

**Wake County
Domestic Violence Fatality Review Team**



**Report of the Wake County Domestic Violence Fatality Review Team
to the Wake County Commissioners, the North Carolina Domestic Violence Commission and
the Governor's Crime Commission
June 15, 2015**

Introduction

The Wake County Domestic Violence Fatality Review Team (hereafter "DVFRT") was established through legislation in 2013. We completed our first year of domestic violence homicide reviews in 2014. The following report represents our findings, recommendations, and progress for our first year of operation. Domestic violence is a serious issue impacting adults, children, families, and public health and safety in our community. In 2012, Wake County had the highest domestic violence homicide rate in the state of North Carolina. The goal of the DVFRT is to look back at these homicides from a multidisciplinary lens in an effort to better understand the factors leading up to the homicide and implement and improve upon strategies to address domestic violence in our community. We appreciate the opportunity to share this report with our community and look forward to building on the progress and momentum the team has established in the upcoming years.

Mission Statement

The mission of the Wake County Domestic Violence Fatality Review Team is to reduce the incidence of family violence fatalities in our community. Representatives from local court, law enforcement, medical, education and advocacy systems will work together to identify the circumstances that lead to such deaths to determine indicators that could prompt early identification, intervention, and prevention efforts in similar cases. The purpose is to proactively, without blame, work to implement systemic improvements in local systems that interact with people affected by family violence.

Background

In 2009, Session Law 2009-52 was passed to establish a domestic violence fatality prevention and protection review team in Mecklenburg County (See Appendix A-1 for legislation). In 2013 that legislation was amended and expanded to formally establish similar fatality review teams in Alamance, Pitt and Wake counties (See Appendix A-2 and A-3 for complete text of legislation). Section 1 of the original Session Law states that the purpose for establishing a domestic violence fatality review team is to identify and review domestic violence related

deaths and to facilitate communication among the various agencies and organizations involved in domestic violence cases to prevent future fatalities.

Wake County has been convening meetings of these various agencies since the early 1990's when the first Wake County Domestic Violence Task Force was formed. The Task Force has met monthly since that time and the group has grown much more diverse and inclusive over the years. Members of that Task Force were instrumental in researching the 2009 DV Fatality Review legislation and working with legislators to identify the best way to establish a legislatively recognized fatality review team in Wake County.

Upon the enactment of the legislation in 2013, key stakeholders began meeting regularly to begin the process of establishing the DVFRT. InterAct, the domestic violence victim services provider in Wake County, was named as the lead agency (required by the original legislation) to coordinate and facilitate meetings and to provide orientation and training to fatality review team members to prepare them for a more efficient and thorough review of past domestic violence homicides. Early work involved establishing protocols and procedures for the operations of the team, creating MOUs between agencies that would have members on the team, establishing criteria for case selection and selecting potential cases, and engaging in training to help us best conduct a fatality review. To that end, trainers from the National Fatality Review Initiative came to Wake County in January of 2014 to provide all members of the team with a daylong training on how to run an effective and impactful fatality review. Our team held its first review in March 2014.

Philosophy and Process

The DVFRT embraces a no blame/no shame philosophy when reviewing domestic violence fatalities. The goal is not to identify an individual or agency as responsible, but to seek out opportunity for positive systemic change and future interventions that may increase our collective community impact towards reducing domestic homicides. The review process has presented an invaluable opportunity for a multidisciplinary approach to addressing our community response to domestic violence, as well as establishing a strong collaborative spirit amongst agencies involved with these issues. By bringing together people from multiple agencies of impact across our county, the DVFRT has provided a unique platform for individuals to work towards a common goal and forge new avenues of communication and understanding.

In 2014, the DVFRT reviewed four domestic violence homicides that occurred in Wake County between 2008 and 2013. When our Domestic Violence Fatality Review team began meeting to identify which homicides we would review, we established some criteria for selecting cases to review. Because of the sheer volume of domestic violence homicides in Wake County, we determined that we would only consider cases less than six years old and that we would not include cases that were still in the process of adjudication within the court system. Reviews take place quarterly and each review occurs over the course of two days. Members of the DVFRT receive and review collected records pertaining to the homicide. The team also makes every effort to interview family and/or friends of the homicide victim. We feel that not only

does this provide invaluable information for the review, but more importantly involves family members in a process that may offer them some sort of solace, closure, or chance to feel heard in the matter of their loved ones' death.

The first day involves the team recreating a timeline of events leading up to the deaths. This exercise allows the team to process agency involvement, explore potential opportunities for intervention, and collectively recognize gaps in services. The second day of the review involves creating findings and recommendations surrounding positive systemic change, improved intervention methods, and future avenues for collective impact. All team members are required to sign a confidentiality agreement before each day of review, and all records are collected and destroyed at the end of each review session.

In addition to meeting four times throughout the year for case review as the legislation requires, the team also meets four additional times in an administrative capacity to process findings and recommendations from the reviews, discuss avenues for follow-up and implementation, establish procedures and protocols, and attend to other business related to the DVFRT.

Domestic Violence Related Homicides Information **2010-2014**

According to the North Carolina Coalition Against Domestic Violence (NCCADV), there have been 190 domestic violence homicides in North Carolina since 2012, the year prior to the legislative amendment that established Wake County's Domestic Violence Fatality Review Team. The NCCADV collects data pertaining to intimate partner homicides across the state.

A closer look at the 190 DV homicides in North Carolina since 2012 reveals that 19 of the domestic violence homicides occurred in Wake County. A female was the victim in 17 of the 19 DV homicides from 2012 – 2014 and a male was the offender in 17 of the 19 DV homicides. Six of the seventeen male offenders died by suicide after killing their partner raising the total of deaths related to the 19 DV homicides to 25. A firearm was used in 16 of the 19 homicides.

The law enforcement agencies currently participating on the DVFRT are the Wake County Sheriff's Office, Cary Police Department and the Raleigh Police Department, which are the three largest reporting law enforcement jurisdictions in Wake County. The following will provide a statistical summary of the reported domestic violence related homicides from these districts over the previous five years. Between the years of 2010 and 2014 there were 120 total homicides that occurred within the reporting jurisdictions. Of those committed offenses, 27 cases were ruled to be domestic violence related equating to 23 percent of all incidents. The annual break down reveals a significant increase in domestic violence homicide incidents, which peaks in 2012. Even though declines are noted over following years, current 2015 projections maintain a higher percentage of probability that domestic related murders will surpass the documented 2014 totals.

2010: 3 Domestic Violence Related Homicides
2011: 4 Domestic Violence Related Homicides
2012: 10 Domestic Violence Related Homicides
2013: 4 Domestic Violence Related Homicides
2014: 6 Domestic Violence Related Homicides

A further examination of these cases indicates 10 of the victims were the spouse of the offender. An additional eight victims were in a dating relationship with the offender and two were the parents or guardians. A total of seven victims were listed as being in an “other” relationship with the offender.

