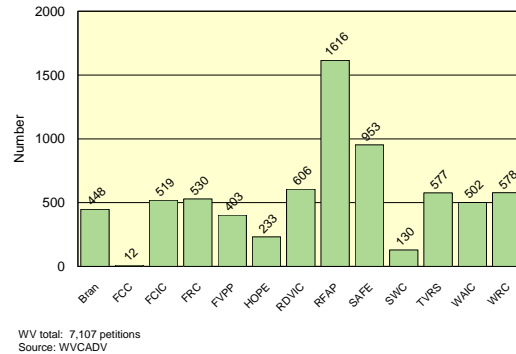
Domestic Violence Protection Orders

One tool available through the court system to provide protection to a victim and family members is a domestic violence petition (DVP), or protective order. A protective order is a court order designed to stop an abuser from further abusing, harassing, stalking, threatening, or intimidating the victim. West Virginia law provides for two types of protective orders: (1) emergency protective order and (2) final protective order.

The person who is seeking protection, the petitioner, files a petition for a protective order in magistrate court. An emergency hearing is held at which time an emergency protective order may be issued, which provides immediate protection from the abuser. A full court hearing is scheduled in family court, usually within 10 days, during which a final protective order may be entered, but the emergency court order remains in effect until an order is entered by the family court. If a divorce is pending between the parties and a temporary divorce order is in effect when the domestic violence petition is filed, the magistrate may consider only those incidents that occurred after the entry of the temporary divorce order. In these cases, the protective order is called a temporary emergency protective order, which is in effect until the family court enters an order in the case. The final domestic violence protective order is effective for 90 or 180 days but the 90-day order may be extended for another 90 days upon request.

In addition to ordering the abuser to stop all forms of harassment and abuse and cease contact with the petitioner, protective orders may include provisions granting the petitioner possession of a house and/or car, awarding temporary custody of or temporary visitation with minor children, ordering temporary support, or ordering the abuser into a batterers' treatment program. The terms of a protective order can also order the abuser to relinquish any firearms or ammunition in his/her possession. The first violation of a protective order is punishable by up to one year in jail and a fine of up to \$2,000. Second and subsequent violations have stiffer penalties.

Figure 38. Number of Domestic Violence Petitions Recorded by Program West Virginia, FY 2003-2004



There is currently no statewide database of protective orders filed. However, those associated with persons served by the state's licensed domestic violence programs are recorded in the database maintained by the WVCADV. Figure 38 shows the number of these DVPs recorded in FY 2003-2004 by program. The number of DVPs reported ranged from a low of 12 through the Family Crisis Center to a high of 1,616 through the Resolve Family Abuse Program.

West Virginia Domestic Violence Fatality Review Team

West Virginia code recognizes that “every person has a right to be safe and secure in his or her home and family” and that “domestic violence is a major health and law enforcement problem in the state, with enormous costs exacted in terms of both dollars and human lives.” In addressing the domestic violence problem, state code broadly defines such violence to include that directed against family and household members as well as intimate partners.

As a part of the state’s efforts to address the problem of domestic violence, legislation mandating the formation of the West Virginia Domestic Violence Fatality Review Team (DVFRT) was enacted in 2003 (see Appendix A). The DVFRT is a multidisciplinary and multiagency body charged with reviewing domestic violence deaths of state residents that occur within the state, with the goal of reducing domestic violence incidence and mortality as defined above. While not an investigative body, the Team reviews the results of investigations conducted by member organizations as well as other information provided to it in order to fulfill its mission. The DVFRT is tasked with:

- (1) Reviewing all deaths of victims or suspected victims of domestic violence, including suicides, who are state residents, in order to identify trends, patterns, and risk factors;
- (2) Providing statistical analysis regarding the causes of domestic violence fatalities in West Virginia;
- (3) Promoting public awareness of the incidence and causes of domestic violence fatalities, including recommendations for their reduction; and
- (4) Providing training for state agencies.

