



GEORGIA DOMESTIC VIOLENCE

# FATALITY REVIEW PROJECT

GEORGIA COMMISSION ON FAMILY VIOLENCE  
GEORGIA COALITION AGAINST DOMESTIC VIOLENCE

2015 | 12TH ANNUAL REPORT



*We dedicate this report*

TO VICTIMS, THEIR CHILDREN, AND FAMILY MEMBERS WHO LOST THEIR LIVES AS A RESULT OF DOMESTIC VIOLENCE; TO THEIR SURVIVING CHILDREN, FAMILY MEMBERS AND FRIENDS WHO MUST GO ON WITHOUT THEM; AND TO THE BATTERED WOMEN WHO STRUGGLE TO STAY ALIVE EVERY DAY.

#### **Note on Graphic Design**

**Feathers appear on the pages of this report as homage to victims and survivors of domestic violence. Feathers are used as quills, representing in the context of our report the importance of survivors penning their own stories. It is rare that our Project has the opportunity to share stories written by victims who survived domestic violence. Often, stories shared in our reports are pieced together from case files and interviews with family members and friends with great care and intention. Feathers also have a long history of symbolism and ceremonial use in many cultures and represent heightened awareness, enlightenment, peace, healing and progress. Some say that finding a feather in your path is a sign that you are on the right course in life, others see a reminder that we live in a world full of hope and meaning.**

# In This Report

EXECUTIVE SUMMARY .....	3
BACKGROUND: CALI'S STORY .....	5
TRISHA'S STORY, CHAPTER 1: A SLOW UNRAVELING .....	6
IMPACT OF DOMESTIC VIOLENCE EXPOSURE .....	9
TRISHA'S STORY, CHAPTER 2: A FIRE IN THE NIGHT .....	16
IMPACT OF HOMICIDES ON SURVIVING FAMILIES AND CHILDREN .....	19
TRISHA'S STORY, CHAPTER 3: A LIGHT THAT WILL NEVER BURN OUT .....	24
IMPACT OF MURDER-SUICIDE AND FAMILICIDE .....	27
RECOMMENDATIONS .....	30
CHARTS: STATEWIDE DATA AND REVIEWED CASES .....	32
ACKNOWLEDGMENTS .....	43
REFERENCES .....	45

IF YOU OR SOMEONE YOU KNOW NEED HELP FINDING FAMILY VIOLENCE RESOURCES OR SHELTER, **CALL THE 24-HOUR STATEWIDE HOTLINE: 1-800-33-HAVEN (1-800-334-2836).** SE HABLA ESPAÑOL.

## Regarding Gender Language in this Report

According to the United States Bureau of Justice Statistics special report "Intimate Partner Violence, 1993-2010," published in 2012, women constitute 85% of victims of intimate partner violence and men comprise the remaining 15%. The majority of domestic violence homicides in Georgia tracked by the Project involve men killing women in heterosexual relationships. The language we use in this report reflects these realities. However, it should not be construed to suggest that all victims are women and all perpetrators are men. We acknowledge men are abused by women in intimate partner relationships and are sometimes killed by them. Domestic violence also impacts same-sex relationships at the same rate (or higher) as heterosexual relationships and lives are also lost.

# Executive Summary

## Impact of Domestic Violence and Familicide on Children and Families

The Georgia Domestic Violence Fatality Review Project (the Project) critically examines the circumstances that precede domestic violence-related homicides by identifying systemic gaps in service delivery to victims and perpetrators, and putting forth recommendations for change. Over the past 12 years, the Project's analysis has revealed gaps in services, policies, practices, training, information sharing, communication, collaboration, and resources. Concentration has been placed on identifying gaps prior to the homicide, as well as recommendations, which, if addressed, could have a significant impact on the lives of domestic violence victims and reduce the number of domestic violence-related deaths in Georgia.

The focus of the Project has broadened as we continue to learn about the gaps in service delivery that exist after a homicide occurs. Through in-depth fatality reviews, we have interviewed numerous family members and friends of domestic violence homicide victims who have provided us with some of the most valuable insights into the experiences of the deceased. We have learned intimate details about families who are torn apart: often we hear of loving mothers (sisters and daughters) who were navigating an abusive relationship; children (nieces and nephews, grandchildren) with promising futures; and men (brothers and sons), who were once loving fathers and husbands, who killed their wives and families. These interviews have also given us a window into the profound, enduring pain of a family's loss as they try to pick up the pieces and carry on without their loved one(s). We also learn about the vast numbers of grieving aunts, uncles, sisters, brothers, mothers, fathers, sons, and daughters facing every holiday, every birthday, and every family gathering without their loved one.

While families lose so much from these tragedies, our society loses much as well. The ripple effects span entire communities—we lose women and men who were co-workers and friends, families who were part of faith communities, and children who were schoolmates. Media reports that follow these tragedies often convey a community's sense of shock and an outpouring of love, support, and memories of those lost. As time passes and media coverage fades, we do not usually hear about what happened to the family and children

who survived. Even through our fatality review process, we often do not know what happened to these surviving children and we certainly cannot measure the long-term, lasting impacts the tragedy of losing a parent will have on their lives.

Over the last two years, the Project's annual reports have highlighted 10 key findings from the first 10 years of the Project. In 2013, we explored these findings in depth, providing essays on each topic supported with vignettes to give specific examples of how we saw these findings in the cases we reviewed. We then provided strong recommendations by system to address these findings. In 2014, we offered examples of communities implementing innovative and promising projects based on recommendations from fatality review cases. In this year's report, we dive deep into one of the key findings from our Project and a particularly compelling aspect of domestic violence: children exposed to domestic violence.

**In early 2015, the Project was contacted by a woman named Trisha\* after she searched the internet for her mother's name and discovered her mother's death was one of the first cases reviewed by the Project.**

Trisha, who was only 14 years old when she lost her mother, was in the process of piecing together the events of her childhood and was hopeful we could help her fill in the gaps of what happened to her mother. We quickly realized Trisha knew more than we did about her mother's life and untimely death. We also learned more details about Trisha's life, including what happened to her family after her mother's death, and Trisha's own journey to escape an abusive relationship as an adult.

Over the course of several months, we had the honor of working with Trisha to write her story, one of a resilient young woman who has overcome tragedy and trauma. Trisha shares her experience so we can understand more clearly what happened to her mother, what Trisha went through in the aftermath of her mother's death, and the continued influence of her mother's death on her life. As her story unfolds, we explore the lasting impact these deaths have

on surviving children, family members, friends, and the community who must go on without them. It is our hope Trisha's story will shine a light on the many struggles children and families face, and gaps in the support available to help them heal.

*Trisha's story* is only one of the 134 minor children who lost a parent or caregiver in the 100 cases reviewed by the Project between 2004 and 2015. We know there are many, many more survivors who have experienced the death of their parent(s) due to domestic violence in our state. Trisha's story, remembered and retold as an adult, offers us a glimpse into the lived experiences of these children. We invite you to reflect on Trisha's perspective as a child navigating domestic violence and various systems at her mother's side.

In particular, think about the lasting impact her observations of services available to help her mom had on her own life. Where do you see yourself in Trisha's story? What do you wish could have been different for her? What are the stories of children in your community whose parent is experiencing domestic violence? What are the stories of children in your community who have lost their parent(s) to domestic violence homicide? Where are they now and how are they doing? What can you do differently to help them?

Interspersed with Trisha's story, there are several topics presented in this report that relate to childhood trauma

and considerations for families and children who survive the homicide of a loved one. We detail one of the largest investigations ever done on the associations between adverse childhood experiences and later-life health and well-being. We shed light on the heartbreaking challenges families and children are faced with in the aftermath of domestic violence-related murders. We also highlight the resiliency of children, provide recommendations for change, and offer resources to help communities get started with implementation.

This report also includes a section on another tragedy impacting children exposed to domestic violence: murder-suicides and familicides. Murder-suicides account for a significant portion of domestic violence-related fatalities, both in the cases we reviewed and in all of the Georgia deaths tracked by the Project. Previous reports have highlighted our key findings on these topics, such as how an abuser's depression and suicidal thoughts are high risk factors for domestic violence homicide. In a continued effort to understand these tragedies and craft recommendations for change, the Project will take a closer look at familicides in our state. We plan to work closely with Fatality Review Teams over the next year to review cases involving familial tragedies that have occurred in our communities.

Within the pages of this report, we hope you find a renewed sense of urgency and commitment to creating the true social change necessary to end domestic violence and create safer communities. We also hope you see how important you are in the lives of children exposed to domestic violence and in the lives of children who survive domestic violence homicides. While these tragedies often shape and form who a person is, we have the opportunity and responsibility to ensure children are getting the services they need to heal from the hurt and trauma they've endured.

*\*Pseudonyms used throughout*

# Background

## Cali's Story

Cali\* and John\* met in 1988 while working at a restaurant. At 21, Cali was just a year younger than John. They married five years later in 1993; less than a year after the first known incident of domestic violence. At the time of her death, Cali was 35 and a mother of two children, an 11-year-old son and a 14-year-old daughter from a previous relationship. Cali suffered from fibromyalgia, depression, and had a full hysterectomy due to cervical cancer at the age of 27; she took antidepressants and hormone replacements.

John had an extensive criminal history including theft, bad checks, and two escapes from prison prior to his marriage to Cali. He was also arrested twice for domestic violence against Cali four years into their marriage. One of these arrests was for terroristic threats and aggravated stalking; he told her he would “blow her to kingdom come” and “put her in the grave.” He also told her she would pay with her life if she tried to leave him. The aggravated stalking charge was nolle prossed (dismissed for insufficient evidence) and John pled guilty to terroristic threats. He was sentenced to four years of probation, five days in jail with time served, a \$200 fine, 40 hours of community service, 20 months of a probation supervision fee, and domestic violence counseling.

Cali and John had been married for almost 10 years when she was killed. At the time of her death, they had been separated for about a week. Cali was working at a bed-and-breakfast; the owner was aware of John's abuse and provided her with a place to stay and a car when she left John. In the days leading up to the homicide, John threatened suicide and told his father and aunt he would rather be dead than live without Cali. Her daughter, Trisha, witnessed John beating his head against a wall repeatedly.

During his last attempt to reconcile with Cali, John rented a cabin for two nights and asked Cali to go away with him to discuss their relationship. Even though she agreed to go away with him, it is believed Cali did not truly intend to stay with John because she was tired of his abuse. On Jan. 2, 2003, John strangled Cali to death at the cabin. John, 36, was charged with malice murder, recidivist count, and felony murder. He accepted a plea deal from the district attorney's office for malice murder and received a life sentence for his crime.



## CHAPTER 1

### *Trisha's Story*

# A SLOW UNRAVELING

My name is Trisha and I am Cali's daughter. In 2003, at the fragile age of 14, my life was changed forever when the most important person in my life—the woman who was my world—my mother, was taken from me when her husband, and my stepfather, strangled her to death.

There are many ways we lose people we love in life. It seems like every day we hear of people losing loved ones to cancer, natural disasters, or car accidents. I know first-hand what it is like to have your world ripped apart, for the one person you cannot imagine living without to be taken from you, to face the reality that you can no longer see, touch, or talk to the person you loved most in this world. Unlike those who lose loved ones to an unforeseen force, I grew up in a house with a man who tortured, manipulated, stalked, and slowly killed my mother over the course of 15 years. I watched my world unravel, slowly and steadily, throughout most of my childhood. Despite that slow unraveling, her death felt like a fire that ripped through the night and destroyed my world.

**My mother was caring, vibrant, and extremely brave. She always knew what to say to make me feel better.**

She had the most beautiful smile, and a warm and loving personality. I always try to be happy and look on the bright side, because that is the way she lived, and I know she would want that for me. So many people loved my mother. Unfortunately, no one knew how to help her. She was a light in my life I will never let burn out. I will do whatever I can to help her memory live on. I hope sharing her story will help someone.

One of my earliest memories of the abuse happened when I was 5 years old. I remember my mother and stepfather screaming. I remember the look on my stepfather's face when he came back with a gun. My mother rushed in and threw a few items of my clothing, my blanket, and my doll into a bag. We ran to the neighbor's house before police officers showed up at our home. I remember the sense of relief I felt when I saw him in the back of a patrol car; I thought things would be okay from that point on. However, I can also remember the fear I felt when my stepfather was released from jail the next day and came back home to my mother.

This same scenario played out over and over throughout my childhood: an act of abuse, the ensuing chaos, the hope that this was the last time and we were safe, and the fear and disappointment when he returned home or found out where we were staying. My stepfather used many tactics to get back into my mother's life. He often made threats against her, me, my younger brother, and even my mother's family to get her to come back to him. To avoid our neighbors finding out how

dysfunctional their relationship was, we moved nearly every six months for 14 years.

My stepfather verbally and emotionally abused my mother, causing her to question her self-worth. My mother was 5'8, weighed around 150 pounds, and was stunningly beautiful, but my stepfather told her she was fat and ugly. I can remember she would sometimes go two or three days without eating and would take laxatives because he made her feel so ashamed of herself. He was a very jealous man and regularly accused her of cheating on him. He stopped her from communicating with many of her loved ones and did not allow her to have friends.

He also used my mother's faith and biblical scriptures against her. He would tell her that a woman is supposed to honor her husband above all others, and she would be condemned to hell for one thing or the other that he was accusing her of doing. She regularly sought counseling from our pastor or other members of the spiritual community, but I don't know if she found help there. I have since learned that the pastor my mother had long turned to, did not return her call the week prior to her death.

My stepfather convinced my mother she could not support herself and her children without him. She was not permitted to have a job outside of the home unless my stepfather worked at the same establishment. She was never allowed access to any money without his knowledge. When she would leave him or even talk about leaving him, the first thing he would do was empty their bank accounts, regardless of my mother's employment status. One time, when I was 6 years old, my mother left my stepfather and took the car. He tried to have her arrested for taking the car but she was allowed to keep it because her name was on the title. From that point on, he never allowed her name to be on another car title.

