

**ANNE ARUNDEL COUNTY, MARYLAND**  
**DOMESTIC VIOLENCE FATALITY REVIEW TEAM (DVFRT)**

**2004-2007 CUMULATIVE REPORT**

**Part 1.                    Executive Summary**

***Background***

In October, 2003 the Maryland Network Against Domestic Violence (MNADV) received a grant from the State of Maryland/Governor's Office of Crime Control and Prevention which had received funding from the federal Office on Violence Against Women in order to organize and develop a local pilot Domestic Violence Fatality Review Team (DVFRT). Anne Arundel County, Maryland was chosen to pilot the project based on the active role of the Anne Arundel County Domestic Violence Coordinating Council. Anne Arundel County State's Attorney Frank R. Weathersbee was contacted by the MNADV and asked to sponsor the pilot project and provide leadership for the creation of the first such team in Maryland. The team is proud to say we are now entering our third year of reviews and are expanding our reviews to include domestic violence related suicides.

***Purpose of Fatality Review***

Domestic Violence fatalities rob life from victims as well as inflict a profound loss to the surviving family and friends. Far too often domestic violence fatalities can be avoided with proper attention and intervention from a host of government agencies, private programs and health care professionals. With the concentrated efforts of the participating agencies, we hope to provide a framework in which to substantially decrease these numbers in the years to come.

***Purpose of Document***

This multi-year report of the Anne Arundel County DVFRT is meant to report the progress of the team having completed four years of reviews. The

overall goal of the team is to identify areas in which those individuals and agencies that interact with victims of DV can improve, refine and increase the level of service in order to prevent DV fatalities.

As stated in the first annual report, there may be no measure of the effectiveness of the team. The resulting improvement by all agencies and service providers to DV victims, however, will be cause enough to justify our efforts, and possibly prevent needless deaths.

### ***Team Mission Statement***

The mission of the Anne Arundel County Domestic Violence Fatality Review Team is to reduce the incidence of domestic violence, to prevent the occurrence of domestic violence fatalities, and to improve the quality of life for victims of domestic violence and their families. The team will pursue its mission by committing itself to find the antecedent causes of domestic violence fatalities, by seeking to improve the coordinated community response to domestic violence, by holding abusers accountable for their actions, by recommending improvements in the criminal justice and civil systems that serve victims of abuse, by educating county institutions and citizens in the manner they should view domestic abuse, and by seeking to ensure compliance with its recommendations. In carrying out its mission of heightened community response, the Anne Arundel County Domestic Violence Fatality Review Team hopes to free victims of domestic abuse and their families from the cycle of violence and empower them to pursue their lives without the control that is the stigma of abuse.

## **Part 2. Team Composition, Growth and Changes**

### ***Participating Agencies***

Anne Arundel County Police Department  
Anne Arundel County Sheriff's Office  
Annapolis Police Department  
Maryland State Police  
Anne Arundel County Department of Social Services  
Anne Arundel County Department of Health

Anne Arundel Medical Center  
 North Arundel Hospital  
 Division of Parole and Probation  
 YWCA Domestic Violence Program and Sexual Assault Crisis Center  
 Anne Arundel County Domestic Violence Coordinating Council  
 Office of the Chief Medical Examiner (*later added by the team*)  
 Survivor of domestic violence (*later added by the team*)(Appendix 1)

**Part. 3. Scope of Reviews**

The DVFRT reviews any adult fatality, whether a homicide, suicide or combination of homicide(s) and suicide, or attempted murder with an indication of domestic violence as a contributing factor involving the victim(s), the perpetrator, or third parties.

For the purpose of reviews, domestic violence is defined as an emotional or physical abuse perpetrated by a person against another person with whom the perpetrator has or has had an intimate relationship or with whom the perpetrator resides or has resided.

Child fatalities may be considered for review by the team if the Case Screening Committee determines the review by the legislatively mandated Child Fatality Review Committee does not consider domestic violence factors involved in the case.

Reviews will be limited to adjudicated criminal cases, even though the appellate and/or post conviction may not have even been initiated. In the cases involving suicide, any law enforcement investigation must be closed.

