

St. Louis City Domestic Violence Fatality Review Panel Report

2026

Executive Summary

In St. Louis City and statewide, too many victims of intimate partner violence are dying by homicide. The St. Louis City Domestic Violence Fatality Review Panel, a multi-disciplinary team, sought to prevent future homicides by learning from these tragedies and recommending system changes. Over the course of four years, this panel reviewed eight cases of intimate partner murder-suicides and identified seven possible considerations for system reform. These considerations include opportunities for intervention within various systems, expanded support for survivors, and recommendations on how to empower community members and loved ones to be active supporters for survivors. This report summarizes the cases reviewed, panel reflections, and suggestions for future panel reviews.

Key Considerations Suggested:

1. Improve the ability of the courts to recognize and respond to domestic violence cases with repeat offenders.
2. Increase access to substance use disorder treatment, mental health resources, and employment options.
3. Explore alternate approaches to addressing domestic violence cases.
4. Advocate for state laws that ensure accountability and align with federal firearm prohibitions for domestic violence offenders.
5. Increase prevention programs that promote healthy relationships and bystander intervention and develop new initiatives that specifically target key community stakeholders such as employers, friends, and family.
6. Expand victim-centered resources and advocacy wherever victims may be engaged.
7. Expand gun lock education and safe storage efforts in domestic violence prevention.

Mission, History, and Process

The mission of the St. Louis City Domestic Violence Fatality Review Panel is to conduct reviews of select intimate partner violence fatalities to improve community interventions and learn how to reduce the incidence of intimate partner fatalities.

Domestic violence fatality review panels are formed to prevent homicides that have a significant impact on families and the larger community. After noting the high rates of intimate partner homicide occurring within the City of St. Louis, professionals and community members worked for many years to establish and launch a domestic violence fatality review panel to examine fatalities that had occurred within the City of St. Louis. In April 2019, following the new Missouri statute, RSMo Section 455.560, the St. Louis Circuit Attorney's Office called the first meeting. In this meeting, panel chairs were elected, and between 2019-2022, panel chairs and a core team composed of professionals connected to this issue developed the structure and procedures for case review.

The first intimate partner homicide-suicide was reviewed in the spring of 2022. Between 2022-2025, a total of eight intimate partner homicide-suicides cases were reviewed by the panel. Panel members received training on how to conduct Domestic Violence Fatality Reviews and signed a two-year participation and confidentiality agreement. Consistency in attendance was encouraged, with each

organization having a primary attendee and back up. Confidentiality agreements were signed at each review. For a full list of panel members, see page nine.

Cases have been chosen based on the following criteria: closed case intimate partner homicides when the perpetrator completed suicide, the crime took place in the City of St. Louis, and the crime occurred between 2016 to present. Cases meeting these criteria were selected by St. Louis Metropolitan Police Department (SLMPD) panel members.

These criteria allowed the panel to review cases without concern or risk that the review process could impact criminal court proceedings and to ensure that cases were chosen in a neutral and unbiased manner.

A case review consisted of a group of 12-18 panel members (who are listed at the end of this report) convening on Zoom for typically between four to eight hours over one to two sessions. SLMPD would start the review by sharing the police report about the homicide and all other police reports about the perpetrator or victim. One person kept detailed notes on a shared screen and started forming a timeline during this description. The group then shared information from their expertise, including the medical examiner report, information from the Circuit Attorney's Office, any found involvement with the civil justice system, any Children's Division involvement, any news stories of the homicide or previous incidents, and social media posts by the victim and perpetrator. The interdisciplinary group collectively discussed risk factors and opportunities for intervention, sharing how they viewed a case differently from their various lenses and backgrounds. Ultimately at the end of each case, recommendations were noted.

Moving forward, the panel will continue reviewing intimate partner homicide-suicide cases that are more recent, ensuring procedure and response recommendations will be aligned with current needs and local resource capacities.

Missouri law defines domestic violence to include family and roommate violence. Presently, this panel is only reviewing cases where the individuals had a current or former intimate relationship.