The most common method used to commit the murder was the use of a firearm followed by the use of a knife or cutting instrument. A total of 14 victims were shot with some type of firearm. Another six victims were stabbed. Other methods include three victims being strangled while three others were bludgeoned.

Again, these statistics are provided by the three largest reporting law enforcement agencies within Wake County and do not include the smaller communities and jurisdictions. Additionally, these statistics include intimate partner homicides as well as homicides where the parent or guardian was the offender.

Factors in 2014 Cases Reviewed

The following looks at certain factors noted in the four cases reviewed by the DVFRT in 2014.

Gender

Three of the four homicide victims were female. Four of the four perpetrators were male.

Location

Each of the four murders occurred in the home of the victim. In three of the cases, the victim was sharing the home at or around the time of the murder with the perpetrator.

Method of Homicide

Of the four cases reviewed, two victims were killed with a firearm, one was killed with a knife, and one died of asphyxiation. In one case the perpetrator committed suicide after killing the victim, and in another the perpetrator attempted suicide but recovered with medical intervention.

Relationship Status

None of the cases we reviewed involved a couple who was married at any point in their relationship. All had lived together. In three cases the couple was living together around the time of the homicide. Three of the relationships had recently ended or were in the process of ending. One involved a same-sex couple that had been together more than 15 years.

Protective Order Status

In one of the four cases reviewed, the victim had an active Domestic Violence Protective Order. In one of the four cases reviewed, the perpetrator was enrolled in a court-ordered Batterer Intervention Program at the time of the homicide.

Contact with Victim Services

The victim had contact with victim services (InterAct) in only one of the four cases reviewed.

Domestic Violence History

In three of the four cases reviewed, the perpetrator had a documented history of domestic violence in a previous relationship. In two of those cases, the perpetrator had a significant domestic violence history including arrests in two or more relationships prior to the relationship that ultimately resulted in homicide.

The Impact on Children

Children were involved in one homicide we reviewed in 2014. In that particular homicide, the child was present in the home when the murder occurred. A neighboring child witnessed the murder/suicide in another of the cases we reviewed.

Substance Abuse

In all four of the cases reviewed, the perpetrators had a significant history of substance abuse. In two cases, the perpetrator was known to be intoxicated or using substances at the time of the homicide.

Common Themes of Homicides Reviewed

Leaving is the Most Dangerous Time

Three of the four homicide victims were killed either as they were attempting to end to relationship or after they had left the relationship. In two of the cases reviewed, the victim had ended the relationship within a 24 hour period of the homicide occurring. In another case, the victim had ended the relationship around six months before the homicide. Over the ensuing months, behaviors of stalking, threatening, and harassment markedly escalated and ultimately culminated in the murder/suicide. Decades of research surrounding domestic violence has indicated that leaving or stating an intention to leave the relationship can be the most dangerous time for a victim.

Mental Health Status of the Perpetrator

In three of the four cases reviewed, the perpetrator had a significant mental health history including multiple commitments, homicidal/suicidal behaviors, threats to harm themselves and others, diagnosed schizophrenia, non-compliance with medication, or inability to maintain prescribed medication protocols. In two cases, the perpetrators had allegedly heard voices urging them to violence around the time of the murders. One had even sought voluntary treatment in the days leading up to the murder, but had been unable to obtain enter long-term psychiatric care due to lack of space. Three of the perpetrators had been referred to some sort

of ongoing, community-based mental health care, but none appeared to adhere or follow-up on such referrals.

While in no way drawing the conclusion that all individuals with mental illness are dangerous, we do feel that it is important to recognize that significant mental health concerns were present in three of the four homicides we reviewed. We feel strongly that our community can do more to address the potential safety concerns and needs of partners/friends/families of individuals experiencing a mental health crisis that could potentially rise to a level of high risk.

Friends and Family

Another common theme of note is the awareness of friends and family that something was wrong, yet a general lack of knowledge on how to intervene. Interviews with family members by the DVFRT indicate a strong need for education, outreach, and support to friends/family with loved ones involved in domestic violence and how best to provide support and help. Across multiple interviews, family members made statements such as “I knew something was wrong, we just didn’t know what to do” or “We saw injuries, but didn’t know how to help”.

Recommendations for Our Community

Our first year of reviews revealed many potential avenues for improved response to domestic violence in our community. The following highlights many of our recommendations for systemic improvement and change. The team’s ultimate hope is that key stakeholders in the community consider the implementation of the DVFRT’s recommendations in an effort to better respond to domestic violence in our community and potentially prevent future domestic violence homicides.

Improvements and Expansion of Interagency Communication

One of the most striking observations from the DVFRT’s first year of reviews is the need for improved and expanded communication across agencies. Information concerning the offender often exists in silos making a real time assessment of danger, risk and response difficult for any one particular agency. Offenders are often not only involved in multiple systems within a district such as law enforcement, courts, probation and parole, but are also operating across jurisdictions, counties, and even states over the course of their violent histories. Often during reviews, members would lament that if they had only known or had easier access to such information, maybe the response to the offender could have been more stringent. Additionally, agencies such as Probation and Parole and Pretrial services were never made aware or did not have access to information that may have made a difference in their response such as protective order violations that did not result in arrest, mental health history including being a significant danger to himself/others, and access to weapons. The following represents a few of the DVFRT’s recommendations surrounding communication within and amongst various agencies.

We recommend continuing to improve upon and expanding information available in CJLEADS (Criminal Justice Law Enforcement Automated Data Service), an information sharing system

which aggregates data from court, police, and incarceration records. We also recommend evaluating the possibility of including civil court information such as custody orders and protective orders in the CJLEADS database.

We recommend that law enforcement entities in Wake County utilize and contribute to newly formed Carolina LinX .Carolina LinX (formerly known as NC LinX) is a relatively new system that is in the pilot stages. Established by the Naval Criminal Intelligence Services (NCIS), Carolina LinX acts as an information exchange system for law enforcement agencies. Carolina LinX provides law enforcement immediate access to records by electronically “connecting” with member agencies existing databases. Types of shared data include incident reports, outstanding warrants, arrests, field interviews, investigative narratives, jail booking records, and the sex offender registry. Currently 23 municipal partners in North Carolina and 15 North Carolina county, state and federal partners have access to Carolina LinX including Raleigh Police Department, Wake County Sheriff’s Office, Wendell Police Department, Zebulon Police Department, and Knightdale Police Department. Access to such immediate and comprehensive information could be used to help law enforcement be more proactive and better tailor their response to domestic violence perpetrators. Agencies become involved by contacting the administrator for the system. The Criminal Justice Information Network (CJIN) is the board that drives this system. This system contains information for any participating agency that makes a contact with parties, rather than just containing information after an arrest. There are about 680 agencies nationally that use the system currently, including the military.

We recommend that the Wake County Clerk’s Office explore the implementation of a system for sharing information (such as civil and criminal court files) with probation, pre-trial release, and batterer intervention programs.