*When I started kindergarten,*

*I was fearful everyday that I would come home to find my mother dead.*

This was about the time I started interjecting myself into their arguments in an effort to get my stepfather mad at me; I

believed he would not hurt me but I knew he would hurt my mother. I remember seeing several injuries on my mother. She always said they were from something else, like falling down stairs or getting hurt outside. Once she told me my stepfather had punched her in the face accidentally while he was sleeping. My mother went to the hospital for several of these injuries, but she told the hospital staff her injuries were from accidents, too. When my mother went to the emergency room, a family member would take my brother and me until she was released, ensuring that only my stepfather would be allowed to go back with her to see the doctor.

When I was 8 years old, I overheard a phone call between my stepfather and my mother before I left the house to get on the school bus. He was at work and called to tell my mother he planned to kill her when he came home for lunch. I was scared and did not want to leave my mom. She reassured me it would be okay; she said she would take care of everything and sent me to school. When I arrived at my third grade class, I told my teacher what had happened before I left home. I told her that my stepfather was going to kill my mother while I was at school, and I wanted her to send people to our house to protect my mother from him. My teacher took me and put me in a room by myself for a while. Then she called a child services worker who spoke with me at school and subsequently with my mother later on. I don't remember feeling like anything helpful came from these conversations.

I later found out my mother called law enforcement and placed a tape recorder under a chair that day. When my stepfather came home for lunch and began verbally and physically assaulting my mother, everything was captured on tape. He was arrested for terroristic threats and aggravated stalking. The tape was played in the courtroom for everyone to hear. Unfortunately, my stepfather called my mother and convinced her he would have someone come after her, my brother, and me if she did not drop the charges. He pled guilty to terroristic threats and the aggravated stalking charge was dismissed. He was sentenced to four years of probation, five days in jail with time served, a \$200 fine, 40 hours of community service, 20 months of a probation supervision fee, and domestic violence counseling. I do not feel the punishment was strict enough for his offenses.

John's probation officer was also his uncle and his biggest supporter in prison, until 2015 when his uncle passed away.

I remember my stepfather was allowed to paint the probation office as part of his community service. At this point, I think my mother gave up on asking law enforcement and child services for help. I think I gave up, too: I did not feel like the agencies I believed as a child were there to protect me and my family were keeping this man away from us.

As the abuse continued, my mother reached out to the local battered women's shelter a few times. The shelter was a scary place to me as a child. We lived in a small town so it was usually pretty empty and it was located on the main street of town behind a church. Unfortunately, my stepfather knew where the safehouse was and he would show up and sit outside the building, threatening the other women and children there. I remember we stayed in a room at the front of the building, and my stepfather would sit in his car right outside our window all night long. When we would leave the next morning for school, he would follow us out of the parking lot. Using this tactic and the ones mentioned before, he convinced my mother to come back to him.

Because of what was happening at home, my mother took my brother and me to several counselors before her death. I do not remember anything helpful coming from these sessions. My mother and stepfather also went to several different types of counselors, including marriage counselors, spiritual counselors, and even anger management, but in the end, I do not think they were helpful either.

**As a child, I felt like my mother was alone in her efforts to leave my stepfather.**

I saw my mother try to leave in every way possible, from sneaking out in the middle of the night with what little we could carry, to having my stepfather arrested and leaving while he was in jail, to seeking help from the domestic violence shelter. None of the efforts she put forward got her any farther from her abuser. He always found us. Nothing stopped the cycle of abuse. It felt like my mother was left out in the cold and no matter what she did to get away from him, it was all in vain. We continued to live in fear as my mother's options became more and more limited. I hesitate to say that I often felt disappointed in my mother for taking him back, but now realize the situation was too complicated for a child to understand.

# Impact | Exposure to Domestic Violence

Trisha’s story reveals what we have known for a long time: it is common for children growing up in homes with domestic violence to witness the abuse.

**The National Survey of Children’s Exposure to Violence found one in 15 children were exposed to intimate partner violence between parents, or between a parent and that parent’s partner (Hamby, Finkelhor, Turner & Ormrod, 2011).**

Exposure to domestic violence extends beyond witnessing physical attacks and includes overhearing the abuse, observing their abusive parent’s reckless behavior, and seeing their parents with injuries. In a nationwide study of 517 children who had witnessed domestic violence, 75% of children saw the violence, 21% heard it, and 3% saw the injuries later (Hamby, Finkelhor & Turner, 2015; American Psychological Association, 2014). Children are also exposed to domestic violence when an abusive partner uses them as a means of threatening, intimidating, and controlling the other parent. Beyond exposure, children are also involved in domestic violence incidents and sometimes injured. In the same nationwide study, children were physically hurt in one in 75 cases (Hamby, Finkelhor & Turner, 2015; APA, 2014).

While we do not know how many children in Georgia are exposed to domestic violence or injured in the course of a domestic violence incident, over 62,000 children were present

at the scene of family violence calls between 2010 and 2014 (Georgia Bureau of Investigation, personal communication, 2015). Family violence calls include violence between all types of family members, not just violence between intimate partners. Some children may be counted twice in this total number due to multiple responses to the same home, but this number is likely an undercount since data is gathered only from counties who have reported to the Georgia Bureau of Investigation. We also know there are many more children exposed to domestic violence in incidents that are not reported to law enforcement.

## EFFECTS OF TRAUMA IN CHILDREN

For many children, witnessing acts of domestic violence and overhearing acts and threats of violence are not isolated incidents, but a recurring and frightening experience spanning years of their childhood. While the level and impact of this exposure will be different for each child, it is likely the experience is scary for most and traumatic for some. In the nationwide study mentioned earlier, just over 200 of the 517 children interviewed (or 2 in 5) said the violence was one of their scariest experiences ever (Hamby, Finkelhor & Turner, 2015; APA, 2014).

Not all children exposed to domestic violence are affected in the same way, but many children will experience trauma as

## COMMON SYMPTOMS OF EXPOSURE TO DOMESTIC VIOLENCE

YOUNG CHILDREN	SCHOOL-AGE CHILDREN	ADOLESCENTS
Age Birth to 5	Age 6 to 11	Age 12 to 18
<ul style="list-style-type: none"> <li>• Sleep and/or eating disruptions</li> <li>• Withdrawal/lack of responsiveness</li> <li>• Intense/pronounced separation anxiety</li> <li>• Inconsolable crying</li> <li>• Developmental regression, loss of acquired skills</li> <li>• Intense anxiety, worries, and/or new fears</li> <li>• Increased aggression and/or impulsive behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Nightmares, sleep disruptions</li> <li>• Aggression and difficulty with peer relationships in school</li> <li>• Difficulty with concentration and task completion in school</li> <li>• Withdrawal and/or emotional numbing</li> <li>• School avoidance and/or truancy</li> </ul>	<ul style="list-style-type: none"> <li>• Antisocial behavior</li> <li>• School failure</li> <li>• Impulsive and/or reckless behavior, e.g.,               <ul style="list-style-type: none"> <li>+ School truancy</li> <li>+ Substance abuse</li> <li>+ Running away</li> <li>+ Involvement in violent or abusive dating relationships</li> </ul> </li> <li>• Depression</li> <li>• Anxiety</li> <li>• Withdrawal</li> </ul>

*The National Child Traumatic Stress Network. Ages and Developmental Stages: Symptoms of Exposure. Retrieved from <http://www.nctsn.org/content/ages-and-developmental-stages-symptoms-exposure>*

## PREVALENCE OF INDIVIDUAL ADVERSE CHILDHOOD EXPERIENCES

TYPE	CATEGORY	DEFINITION	PREVALENCE
ABUSE	Emotional Abuse	Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.	11%
	Physical Abuse	Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.	28%
	Sexual Abuse	An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.	21%
NEGLECT	Emotional Neglect	Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection.	15%
	Physical Neglect	Respondents were asked whether there was enough to eat, if their parents' drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the doctor.	10%
HOUSEHOLD DYSFUNCTION	Mother Treated Violently	Your mother or stepmother was sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her and/or sometimes often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun.	13%
	Household Substance Abuse	Lived with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs.	27%
	Household Mental Illness	A household member was depressed or mentally ill or a household member attempted suicide.	19%
	Parental Separation or Divorce	Parents were ever separated or divorced.	23%
	Incarcerated Household Member	A household member went to prison.	5%

CDC, 2014. Collected between 1995 and 1997, the prevalences (%) presented are estimated from the entire ACE Study sample (Total=17,337). Visit <http://www.cdc.gov/violenceprevention/acestudy/prevalence.html> for details.

a result. Trauma is defined as an overwhelming experience that impacts one's functioning and mental, physical, social, emotional, or spiritual well-being. Trauma from exposure to domestic violence can have both short-term and long-term effects in children. Short-term effects include generalized anxiety, sleeplessness, nightmares, difficulty concentrating, increased aggression, increased anxiety about being separated from a parent, and increased worry about the safety of a parent (The National Child Traumatic Stress Network, n.d.). Repeated and chronic exposure to multiple traumatic events can result in children and adults experiencing complex trauma (Cook, Blaustein, Spinazzola & van der Kolk, 2003).

**Long-term effects, especially with chronic exposure, may lead to physical health problems, behavior problems in adolescence, and emotional difficulties in adulthood, including post-traumatic stress disorder (The National Child Traumatic Stress Network, n.d.).**

While trauma is prevalent in our society, every person will experience it differently. In children, trauma can present differently based on a child's age, gender, development level, and temperament. In addition, the severity of violence, proximity to the violent events, the responses of their caregivers, and the child's internal and external resources will impact how they respond to trauma. The table on page 9 lists possible reactions/symptoms of exposure to domestic violence by age group. These symptoms can also be associated with other stressors, traumas, or developmental disturbances, and should be considered in the context of the child's and family's functioning.

## ADVERSE CHILDHOOD EXPERIENCES

The potential long-term impact of exposure to domestic violence in childhood is illustrated in the Adverse Childhood Experiences (ACE) Study. The ACE Study is one of the largest investigations ever done to examine the links between traumatic childhood experiences and long-term health, well-being, and social consequences. Over 17,000 adults, ages 19-

60, receiving health care at Kaiser Permanente in San Diego, California, completed confidential ACE surveys. The surveys covered information about past history of abuse, neglect, and family dysfunction in the first 18 years of life, as well as current adult health status, mental health, quality of life, and deaths (CDC, 2014). The table on page 10 summarizes the prevalence of ACEs found in the study.

## ACE SCORE AND HEALTH OUTCOMES

The ACE Study also tallies the total number of study participants' experiences to determine an ACE score. As you can see from the following table, the prevalence of adverse childhood experiences for the study participants is overwhelming: ACEs are very common, and two-thirds of participants reported having at least one ACE. Research indicates that when there is one ACE, there is an 87% chance of another ACE (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998). The higher the ACE score, the greater prevalence of co-occurring physical, mental health, and substance abuse conditions such as depression, illicit drug use, alcohol abuse, smoking, suicide attempts, intimate partner abuse, sexually transmitted diseases, unintended pregnancy, high-risk sexual activity, fetal death, liver disease, heart disease, obesity, and chronic obstructive pulmonary disease (CDC, 2014). The CDC continues to track the medical status of the participants and similar studies have been replicated in other areas of the world. Find more information about the study at [www.cdc.gov/ace](http://www.cdc.gov/ace).

## DOMESTIC VIOLENCE AND ACES

For children growing up with domestic violence in their homes, there is a 95% probability they will be exposed to at least one other ACE (Dube, Anda, Felitti, Edwards & Williamson, 2002). More than one-third (35%) of children exposed to domestic violence had four or more ACEs (Dube et al., 2002). Adult participants who report four or more ACEs are at significantly increased risk for suicide attempts, depression, drug abuse, and alcoholism (Futures Without Violence, 2008).

## PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCE SCORES

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES	WOMEN	MEN	TOTAL
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%

CDC, 2014. Visit <http://www.cdc.gov/violenceprevention/acestudy/prevalence.html> for details.

**Participants who reported witnessing their mother's abuse had a substantial increased risk during adolescence for alcohol abuse, drug use, and depression (Dube, Miller, Brown, Giles, Felitti, Dong & Anda, 2006).**

There is also an increased risk for women with more ACEs to be victims of domestic violence and for men with more ACEs to perpetrate domestic violence (Nelson & Link, 2012). Research suggests that the majority of individuals who experience child abuse do not commit acts of violence against women; however, a large segment of men who commit violent acts against women were abused as children (Baker & Stith, 2008; Vézina & Hébert, 2007).

For many readers, ACE findings related to children exposed to domestic violence will come as no surprise. The types of abuse the ACE categories cover can be common occurrences in the lives of children growing up in homes with domestic violence. As violence escalates, we expect to see an increase in the number of ACEs for children living in these homes, as parenting of both a mother and father may be impacted by domestic violence, and the violence could lead to incarceration and/or death of a parent. However, while the ACE Study helps us better understand the potential impact of trauma and the connection to self, health, relationships, and parenting, it is important to note individual ACE scores are not necessarily predictive of poor health or social outcomes. Even though a child may only have one ACE, they may struggle more than a child with five ACEs because not all children are equally affected by ACE exposure and trauma. Therefore, attention should not be paid solely to the number of ACEs someone experiences, but the impact of that experience in a person's life.

## BEST PRACTICES WITH ACES

Since trauma experienced in childhood can have lasting impacts on a person over their lifetime, the importance of discussing and addressing childhood trauma, even in adulthood, cannot be overstated. Because it is likely that many people have at least one ACE, incorporating ACE research into domestic violence practice is beneficial for not only children, but all members of a family. ACEs can be seen in various iterations within the domestic violence field: it's not only traumatized children, but also adults, some of them parents, who experienced trauma in their childhood. Questionnaires and screening tools are available for the general public to fill out to find their ACE score and some programs use these tools in their intake and work with survivors and parents. Parents presented with the ACE Study or asked to fill out an ACE screening tool may find themselves triggered by their own experiences as children—or they may feel guilty for the potential impact ACEs might have on their own children. While understanding one's history of trauma and potential risks can be beneficial, it is possible this approach may place too much emphasis on the sheer number of ACEs someone has without providing hope and tools for moving forward.