Case Overview

Overview

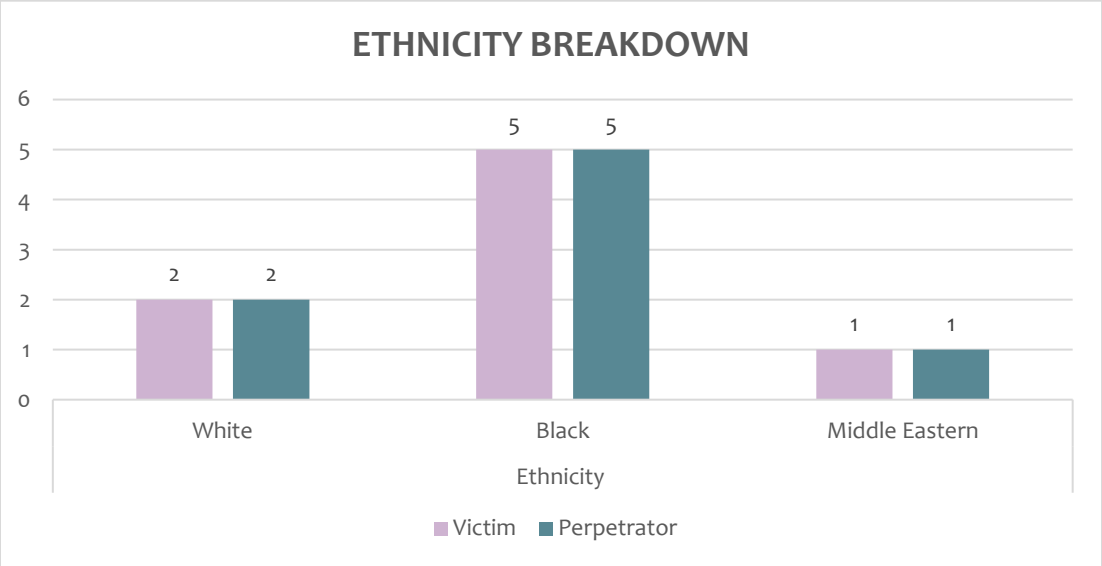
This report summarizes demographic patterns, relationship dynamics, and key risk factors identified across the domestic violence homicide cases reviewed. The findings highlight clear trends in lethality, prior system involvement, and community awareness that have critical implications for homicide prevention and intervention efforts.

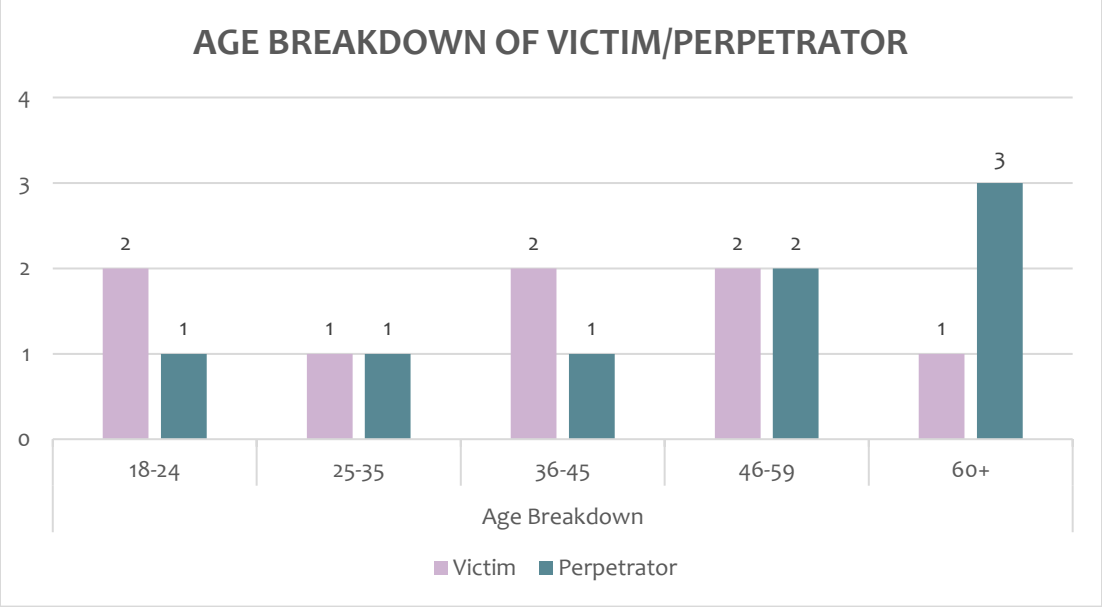
Together, these trends highlight key areas for prevention, including safe firearm practices, early response to known abuse, improved community awareness of domestic violence and available resources, criminal court response, and attention to substance use as a risk factor.