**Part 4. 2004-2007 Statistics/Comparisons**

|                           | <u>2004</u> | <u>2005</u> | <u>2006</u> | <u>2007</u> |
|---------------------------|-------------|-------------|-------------|-------------|
| Murder                    | 5           | 6           | 4           | 3           |
| Murder/Suicide            | 2           | 3           | 2           | 1           |
| Attempted Murder          | N/A         | N/A         | 4           | 0           |
| Totals:                   | 7           | 9           | 10          | 4           |
| Ave age of M perpetrator: | 41.5        | 44.6        | 49.3        | 25.7        |

|                                   |          |          |      |      |
|-----------------------------------|----------|----------|------|------|
| Ave age of F perpetrator:         | 57 (one) | 35 (one) | N/A  | N/A  |
| Ave age of M decedent (homicide): | 63.5     | 52.5     | N/A  | N/A  |
| Ave age of F decedent (homicide)  | 45.2     | 43.8     | 50.3 | 32.3 |
| Ave age of M suicide:             | 39.5     | 55.6     | 61   | N/A  |
| Ave age of F suicide:             | N/A      | N/A      | N/A  | N/A  |
| Sex of perpetrator: Male          | 80%      | 85%      | 100% | 100% |
| Female                            | 20%      | 15%      | 0%   | 0%   |
| Sex of decedents (Homicide): Male | 17%      | 29%      | N/A  | N/A  |
| Female                            | 83%      | 71%      | 100% | 100% |
| Location of offense:              |          |          |      |      |
| Shared home                       | 60%      | 71%      | 40%  | 0%   |
| Female's home                     | 40%      | N/A      | 40%  | 100% |
| Weapons:                          |          |          |      |      |
| Firearms                          | 80%      | 57.1%    | 50%  | 25%  |
| Sharp instrument                  | 20%      | 14.3%    | 40%  | 0%   |
| Strangulation                     | 0%       | 14.3%    | 0%   | 50%  |
| Other                             | 0%       | 14.3%    | 10%  | 25%  |
| Relationship:                     |          |          |      |      |
| Husband/Wife                      | 20%      | 71%      | 20%  | 0%   |
| Boyfriend/Girlfriend              | 40%      | 14.5%    | 70%  | 75%  |
| Husband/Wife estranged            | 40%      | 0%       | 10%  | 25%  |

History:

|                             |     |      |     |      |
|-----------------------------|-----|------|-----|------|
| Previous police contact     | 40% | 29%  | 20% | 50%  |
| Protective/Peace Orders     | 20% | 0%   | 10% | 25%  |
| No service provider contact | 60% | 100% | 90% | 100% |

## Part 5. Findings and Recommendations

The Anne Arundel County DVFRT was created to review domestic violence homicides by assessing and analyzing individual cases in order to prevent future domestic homicides. In our attempt to achieve this goal, the team agreed that we should work to provide more effective responses to domestic violence situations, holding participating agencies responsible without attaching the stigma of blame.

With these goals in mind, specific systemic shortfalls were identified based on the cases reviewed:

**Finding:** That frequently domestic violence victims of serious offenses have little contact with the court system for months after the initial arrest until the felony has been charged in Circuit Court.

**Recommendation:** That a grant position within the Office of the State's Attorney's Office be funded to identify and target victims of cases from the earliest stages where there is a particularly high potential for lethality. It is further recommended that this victim specialist remain in contact with the victim throughout the screening process, and continue to provide case enhancement and services until the felony case is concluded.

**Finding:** That service providers still could do more to provide a comprehensive approach to the multi-faceted problems that a domestic violence victim typically faces.

**Recommendation:** Various agencies need to be aware of what services are applicable, and communicate to make sure all possible

services are made available, even services that are outside of that particular agencies' scope and purpose.

Finding: That even in cases where there is no history of prior law enforcement response or request for services, frequently there is a history of civil domestic litigation, including custody litigation.

Recommendation: That more statistics on this topic need to be gathered, and an inter-agency response on ways to identify and reduce threat need to be explored in a more expedient manner. There may be a need to coordinate with the civil branch of the court system to educate and develop a more comprehensive prevention strategy.

Finding: That given the existence of domestic violence fatalities as well as the incidences of life-threatening domestic violence cases, a need exists for enhanced public education, combined with enhanced agency/service provider community outreach, about domestic violence.

Recommendation: That the Anne Arundel Domestic Violence Fatality Review Team, working in concert with the Anne Arundel Domestic Violence Coordinating Council, begin the domestic violence educational campaign.

Respectfully submitted,

David H. Cordle, Sr.  
Chairman