We recommend that the District Attorney’s office expand the Domestic Violence Information Sheet to include the victim’s knowledge of perpetrator behavior including possession of weapons (and any description of location and type), knowledge of substance use history/treatment, and knowledge of mental health history/treatment/hospitalizations. We also recommend Civil Court personnel consider creating a similar Information Sheet to be used when victims complete a DVPO complaint. These DV Information Sheets could be shared with law enforcement, probation, batterer intervention programs, and pre-trial release programs.

Management of Potentially High Risk Offenders

In many of the cases the DVFRT reviewed, it was clear from early on that the offender was a high risk to not only multiple partners they assaulted, but also to the community at large. It is the belief of the DVFRT that we can implement strategies in the future to identify high risk offenders earlier in the process and manage them more effectively.

We recommend that our team, along with other entities such as the Wake County Domestic Violence Task Force, research efforts to address high risk offender management. Following along with major themes from other reviews, high risk domestic violence perpetrators often appear to cycle through the criminal justice system on multiple occasions

before committing a homicide. The team believes that such involvement with so many criminal justice entities such as law enforcement, pretrial services, probation services, and criminal/civil courts provides an opportunity to more effectively manage high risk offenders, thus decreasing domestic violence homicides.

Buncombe County recently implemented a new model of addressing high risk domestic violence offenders. Their model is based on the work being done in Greater Newburyport, Massachusetts called the Domestic Violence High Risk Team (DVHRT). DVHRTs revolve around a team of allied professionals such as law enforcement, victim services, court officials, CPS, and pretrial services working in partnership to identify the most dangerous cases of domestic violence and implement interventions to prevent cases from escalating to lethal levels. The model recognizes that lethality risks are predictable and therefore preventable. DVHRTs strive to interrupt the pattern of escalation by focusing on communication across agencies, victim safety, and offender accountability. High risk cases are identified through risk assessment and addressed with an individualized, multidisciplinary plan involving coordinated monitoring and containment of offenders. In six years of implementation, 129 cases were identified as high risk. Of those cases only 9% of victims reported being re-assaulted after their case was accepted, 91% of victims accessed services, only 14% of DV criminal cases were dismissed, and 78% were found guilty. Most importantly, counties that had DVHRTs reported **ZERO** homicides for the years where DVHRTs were in operation. Such positive outcomes indicate that the High Risk Team model is an extremely promising practice our community should consider.

Expansion of Safety Strategy Efforts including the Lethality Assessment Program

Through the review of our first year of homicide cases, the DVHRT recognizes the importance of improving and expanding upon safety strategies for victims.

We recommend increasing efforts in the community to raise awareness on safety planning when leaving a domestic violence relationship. As stated previously, three of the four homicides we reviewed involved a victim who had recently left or was in the process of leaving the relationship. One important point regarding safety planning is that police officers can often provide oversight in situations where personal items need to be retrieved from the home in a domestic violence situation. Particular care by agencies included victim services, law enforcement, and court services needs to be placed on safety planning for victims when they are considering leaving the violent relationship. This includes the need for improved communication regarding the victim and her options. Often victims did not know about certain options that were available to them in regards to their safety. Our recommendations included InterAct expanding the safety planning options provided to victims to include their offender's probation officer as a resource as well as Pretrial Services.

We recommend expanding the Lethality Assessment Program partnership currently operating between InterAct, Raleigh Police Department, Cary Police Department, and Morrisville Police Department to include other law enforcement agencies in our county. The Lethality Assessment Program will be discussed at greater length later in the report, but is an evidence-based practice that involves screening of high-risk factors by law enforcement when they respond to a

domestic violence call. Victims that screen in at high lethality risk are immediately connected with InterAct and offered emergency services. The DVFRT also recommends that Lethality Assessments be conducted with victims when officers respond to a Domestic Violence Protective Order violation.

Mental Health

As noted previously, three out of four cases we reviewed involved the offender having significant mental health issues including multiple involuntary commitments, threats to harm themselves or others, failure to comply with medication and treatment, and auditory hallucinations directing them to harm their partner. With the closing of Dorothea Dix, long-term mental health care has become a serious concern in our community. Involuntary Commitment orders (IVC) for those in a significant mental health crisis has risen dramatically over the last few decades. In 1990, there were 3500 IVCs in Wake County, 3639 in 2000, and 6575 in 2013. North Carolina hospitals have seen twice as many people for mental health concerns in their hospital than the national average. Compared to a national 5% rate of ER admissions for issues related to acute psychiatric episodes, North Carolina's rate is about 9.3%. If admitted to the hospital on involuntary commitment (IVC) some patients can wait in the ER for days for a bed in a psychiatric treatment or state hospital facility.

We recommend that there be legislative changes and/or action in our community to support additional funding for long-term mental health care as well as acute care services, which will enhance public safety in general.

**Please note: In compliance with federal regulations of Legal Services Corporation, Legal Aid of NC is prohibited from any activity that supports lobbying. Other members of the Fatality Review Team may also be prohibited from lobbying. The intention of the team's recommendation is to recognize the need for additional supports in the area of mental health and support future initiatives that address that community need.*

We recommend that InterAct develop specific educational materials regarding domestic violence, safety planning, and available resources that target the emerging population of victims involved with partners experiencing mental health issues that could lead to violent behaviors. We recommend that such information be distributed in hospitals, community organizations, etc. when establishing a safe discharge plan and follow up plan. Victim services agencies and mental health agencies in our community should seek out education and training opportunities to learn more about the co-occurring issues surrounding domestic violence and perpetrator mental illness.

We also recommend that InterAct and mental health agencies such as Alliance Behavioral Health collaborate to provide domestic violence educational materials to families when the Assertive Community Treatment (ACT) team responds to mental health crises in our community.

The DVFRT would also like to place emphasis on the potential service of outpatient commitment. The outpatient commitment option has generally been underused in our community in recent years. We recommend that to ensure continued care in patients who have been involuntary committed, we encourage more and better use of outpatient commitments pursuant to NCGS Section 122C-265 (See Appendix A-5), including specialized education for psychiatrists, psychologists and the medical community as well as judges and magistrates.

Increased Community Awareness and Training

The DVFRT's first year of reviews pointed to many opportunity for training and improving community awareness.

We recommend an educational campaign related to domestic violence for the general public. We are aware that the NC Coalition against Domestic Violence is about to launch such a campaign. Education around the costs of domestic violence to the community, businesses, tax payers, health care, etc. would be powerful information to include in such a campaign.

We recommend that InterAct partner with the Wake County DV Task Force to explore educational programs targeted to "bystanders." These evidence-based programs teach people how to respond to domestic violence when they see it or suspect it is happening with friends, family members, or co-workers. We also recommend that the DV task force explore the possibility of sponsoring biannual trainings for local law enforcement officers on identifying, documenting and responding to domestic violence (especially strangulation).