Demographic Summary

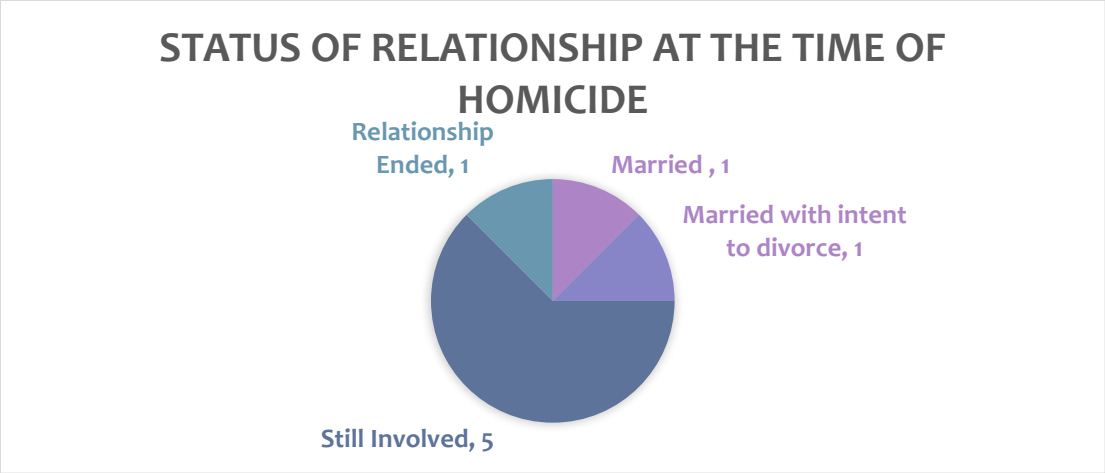
- All victims were female (8 cases).
- All perpetrators were male (8 cases).

- Note: Children were present in the home in two of the eight cases reviewed, of which one child was wounded during the homicide. In another case, there was a child who had witnessed prior domestic violence where Children Services was involved, but that child was not present at the time of the homicide.





** To protect the confidentiality of cases reviewed, this report does not break down by each case the ages of the victim and perpetrator at the time of death. However, it should be noted that for three of the eight cases, there was a significant age gap between the victim and perpetrator, ranging from 13 to 41 years.*



Trends Identified in the Cases Reviewed

Analysis of the cases reveals several patterns that contribute to domestic violence homicides:

Firearm Use: A firearm was involved in 88% of the homicides, highlighting the strong link between gun access and fatal outcomes in domestic violence, which confirms findings of existing research studies.[1]

History of Domestic Violence: Of the cases reviewed, three perpetrators had a recent documented history of abusive behavior involving past or current partners and/or family members. One perpetrator had a domestic violence case involving a spouse eight years earlier, and another had an assault conviction 20 years prior, with no other documented arrests. In three of the cases reviewed, a former partner or sibling had filed an order of protection against the perpetrator. Only one homicide victim had a full order of protection in place during the relationship, but it was no longer active at the time of the homicide.

Prior Law Enforcement Contact: Law enforcement had been called to the household for various reasons in 50% of the cases prior to the homicide, indicating that opportunities for interventions were present.

Substance Use: Seventy-five percent of the perpetrators had substances in their systems at the time of the homicide, increasing the likelihood of aggression and impaired judgment. Several had a documented history of arrests due to substance use.

Community Awareness: Based on statements provided to police and documented in the police reports, friends or family were aware of the abuse in 63% of cases, illustrating that warning signs were visible and reinforcing the need for community education and engagement.

[1] Anglemyer, A., Horvath, T., & Rutherford, G. (2014). *The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis. Annals of Internal Medicine, 160*(2), 101–110. https://mdbhipp.org/wp-content/uploads/2024/10/accessibility-of-firearms-and-risk-for-suicide-homicide-among-household-members-acp-2014.pdf

Considerations

Strengthening the Response from the Criminal and Civil Court Systems

Of the cases reviewed, 88% of the perpetrators had a documented history of criminal and/or civil court involvement, and 63% had prior domestic violence charges with other victims. Early and ongoing intervention is critical and possible.

1. *Improve the ability of the courts to recognize and respond to domestic violence cases with repeat offenders.*

In three of the eight cases, there were extensive criminal charges, assaultive in nature, often with different victims, occurring within a short amount of time. In these cases, the victim(s) refused to be part of the prosecution, and then the case did not move forward, and shortly after, the perpetrator reoffended. Both criminal and civil courts should address domestic violence cases by screening and assessing risk, identifying high-risk and repeat offenders, and providing opportunities for support to all parties.