To address these concerns, Levenson (2015) recommends helping professionals talk about the ACE Study from a universal education framework. This framework focuses on educating parents about trauma and the potential impact and risk; it acknowledges everyone has trauma and triggers and can benefit from knowledge, tools, and support. Less focus is placed on an individual's ACE score and instead emphasis is put on an individual's ability to heal, take control of their lives, and change the future. This framework may allow advocates to talk more freely about trauma without fear of coming across as judgmental, and parents may feel more comfortable

discussing impacts and support available rather than their ACE score or their child’s ACE score (Levenson, 2015).

## RESILIENCY

The great news is many children and adults exposed to domestic violence are resilient. Resilience is defined as: “A set of qualities that helps a person to withstand many of the negative effects of adversity” (Gilligan, 2000).

**Encouragingly, “longitudinal studies reveal that 50-75% of children growing up in families with domestic violence, as well as exposure to other risks, defeat the odds and turn a life that appears destined for further hardship into one that illustrates resilience and triumph” (White, 2003, p. 6).**

A child’s level of resiliency can be greatly impacted by their age; gender; development of the child; characteristics of the violence, including frequency, severity, proximity; how the child learned to cope and survive stress; protective strategies used by the non-offending caregiver; support systems available to the child; and the child’s ability to accept support and assistance from adults (Nebraska Domestic Violence Sexual Assault Coalition, n.d.).

Resilience is not something we have or don’t have; it’s an innate quality we are all constantly working on throughout our lives (Pearson & Kordich Hall, 2012). To promote resiliency in children, we must promote healthy parents, healthy families, healthy schools, and healthy communities that can provide outside support for children and help build their inner strengths. Research indicates the single most critical factor in how children weather exposure to domestic violence is the presence of a consistent, supportive and loving

OUTSIDE SUPPORTS TO BUILD RESILIENCY	
Caring Relationships	Help children feel loved, understood and accepted, and protected from harm. Feeling wanted and loved helps children get through the hard times in life.
Positive Role Models	Help children see how others persevere, and stay calm and flexible, in dealing with life’s challenges. Children learn these life skills by watching and copying adults.
Community Resources	Help children when they need extra assistance in dealing with hard times. Children learn asking for help is a sign of strength.
INNER STRENGTHS TO BUILD RESILIENCY	
Self-Control	Helps children handle life’s disappointments, worries, and frustrations. Children learn to focus on goals and have patience.
Thinking Skills	Help children check assumptions and find new ways to view challenges, solve problems, and get along better with others.
Confidence	Helps children believe in their ability to overcome obstacles and gather the courage to try new things.
Positive Outlook	Helps children manage challenges with optimism and hope.
Responsibility/Participation	Helps give children a sense of purpose that strengthens and motivates them to steer through difficulties and painful experiences.

*Health Nexus. Adapted from Building Resilience in Young Children: Booklet for parents of children from birth to six years. (Pearson & Kordich Hall, 2012). Retrieved from [http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/BSRC\\_Resilience\\_English\\_fnl.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/BSRC_Resilience_English_fnl.pdf)*

adult – most often the victim parent, usually their mother (Masten, 2006). Therefore, an effective way to protect and restore children is to keep victim parents safe (White Starr, 2010). Other adults can also support children coping with domestic violence: a grandmother, godparent, foster parent, coach, teacher, or neighbor (Futures Without Violence, 2012). Increasing support and assistance for children and adults who have been exposed to domestic violence can not only heal individuals who are of immense value to our society, but we can build stronger families and communities by curbing intergenerational domestic violence, as well. Normalizing trauma and making the connections between ACEs, health, and parenting can empower families to get the resources and tools they need to make healthy choices and seek support when necessary.

## RESOURCES FOR SUPPORTING CHILDREN EXPOSED TO DOMESTIC VIOLENCE

**Georgia Helpline:** Prevent Child Abuse Georgia's 1-800-CHILDREN (1-800-244-5373) Helpline is an information and referral line for people who are concerned about the healthy development of children and the prevention of child abuse and neglect. Callers can talk to a trained individual who cares and wants to help. The helpline is toll free, a safe place to discuss options, and staffed by bilingual (Spanish/English) professionals. The helpline is not a hotline or crisis line, a function of Division of Family and Children Services, or where child abuse reports are made. The helpline serves parents, grandparents, foster parents, survivors of abuse, youth, friends or relatives, crime victims, faith communities, professionals, and individuals from all socio-economic levels living in urban, suburban, and rural communities in Georgia. People can call for a variety of reasons, including parenting support; counseling and support groups; referrals for legal needs; grandparent issues; child abuse and prevention information; concern about well-being of a child or family members; family violence concerns; community resources for emergency assistance; and resources for special needs children.

**National Helpline:** The Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453) is a national helpline staffed by qualified crisis counselors. They can help

callers who need to talk to a counselor; are in physical or emotional crisis and need support and encouragement; need to be connected to the best possible resources in a specific area; have questions about the signs of child abuse; need to find out how to report known or suspected abuse; have questions about the reporting process and what to expect through the process; want to learn about resources available to parents, grandparents, and caregivers; need emotional support as a survivor of abuse; and want a referral to a nearby agency, counseling, or other service.

### **ACE Response: [www.aceresponse.org](http://www.aceresponse.org)**

ACE Response grew out of a partnership between Prevent Child Abuse America and the University at Albany (SUNY) School of Social Welfare. This website seeks to raise awareness of ACEs and mobilize comprehensive responses to them across the lifespan in order to prevent ACEs and their consequences.

### **Futures Without Violence: [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)**

Futures Without Violence has been empowering individuals and organizations working to end violence against women and children for over 30 years. Their website includes a great number of resources on ACEs and recommendations and programs supporting parents and children experiencing domestic violence.

**Connected Parents, Connected Kids** is a safety card designed for parents that health care providers can distribute as part of universal education. In addition to providing safety resources for women, this tool also functions as a prompt for health care providers to discuss ACEs and the impact on parenting.

<http://www.futureswithoutviolence.org/connected-parents-connected-kids/>

**Everyday Magic: 16 Ways Adults Can Support Children Exposed to Violence and Trauma** (2015) is a policy paper that suggests ways adults can support children exposed to violence and trauma to heal and grow. These recommendations are for advocates, educators, and health care providers to help improve their response to children who have experienced violence or trauma. <http://www.futureswithoutviolence.org/everyday-magic-16-ways-adults-can-support-children-exposed-to-violence-and-trauma/>

**Trauma-Informed Approaches to Domestic Violence Exposure, Adverse Childhood Experiences and Resiliency (2015)** is a webinar conducted in partnership with Rebecca Levenson, MA, and explores the latest thinking about ACEs and childhood exposure to domestic violence. <http://www.futureswithoutviolence.org/trauma-informed-approaches-to-domestic-violence-exposure-adverse-childhood-experiences-and-resiliency/>

**The National Child Traumatic Stress Network:**  
<http://nctsn.org/content/resources>

Established by Congress in 2000, The National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services.

**Children and Domestic Violence Fact Sheet Series (2015)** was created by the NCTSN Domestic Violence Collaborative Group for parents whose children have been affected by domestic violence. The set of 10 fact sheets gets to the heart of the experiences and needs of these children and families, and offers education in support of their resilience and recovery. <http://nctsn.org/products/children-and-domestic-violence-fact-sheet-series>

**Reaching IN...Reaching OUT:** <http://www.reachinginreachingout.com/resources-parents.htm>

Reaching IN...Reaching OUT (RiRo) creates evidence-based programs that teach resiliency thinking and coping skills to adults and children under 8 years old. Their online offerings include resources for parents to understand and model behaviors for their young children.

**National Council of Juvenile and Family Court Judges:**  
[www.ncjfcj.org](http://www.ncjfcj.org)

One of the largest and oldest judicial membership organizations in the nation, the National Council of Juvenile and Family Court Judges serves professionals in the juvenile and family justice system including judges, referees, commissioners, court masters and administrators, social and mental health workers, police, and probation officers. Their Family Violence and Domestic Relations Program provides specialized training and technical assistance to judges, advocates, attorneys, and others throughout the country.



*Research indicates*  
the single most critical factor in how children weather exposure to domestic violence is the presence of a consistent, supportive and loving adult – most often the victim parent, usually their mother (Masten, 2006).

## CHAPTER 2

### *Trisha's Story*

# A FIRE IN THE NIGHT

I watched my mother change a lot in the months prior to her death. She had a confidence and a determination about herself I had never seen before. She took a job and was making nearly as much money as my stepfather. She secured a place for us to live without him and a vehicle he was not able to take from her. She was getting ready to file for divorce and the nightmare we had been living would finally be over.

We all thought we were going to be all right. We were going to be happy and free from him. I could finally see the light. Unfortunately, I believe my stepfather saw these same changes in my mother and knew she was moving on. When he came to her in late December with accusations of affairs and adultery, my mother's demeanor was different. I believe he realized it was really over and saw she was no longer a possession of his.

My mother left my stepfather for the last time on Dec. 27, 2002. I refused to leave with her and told her I was tired of all the leaving and going back all the time. She permitted me to stay with my friend and her family for a few days. During that time, my stepfather stalked my mother and threatened suicide several times. On Dec. 31, 2002, he broke into her car and took her medication. He said he would not give it back unless she came home to him for seven days. He told her if, at the end of seven days, she could look him in the eye and tell him she did not love him anymore, he would give her a divorce. She decided to go home that night and learned he had rented a cabin about 20 miles away and had planned a weekend getaway for the two of them to work things out.

When they left for the cabin on the evening of Jan. 2, 2003, my mother drove her boss' car so she had the option to return home when she wanted. I came home that morning so my grandparents could watch my brother and me while she was gone over the weekend. My mother told me she was scared but only had five days left of the agreement. Little did she or I know that when she left that day, we would never see each other again. What none of us knew is before she left, my stepfather quit his job and gave instructions to his boss to come get the tools he had in his possession. I believe this action reveals my stepfather had planned to kill my mother. My mother never returned from that cabin. He took her life that same night, only two days into their seven-day agreement. It was on this day my whole existence, the very fiber of my being, changed forever.

The next morning, Jan. 3, 2003, I woke up like any other American teenager. My grandfather banged on my door because I was sleeping too late. He picked up a McDonald's breakfast that was waiting upstairs. The day progressed normally until my grandfather received a phone call that my stepfather was in jail. I tried to call the jail to locate my mother but nobody knew where she was. My stepfather's brother was a sheriff's deputy in our county at the time of my mother's death and I knew several women who worked in the

sheriff's office. When they told me my mother was outside smoking, which she did not do, I knew in my heart something was very wrong.

**During what seemed like the longest day of my life, I would find out that my mother was murdered by her husband the night before.**

After four long hours of calling various agencies in the community with no information, my stepfather's sister went to the jail at the request of her mother. She then came to our house and informed us of what happened. It would be another two hours before law enforcement or social workers showed up. I remember feeling very overwhelmed to have all of these people in our home. I overheard many of them making phone calls to other members of our family telling them what happened and asking if they would take us. After four more hours, they still had not found a place for my brother and me to stay. My step-grandparents wanted to take us but they were not allowed due to what their son did to our mother. While they were technically my step-grandparents, my mother and their son had been together since before my birth, so they were just grandparents to me.

In the phone calls I made earlier that day, I informed my friends of what had taken place. My friend's father came to the house to make sure my brother and I were all right. He subsequently took us home with him to avoid us being placed with strangers.

*To this day,* I struggle to understand how that day unfolded: How can you let two children and their grandmother sit through an entire day of not knowing something happened, unable to locate their mother? Why did it take six hours for you to notify us of our mother's death? Why didn't you allow my brother and me to go home with my stepfather's parents that day?

Ultimately, no magic Hallmark-movie foster mom took us in to continue the wonderful job my mother was doing raising my brother and me. Even though no one in my mother's family stepped up to take us and my stepfather's parents were not permitted to take us, we were never entered into the foster care system. The state gave custody of us to my friend's father, a single man with an 18-year-old son who took on the ultimate responsibility of caring for my brother and me.

Then suddenly, about a week after my mother's death, we were pulled from a horrible situation and put into an even worse one. My biological father came forward—a man I had never met—and said he wanted my brother and me to come and live with him and his family. I told myself at some point my mother had loved, married, and had children with him, but I also knew there was some reason she had kept him out of our lives. Not knowing what a life with him could hold, my brother and I made the decision to go. However, we did not stay long; our father was abusive toward every member of his family, especially the children.

Eventually, my brother and I were separated. After three temporary placements and three trips back to our biological father's house, my stepfather's parents gained custody of me, and my brother was made to stay with our biological father. When my grandparents got custody of me, I basically took my life in my own hands. I dropped out of school and started doing whatever I wanted at the age of 15. I ended up in a very bad relationship, and it took me years to get out of that situation and find true happiness.

As a child, I had only seen one relationship, and that was my parents'—not the best example. Growing up, I learned certain behaviors were "normal," like a husband setting a time limit for his wife to visit her parents on Sunday afternoon. I also thought it was normal for a husband to accuse his wife of having an affair if she was 10 minutes longer than he said, even with both kids in tow. As a result, I became

involved in a relationship when I was a teenager that turned into a nightmare. It started out fine, like many high school sweetheart stories do, but over time it became anything but.

**Little by little, my boyfriend started to make the same accusations I heard my stepfather make all my life. He controlled everything I did: who I talked to, who I was friends with, how I dressed, and every aspect of my day-to-day life.**

I was not permitted to have a driver's license, a job, or any money of my own. As time wore on, I started to change myself to try to make things better.

Ultimately, it did me no good; things only continued to get worse. After years of verbal and emotional abuse, it escalated to physical abuse. I realized then I was continuing a pattern from my childhood. From the moment physical abuse took place, I knew I needed to leave. However, it took me eight months from that day to actually leave in a way I felt was safe for me. Because of the experiences from my childhood, I had learned there was no help for me. I was only able to leave the relationship when he was arrested on charges not related to violence against me.

*I often wonder* if I had not seen the pattern of domestic violence play out with my mother, would I have ended up in this situation? If we are taught as children to follow the example of our parents, and our homes are secretly broken, then what hope do we have?