We recommend that more emphasis be put on identifying potential batterers at an earlier age, intervening to disrupt these patterns of behavior and holding them accountable for such behaviors. By helping teachers, parents, pediatricians and the general public identify signs that a young person is abusive, proper referral to treatment can be made and the pattern of behavior disrupted at an earlier stage.

Additional Team Accomplishments in First Year:

Increased Team Understanding and Communication

Over the course of the first year, the DVFRT has developed a strong collaborative relationship. Participation on the team has opened up channels for communication and partnership that had previously proved difficult and/or hard to sustain. Coming together eight times throughout the year has given us the opportunity to learn from each other and increase our understanding of how our community is tackling the issue of domestic violence. Such a diverse array of agency participation has provided new insight and perspective on the challenges, success, and innovative ideas occurring within the realm of domestic violence services in our county. Many participants have stated that being a part of the DVFRT has reduced the "silo effect" and helped them to see new channels for working together and communicating.

Expanding LAP to the Medical Community

During the summer of 2015, InterAct and WakeMed will partner to train all emergency room personnel on the Lethality Assessment Program. This training is a direct result of the fatality review process. The training will involve multiple sessions over three days, and will ultimately result in all 250 employees in the emergency department at WakeMed being trained on recognizing high lethality risk indicators in patients who disclose domestic violence. The training will include nurses, social workers, and department staff.

As with the LAP partnership between law enforcement and InterAct, WakeMed and InterAct will work together to provide 24-hour support to patients that screen at high risk and who would like to connect immediately with InterAct's services. InterAct staff will be available to immediately connect with patients and offer services such as safety planning, emergency shelter, and resources.

Collaboration with other DVFRTs in the State

Our first year of reviews has highlighted that many of the issues impacting domestic violence response in our county also impact our state as a whole. Some of our recommendations may have implications on statewide legislation and policy. To that effect, we feel it is important that as the number of local DVFRTs increase across our state we find avenues to work together for collective impact. Based on one of our recommendations, we have been in discussion with Mecklenburg's DVFRT about potentially meeting every other year to discuss findings and recommendations from our individual reviews that may be better addressed on the state level. Our hope is to also include Pitt, Alamance, and any future DVFRTs as they become established.

Community Efforts of Note

The DVFRT would like to recognize some efforts currently underway in our community that we believe are firmly in line with many of the findings and recommendations of our first year of reviews.

Wake County Lethality Assessment Program

As discussed previously, the DVFRT has made the recommendation to expand the Lethality Assessment Program (LAP) currently operating in Wake County. The LAP initiative began in Wake County on May 16, 2013 with participation from Raleigh Police Department, Cary Police Department, Morrisville Police Department and InterAct. Created by the Maryland Network against Domestic Violence (MNADV) in 2005, the LAP program is an innovative prevention strategy to reduce domestic violence homicides and serious injuries. It provides an easy and effective method for law enforcement and other community professionals such as hospitals to identify victims of domestic violence who are at the highest potential for being seriously injured or killed by their intimate partners and immediately connect them to the domestic violence service provider in their area. The LAP is a multi-pronged intervention program that consists of a research-based lethality screening tool, an accompanying referral protocol that provides direction for the screener based on the results of the screening process, and follow-up contact

and other best practices and protocols (see Appendix A-4 for a copy of the Lethality Assessment).

The Lethality Assessment Program attempts to address missed opportunities in response to five bodies of significant domestic violence homicide research:

1. In a 12-city study, 50% of women who were killed or almost killed did not perceive their intimate partners to be highly dangerous or tended to underestimate their level of danger. The LAP provides high-danger victims with another lens from which they can view and better understand their risk of lethality.
2. In 50% of domestic violence-related homicides, officers had previously responded to a call on the scene. The LAP-trained police officers on the scene of a domestic violence call recognize situations in which victims are at the highest risk of serious injury or death and immediately link them to their local domestic violence hotline.
3. Abused women who used or accessed community-based domestic violence program services were very rarely the victim of murder or attempted murder.
4. There is a 60% reduction in risk of severe assault when victims utilize the services of a domestic violence advocacy program.
5. Only 4% of victims of actual or attempted intimate partner homicide utilized the services of domestic violence programs. The LAP immediately links high-danger victims to hotline workers at local domestic violence programs who are trained to use special communication techniques. Although the services of domestic violence programs have been proven to be instrumental in saving lives and reducing re-assaults, they are under-utilized, especially by high risk victims.

During the first year of implementing LAP, 1,289 Lethality Screens were completed by all three jurisdictions, approximately 3.5 screens per day. Of the 1289 screens, 1,133 (88%) were female and 149 (12%) were male. Of the 1,289 screens, 900 (70%) screened in high danger and 45 (3%) screened into the protocol by officer belief for a total of 945 (73%) victims screening into the protocol. Of the 945 victims who screened in, 808 (84%) spoke with an InterAct advocate on the telephone at the time of the screening. Of those 808 victims who spoke with an advocate, 252 (31%) victims engaged in further services either through emergency shelter (26%) or through community-based services (74%).

InterAct and Apex Police Department have recently entered into a partnership to begin providing LAP assessments. InterAct hopes to continue to expand the LAP initiative to other law enforcement agencies in Wake County.

Teen Outreach and Prevention Efforts

Many of the DVFRS reviews over the first year indicated a need to increase outreach, prevention strategies, and targeted intervention to youth and teenagers impacted by domestic violence or at high risk of engaging in behaviors associated with intimate partner violence. Review of available records indicated that such violent behaviors were often documented in the perpetrator's teenage years. Additionally, youth and/or teens were directly impacted by the

actual homicide. One teenager was in the home at the time of one homicide and in another a youth neighbor tried to perform CPR with the guidance of a 911 operator on the victim in another homicide. The school community is often directly impacted by these homicides. In 2012 and 2013, domestic violence homicides resulted in multiple school lockdowns across our county. The DVFRT recognizes the importance of our community investing in teen outreach and prevention efforts. We would like to take this opportunity to highlight some of the current efforts to reach youth impacted by domestic violence, as well as state our support in continuing and expanding such efforts.

InterAct currently has a Youth Education Services department (YES) that operates in our school system to educate youth on issues surrounding domestic violence including teen dating violence, safety in relationships and in the home, and sexual assault. In 2012, the YES program was able to engage around 4,000 of the 120,000 youth in the Wake County Public School System. Recognizing that need for targeted, effective intervention, InterAct has been revitalizing its YES services over the past few years to include new evidence based initiatives such as peer educators, a youth advisory council, relationship boot camps, and social media campaigns.

In addition to these exciting new initiatives, the YES program will specifically target communities where there has been a recent domestic violence homicide for prevention and outreach efforts. Around 1/3 of the programs prevention and deeper engagement efforts will be implemented in schools recently affected by domestic violence homicides.