Pretrial risk instruments assessing for intimate partner violence are an important tool that could be more widely used to further safety. These instruments, along with professional judgement and survivor-centered approaches, help judges and pretrial services make more informed release and supervision decisions.

A variety of tools could exist for this purpose. One is a Domestic Violence Lethality and Risk Assessment Bench Card released by the Missouri Supreme Court's "Combating Human Trafficking and Domestic Violence Commission" in 2025 to help judges assess high-risk situations and offer conditions to reduce future risk. Courts should consider collaborating with additional stakeholders, including local victim service providers, to identify the best assessment tools available.

2. Increase access to substance use disorder treatment, mental health resources, and employment options.

Seventy-five percent of the perpetrators had substances in their systems at the time of the homicide. Several also had a documented history of substance abuse based on police reports indicating being under the influence at the time of prior incidents, arrests and/or convictions for possession of a substance, and/or driving while under the influence. While it is not known whether the perpetrator had a diagnosed substance use disorder, when substance misuse goes unaddressed, it can increase the risk of continued and escalating violence.[2] Making assessment and treatment easier to access—alongside court oversight and accountability—can help assess, reduce risk, support behavior change, and improve safety for victims and the community.

St. Louis City Pre-trial Services currently has partnerships with community agencies to provide mental health and substance abuse evaluations when ordered by a judge as part of bond conditions.

[2] World Health Organization. (2006). *Interpersonal Violence and Alcohol*.

These services are only provided in certain cases and at each judge's discretion. The opportunity exists to expand these evaluations as a standard part of bond conditions for individuals accused of domestic violence. If judges consistently order this evaluation when appropriate, consideration should be given to increasing funding to community providers like Places for People or Mission St. Louis to have trained staff available to do initial intakes and help people navigate available options for assistance. Consideration should be given to expanding these services as part of bond conditions to all criminal cases where the victim is an intimate partner. Building stability with someone who uses harm against an intimate partner, through programs addressing substance abuse, mental health treatment, and/or job placement, is one factor in decreasing risk and potential future harm to the victim.

3. *Explore alternate approaches to addressing domestic violence cases.*

Response to domestic violence is complex and requires a comprehensive look at all models and approaches available. Traditional abusive partner intervention programs (APIPs) have long been a standard response, but can be cost-prohibitive. These programs alone cannot address the full scope of the issue, and such programs should also coincide with regular judicial compliance and monitoring.[3]

Other community agencies, such as Fathers and Families Support Center, Urban League St. Louis, and Freedom Community Center, are addressing violence and socio-economic factors associated with violence in innovative ways. All eight cases reviewed had men as perpetrators. Consideration should be given to the unique dynamics that impact how men may reach out for help. Traditional domestic violence organizations should continue building partnerships with these programs to help more survivors.

4. *Advocate for state laws that ensure accountability and align with federal firearm prohibitions for domestic violence offenders.*

Intimate partner homicides are most often committed with a firearm, and women are more likely to be murdered with a gun than with any other weapon.[4] Seven of the eight homicides reviewed involved the use of a firearm. Based on police reports, there were several cases where it was unclear how the perpetrator got the firearm.

Access to a gun in a domestic violence situation makes it five times more likely to end in a homicide.[5] Firearm surrender orders, clear deadlines for relinquishment, judicial compliance reviews, and timely enforcement when violations occur can help ensure that firearms are removed from individuals who present a known risk. Fully utilizing these practices are critical to keeping victims safe and alive.

Federal laws already prohibit many individuals with domestic violence convictions and/or orders of protections from possessing or purchasing firearms, but Missouri currently does not have state laws

[3] Davis, B. Center for Court Innovation. (2021). *Compliance monitoring in domestic violence cases: A guide for courts*. https://www.innovatingjustice.org/wp-content/uploads/2020/12/Guide_Compliance_07082021.pdf
[4] Federal Bureau of Investigation, Uniform Crime Reporting Program: Supplementary Homicide Reports (SHR), 2014-2018.
[5] Jacquelyn C. Campbell et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," American Journal of Public Health. (July 2003)

mirroring such laws. For example, Missouri law does not explicitly authorize judges to prohibit an abuser from purchasing or possessing firearms as part of a final order of protection[6]. This is left to the discretion of each judge to place the restriction in the order if they believe it will aid in the petitioner's safety.