# Impact | Homicide on Surviving Families and Children

Nationally, it is estimated between 2,000 and 3,000 children a year are impacted by domestic violence homicides when either the victim or the perpetrator are their parents. In most cases, the child effectively loses both parents at once; either the offending parent commits suicide or spends many years incarcerated (House of Ruth Maryland & Baltimore City Domestic Violence Fatality Review Team, n.d.). The lasting impact of domestic violence-related homicide is immeasurable and life altering for these surviving children and their family members. However, as seen in Trisha's story, often not much attention is given to the struggles these families face for the rest of their lives.

Interviews with family and friends reveal follow-up services for families, friends, and surviving children of such homicides are woefully inadequate. Perhaps there is an assumption after losing a loved one to homicide, children and families receive the assistance they need and move on with their lives. While this may be true for some, the sudden, senseless death of a loved one sets many families on a course fraught with deep grief and a lack of resources. Most of our conversations with family and friends occur at least two years after their loss, but the lasting effects of grief and trauma are still very present.

## IMPACT ON FAMILIES

### Helplessness, Guilt, and Grief

The emotional toll of losing someone in such a violent, senseless, and possibly preventable way is enormous for all involved, including family members, children, friends, and co-workers. Family and friends often have more insight than anyone else about the dynamics of the relationship, history of violence, and signs of escalating risk. Yet, many share they felt powerless or ill equipped to help. Some express feelings of guilt for not being able to protect their loved one. Sometimes, the emotional impact of their loss affected their ability to function on the job, at home, or in school. It frequently placed a great deal of strain on relationships as people struggled with the sudden changes in family dynamics. Often, the health, faith, and values of individuals were also negatively impacted by their loss.

### Frustration with Systems' Response

These emotions were often accompanied by strong opinions regarding the systems' response before and after the homicide. Many felt as though the system failed their loved one when they sought help prior to the homicide. Examples include law enforcement officers not making arrests, prosecutors plea-bargaining or using diversion, and judges giving seemingly lenient sentences. Many families have expressed anguish and disbelief at the plea bargain arrangements and sentencing after the homicide, believing them to be too light and not fitting the crime. One mother, whose 29-year-old daughter died after her boyfriend shot her twice in the head, declined to speak with us because the court allowed him to plead guilty to involuntary manslaughter. He was sentenced to 10 years, to serve four. He was released from prison four years and one month after the homicide. She was devastated by what she saw as the criminal legal system's disregard for her daughter's life.

Beyond sentencing, we have learned the impact of the trial is also hard for family and friends. Postponements, continuous delays, and not knowing what to expect next throughout the trial were frequently cited experiences. If they were allowed in the courtroom, family members and friends found it hard to listen to the gruesome details of the homicide and the perpetrator's attorney disparaging the victim, their loved one. While the trial process was difficult, many shared that victim witness advocates were a source of comfort for them and were helpful in offering resources and referrals for additional support.

For many families, interactions with the criminal justice system do not end after a conviction and sentencing. If the offender went to trial, the long appeals process often begins within a few weeks and can span several years. While cases under appeal are not reviewed, we have spoken with family members who have revealed other challenges after conviction. One mother, whose daughter was killed by the father of her child, stated in an interview she and her husband were receiving harassing messages from the perpetrator via a Facebook account he created using a cellphone from within the prison. He was upset they were not allowing his parents to see his son. Some families, like

Trisha's, must relive their pain through the parole process for years and years to come. This process is often accompanied by a sense of injustice and constant worry of what will happen if parole is granted.

### Economic Hardships and Parenting

We also found the impact of the homicide involves economic hardship for many families. This includes costs associated with the homicide, such as funeral, crime scene cleanup, and resolving the financial affairs of the deceased. In many families, parents or siblings of the deceased take custody of the victim's children and face the unexpected financial burden of child rearing. Many families are also dealing with the unique parenting challenges of raising children who have experienced trauma from losing one or both parents to homicide, witnessing domestic violence prior to the homicide, and perhaps even witnessing the homicide or finding the bodies.

**Many families we spoke with were not connected to helping services and were not aware they could apply for assistance from the Georgia Crime Victims Compensation Program to help with funeral expenses, crime scene cleanup, and counseling.**

We found this to be especially true in cases of murder-suicide because families are usually not connected to a victim witness advocate in these instances. In our media tracking of domestic violence-related homicides, we often see families of murder-suicide victims set up online fundraising pages to cover expenses that are eligible for coverage by the Crime Victims Compensation Fund.

## IMPACT ON CHILDREN

### Child Survivors in Georgia

In the domestic violence-related homicide cases reviewed by the Project, 134 minor children lost a parent or caregiver

because of the homicide. Of these 134 children, 68 children were present during the homicide, 50 of them actually witnessed the homicide, and four of them found the body or bodies of their mother and/or caregiver. Unfortunately, beyond these numbers, we usually do not know what becomes of the surviving children from cases reviewed by the Project. We can assume they navigated challenges similar to what Trisha described while adjusting to new homes with new caregivers and dealing with the overwhelming grief of losing a parent. While we may not know their entire story, we can assume that the impact of their childhood experiences continues into adulthood. The following section includes several examples of potential missed opportunities to support child survivors of parental domestic violence-related homicide and areas where advocates, community partners, and service providers can mitigate and address potential trauma.

### Notifying Children of their Parent's Death

Since most domestic violence-related homicides occur within the home, many children witness the homicides of their parent or caregiver or are present in the home at the time of the homicide. Sometimes children are the ones to find their parents deceased. If children are not present at the scene, family members, social workers, or law enforcement officers must disclose to the child what happened, or at the very least that the parent is dead. The task of disclosing the death of a parent to a child is one for which most people are not prepared. The fact that another parent or caregiver killed the parent can further impact and complicate explaining this to a child.

However, as we see in Trisha's story, delaying the disclosure of a parent's death can drastically affect a child. How a child is informed of the death is also of utmost importance. While children see and hear the same things adults do, their understanding of what things mean is different. Depending on the child's age and ability to comprehend death, these conversations may need to happen more than once. Having an honest conversation and using concrete language geared toward the age and development stage of the child is best. Euphemisms like "passed away" may not make sense to a

child or may have unintended consequences; for example, children may be afraid to sleep if they are told their parent is “sleeping forever.”

### Talking with Children about the Homicide

Moreover, a child’s age and development stage greatly impact their understanding of death, as well as how they may grieve. All children, especially infants, will be affected by the death of a parent. In cases reviewed by the Project, we have seen families struggle with talking about the homicide with surviving children. Some families develop a culture of silence around discussing the death, while others talk openly about what happened. While these conversations can be distressing, experts recommend children be allowed to ask questions and show their feelings while not feeling forced to discuss what happened.

### Identity Conflicts

In the aftermath of losing a parent, we have learned children face many obstacles to healing. One such obstacle includes a child’s connection to both the victim, usually their mother, and the perpetrator, often their father.

**While children may have struggled with this prior to the homicide and felt conflicted about their connections to both parents, after a homicide they may suddenly find themselves struggling with two identities: a victim-survivor and the child of a murderer.**

This identity conflict presents challenges in both legal proceedings as well as family dynamics. If they are asked to testify, children may feel ambivalent or responsible for the verdict; traitorous if their testimony resulted in an acquittal, or guilty if it resulted in their parent being sent to prison for the rest of their life (Armour, n.d.).

### Custody Arrangements

Family members of both parents may seek custody and children may feel torn between the people they love. Like

Trisha, the child may feel closest to the offending parent’s family and wish to stay in contact with them, but may not be allowed to do so. Each side of the family may tell the child not to talk about their other parent or may even disparage the name of the other parent, such as the victim’s family vilifying the perpetrator and denying the child access to see them, or the perpetrator’s family blaming the victim for provoking the homicide. In the context of everything else they may be dealing with—grieving for their parent, adjusting to a new home and school—children may resort to not talking about their parent or the homicide for fear of upsetting their new caregivers (Armour, n.d.).

While a child may or may not understand what happened due to their age, it is possible the child still loves the offending parent and may need help reconciling their feelings of love with their feelings of grief. Some children may want to continue a relationship with their parent in prison, something some new caregivers may feel uncomfortable with. It is also possible a child’s feelings may change and a child who originally wanted nothing to do with their parent in prison may wish to talk to them at some point.

### Ongoing Support and Counseling

Many family members raising children who survive these tragedies face a multitude of unique and challenging issues for years to come. Support and guidance for children is often left to family members who are also struggling with their new roles as caregivers, as well as their own grief. Therefore, providing support and counseling to help new caregivers heal is paramount to helping children heal. In one interview with a surviving brother, he described his year-and-a-half battle with insomnia after his sister’s death. In this same family, the victim’s 10-year-old son, who discovered his dead mother, told his uncle, “I look in the mirror and see my mama lying in the bed.” His twin sister was with him when he found their mother, and neither child received counseling.

As children get older, they continue to go through many stages of grief. Many of the children who survive domestic violence-related homicides are also witnesses of domestic violence and may have ongoing trauma and behavioral issues from

those experiences. Ongoing support and counseling for these children can ensure they have the resources they need to cope with what happened and build their resiliency.

**Compounding the challenges of raising children who are coping with the loss of a parent is that each child will uniquely experience various stages of grief and levels of trauma.**

This difficult reality is clearly illustrated in an article by Marilyn Armour (n.d.), who includes an excerpt of the challenges faced by a grandmother who is raising four grandchildren four years after her daughter's death:

“The five-year-old grandson (who was 11 months old at the time of the homicide) does not remember his mother and father from before the murder. He has developed a relationship with his father through phone calls and visits to the prison. [The] 7-year-old granddaughter (3 years old at the time) believes that another man killed her mother, not her father. [The] 9-year-old grandson (5 years old at the time), unlike his siblings, refuses to visit his mother's grave or visit his father in prison. In contrast, [the] 10-year-old grandson (6 years old at the time) is angry that his father is in prison and believes that he should not have been sentenced to prison.”

Underscoring the need for ongoing support from helping professionals is that even when families are connected to helping services and offered resources, they may not be ready or able—in the immediate aftermath of the homicide—to follow up on them. Due to the sudden and dramatic nature of the changes resulting from murder or murder-suicide, families may not be able to absorb information about victim compensation, counseling, and other supportive services until things begin to settle down. This could be six months to a year after the death(s), or even longer. Further complicating this reality is the gap in services when murder-suicides occur since families are not usually connected to a victim witness advocate in the prosecutor's office, as there is no trial. These families in particular struggle with isolation and not knowing help may exist or where to turn for help.

The challenge then becomes how we help families on a more long-term basis to meet their needs. On the following page are some resources for assisting families and children who have lost a loved one to homicide. In addition to utilizing these resources and referrals, consider these questions: Does your agency interact or have the potential to interact with surviving families and children? If not, where might these families go for help? Is there an agency that can conduct follow-up 6 months to a year after the homicide?

*Despite the challenges faced by surviving children and families,*

there is hope and there are resources available.

On the following page are some resources for assisting families and children who have lost a loved one to homicide.



## RESOURCES FOR SUPPORTING CHILDREN AND FAMILIES WHO SURVIVE DOMESTIC VIOLENCE HOMICIDE

### Financial Supports

**Georgia Crime Victims Compensation Program** is administered by the Criminal Justice Coordinating Council. It helps victims and their families through the emotional and physical aftermath of a crime by easing the monetary impact placed upon them. The program provides financial benefits for expenses such as medical bills, loss of earnings, funeral expenses, mental health counseling, and crime scene sanitization. Claims must be filed within three years of the crime or death of the victim. Visit <http://cjcc.georgia.gov/victims-compensation> for complete eligibility requirements and forms.

**Kinship Care** is a term used to describe situations when grandparents or other relatives care for children because the biological parents are unwilling or unable to do so. Nationally, there are almost three million kinship care families. Across the U.S., Georgia has the sixth largest population by state of grandchildren living with grandparents, and this is the most common outcome for families in cases reviewed by the Project. In addition to federal programs, Georgia offers several financial resources to assist kinship care families. More information can be found at Georgia Department of Human Services (<http://dhs.georgia.gov/node/1970>) and Georgia's Aging and Disability Resource Connection (<http://www.georgiaadrc.com/site/1/home.aspx>).

### Grief Camps and Bereavement Support for Children

There are a number of grief camps and bereavement support resources for children in Georgia. Many of these camps include professional counseling support as well as fun activities for children. Most are available for free or at low cost.