Civil Court

In October 2014 the Wake County Courthouse opened a new domestic violence unit to improve the process for those seeking a domestic violence protective order. The unit is housed on the fifth floor of the courthouse. The unit contains a law enforcement officer, domestic violence counselor, legal staff and others to serve as resources for those in need. Previously, anyone seeking an order had to go to different floors of the courthouse – and sometimes different buildings to complete the DVPO process. All of the steps for obtaining a DVPO can now be completed within the same area of the courthouse which provides additional safety, support, resources and convenience to filers.

Domestic Violence Custody Court

At least 25% of Wake County's civil Domestic Violence Protective Order (DVPO) filings include a claim for custody. While North Carolina's domestic violence best practices recommend entering temporary custody orders in DVPOs, limited time is available for meaningful hearings given the court's volume, which results in insufficient security for the children involved. Accordingly, on February 4, 2014, after many months of planning, Wake County implemented a dedicated DV Custody Court docket providing bifurcated hearings for custody matters, integration of child support services and assistance from the local bar to provide unbundled legal representation to establish temporary custody orders either by agreement or by trial of the matter with the parties being represented by the volunteer attorneys. At present, this court is only running one day every other week, handling 2 -3 cases per session. The full development and establishment

of this dedicated court as a specialized court will require more work and judicial time. It is hoped that this Court will become a model specialized court for others in the State.

A Look Towards 2015

We are all proud and humbled to have been a part of the Wake County Domestic Violence Fatality Review Team in 2014. It has been a year of growth and relationship building, and we are looking forward to all we can accomplish together in the years to come. 2015 brings us some instrumental new members including Judge Jennifer Knox (Wake County Clerk of Court), Judge Margaret Eagles (District Court Judge), Amy Vukovich (Legal Aid), Roosevelt Richard (Alliance Behavioral Health), and Mary Morris (North Carolina State University).

Feedback from Team Members

“One of the benefits of my involvement on the fatality review team the first year was getting to know and understand more comprehensively, services provided by other agencies and many of the individuals providing those services. I would not hesitate to reach out to other members of the team, which only improves the quality of assistance I can provide my clients. Not only are we working to prevent fatalities, we are potentially improving the lives of all domestic violence survivors.” -Atiya Mosely, Legal Aid.

“The DVFRT has helped me better understand the various roles that different agencies play. Some common themes were found in all cases which outlines the strength and weaknesses that are encountered with services (or gaps therein) county wide. I have a better appreciation for all of those involved in assisting domestic violence victims.” -Michelle Savage, Cary PD

“Working collaboratively with other agencies outside of healthcare has helped me better understand the complexity of how to deal with domestic violence. It has enhanced my knowledge base and I have learned best practices that I can bring in to our healthcare facility which will ultimately help healthcare professionals to better advocate and help victims of domestic violence.” -Chantal Howard, Director of Emergency Services for WakeMed Hospital

“Watching and participating in the process has been personally rewarding for me. I am impressed and encouraged that everyone at the table, representing so many different disciplines, is genuinely committed to finding ways to improve the quality of care and attention that domestic violence victims receive. It is evident in the meetings that fatality review members sole focus has nothing to do with placing blame but everything to do with enhancing victim safety and reducing domestic violence homicides.” -Barry Bryant, Chair, Department of Public Safety

Acknowledgments

The Wake County Domestic Violence Fatality Review Team wishes to thank:

- Senators Neal Hunt and Tamara Barringer for sponsoring the enabling legislation that authorized Wake County to establish its DV Fatality Review Team as well as all of the other State legislators who supported it;
- Phil Matthews, Joe Bryan and the other members of the Wake County Board of Commissioners who have supported and encouraged the work of the Review Team;
- Chief District Court Judge Robert B. Rader, who encouraged the creation of the Review Team and generously allowed the participation of local judges, magistrates and other judicial department staff;
- The appointed and invited Team members for all of the work that they do to generate the findings and recommendations included in this Report as well as those reports submitted throughout the year;
- The Mecklenburg Fatality Review team for all their assistance in helping us navigate our first year;
- John Weil for assisting us in facilitating each fatality review and offering invaluable guidance; and
- All of the criminal justice and community service professionals across the State who assist with the Team's record collection necessary for conducting effective case reviews.

2014 Wake County Domestic Violence Fatality Review Member List

Barry Bryant, Chair	Department of Public Safety
Norman Grodi, Co-Chair	Raleigh Police Department
Tasha Sullivan, Coordinator	InterAct
Lisa Draper, Coordinator*	InterAct
Judge Jennifer Green*	District Court Judge
Scott Ikerd	Wake County Sheriff's Office
Dexter Williams	Magistrate
Chuck Johnson	ReEntry-PreTrial
Maggie Brewer	Probation-Parole
Michelle Savage	Cary Police Department
Kelly Lister	Wake County Public School System (WCPSS)
Jennifer Reimer	Wake County District Attorney's Office
Ellen Rose	Wake County Family Court
Jodi Hall	North Carolina State University
Rhonda Powell	Raleigh Police Department
Stephanie Satkowiak	Administrative Office of the Courts
Deborah Radisch MD, MPH	Chief Medical Examiner
Denise Billman*	WCHS Child Protective Services
Allison Oberbroeckling*	Alliance Behavioral Health
Sherry Whitt	Rex Healthcare
Chantal Howard	WakeMed Health and Hospitals
Leigh Duque	InterAct
Lorrin Freeman*	Clerk of Court
Jamie Reyno	InterAct
Nicole Wiley*	Domestic Violence Case Coordinator at Wake County Family Court
Atiya Mosely *	Legal Aid
Alternates	
Amy Vukovich	Legal Aid
Walter Adams	Wake County Sheriff's Office
Anna Davis	Wake County District Attorney's Office
Rick Brown	Wake County Clerk of Court
Rebecca Mitchell	Cary Police Department
Nancy Holpp	ReEntry-PreTrial
Bonnie Gustavison	WakeMed Hospital
Nancy Armstrong	Magistrate's Office
Ann Burns	Alliance Behavioral Health
Darlene Johnson	Wake County Public School System

***Exited in 2015**

In Honor and Remembrance

This Team would not be in existence if not for the passion and vision of the late Jennifer Green, District Court Judge, who dedicated so many years of her life and career to bringing the issue of the prevalence of domestic violence into the public eye and to finding innovative ways to provide safety, support and resources to its victims and survivors. Our Team honors her memory with its continued dedication and work.

Finally, the Team's work is conducted on behalf of the memory of domestic violence victims and the loved ones impacted by such tragic loss. We do this work in honor of them. Our wish, as well as our goal, is that the Team's recommendations and continued work will improve responses to victims and prevent future injuries and deaths associated with domestic violence.