The DVFRT classifies the domestic violence deaths it reviews into one of three groupings:

Intimate partner violence – homicide or suicide occurring within the context of an intimate/romantic relationship between victim and suspect;

Intimate partner associated – homicide occurring within the context of an intimate partner situation, e.g., a current boyfriend murdered by an estranged husband; or

Family violence – homicide occurring within the context of a family relationship not including an intimate/romantic partner, e.g., a brother killing a brother.

DVFRT Membership. According to statute, the DVFRT operates under the auspices of the West Virginia Office of the Chief Medical Examiner (OCME), with the Chief Medical Examiner acting as chair of the Team and the part-time coordinator housed within that office. The Team is to consist of, but is not limited to, the following members appointed by the governor to serve three-year terms:

the Chief Medical Examiner;

four prosecuting attorneys or their designees;

the state superintendent of the West Virginia State Police or his or her designee;

one county law enforcement official;

one municipality police officer;

one physician, resident, or nurse practitioner specializing in the practice of obstetrics and gynecology;
one adult protective service worker currently employed in investigating reports of adult abuse or neglect;
one social worker who may be employed in medical social work;
the commissioner of the Office of Behavioral Health Services of the Department of Health and Human Resources (DHHR) or his or her designee;
the director of the Office of Social Services of DHHR or his or her designee;
one domestic violence advocate from a licensed domestic violence program;
a representative of the West Virginia Coalition Against Domestic Violence (WVCADV);
one physician, resident, or nurse practitioner specializing in the practice of family medicine or emergency medicine;
the director of the state Division of Corrections or his or her designee; and
the director of the Office of Epidemiology and Health Promotion of DHHR or his or her designee.

DVFRT Review Process. The initial screening of fatalities to determine if they meet the definition for domestic violence is done by the OCME. The OCME investigators, pathologists, and the DVFRT coordinator review all potential cases, making a determination of domestic violence status based on information available when cases are first presented to the OCME. Because vital information is sometimes missing at initial review, some domestic violence cases may be overlooked at that time. For this reason, regional on-line newspapers are reviewed weekly for articles related to domestic violence incidents. Additional information relating to incidents, as well as case disposition, is also tracked in this manner.

A listing of all identified domestic violence fatalities is maintained for future review by the DVFRT. The actual review of a case may occur only after the incident has had an initial court determination, i.e., a suspect has been tried and convicted or there is a determination of no further legal action, as in the case of a homicide followed by the suicide of the perpetrator. Due to this, most cases are reviewed about two years following the actual event.

Prior to the review of a case by the Team, a request for records is sent to all agencies that were identified as having relevant information. These records might include the investigating police agency report, the county prosecution records, OCME records, medical records, criminal justice incarceration records, and local domestic violence shelter information. When the records are received by the DVFRT coordinator, they are forwarded to the appropriate team members for review, e.g., prosecution records to the prosecutors on the Team, etc.

At the DVFRT meetings, which are held bimonthly, the members present a summary of the records of each case they reviewed. A team discussion then addresses the following issues for each event:

- Was this fatality the result of a domestic violence incident as identified by the state statute?

- What were the critical elements that led to the fatality?
- Were there opportunities to prevent the fatality?
- Does the incident suggest training or education related to specific areas or occupations?
- How does this incident relate to other reviewed incidents?
- Are there policies relevant to this incident that need to be reviewed or changed?
- Are there lessons or educational messages to be derived from this incident?

Recommendations for public education and system changes are formed on the basis of cumulative fatality reviews and presented to the Governor, the legislature, appropriate agencies, and the general public.

REFERENCES

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APPENDIX A
Statute §48-27A-1: Creation of the West Virginia
Domestic Violence Fatality Team
2003

§48-27A-1. Domestic violence fatality review team.

(a) The domestic violence fatality review team is hereby established under the office of the chief medical examiner. The domestic violence fatality review team is a multidisciplinary team created to review the deaths resulting from suspected domestic violence as defined by the provisions of section two hundred four, article twenty-seven of this chapter.