- + National Alliance for Grieving Children: <http://www.childgrieve.org/programs-georgia>
- + Camp Twin Lakes: [http://www.camptwinlakes.org/aboutus/camp\\_partners.html](http://www.camptwinlakes.org/aboutus/camp_partners.html)
- + Camp Magik: [www.campmagik.org](http://www.campmagik.org)

- + Camp STARS: <http://www.vnhs.org/patient-resources-support/camp-stars/>
- + Camp Hope: <http://www.hospicesoga.org/about-hospice-of-south-georgia/camp-hope/>

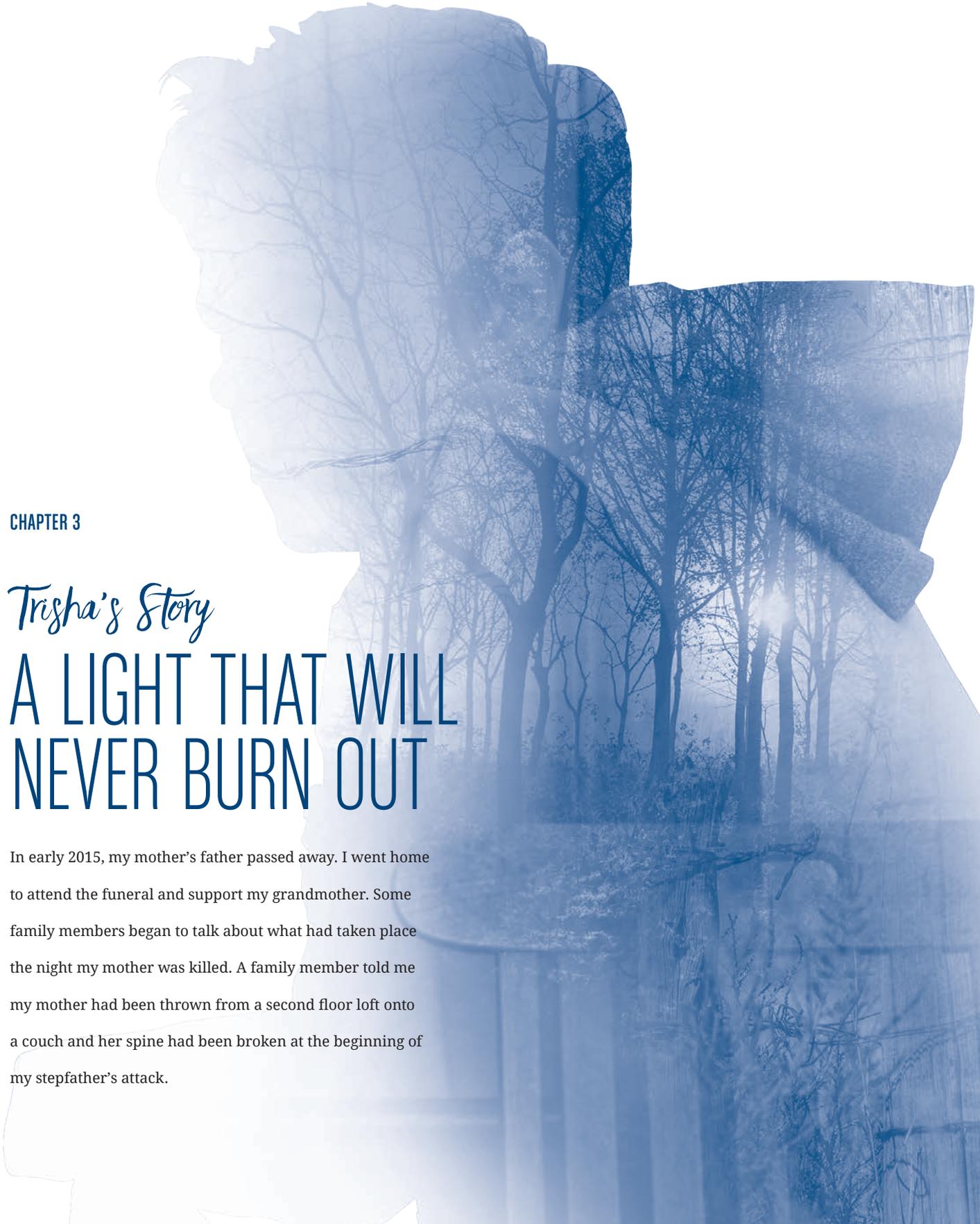
## RESOURCES FOR HELPING PROFESSIONALS AND PARENTS

**After a Loved One Dies—How Children Grieve: And how parents and other adults can support them.** Written by David J. Schonfield, MD, and Marcia Quackenbush, MS, MFT, CHES, this 27-page document provides helpful information for surviving family members on talking to children about the death of their parent. <http://www.centering.org/img/BereavementGuideUPDATE8-31-2011.pdf>

**The Protocol When Children Witness Domestic Violence Parental Homicide.** This protocol was developed by the House of Ruth Maryland and the Baltimore City Domestic Violence Fatality Review Team in response to Baltimore City Domestic Violence Fatality Review Team's findings around the emotional and behavioral issues that children have after witnessing the murder of a parent. <http://www.ndvfri.org/conference-documents/TheProtocolWhenChildrenWitnessDomestic%20ViolenceParentalHomicide.pdf>

**Navigating Children's Grief: How to Help Following a Death.** Written by Mary M. Lyles, MSW, LCSW, for the Children's Grief Education Association, this chart explains the emotions and possible behaviors of grieving children by age group and offers suggestions for how to help. <http://childgrief.org/documents/HowtoHelp.pdf>

**Georgia's P.o.r.c.h.** is a statewide program designed to provide specialized services for those who experience trauma and grief after a homicide or suicide. Trauma-related services are available for co-victims and emergency services personnel. Please call for more information 478-445-1783.



CHAPTER 3

*Trisha's Story*

# A LIGHT THAT WILL NEVER BURN OUT

In early 2015, my mother's father passed away. I went home to attend the funeral and support my grandmother. Some family members began to talk about what had taken place the night my mother was killed. A family member told me my mother had been thrown from a second floor loft onto a couch and her spine had been broken at the beginning of my stepfather's attack.

I always knew my mother died in a very violent manner; I could tell by the broken bones in her hands and the bruises they tried to cover with makeup at the funeral home. But I was broken by the thought that she had a spinal injury and was unable to fight back. I began to have horrible panic attacks.

*When I returned home, I became determined to find out what really happened that night at the cabin.*

I wanted to reconcile what I remembered, with what I was told, and with what was documented in the investigation. An internet search turned up the Georgia Domestic Violence Fatality Review Project and I contacted them to learn more about their review of my mother's death. I also ordered a copy of the Georgia Bureau of Investigations' file on my mother's death. I poured over these files and testimonies and learned things happened differently from what I was originally told by family members. After reading the witness statements, my stepfather's statements, and my mother's autopsy report, I found out her spine was not broken at any point in the attack. While I was relieved to know she was not paralyzed and unable to fight, what she endured was horrific.

My stepfather stated to the police that my mother told him and others she did not love him anymore and she no longer cared about him. He told the deputies, "If I could not have her, no one would." He said he became so angry with her for breaking their marriage that he "snapped" and began attacking her. It takes approximately two minutes of pressure for someone to be strangled to death, but my stepfather strangled my mother for nearly 20 minutes that night. He didn't shoot her, or beat her to death with an object; he took her life with his bare hands. My stepfather held my mother down and watched the very life drain from her. Only he knows how hard she fought, only he knows what her last words were, and I am left here to wonder, with little to no answers for the questions I have.

After the funeral, I also found letters my mother sent to my grandmother before I was conceived. She and my biological father lived in Germany where he was stationed with the U.S. Army. Her letters reveal he was abusive toward her. She left him, moved back home to Georgia, and met my stepfather within months. She did not find out she was pregnant with me

until after they began dating. I know my mother stayed with my stepfather because he was better to her than my biological father had been to her. She told me once had she not been pregnant with me, she would not have made her life with my stepfather the way she had. My stepfather raised me as his own daughter, and I never knew he wasn't my biological father until I was old enough to understand.

When I contacted the Project, I was asked what I would want people to take away from my mother's story. It is a list far longer than one could imagine. I want people to know my mother was a victim of domestic violence. From what I remember and saw with my own eyes, and from what I have learned from the case files and testimonies, my mother ran out of options and was literally trapped in her relationship. It didn't matter what she did, it seems he was never going to let her go. She navigated her way through the abuse bravely and to the best of her ability. It was not her fault and she was not able to "just leave" as so many people insist victims of domestic violence do. In fact, just as in many other domestic violence homicides, my mother was leaving the relationship—a factor putting her at greater risk for lethal violence.

My mother was in an abusive relationship, but this does not mean physical abuse happened daily. Instead, my stepfather told her what she could and could not do, followed her and watched her every move, and threatened her life and the lives of people she loved. From the moment they started dating, he felt and acted as if he owned her, and ultimately he acted on that belief by taking her life. I believe the only way my mother would have ever been truly safe is if someone had taken my stepfather out of the equation—and there were several missed opportunities to do just that. I feel like my mother slipped through the cracks and lost her life. No child should have to lose their mother in this way, and no woman should have to lose her life at the hands of her abuser.

I have had to do the unthinkable: move on and try to live without someone I love so dearly. Growing up without my mom was hard; I felt like I had little to no guidance. My brother and I didn't have anyone looking out for us, and no parents to come to school and support us. We didn't have adults giving us sound advice based on wanting what was best for our future. Almost 13 years later, I am able to walk around every day with a smile on my face, but I still have a hole in my heart for my mother. Over time, the hole has gotten smaller and the edges have smoothed out, but the hole

in my existence is still there. Truthfully, it will always be there because she was my mother.

After her death, I felt very alone in this world. I felt as if no one who had ever said they loved me really had. Everyone I had ever known in my life had left me—literally all of them—in one day. My mother was dead, killed by the only father I ever knew, and every family member was unwilling to take my brother and me, which felt like shunning to us.

My stepfather's parents were always involved in my life, as was my friend's father who took us the day our mother died. He had a huge impact on my life and his sacrifice forever earned him the right to be my dad and a grandfather to my children. But ultimately, these people were not my mother; they were unable to fill the void her death left in me. It took me a long time to realize that no one, no material thing, nothing was going to fill that hole. In the year following my mother's death, I fell apart; I got into trouble, my grades dropped, and I made very bad decisions. I had no one to advocate for me. Nobody cared about what I was doing, as long as they weren't held responsible. I hope no other child ever has to lose their parent this way, but I hope even more that if they do, they will not be left to grow up alone, without guidance. In spite of it all and despite never seeing a counselor, my brother and I have both turned out to be successful, sociable, functioning members of society. And for that, I am so thankful and so proud.

Today, I am happily married and have two children. My husband is a good man and I thank God for that every day. I have no fear of him becoming the monsters I encountered previously. I often wish women experiencing domestic violence, and especially their children, could be around a relationship like ours so they could know what real love looks like. I am glad my daughters can grow up in a home free of fighting and fear, and I hope, because of this, they will grow up with an understanding of what a healthy relationship looks like—and I hope they will settle for nothing less. I am blessed and grateful to have ended up where I am in life; things could have been much worse for me. But, the lessons we learn in life are sometimes too hard to comprehend, and we must fall face first in the mud before we can be shiny and new.

My brother has his own story to tell, I am sure. I know he has had a rocky road since our mother was killed. We are

finally in a good place after years of separation and not being allowed to speak to one another. We have spent the last six years reconnecting. He has grown to be a hardworking, handsome, and respectable young man. I know my mother would be so proud of the man he has become, and I wish she were here to see him.

*I hope my mother's story*  
can help others, and I hope anyone reading this  
who is in an abusive situation knows  
that you are important, you are beautiful,  
and you deserve to be loved.

You mean more to your children, parents, and friends than you will ever know, and it would tear their world apart if you were taken from them. Please be safe and careful in getting help from resources available to you, and do whatever it takes to get away from your abuser. Know that on the other side of the darkness you might be in right now, you can be made shiny and new. You are still alive and you should never stop fighting for a life free of fear.

## PROLOGUE

According to Georgia law and the sentence John received, he will be eligible for Parole in January 2017. Therefore, exactly 14 years from the time he took my mother's life, he has a chance of being released from prison. To this day, I continue to write letters to the parole board in hopes they will not grant his release, and that is the only hope that I have. In my opinion, 14 years in prison is not justice for taking my mother's life. I often think if I had been older and fought more, or spoke up on my mother's behalf, would he have had a proper trial and been sentenced to spend his actual life in prison, or a grave? Unfortunately, only the parole board can decide how much more time in prison my stepfather will serve. I can only imagine the repercussions to come if he were released, the pain it would cause my family and my mother's family of having to see him go free—it would be immeasurable.

# Impact | Murder-Suicide and Familicide

## MURDER-SUICIDE

The research on danger indicators concludes that an abuser's depression and suicidal thoughts are high risk factors for homicide. The Project's findings suggest the same. In 35% of reviewed cases, the domestic violence homicide perpetrator either attempted or completed suicide at the homicide scene or soon thereafter. Additionally, in 36% of cases, the domestic violence homicide perpetrators were known to have either threatened or attempted suicide prior to the homicide. In 16 reviewed cases, both parents were killed through murder-suicide, leaving 27 minor children without either parent.

On a statewide level, the Project recorded between 20-30 domestic violence-related murder-suicide incidents in Georgia annually for the past several years. Over the 12 years the Project has been tracking domestic violence-related deaths, we have recorded murder-suicides with a range of different perpetrator and victim configurations. While many of these incidents involve only one intimate partner homicide victim and one perpetrator suicide, children, extended family members, new partners, and bystanders are also killed in the course of murder-suicides. Adding to these tragedies is the number of attempted murder-suicides that occur—where either the intended victims and/or perpetrators survive their injuries.

**In 2015, the Project recorded 26 murder-suicides resulting in 61 deaths in our state.**

Included in these deaths are two new partners, and two bystanders. One perpetrator was killed due to police intervention after he shot and killed his ex-wife and her boyfriend. In total, deaths due to intimate partner murder-suicide accounted for 44% of all domestic violence-related deaths in our state and 27% of all domestic violence-related incidents that resulted in a death in 2015. There were an additional seven attempted murder-suicides resulting in seven deaths. Of all murder-suicides in 2015, men perpetrated 92%, and 100% involved the use of a firearm.

As evident by the numbers gathered in Georgia, murder-

suicides are predominantly committed by men and almost always involve a firearm. While there is no comprehensive national tracking system for murder-suicides in the United States, the Violence Policy Center (VPC) records murder-suicides and intermittently publishes their findings in *American Roulette: Murder-Suicide in the United States* (VPC, 2015). While their results are an undercount because of the absence of a comprehensive national surveillance system, *American Roulette* provides us with one of the most recent, complete, accurate, and detailed pictures we have of murder-suicide in our country.

VPC released the most recent *American Roulette* in October 2015, which includes an analysis of murder-suicides that occurred between January and July of 2014. While the VPC study records all murder-suicides, the most prevalent type of murder-suicides were between intimate partners; of the 282 murder-suicides recorded in the first six months of 2014, 72% (203) were between intimate partners. Of these, 93% were women killed by their intimate partners and 94% involved the use of a firearm. Nationally, around eight murder-suicides between intimate partners occur in the United States every week. *American Roulette* also revealed that Georgia, with 16 murder-suicide incidents, ranked fourth of eight states that had 10 or more murder-suicides in the six-month period of the study (VPC, 2015).