Increased Education and Community Awareness of Domestic Violence and Interventions

In nearly two-thirds (63%) of the cases reviewed, family or friends disclosed awareness of the abuse and/or risk of increased harm to the victim before the homicide-suicide. From our work, we understand victims often reach out to family and/or friends before contacting the police, filing for an order of protection, etc. While it is unknown the number and types of interventions family and/or friends may have attempted to prevent further harm, it was clear to panel members that there were often loved ones who were concerned and had wanted to help.

5. *Increase prevention programs that promote healthy relationships and bystander intervention, and develop new initiatives that specifically target key community stakeholders such as employers, friends, and family.*

St. Louis has multiple non-profits providing free education on healthy relationships, survivor support, and bystander intervention. This includes domestic and sexual violence organizations, faith communities, violence prevention centers, universities, and family support organizations. More awareness of these programs could be promoted by City leadership, community partners, local media (television, radio, print media), etc. Sustainable, flexible funding for these programs can help ensure these programs are offered accessibly, with cultural competency, and with low barriers to the community. Existing programs should be reviewed periodically to ensure relevancy, accessibility, and applicability to diverse communities.

In multiple cases, the police reports indicated that family and friends reported past incidents of abuse. Stigma enforces a culture of shame and silence about domestic violence. Continuing to highlight the impacts and realities of domestic violence can lessen the secrecy around this issue. Education should address barriers to intervention and disclosure, provide options for loved ones to engage in support of victims, and include information on how to identify and address abusive behaviors.

Employment history was not always readily available and/or documented in our review panel. However, educating employers on warning signs of domestic violence, including escalating behaviors, could be another intervention point. Those risk factors include attendance issues, performance issues, and order of protection parameters. Information about the impacts of unaddressed domestic violence in the workplace could be provided to local businesses.

In 2017, the state of Illinois passed legislation requiring one-hour training on domestic and sexual violence for salon professionals to renew their practicing licenses. Missouri does not currently have this law. A similar law could be proposed in Missouri and expanded to include not just salon professionals (including hair stylists, make-up artists, nail technicians, aestheticians, hair braiders, etc.), but massage therapists, tattoo artists, piercers, and any other individuals in close one-on-one

[6] Mo. Rev. Stat. § 455.050.1

proximity to the public. Legislation should outline content requirements and train-the-trainer models to ensure content continuity and oversight.

Lastly, all eight perpetrators in cases reviewed were men who died by suicide after the homicide(s). National data shows that men are three to four times more likely to die by suicide than women[7]. While there is limited and/or inconsistent data available from all eight cases regarding mental health diagnoses, there were identified risk factors associated with suicide, such as substance use, access to firearms, and erratic behavior.[8] Education and new initiatives to expand awareness and bystander intervention should be developed with considerations on increasing healthy relationship information and bystander support specific to men.

6. *Expand victim-centered resources and advocacy wherever victims may be engaged.*

Traditional domestic violence advocacy organizations can increase partnerships with grassroots and culturally specific groups, businesses, and organizations that may already have trust and relationships with victims, bystanders, and loved ones. This could include faith-based organizations, religious institutions, cosmetology spaces, tattoo parlors, libraries, neighborhood associations, etc, with the goal of wherever a victim reaches out, someone may be able to offer help and hope.

An inventory of what domestic violence-specific resources are provided to survivors in various health care settings and courts could be created. This could include, but is not limited to, mental health and/or substance use services; civil, municipal, and criminal courts; and health care providers, including hospitals and pediatricians. Domestic violence organizations can formalize partnerships and standardize training in these spaces to ensure access to resources and information for survivors. More intentional information sharing among domestic violence service providers can help ensure that resources and education offerings are not duplicated by multiple organizations.

7. *Expand gun lock education and safe storage efforts in domestic violence prevention.*

Increasing awareness and access to gun locks may serve as a practical prevention strategy to reduce the risk of homicide in domestic violence situations. Agencies and community partners, such as, the St. Louis Area Violence Prevention Commission and Life Outside of Violence (LOV), should be supported in their awareness and education efforts around safe firearm storage, including the use of gun locks, as part of domestic violence prevention initiatives. Providing information about the risks associated with unsecured firearms in homes where there is a history of domestic violence, along with distributing gun locks through law enforcement agencies, community organizations, and victim service providers, can help reduce the likelihood of firearms being used in a domestic violence situation.