(b) The domestic violence fatality review team is to consist of the following members, but not limited to, appointed by the governor to serve three-year terms:

- (1) The chief medical examiner, who is to serve as the chairperson of the domestic violence fatality review team;
 - (2) Four prosecuting attorneys or their designees;
 - (3) The state superintendent of the West Virginia state police or his or her designee;
 - (4) One county law-enforcement official;
 - (5) One local municipality police officer;
 - (6) One physician, resident or nurse practitioner specializing in the practice of family medicine or emergency medicine;
 - (7) One physician, resident or nurse practitioner specializing in the practice of obstetrics and gynecology;
 - (8) One adult protective service worker currently employed in investigating reports of adult abuse or neglect;
 - (9) One social worker who may be employed in medical social work;
 - (10) The commissioner of the office of behavioral health services or his or her designee;
 - (11) The director of the office of social services of the department of health and human resources or his or her designee;
 - (12) One domestic violence advocate from a licensed domestic violence program;
 - (13) A representative of the West Virginia coalition against domestic violence;
 - (14) Director of the state division of corrections or his or her designee; and
 - (15) Director of epidemiology and health promotion or his or her designee.
- (c) Members of the domestic violence fatality review team shall, unless sooner removed, continue to serve until their respective terms expire and until their successors have been appointed and have qualified.

(d) Each appointment of a prosecuting attorney, whether for a full term or to fill a vacancy, is to be made by the governor from among three nominees selected by the West Virginia prosecuting attorneys institute. Each appointment of a county or local municipality law-enforcement officer, whether for a full term or to fill a vacancy, is to be made by the governor from among three nominees selected by the state fraternal order of police or the West Virginia deputy sheriff's association or the West Virginia chiefs of police association. Each appointment of a physician, resident or nurse practitioner, whether for a full term or to fill a vacancy, is to be made by the governor from among

three nominees selected by the West Virginia state medical association. Each appointment of an adult protective services worker and a social worker, whether for a full term or to fill a vacancy, is to be made by the governor from among three nominees selected by the West Virginia social work licensing board. Each appointment of a domestic violence advocate is to be made by the governor from among three nominees selected by the West Virginia coalition against domestic violence. When an appointment is for a full term, the nomination is to be submitted to the governor not later than eight months prior to the date on which the appointment is to become effective. In the case of an appointment to fill a vacancy, the nominations are to be submitted to the governor within thirty days after the request for the nomination has been made by the governor to the chairperson or president of the organization. When an association fails to submit to the governor nominations for the appointment in accordance with the requirements of this section, the governor may make the appointment from any nomination provided by the chief medical examiner.

(e) Each member of the domestic violence fatality review team shall serve without additional compensation and may not be reimbursed for any expenses incurred in the discharge of his or her duties under the provisions of this article.

(f) The domestic violence fatality review team shall, pursuant to the provisions of chapter twenty-nine-a of this code, promulgate rules applicable to the following:

(1) The standard procedures for the establishment, formation and conduct of the domestic violence fatality review team; and

(2) Recommend protocols for the systematic review of domestic violence fatalities where other than natural causes are suspected.

(g) The domestic violence fatality review team shall:

(1) Review all deaths of victims or suspected victims of domestic violence, including suicides, eighteen years and older, who are residents of this state, in order to identify trends, patterns and risk factors;

(2) Provide statistical analysis regarding the causes of domestic violence fatalities in West Virginia;

(3) Promote public awareness of the incidence and causes of domestic violence fatalities, including recommendations for their reduction; and

(4) Provide training for state agencies.

(h) The domestic violence fatality review team shall submit an annual report to the governor and to the Legislature concerning its activities and the incidents of domestic violence fatalities within the state. The report is due annually on the first day of March. The report is to include statistics setting forth the number of domestic violence fatalities, identifiable trends in domestic violence fatalities in the state, including possible causes, if any, and recommendations to reduce the number of preventable domestic violence fatalities in the state.