## CONTRIBUTING FACTORS AND COMMON CHARACTERISTICS IN MURDER-SUICIDES

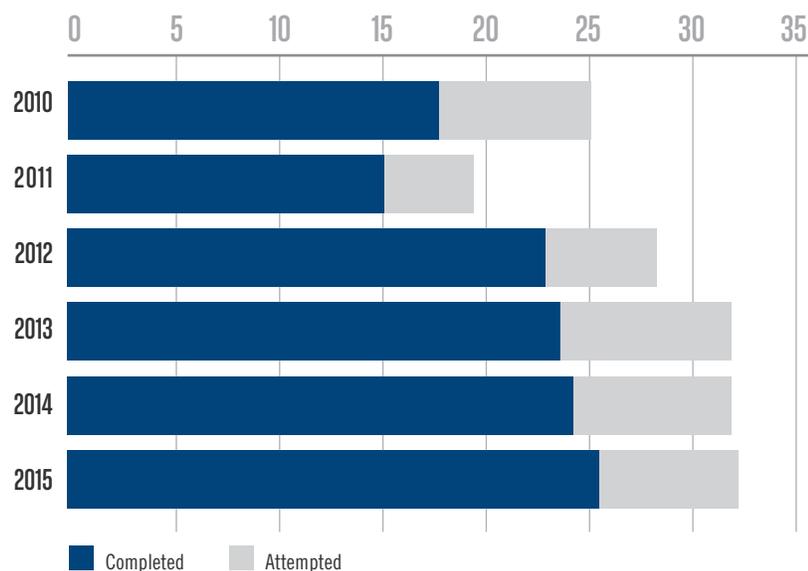
While we cannot predict these types of tragedies, listed below and on page 28 are potential contributing factors and common characteristics preceding murder-suicides.

- + Prior history of domestic violence between the perpetrator and victim. Significantly, a majority of this history is known by friends and family members, and not always known to the criminal justice system (Campbell, Glass, Sharps, Laughon & Bloom, 2007; Koziol-McLain, Webster, McFarlane, Block, Ulrich, Glass & Campbell, 2006).
- + Perpetrator's threats with a weapon and prior attempted strangulation. (Campbell & Wolf, n.d.)

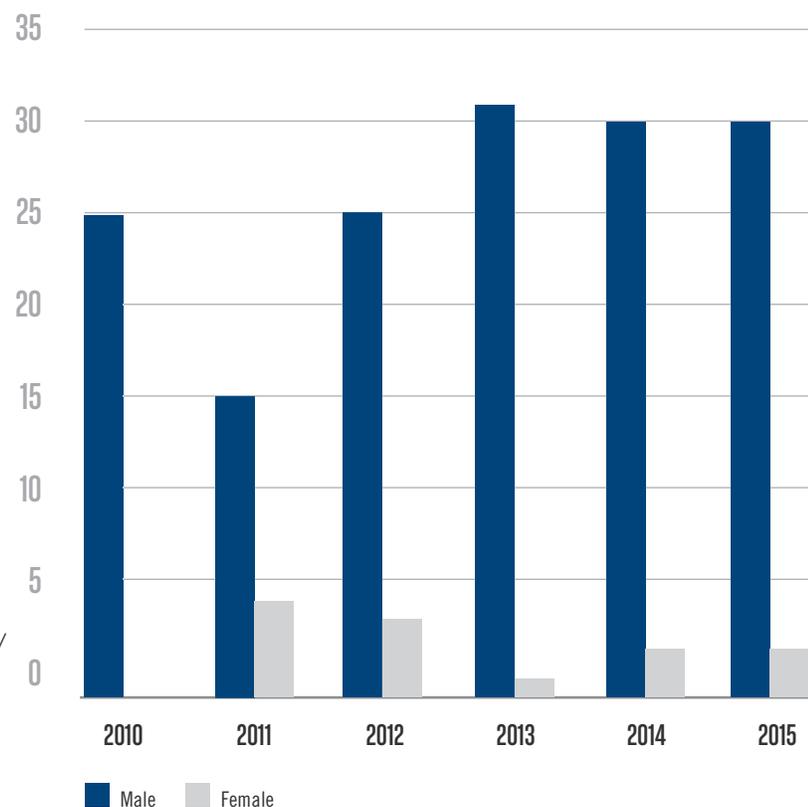
- + Perpetrator’s access to a firearm. (Koziol-McLain et al., 2006; Adams, 2007)
- + Recent estrangement or ending of the relationship. (Campbell et al., 2007)
- + Perpetrator’s threats of suicide, especially increased threats with increased specificity. (Koziol-McLain et al., 2006)
- + Perpetrator’s history of poor mental health or substance abuse, especially alcohol. (Koziol-McLain et al., 2006; Adams, 2007)
- + The presence of a stepchild in the home. (Campbell & Wolf, n.d.)
- + Perpetrator and victim are previously or currently married. (Koziol-McLain, et al. 2006; Campbell & Wolf, n.d.)
- + Perpetrator’s unemployment and economic distress, when there is a history of abusive behaviors. (Campbell & Wolf, n.d.)
- + Perpetrator’s unemployment, which is often the result of increased surveillance and stalking. (Adams, 2007)
- + Perpetrator’s revenge motive (e.g. to punish her or make her suffer, to prevent her from being with someone else, to hurt her as much as she hurt him). (Adams, 2007)
- + Perpetrator’s possessive beliefs and increased jealousy. (Adams, 2007)

National Institute of Justice: Murder-Suicide in Families. Visit <http://www.nij.gov/topics/crime/intimate-partner-violence/pages/murder-suicide.aspx> for details.

### STATEWIDE TRENDS IN MURDER-SUICIDE | NUMBER OF CASES 2010-2015



### STATEWIDE TRENDS IN MURDER-SUICIDE | GENDER OF PERPETRATOR, COMPLETED AND ATTEMPTED



## FAMILICIDE

A small number of familicides and familicide-suicides occur in the United States and in Georgia. Familicide is a term used to describe the event in which a parent or stepparent kills a current or ex-partner and one or more of the couple's children and/or children from a previous relationship (Dabby, Patel & Poore, 2010). In a familicide-suicide, the familicide perpetrator commits suicide (Dabby et al., 2010).

**Due to the small numbers of these types of tragedies in our state, the Project has adopted a definition for familicide combining these two phenomena to talk about this issue: the deliberate killing, within a relatively short period of time, of a current or former spouse or intimate partner and one or more of their children, which is often (but not always) followed by the suicide of the perpetrator (Websdale, 2009).**

According to the Atlanta Journal Constitution, mass shootings (defined as killing or wounding four or more people) resulted in the deaths of 25 people in 2015 (Judd, 2015). Fourteen of these deaths were due to domestic violence familicide and are included in our numbers below.

## FAMILICIDE IN GEORGIA

Between 2010-2015, there have been 17 incidents of familicide in Georgia recorded by the Project. These include incidents when a perpetrator kills a victim of domestic violence and one or more children; in some cases, other adults were also killed.

The 17 familicide incidents tracked in Georgia between 2010-2015 resulted in 52 deaths:

- + 17 intimate partner primary victims
- + 20 children, four of whom were adults
- + Three extended family members of the victim, all parents of the primary victim

- + One new partner of the victim
- + One new partner of the perpetrator
- + One friend of the child
- + Nine perpetrators committed suicide

## OTHER FACTORS

### Gender and Relationship Status

- + Men perpetrated all of these incidents. Ten perpetrators killed their wives, one perpetrator killed his ex-wife, three perpetrators killed their girlfriends, two killed their ex-girlfriends, and one perpetrator killed his fiancé.

### Location

- + Of the homicides, 94% occurred in the home—either the shared family home, victim's residence, or perpetrator's residence. One familicide took place at a gas station. Two perpetrators set the house on fire after killing their family.

### Children

- + Eleven of the 20 children killed were the perpetrator's biological children, eight were the perpetrator's step-children, and one relationship is unknown.
- + The children ranged from 6 months to 24 years old. The average age of children killed was 11 years old.
- + At least three other children survived injuries sustained from the familicide incident.

### Manner of Death

- + Firearms were involved in 82% of the familicides, responsible for 41 deaths. Knives were involved in 17% of the familicides, responsible for five deaths. Two other victims were strangled, one was killed by blunt force trauma, and one child died of smoke inhalation.
- + Eight perpetrators committed suicide using a firearm and one hanged himself after killing his family.

# Recommendations

## Furthering the Research

The body of research on familicides is small but growing. Overall, contributing factors and common characteristics in familicides suggests perpetrators are dealing with mental illness, depression, male entitlement, intense shame and humiliation, and an over-enmeshment in the lives of their partners and children (Wilson, Daly & Daniele, 1995; Websdale, 2009; Gelles, 2009). In a continued effort to understand these tragedies and craft recommendations for change, the Project will take a closer look at familicides in our state in 2016. We plan to work closely with Fatality Review Teams to review cases involving familicidal tragedies which occurred in the past five years.

We encourage each of you to join us in this effort by referring to the recommendations related to suicide on page 31 of this report, and considering the following questions:

- + How is your community screening for suicidal ideations of perpetrators?
- + Are victims routinely referred to the domestic violence program, receiving safety planning and danger assessment services from an advocate?
- + What resources are available in your community to address and assist suicidal perpetrators?
- + Is your community removing firearms from perpetrators who have threatened suicide?
- + How is your community following up with survivors of murder-suicides to make sure their needs are met?

1-800-715-4225

**The Georgia Crisis and Access line** is staffed with professional social workers and counselors 24 hours a day, to assist those with urgent and emergency needs. Those callers who need more routine services are directly connected with the agency of their choice and given a scheduled appointment.

**Disclaimer:** The Project collected information from media sources for some of the data presented in this section. Therefore, the numbers are subject to change slightly as new information on individual cases is reported or becomes known to us.

The following recommendations have been carefully crafted after much hard work by Fatality Review Teams across the state. Issues identified as recommendations are not limited to individual cases. Instead, they are solutions that can be applied to any community, even those that have not formally conducted a fatality review. For a more complete list of recommendations made by the Project, please refer to our 2013 Annual Report by visiting [georgiafatalityreview.com/reports/report/2013-report/](http://georgiafatalityreview.com/reports/report/2013-report/).

## Family Violence Task Forces and Domestic Violence Programs

- + Develop relationships with and build capacity of family connections; local school boards; teachers; faith agencies with youth groups; after-school programs; camp counselors; coaches; and teen parent program staff to provide resources and programs about children witnessing abuse at home.
- + Promote programs for children and teens teaching healthy coping skills, positive healthy relationships, and identifying and managing emotions.
- + Evaluate the community resources available to families who have lost a loved one to homicide, and the process for making families aware of them. Specifically, assess how families are connected to helping agencies when a murder-suicide occurs, including the Georgia Crime Victims Compensation Program.
- + Develop protocols of outreach and response to child witnesses of domestic violence and child survivors of domestic violence homicide, similar to The Protocol When Children Witness Domestic Violence Parental Homicide developed by the House of Ruth in Maryland and the Baltimore City Domestic Violence Fatality Review Team.
- + Coordinate efforts and build rapport between law enforcement and service providers to serve children exposed to domestic violence.

### Family Violence Intervention Programs

- + Incorporate information into learning curriculum on the impact witnessing domestic violence has on children.
- + Review and follow the Family Violence Intervention Program Suicide Protocol available through the Georgia Commission on Family Violence.

### The Division of Family and Children Services

- + Regularly update DFCS Child Abuse Protocol in collaboration with domestic violence advocates.
- + Support parents, caregivers, and children to mitigate the impact of trauma.
- + Prioritize the emotional and mental health of surviving children following the homicide. All surviving children should receive professional counseling with therapists who specialize in grief and trauma.
- + Ensure surviving family members who are raising children are aware of kinship care resources.

### Prosecution-based Advocates, Law Enforcement Agencies, and Child Advocacy Centers

- + Implement partnerships so prosecution-based advocates are notified when there is a domestic violence murder-suicide in your community. Reach out to family members to provide them with information on the Georgia Crime Victims Compensation Program and other services available to them.
- + Partner with Child Advocacy Centers to provide forensic interviewing to greatly reduce the level of trauma experienced by children during interviews.

### Education Boards and Schools

- + Implement school-based prevention programs targeting bullying, interpersonal conflict, sexual violence, and dating violence.

### Statewide

- + Dedicate resources promoting resiliency to effectively serve children exposed to domestic violence.
- + Develop a statewide policy for law enforcement response to children at the scene of domestic violence incidents.
- + Develop a statewide outreach program to link homicide survivors to the many services they will need: financial services, the Georgia Crime Victims Compensation Program, advocacy and case management, grief counseling, parenting support, etc.
- + Develop a specific project to respond to children who are present at or witness a domestic violence homicide or who lose one or both parents to domestic violence homicide.

### Mental Health, Health Care, and Domestic Violence Programs

- + Collaborate to develop model screening tools for mental health and health care providers to routinely assess depressed and suicidal men for abusive and dangerous behaviors, and protocols for referrals, treatment, and disclosure to family members.

### Substance Abuse Treatment Providers

- + Routinely screen participants for domestic violence. Refer abusers to certified Family Violence Intervention Programs.

### Domestic Violence Programs

- + When working with victims and their support systems, actively screen for indicators of depression and suicide in perpetrators. Talk with them about how these factors may impact their safety, and conduct safety planning and risk assessment accordingly.

### Family Therapy and Mental Health Counselors

- + Screen clients for domestic violence. Help victims identify options for safety and refer them to domestic violence advocacy programs. Refer abusers to certified Family Violence Intervention Programs.