Appendices

- A-1 Session Law 2009-52
- A-2 Session Law 2013-270
- A-3 Session Law 2013-70
- A-4 Lethality Assessment Screening Tool
- A-5 NCGS Section 122C-265

Appendix A-1 Session Law 2009-52

**GENERAL ASSEMBLY OF NORTH
CAROLINA SESSION 2009
SESSION LAW 2009-52
SENATE BILL 381**

**AN ACT ESTABLISHING A DOMESTIC VIOLENCE FATALITY PREVENTION AND
PROTECTION REVIEW TEAM.**

Whereas, the General Assembly finds that it is the public policy of this State to prevent domestic violence fatalities; and

Whereas, the General Assembly further finds that the prevention of these fatalities is a community responsibility, and professionals from disparate disciplines have expertise that can promote the safety and well-being of victims of domestic violence; and

Whereas, multidisciplinary reviews of these deaths can lead to a greater understanding of the causes and methods of preventing these deaths; and

Whereas, according to the North Carolina Coalition Against Domestic Violence, there were 81 domestic violence-related homicides in the State in 2008; and

Whereas, according to the Charlotte Mecklenburg Police Department, there were 11 domestic violence-related homicides in Charlotte, North Carolina, in 2008; and

Whereas, the Charlotte Mecklenburg area is a leader throughout the State with its innovative domestic violence programming and services, yet there remains a disconnect when it comes to the rate of domestic violence-related homicides; and

Whereas, there is a need to increase safety of citizens with one strategy mitigating the effect of abuse by increasing the safety of victims of domestic violence, exploring circumstances from a strengths perspective to allow professionals to gain clarity in the continued needs of the community; and

Whereas, precedence has been established in this area as similar statutes are already in existence, such as the North Carolina Child Fatality Prevention System, which outlines the course of action for a statewide disciplinary team to review child fatalities; and

Whereas, establishing a Domestic Violence Fatality Prevention and Protection Review Team will be modeled after the North Carolina Child Fatality Prevention Team, with potential members representing a cross section of community service providers, including health, mental health, social services, law enforcement, courts, school professionals, and other domestic violence service providers; and

Whereas, by creating legislation that protects professionals from confidentiality violations in specific cases where domestic violence-related homicides have occurred, the effectiveness of this project will be increased; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1.(a) Domestic Violence Fatality Prevention and Protection Review Team. – A county may establish a multidisciplinary Domestic Violence Fatality Prevention and Protection Review Team to identify and review domestic violence-related deaths, including homicides and suicides, and facilitate communication among the various agencies and organizations involved in domestic violence cases to prevent future fatalities.

SECTION 1.(b) Definitions. – The following definitions apply in this act:

- (1) Domestic violence fatality. – The death of a person, 18 years of age or older, that is the result of an act of domestic violence as defined in G.S. 50B-1.
- (2) Review Team. – The Domestic Violence Fatality Prevention and Protection

Review Team.

SECTION 1.(c) Composition. – The Review Team shall consist of a lead agency, Community Support Services of Charlotte, North Carolina, and representatives of public and nonpublic agencies in the community that provide services to victims or families of domestic violence, including:

- (1) A representative from a domestic violence victim's service group.
- (2) An attorney from the local district attorney's office.
- (3) Local law enforcement personnel.
- (4) A representative from the local medical examiner's office.
- (5) A representative from the local department of social services.
- (6) A representative from the local health department.
- (7) A representative from an area mental health authority.
- (8) A representative from the local public schools.
- (9) A representative from a health care system.
- (10) Local medic or emergency services personnel.
- (11) A survivor of domestic violence.

SECTION 1.(d) Powers and Duties of the Review Team. – The Review Team shall meet at least four times each year. To accomplish the purposes of this act, the Review Team shall:

- (1) Study the incidences and causes of death by domestic violence-related behavior in the community. The study shall include an analysis of all community, private, and public agency involvement with the decedent and family members prior to death.
- (2) Develop a system for multidisciplinary review of domestic violence-related deaths.
- (3) Examine the laws, rules, and policies relating to confidentiality.
- (4) Access information that affects the agencies that provide intervention services to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect victims of domestic violence and recommend any necessary changes.
- (5) Perform any other studies, evaluations, or determinations the Review Team considers necessary to carry out its mandate.
- (6) Make recommendations for system improvements and needed resources where gaps and deficiencies may exist.
- (7) In addition to any other duties outlined in this act, the lead agency shall develop a written plan outlining standard operating procedures for the following:
 - a. Appointing Review Team members and a chair.
 - b. Establishing other Review Team duties and responsibilities.
 - c. Establishing terms of service for Review Team members.
 - d. Establishing the procedure for filling vacancies.
 - e. Maintaining confidentiality policies consistent with applicable laws.
 - f. Training Review Team members.
 - g. Establishing a meeting schedule.
 - h. Maintaining a record of official meetings, including minutes and those in attendance.
 - i. Establishing a process to initiate case review.
 - j. Reporting annually to the local board of county commissioners and the Governor's Crime Commission.

SECTION 1.(e) Access to Records. – The Review Team, during its existence, shall have access to all medical records, hospital records, and records maintained by the county or any local agency as necessary to carry out the purposes of this act, including police investigations data, medical examiner investigative data, health records, mental health

records, and social services records. Any member of the Review Team may share relevant information in an official Review Team meeting only.

Unless the personal representative of the estate of the deceased has been charged with or convicted of a crime in connection with the death of the victim of domestic violence, the Review Team shall notify the personal representative that the records will be reviewed by the Review Team at least 30 days before the records are reviewed. If the estate is closed, the next of kin shall be notified, unless the next of kin was charged or convicted of a crime in connection with the death of the victim.

SECTION 1.(f) Limitation on Access. – Notwithstanding any provision in the law that allows the Review Team to access records, no member of the Review Team shall be authorized to review a domestic violence fatality case while the case is under investigation by any law enforcement agency, or if an action is pending in any criminal or civil court in the State, except as provided in this section. A Review Team member may review and have access to records in a domestic violence fatality case only if:

- (1) A district attorney has given written approval for access due to the completion of the investigation or court proceedings; or
- (2) A district attorney has given written approval for access, stating that access by the Review Team will not have any negative or adverse effects on the investigation or completion of a pending case.

SECTION 1.(g) Confidentiality; Immunity. – All otherwise confidential information and records acquired by the Review Team, during its existence and in the exercise of its duties, shall: (i) be confidential; (ii) not be subject to discovery or introduction into evidence in any proceedings; and (iii) only be disclosed as necessary to carry out the purposes of the Review Team. No member of the Review Team or any person who attends a meeting of the Review Team may testify in any proceeding about what transpired at a particular meeting, information presented at the meeting, or opinions formed by a person as a result of the meeting. This section shall not prohibit a person from testifying in a civil or criminal action about matters within that person's independent knowledge.

Each member of the Review Team and any invited participants shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

Persons disclosing or providing information or records pursuant to this act are not criminally or civilly liable for disclosing or providing the information. Except for possible civil or criminal liability for breach of confidentiality, Review Team members are immune from claims of liability, and confidential information gathered pursuant to this act is not subject to subpoena or discovery.