(i) The domestic violence fatality review team, in the exercise of its duties as defined in this section, may not:

(1) Call witnesses or take testimony from individuals involved in the investigation of a domestic violence fatality;

(2) Contact a family member of the deceased; any member of the team when involved in the investigation of a death in the course of performing his or her duties outside of the

team must so notify the team and will be recused from any analysis or other participation or discussion of that death by the domestic violence fatality review team; and

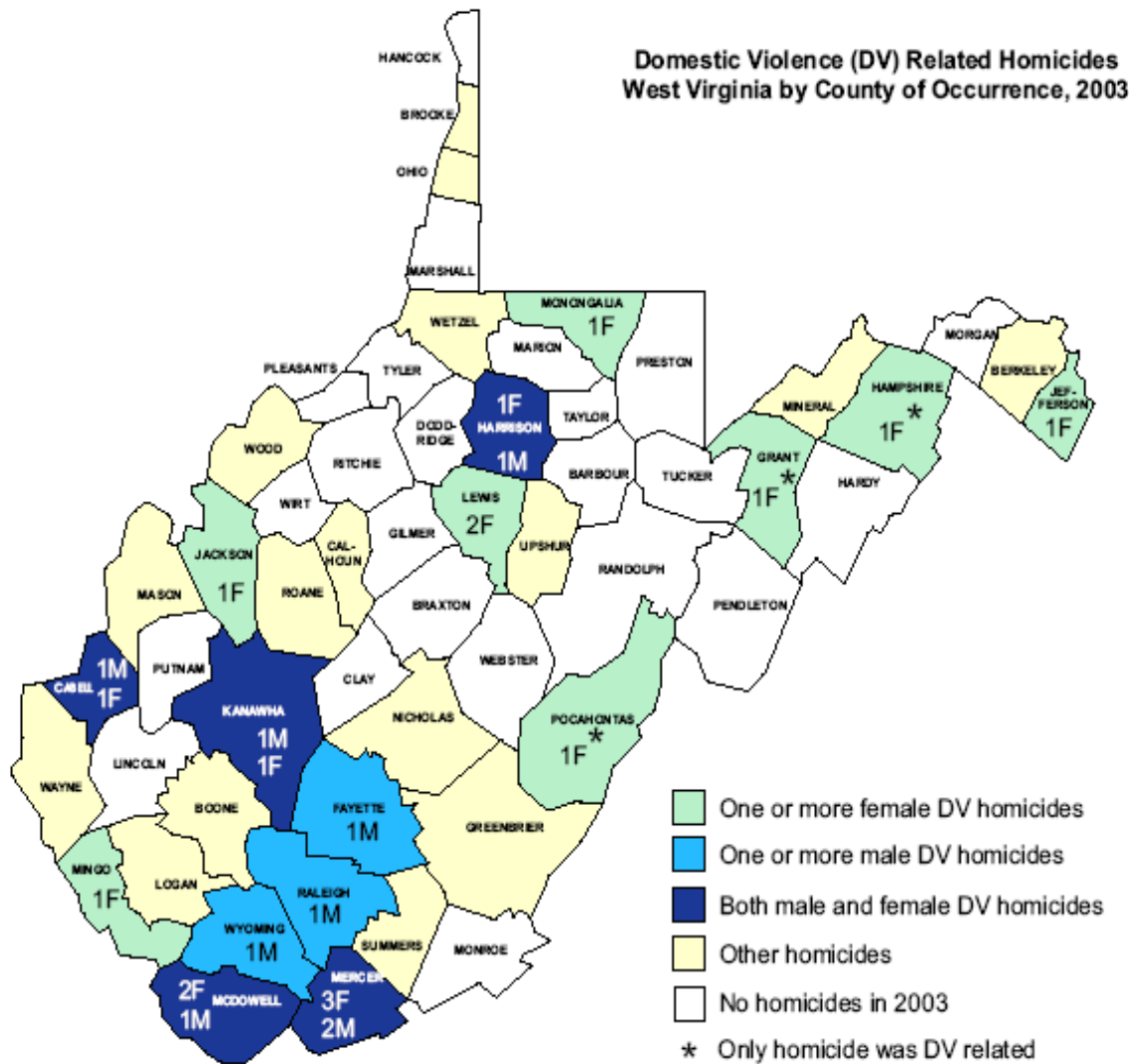
(3) Enforce any public health standard or criminal law or otherwise participate in any legal proceeding, except if a member of the team is involved in the investigation of the death or resulting prosecution and must participate in a legal proceeding in the course of performing his or her duties outside of the team.