# Charts | Statewide Data and Reviewed Cases

## 1 DOMESTIC VIOLENCE-RELATED DEATHS IN GEORGIA | 2015

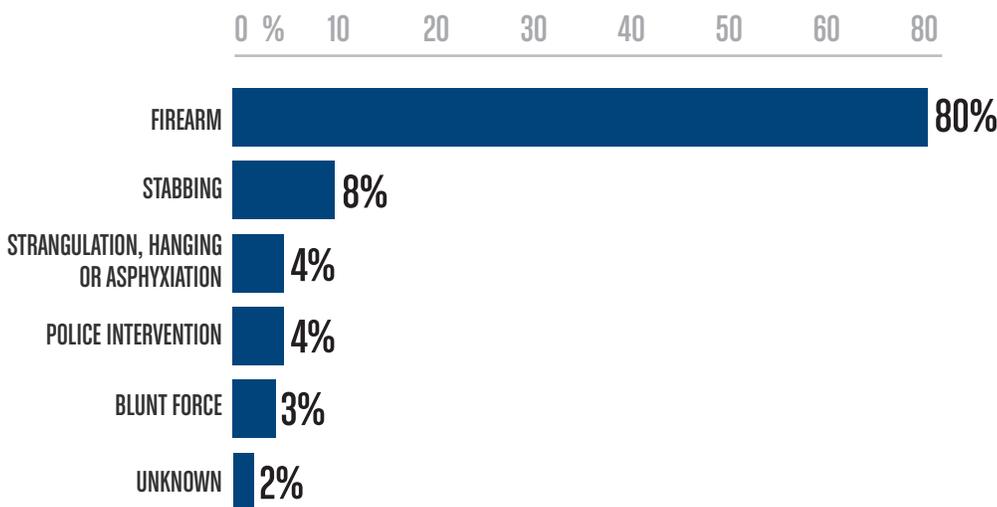
COUNTY	NUMBER OF DEATHS	COUNTY	NUMBER OF DEATHS	COUNTY	NUMBER OF DEATHS
Banks	1	Early	3	Madison	3
Barrow	2	Effingham	1	McDuffie	1
Bartow	2	Emanuel	1	Miller	1
Bibb	6	Evans	1	Newton	6
Carroll	1	Floyd	1	Oglethorpe	1
Chatham	9	Forsyth	4	Paulding	1
Clayton	4	Fulton	12	Putnam	2
Cobb	1	Grady	1	Richmond	5
Coffee	5	Gwinnett	9	Rockdale	1
Colquitt	1	Habersham	3	Sumter	4
Columbia	1	Hall	1	Terrell	1
Dawson	2	Henry	2	Troup	7
Decatur	1	Houston	2	Upson	1
DeKalb	7	Jackson	2	Walker	2
Dougherty	1	Laurens	1	Ware	1
Douglas	6	Lee	1	Wayne	2
				Whitfield	5

**TOTAL: 139**

**Key Points:** Chart 1 includes only Georgia counties in which a domestic violence-related homicide is known to have occurred in 2015. Chart 2 captures the cause of death in those homicides. Previous versions of this chart included a category called “suicide by cop.” This category is now called police intervention and includes instances when abusers were killed by law enforcement officers responding to domestic violence assault, homicide threats, or hostage situations. Most incidents are consistent with “suicide by cop,” in which abusers threaten officers or victims with deadly violence to provoke a lethal response.

A note on undercounts: We do not have complete information for all cases and acknowledge our data is an undercount of the true number of domestic violence-related fatalities in the state, in particular from the following areas: children killed by domestic violence abusers as part of an ongoing pattern of abuse in the home, same-sex relationships, homicides mistakenly classified as suicides or accidents, missing women and unsolved homicides, victims who lived in Georgia and were killed in a different state, and suicides of domestic violence victims.

## 2 CAUSE OF DEATH IN DOMESTIC VIOLENCE-RELATED DEATHS IN GEORGIA | 2015





AGENCIES AND SERVICES KNOWN TO BE INVOLVED WITH VICTIMS OR PERPETRATORS IN THE FIVE YEARS PRIOR TO THE FATALITY | 2004-2015

AGENCY / SERVICE / PROGRAM	VICTIMS		PERPETRATORS		
	#	% TOTAL CASES	#	% TOTAL CASES	
JUSTICE SYSTEM AGENCIES	Law enforcement	80	80%	84	84%
	Prosecutor	39	39%	55	55%
	Superior court	31	31%	38	38%
	Magistrate court	30	30%	39	39%
	Civil court, including juvenile court	23	23%	23	23%
	State court	22	22%	38	38%
	Protection order advocacy program	16	16%	1	1%
	Court-based legal advocacy	14	14%	2	2%
	Probation	12	12%	38	38%
	Municipal court	6	6%	9	9%
	Legal Aid	4	4%	0	0%
	Parole	2	2%	9	9%
	Supervised visitation / drop-off center	1	1%	0	0%
SOCIAL SERVICE AGENCIES	Child protective services (DFCS)	12	12%	11	11%
	TANF or Food Stamps	6	6%	3	3%
	Child care services	5	5%	2	2%
	Medicaid	5	5%	2	2%
	WIC	5	5%	0	0%
	Homeless shelter	2	2%	1	1%
	PeachCare	1	1%	0	0%
HEALTH CARE AGENCIES	Hospital	24	24%	21	21%
	Private physician	23	23%	18	18%
	Emergency medical care	20	20%	9	9%
	Emergency medical service (EMS)	14	14%	10	10%
	Mental health provider	10	10%	22	22%
	Substance abuse program	3	3%	7	7%
FAMILY VIOLENCE AGENCIES	Community-based advocacy	17	17%	5	5%
	Domestic violence shelter or safehouse	15	15%	0	0%
	Family Violence Intervention Program (FVIP)	2	2%	12	12%
	Sexual assault center	1	1%	1	1%
MISCELLANEOUS AGENCIES	Religious community	33	33%	22	22%
	Immigrant resettlement	2	2%	1	1%
	Anger management	1	1%	6	6%
	Animal control	1	1%	0	0%
	English as Second Language (ESL) program	1	1%	0	0%

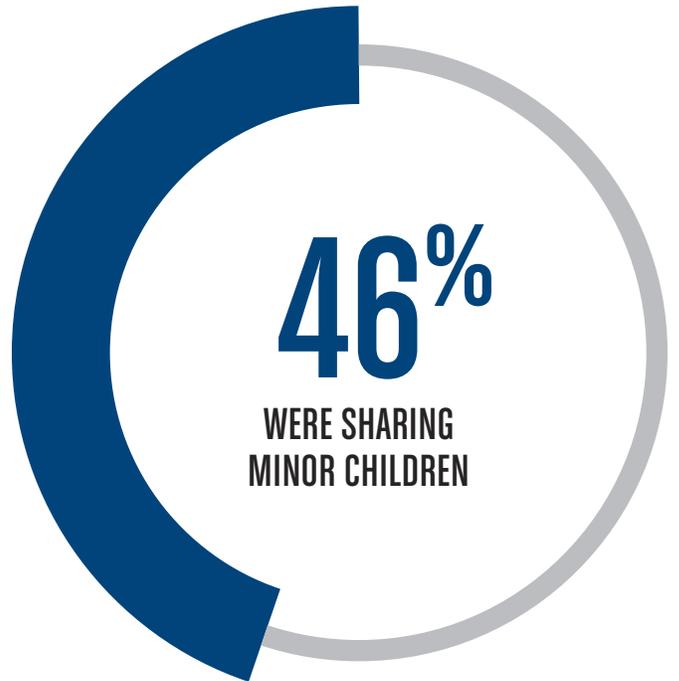
**Key Points:** Law enforcement had the most contact with both victims (80%) and perpetrators (84%) five years prior to the homicide. Fatality review teams identified a much smaller number of victims (15%) in contact with a domestic violence program five years prior to their death. Law enforcement agencies should take proactive steps to ensure all victims they interact with are made aware of the full range of services available via local domestic violence programs. Continued law enforcement training on the dynamics of domestic violence and how and where to refer domestic violence victims for services is needed.

In turn, domestic violence programs should take proactive steps to ensure their full range of services are known to other community agencies and community members, including friends and family members. It is important that services are accessible to victims from marginalized communities, and are culturally relevant and inviting to all victims.

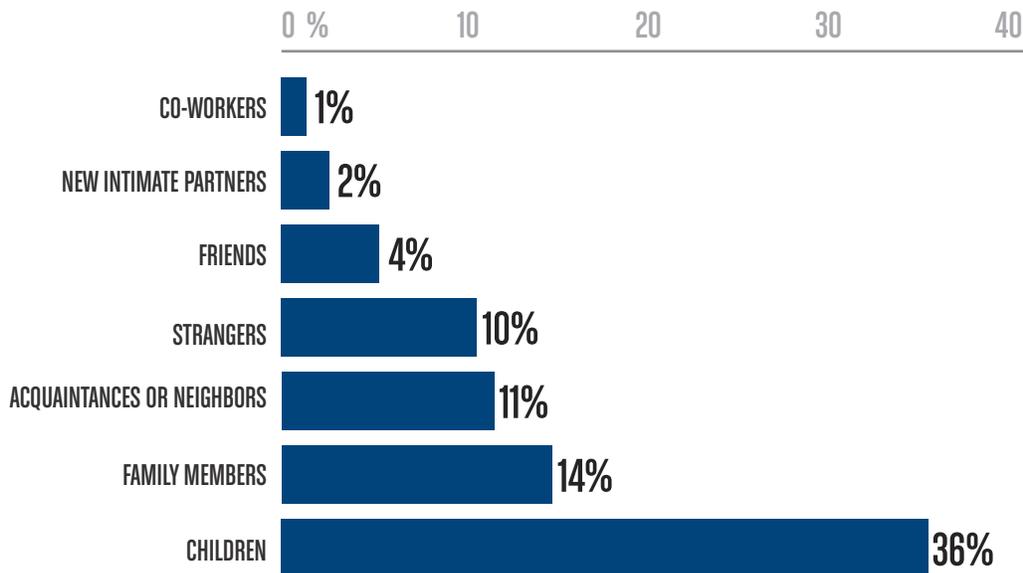
A significant number of victims (33%) and perpetrators (22%) interacted with a religious community—church, temple, or mosque, etc.—within five years prior to the homicide. Faith communities have great potential for offering resources, referrals, and safety to congregants.

**PERCENTAGE OF CASES WHERE THE PERPETRATOR AND VICTIM SHARED MINOR CHILDREN | 2004-2015**

**Key Points:** In 46% of cases, the perpetrator and victim had at least one minor child together. Sharing children can significantly increase victims’ barriers to safety, including their decision to leave the relationship, their ability to support themselves and their children away from the abusers, and continued interactions with the abusers regarding custody arrangements. In some cases, the homicide or murder-suicide occurred in the presence of the children during a custody exchange. Supervised visitation and safe exchange locations are important options for maintaining the safety of victims and their children.

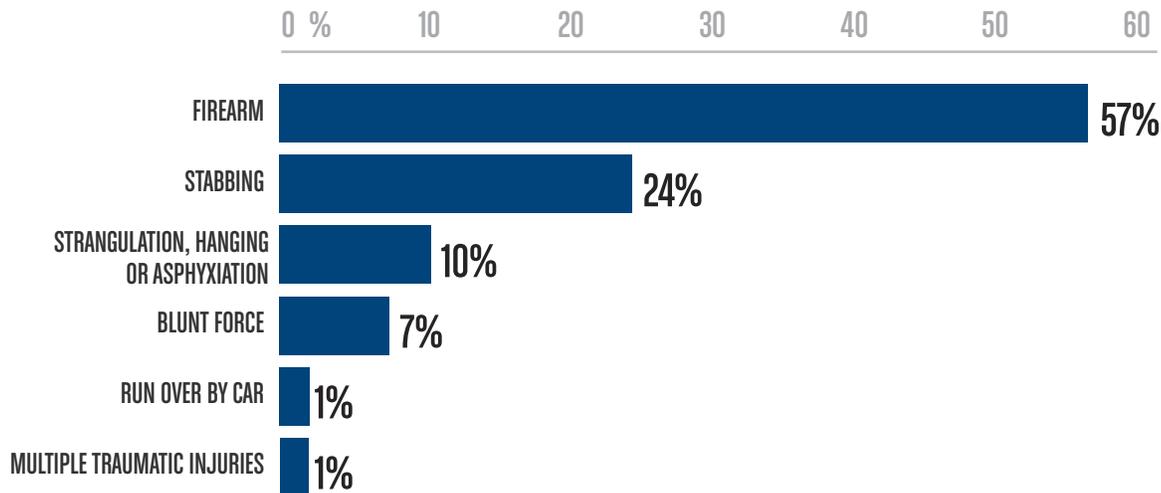


**PERCENTAGE OF CASES WHERE OTHERS WITNESSED THE HOMICIDE | 2004-2015**



**Key Points:** In 36% of cases, children witnessed the homicide. Often, if the child(ren) did not directly observe the homicide, they were the first to find their deceased parent(s) or caregiver(s). There is a critical need to assist children dealing with the traumatic effects of witnessing a homicide, losing one or both parents or caregivers, and witnessing domestic violence. In particular, the Project has found that children and surviving family members of murder-suicides are not made aware of available resources through the prosecutor’s office because there is no case to be prosecuted.

VICTIM CAUSE OF DEATH | 2004-2015



**Key Points:** Greater than all other methods combined, firearms have been the leading cause of death for victims in reviewed cases (57%). This finding indicates the urgent need to use all legal means possible to remove firearms from the hands of domestic violence abusers. The presence of a gun in domestic violence situations, no matter who technically owns it, increases the risk of homicide significantly.