Access to criminal investigative reports and criminal intelligence information of public law enforcement agencies and confidential information in the possession of the Review Team shall be governed by G.S. 132-1.4. Nothing herein shall be deemed to require the disclosure or release of any information in the possession of a district attorney.

Meetings of the Review Team are not subject to the provisions of Article 33C of Chapter 143 of the General Statutes. However, the Review Team may hold periodic public meetings to discuss, in a general manner not revealing confidential information, the findings of its reviews and its recommendations for preventive actions. Minutes of all public meetings shall be kept in compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information generated during any closed session of a public meeting shall be sealed from public inspection.

SECTION 2. A Review Team established by a county pursuant to this act shall terminate upon the earlier of its filing its final report, or June 15, 2014.

SECTION 3. Each Review Team established pursuant to this act shall issue an interim report to the local board of county commissioners, the North Carolina Domestic Violence Commission, and the Governor's Crime Commission summarizing its findings and activities by June 15, 2011, and a final report with recommendations for action by

June 15, 2014. The reports shall not identify the specific cases or case reviews that led to the individual Review Team's findings and recommendations.

SECTION 4. This act shall not be construed to obligate the General Assembly to appropriate funds to implement the provisions of this act.

SECTION 5. This act applies to Mecklenburg County only

SECTION 6. This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 1st day of June, 2009.

s/ Walter H. Dalton
President of the Senate

s/ Joe Hackney
Speaker of the House of Representatives

Appendix A-2 Session Law 2013-270

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013
SESSION LAW 2013-270
SENATE BILL 288**

AN ACT CONCERNING FILLING OF VACANCIES ON THE BOARD OF COMMISSIONERS OF WAKE COUNTY AND ESTABLISHING A DOMESTIC VIOLENCE FATALITY PREVENTION AND PROTECTION REVIEW TEAM IN WAKE COUNTY AND TO PERMIT MULTIFAMILY DEVELOPMENT ON CERTAIN PARCELS IN THE TOWN OF ABERDEEN.

The General Assembly of North Carolina enacts:

SECTION 1. Article 4 of Chapter 153A of the General Statutes is amended by adding a new section to read:

"§ 153A-27.2. Vacancies on the board of commissioners in certain counties.

(a) This section applies to Wake County only, which is not subject to G.S. 153A-27.

(b) If a vacancy occurs on the board of commissioners, the remaining members of the board shall appoint a qualified person to fill the vacancy. If the vacating member was elected as the nominee of a political party, the board of commissioners shall consult the county executive committee of that party before filling the vacancy. The board shall vote on that nomination within 30 days of its submission, and, if it is not approved, the board shall request that county executive committee to submit another name. The board shall vote on that second nomination within 30 days of its submission, and, if it is not approved, the board may appoint any person eligible under subsection (d) of this section. If the remaining board members are unable to fill the vacancy within 30 days of the failure to approve the second nomination and the vacating member was elected as the nominee of a political party, a special primary election shall be called under subsection (e) of this section.

(c) If the vacancy occurs later than 90 days before the general election held after the first two years of the term, the appointment to fill the vacancy is for the remainder of the unexpired term. Otherwise, the term of the person appointed to fill the vacancy extends to the first Monday in December next following the first general election held more than 90 days after the day the vacancy occurs; at that general election, a person shall be elected to the seat vacated for the remainder of the unexpired term.

(d) To be eligible for appointment to fill a vacancy, a person must (i) be a member of the same political party as the member being replaced if that member was elected as the nominee of a political party and (ii) be a resident of the same district as the member being replaced if the county is divided into electoral districts.

(e) If a special primary election is required under subsection (b) of this section, the county board of commissioners shall call that special primary election for the purpose of allowing the members of the party with which the vacating member was affiliated when elected to make a recommendation. The special primary election shall be conducted in accordance with Article 10 of Chapter 163 of the General Statutes, except that the county board of elections may, with the approval of the State Board of Elections, set deadlines for filing notices of candidacy and for absentee voting in the special primary election. The date of the special primary election shall be set by the county board of commissioners, but the date shall be governed by G.S. 163-287. Only persons who are affiliated with the party may vote, except that if the party has allowed unaffiliated voters to participate in primary elections of that party under G.S. 163-119 then unaffiliated voters may also participate. No such special primary shall be held, however, if (i) less than 120 days remain in the term of office or (ii) if the vacancy is being filled for the remainder of the term at the mid-term election under subsection (c) of this section and less than 120 days remain until the date of

that election. The county board of commissioners shall immediately upon the certification of the primary returns appoint the winner to serve until the first Monday in December following the next general election which occurs after the date of the vacancy. This subsection applies only if the vacating member was elected as the nominee of a political party.

(f) If the number of vacancies on the board is such that a quorum of the board cannot be obtained for any action under this section, the chairman of the board shall appoint enough members to make up a quorum. If the number of vacancies on the board is such that a quorum of the board cannot be obtained and the office of chairman is vacant, the clerk of superior court of the county shall fill the vacancies upon the request of any remaining member of the board or upon the petition of any registered voters of the county."

SECTION 2.(a) Section 5 of S.L. 2009-52, as amended by S.L. 2013-70, reads as rewritten:

"**SECTION 5.** This act applies to Alamance County, Pitt County, ~~and Mecklenburg County, Wake County,~~

SECTION 2.(b) Section 5 of S.L. 2013-70 reads as rewritten:

"**SECTION 5.** This act applies to the following counties: Alamance, Pitt, ~~and Mecklenburg-~~Mecklenburg, and Wake."

SECTION 3.(a) Notwithstanding Article 19 of Chapter 160A of the General Statutes or any zoning, occupancy, or other ordinance or statute to the contrary, multifamily development, including apartments, is permitted on the following described properties in the Town of Aberdeen:

TRACT I: lying and being in Sandhills Township, Moore County, North Carolina, and BEING all of that lot, tract, or parcel of land, containing 4.25 acres, as recorded in Deed Book 1059, at Page 267, in the Moore County Registry, reference to which is hereby made for a more complete and accurate description of the aforesaid tract.

TRACT II: lying and being in Sandhills Township, Moore County, North Carolina, and BEING all of that lot, tract, or parcel of land, containing 0.49 acres, as recorded in Deed Book 980, at Page 295, in the Moore County Registry, reference to which is hereby made for a more complete and accurate description of the aforesaid tract.

TRACT III: lying and being in Sandhills Township, Moore County, North Carolina, and BEING all of that lot, tract, or parcel of land, containing 2.67 acres, as recorded in Deed Book 3109, at Page 467, in the Moore County Registry, reference to which is hereby made for a more complete and accurate description of the aforesaid tract.

SECTION 3.(b) Multifamily development on the above described property shall be subject to the zoning, development, and other land-use plans, laws, and regulations of the Town of Aberdeen in existence and effective for the properties zoned R-10 on March 1, 1989.

SECTION 3.(c) This section applies to the Town of Aberdeen only.