(j) Proceedings, records and opinions of the domestic fatality review team are confidential and are not subject to discovery, subpoena or introduction into evidence in any civil or criminal proceeding. Nothing in this subsection is to be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the proceedings of the domestic violence fatality review team.

(k) Members of the domestic violence fatality review team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting of the team. Nothing in this subsection may be construed to prevent a member of the domestic violence fatality review team from testifying to information obtained independently of the team or which is public information.

Appendix B

Domestic Violence Related Homicides By County of Occurrence West Virginia, 2003



SOURCES: West Virginia Health Statistics Center, DVFR

APPENDIX C
Domestic Violence Incident Investigation Rates by County
West Virginia, 2003

County	Rate*	Rank	County	Rate*	Rank
Barbour	3.1	38	Monongalia	3.8	33
Berkeley	4.1	27	Monroe	4.9	16
Boone	4.8	19	Morgan	4.2	24
Braxton	2.1	49	Nicholas	5.8	12
Brooke	2.3	48	Ohio	1.9	50
Cabell	5.8	13	Pendleton	4.3	23
Calhoun	1.0	53	Pleasants	1.8	51
Clay	1.5	52	Pocahontas	6.5	8
Doddridge	2.7	44	Preston	2.9	40
Fayette	3.4	35	Putnam	7.4	6
Gilmer	3.3	37	Raleigh	3.1	39
Grant	2.7	43	Randolph	6.0	10
Greenbrier	2.8	41	Ritchie	4.0	28
Hampshire	6.1	9	Roane	3.8	30
Hancock	5.9	11	Summers	4.1	26
Hardy	3.8	31	Taylor	0.7	54
Harrison	5.5	15	Tucker	4.6	22
Jackson	4.7	20	Tyler	0.4	55
Jefferson	2.5	46	Upshur	4.8	17
Kanawha	8.9	3	Wayne	9.1	2
Lewis	2.5	47	Webster	3.7	34
Lincoln	8.5	5	Wetzel	2.5	45
Logan	8.8	4	Wirt	3.8	32
McDowell	6.5	7	Wood	5.8	14
Marion	3.4	36	Wyoming	2.7	42
Marshall	4.7	21	Total WV	5.2	
Mason	4.8	18			
Mercer	12.3	1			
Mineral	3.9	29			
Mingo	4.1	25			

*Rate per 1,000 population
Ranked highest (1) to lowest (55)
Source: *Crime in West Virginia, 2003*

APPENDIX D
Number of Individuals Served by
Domestic Violence Programs
By County of Residence
West Virginia, FY 2003-2004

County	Number	County	Number
Barbour	233	Monongalia	1,033
Berkeley	558	Monroe	281
Boone	137	Morgan	66
Braxton	172	Nicholas	422
Brooke	30	Ohio	583
Cabell	679	Pendleton	16
Calhoun	183	Pleasants	48
Clay	142	Pocahontas	119
Doddridge	138	Preston	392
Fayette	355	Putnam	195
Gilmer	39	Raleigh	1,059
Grant	49	Randolph	309
Greenbrier	761	Ritchie	177
Hampshire	52	Roane	366
Hancock	86	Summers	265
Hardy	39	Taylor	101
Harrison	543	Tucker	95
Jackson	152	Tyler	31
Jefferson	265	Upshur	402
Kanawha	1,948	Wayne	184
Lewis	152	Webster	272
Lincoln	106	Wetzel	119
Logan	376	Wirt	24
McDowell	318	Wood	716
Marion	495	Wyoming	256
Marshall	343	Unknown	395
Mason	161	Total WV	17,935
Mercer	901	Out-of-State	644
Mineral	149	Residents	
Mingo	447	Total Individuals	18,579

Source: WVCADV