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[7] Garnett MF, Curtin SC. Suicide mortality in the United States, 2002–2022. NCHS Data Brief, no 509. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc/160504

[8] Anglemyer A, Horvath T, Rutherford G. The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis. Ann Intern Med. 2014;160(2):101-110. doi:10.7326/M13-1301.

Path Forward

This final report of the St. Louis City Domestic Violence Fatality Review Panel's first eight cases "include(s) the panel's findings and recommendations for enhanced practices, protocols, and collaborations to address domestic violence and prevent homicides" in accordance with its enabling statute, MO Rev Stat § 455.560 (2019). It is written in an effort to prevent future intimate partner homicides. However, there were limitations identified by the panel that we want to recognize and recommendations for any future panel reviews.

First, most information collected about the case came from SLMPD and the Medical Examiner's Office through the final police and autopsy reports. Other sources of information came from Casenet and social media. Due to federal statutes, domestic violence service providers, including legal services, are unable to disclose any information on possible interactions with the victim. Conversations with family or friends of the deceased also were not attempted during this review cycle. This was intentional, because the panel was concerned about causing additional anguish for surviving family members or friends. However, as the panel continues to develop, it is recommended that members consider an option for input from family or friends of the victim who may want to be a part of the process.

Second, some data points that may provide in-depth perspectives were also not consistently recorded and/or available to collect. It is recommended that the next panel compile a list of data points to review for each case. This may include:

- Mental health history
- Past substance use or treatment
- Employment history of both parties

We encourage community members, systems, and service providers to use this report to guide their capacity building, build their knowledge, and engage in creative problem-solving to support our community.

For more information, contact dvfrpforthecityofstlouis@gmail.com

Dedication

This report is dedicated to the lives lost by intimate partner homicide-suicides and the loved ones whose lives were impacted by these losses, and all those who work to prevent the next death.

Dedicated in memory of Janae Johnson (1989-2022) for her endless advocacy and work on this panel as one of the founding panel members and facilitator.

May all their memories bring comfort and light.

Panel Members

The panel was facilitated and led by the Chair, Emily Stoinski with Safe Connections. There was a Core Team established early in 2025 to guide the next steps for the panel and compile the report. Members of that Core Team include:

- Maggie Barone, St. Louis Metropolitan Police Department
- Bri Kamm, Crime Victim Center
- Carla Maley, Saint Martha's
- Emily Stoinski, Safe Connections
- Helen Sandkuhl, SSM Health

*Denotes held previous leadership roles.

Organizations and Panel Members

- City of St. Louis Health Department
  - *Craig Schmid (previous facilitator)
- City of St. Louis Medical Examiner's Office
  - Lisa Traubitz
- Community members
  - Paula Hostetter
  - John Harper (previous member)
  - *Hope Molyneaux (previous co-chair)
- Crime Victim Center
  - Bri Kamm
  - Hannah Brickson
- Diamond Diva Empowerment Foundation
  - Bran-Dee Jelks
- Legal Services of Eastern Missouri
  - Laura Halfmann-Morris
- Missouri Department of Social Services (Children's Division)
  - Michelle Dixon
- Safe Connections
  - Brigid Welch
  - Heidi Suguitan
  - Emily Stoinski
- Saint Martha's
  - Carla Maley
- SSM Health
  - Helen Sandkuhl
- St. Louis Area Violence Prevention Commission-
  - Jessica Meyers
- St. Louis Circuit Attorney's Office
  - Jennifer Stiff
- St. Louis Metropolitan Police Department (Homicide Unit and Domestic Abuse Response Team)
  - Lieutenant John Blaskiewicz
  - Maggie Barone
  - Sergeant David Koeller
  - Detective Scott Rose
  - Sergeant Todd Ross
- St. Louis Probation and Parole
  - Valorie Sparks
- The Women's Safe House
  - Tina Clayton
- YWCA St. Louis
  - Baylee Mammenga

This report is being provided in accordance with the mandates of MO Rev Stat § 455.560.6 (2019) to Governor Mike Kehoe, Speaker of the Missouri House of Representatives Jon Patterson, President Pro Tempore of the Missouri Senate Cindy O'Laughlin, Mayor Cara Spencer, and the Missouri Coalition Against Domestic and Sexual Violence.