SECTION 4. Section 1 of this act is effective when it becomes law but only applies to vacancies occurring on or after that date. The remainder of this act is effective when it becomes law.

In the General Assembly read three times and ratified this the 18th day of July, 2013.

s/ Daniel J. Forest
President of the Senate

s/ Thom Tillis
Speaker of the House of Representative

Appendix A-3 Session Law 2013-70

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013**

**SESSION LAW 2013-70
HOUSE BILL 456**

AN ACT CONCERNING MEMBERSHIP ON THE DOMESTIC VIOLENCE REVIEW TEAM IN MECKLENBURG COUNTY AND ESTABLISHING A DOMESTIC VIOLENCE REVIEW TEAM IN PITT COUNTY AND ALAMANCE COUNTY.

The General Assembly of North Carolina enacts:

SECTION 1. Subsection (c) of Section 1 of S.L. 2009-52 reads as rewritten:

"SECTION 1.(c) Composition. – The Review Team shall consist of ~~of~~ (i) a lead agency, ~~Community Support Services of Charlotte, North Carolina,~~ agency that has experience working with victims of domestic violence and (ii) representatives of public and nonpublic agencies in the community that provide services to victims or families of domestic ~~violence,~~ ~~including~~ violence. No person who has been convicted of a domestic violence-related crime or who has been a participant in a batterer intervention program shall be a member of the Review Team. The board of county commissioners shall designate the lead agency for the Review Team. The members of the Review Team shall include all of the following:

- (1) A representative from a domestic violence victim's service group, group who shall be appointed by the lead agency pursuant to subdivision (7) of subsection (d) of this section.
- (2) Two survivors of domestic violence who shall be appointed by the lead agency pursuant to subdivision (7) of subsection (d) of this section.
- ~~(2)(3) An attorney from the local district attorney's office. The district attorney from the appropriate prosecutorial district or an assistant district attorney designated by the district attorney.~~
- ~~(3)(4) Local law enforcement personnel. A local law enforcement officer appointed by the chief of the local police department of the largest municipality in the county and at least one law enforcement officer from the other police departments in the county appointed jointly by the chiefs of police of the other municipalities in the county.~~
- (5) The sheriff of the county or a person designated by the sheriff.
- ~~(4)(6) A representative from the local medical examiner's office. The medical examiner of the county or a person designated by the medical examiner.~~
- ~~(5)(7) A representative from the local department of social services. The director of the department of social services or a person designated by the director.~~
- ~~(6)(8) A representative from the local health department. The director of the county health department or a person designated by the director.~~
- ~~(7)(9) A representative from an area mental health authority. The director of the local mental health managed care organization or a person designated by the director.~~
- ~~(8)(10) A representative from the local public schools. The superintendent of the public schools or a person designated by the superintendent.~~
- ~~(9)(11) A representative from a health care system, each of the primary health care systems in the county.~~
- ~~(10)(12) Local medic or emergency services personnel. A magistrate designated by the chief district court judge.~~

- (11)(13) ~~A survivor of domestic violence.~~ A representative of an institution of higher education appointed by the board of county commissioners.
- (14) A probation and parole officer who supervises probationers convicted of domestic violence appointed by the chief probation and parole officer of the judicial district.
- (15) A district court judge who presides over domestic violence cases designated by the chief district court judge.
- (16) At the option of the board of county commissioners, the board may appoint not more than two additional representatives from the community who have knowledge, experience, or expertise in preventing domestic violence."

SECTION 2. Section 2 of S.L. 2009-52 is repealed.

SECTION 3. Section 3 of S.L. 2009-52 reads as rewritten:

"**SECTION 3.** Each Review Team established pursuant to this act shall ~~issue an interim~~ issue a report to the local board of county commissioners, the North Carolina Domestic Violence Commission, and the Governor's Crime Commission summarizing its findings and activities by June 15, 2011, and a final report with and making recommendations for action by June 15, 2014, 2014, and every three years thereafter. The reports shall not identify the specific cases or case reviews that led to the individual Review Team's findings and recommendations."

SECTION 4. Section 5 of S.L. 2009-52 reads as rewritten:

"**SECTION 5.** This act applies to ~~Mecklenburg County only.~~ Alamance County, Pitt County, and Mecklenburg County."

SECTION 5. This act applies to the following counties: Alamance, Pitt, and Mecklenburg.

SECTION 6. This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 11th day of June, 2013.

s/ Daniel J. Forest
President of the Senate

s/ Thom Tillis
Speaker of the House of Representatives



Appendix A-4 Lethality Screen

Raleigh Police Department

DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS



Officer:	Date:	Case#:
Victim:	Phone:	Location:
Offender:	Phone:	Location:
Hotline Worker's Name:		
➤ A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
➤ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
➤ An Officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.		
Is there anything else that worries you about your safety? (If Yes) What worries you?		
Check One: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.

Hotline Phone Number 919.828.7740

Appendix A-5 NCGS Section 122C-265

§ 122C-265. Outpatient commitment; examination and treatment pending hearing.

(a) If a respondent, who has been recommended for outpatient commitment by an examining physician or eligible psychologist different from the proposed outpatient treatment physician or center, fails to appear for examination by the proposed outpatient treatment physician or center at the designated time, the physician or center shall notify the clerk of superior court who shall issue an order to a law-enforcement officer or other person authorized under G.S. 122C-251 to take the respondent into custody and take him immediately to the outpatient treatment physician or center for evaluation. The custody order is valid throughout the State. The law-enforcement officer may wait during the examination and return the respondent to his home after the examination.

(b) The examining physician or the proposed outpatient treatment physician or center may prescribe to the respondent reasonable and appropriate medication and treatment that are consistent with accepted medical standards pending the district court hearing.

(c) In no event may a respondent released on a recommendation that he meets the outpatient commitment criteria be physically forced to take medication or forceably detained for treatment pending a district court hearing.

(d) If at any time pending the district court hearing the outpatient treatment physician or center determines that the respondent does not meet the criteria of G.S. 122C-263(d)(1), he shall release the respondent and notify the clerk of court and the proceedings shall be terminated.

(e) If a respondent becomes dangerous to himself, as defined in G.S. 122C-3(11)a., or others, as defined in G.S. 122C-3(11)b., pending a district court hearing on outpatient commitment, new proceedings for involuntary inpatient commitment may be initiated.

(f) If an inpatient commitment proceeding is initiated pending the hearing for outpatient commitment and the respondent is admitted to a 24-hour facility to be held for an inpatient commitment hearing, notice shall be sent by the clerk of court in the county where the respondent is being held to the clerk of court of the county where the outpatient commitment was initiated and the outpatient commitment proceeding shall be terminated. (1983, c. 638, s. 11; c. 864, s. 4; 1985, c. 589, s. 2; c. 695, s. 6; 1989 (Reg. Sess., 1990), c. 823, s. 5; 1991, c. 636, s. 2(2); c. 761, s. 49; 2004-23, s. 2(a))