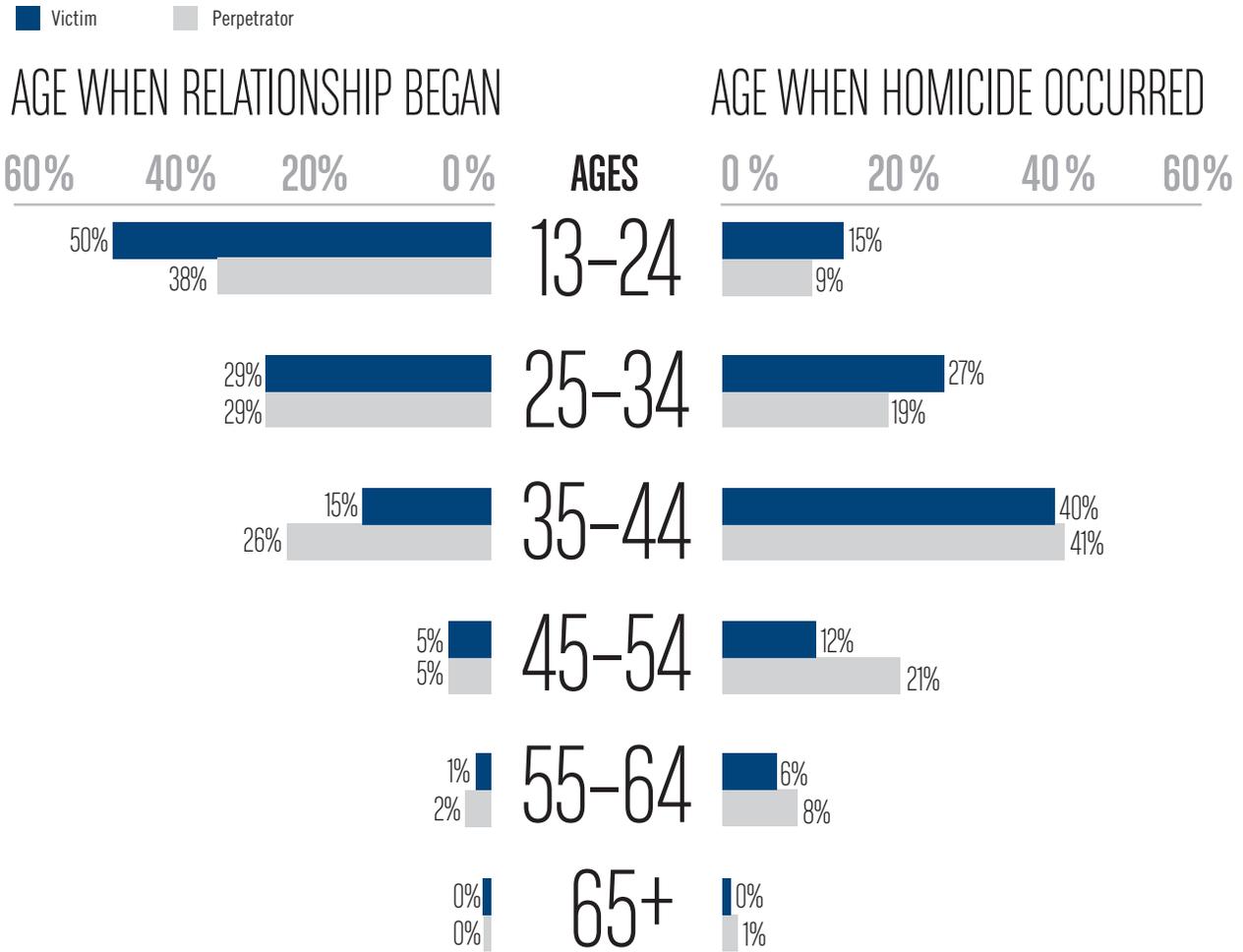
TEMPORARY PROTECTIVE ORDERS | 2004-2015

**Key Points:** In 15% of cases, the domestic violence homicide victims had a Temporary Protective Order (TPO) in place at the time of their death. Some victims had no TPOs in place at their death because the judge dismissed the petition. In one case, the judge dismissed the domestic violence victim’s TPO petition at the second hearing, two months before she was killed, claiming she failed to establish a preponderance of evidence. Several other victims had TPOs at some point prior to their deaths but not in place at the time of the homicide.

Lack of advocacy and safety planning for TPO petitioners is a critical gap in victim protections. TPOs can be an important element in a safety plan, yet victims of domestic violence can be in grave danger during the process of obtaining a TPO, service of the order, and subsequent court dates. In some cases, the service of a TPO may cause the respondent’s abusive behavior and tactics to escalate. It is imperative that all victims of domestic violence seeking relief from the courts under the Family Violence Act are referred to an advocate who can explore the potential risks associated with filing the TPO, conduct risk assessment and safety planning, and offer additional resources and support.



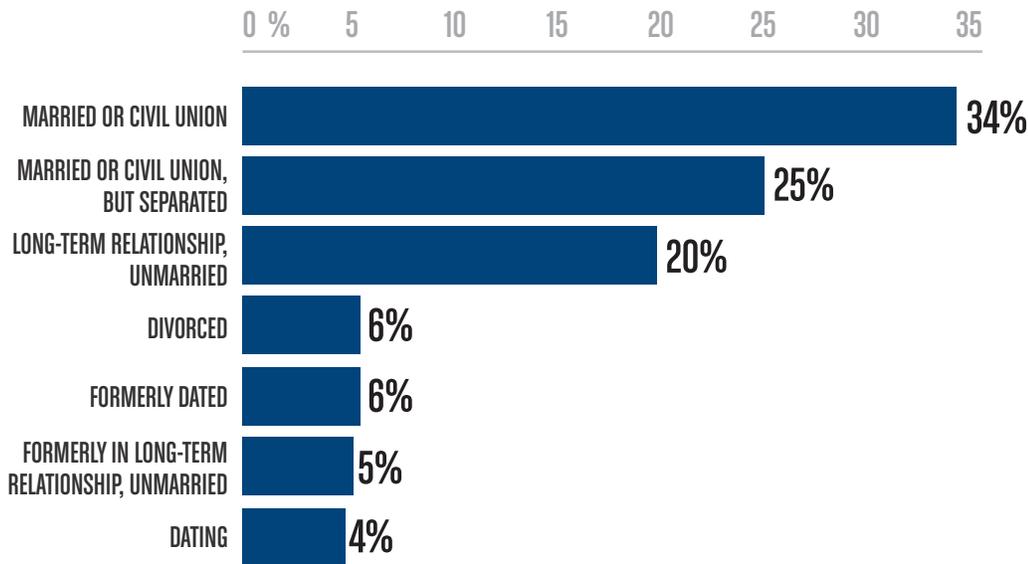
AGES OF VICTIMS AND PERPETRATORS IN REVIEWED CASES | 2004-2015



**Key Points:** In reviewed cases, half of victims (50%) began their relationship with the person who eventually killed them when they were between the ages of 13 and 24. People between the age of 13 and 19 made up 26% of victims. Four of the victims were just 15 when their relationships began, one victim was 14, and another victim was 13. Although a large number of relationships started when the victim was young, many of these relationships spanned several years. The Project found that 40% of victims were killed when they were between the ages of 35 and 44.

These numbers demonstrate that many of the relationships lasted well beyond 10 years and highlight the need and opportunity for early intervention for teens experiencing unhealthy relationships and dating violence. Moreover, many of the victims suffered years of abuse, which escalated immediately prior to the homicide. A majority of these victims were making emotional and physical preparations to leave the relationships when they were killed. See the chart on page 38 for more information on relationship status at the time of the homicide.

RELATIONSHIP STATUS AT THE TIME OF THE HOMICIDE | 2004-2015



**Key Points:** In 58% of reviewed cases, the victim and abuser were in a current relationship at the time of the homicide—meaning they were married, in a long-term relationship (more than 6 months), or dating. In cases where the victim and perpetrator were married, 15% had a divorce pending at the time of the homicide. In relationships where the victim and abuser were separated, the victim often remained in contact with the abuser for a variety of reasons.

This chart does not reflect the fact that almost all victims were contemplating leaving the relationship or taking steps

to do so. Victims are at the highest risk of being killed by their abusive partners when they separate from them; both rates of, and seriousness of, physical abuse increase during periods of separation and divorce. Even when a victim’s desire to leave is not spoken aloud, any increase in behaviors or steps to gain independence may signal to their partner that they are losing power and control over the victim. Taking a new job, increasing social activities, saving money, and changing locks on doors can all signal to a domestic violence abuser that the victim is serious about leaving and is actively taking steps to separate.

PERPETRATOR’S HISTORY AS KNOWN BY THE COMMUNITY | 2004-2015

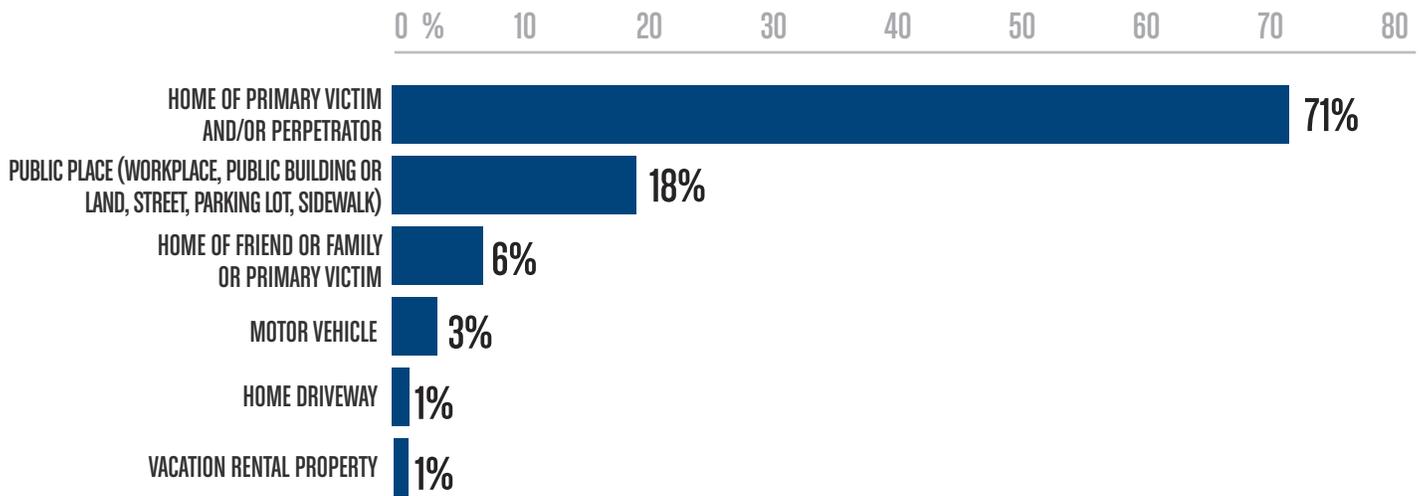
	% TOTAL CASES	% TOTAL CASES
<b>VIOLENT OR CRIMINAL BEHAVIOR</b>	History of DV against victim	88%
	Threats to kill the primary victim	54%
	Violent criminal history	50%
	Stalking	41%
	Threats to harm victim with weapon	35%
	Child abuse perpetrator	27%
	History of DV against others	26%
	Inflict serious injury on victim	26%
	Sexual abuse perpetrator	22%
	Strangulation	22%
	Threats to kill children, family, and/or friends	17%
	Harmed victim with weapon	13%
	Hostage taking	9%
	<b>CONTROLLING BEHAVIOR</b>	Monitoring and controlling
Isolation of victim		34%
Ownership of victim		27%
<b>MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE</b>	Alcohol and drug abuse	52%
	Suicide threats and attempts	36%
	Depression	33%

**Key Points:** Often, friends and family members knew the most about the perpetrator’s history of abusive and controlling behaviors, but they are the least prepared to respond in ways truly supportive of the victim. For more examples of experiences of friends and family members, see page 19 of this report.

In 17% of cases, the perpetrator had a known history of threatening to kill the victim’s children, family, and/or friends. For more examples of how children are affected by domestic violence and how victims are impacted by an abuser’s use of children, see page 9 of this report.

Chart notes: We define perpetrator as the individual who committed the homicide and the victim as the individual who was killed. These categories are not always reflective of the lived experiences of either person regarding domestic violence in the relationship. Nine women killed male partners; two female perpetrators killed female partners. One man killed his male partner, and one woman committed suicide. All remaining homicides were men killing women.

### LOCATION OF HOMICIDE | 2004-2015

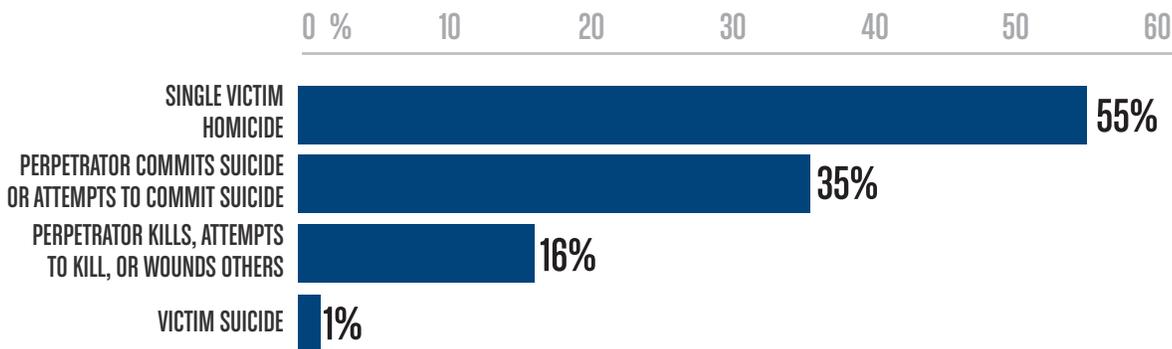


**Key Points:** Most homicides occurred in the home of the victim and/or perpetrator (71%), a space where everyone deserves to be safe. Often children and other adults also shared these living spaces—homes that are now crime scenes. Beyond the disruption and potential trauma of families not being allowed in these spaces during the investigation, once the investigation is complete, some families return to a home filled with memories and tragedy to retrieve belongings and

handle the estates of their deceased loved ones. Neighbors and communities may also be impacted by the violence that took place within a house in their neighborhood.

Georgia Crime Victims Compensation can assist surviving families with the cost of crime scene cleanup and counseling. Please see page 23 for more information.

### TYPES OF INCIDENTS IN REVIEWED CASES | 2004-2015



**Key Points:** Depression and suicidal thoughts on the part of the abuser are risk factors for lethal violence, yet service providers often don't know this fact. Training first responders, advocates, attorneys, parole officers, court personnel, social service providers, and health care personnel on increasing vigilance and recognition of this risk factor is imperative for the safety of victims, bystanders, and abusers.

Abusers do not limit their violence to their intimate partner. Often, other people close to the victim are targeted because they are with the primary victim at the time of the attack, or

because the perpetrator intends to cause additional anguish to the primary victim by harming her friends or loved ones.

In 36% of reviewed cases, domestic violence homicide perpetrators were known to have either threatened or attempted suicide prior to the homicide. In 35% of cases, the perpetrator attempted or completed suicide at the homicide scene or soon after. These findings support research by Dr. Jacquelyn Campbell at Johns Hopkins University School of Nursing who also found a correlation between suicidal thought and the subsequent killing of a family member.

PERPETRATOR SENTENCING | 2004-2015

MALE PERPETRATORS (N=60)		
Sentence	# of perpetrators	Disposition, when known
Life with the possibility of parole	36	25 offenders pled guilty to the primary offense of murder, malice murder or felony murder, 4 were found guilty of murder, malice murder or felony murder after a trial
Life without parole	6	1 offender pled guilty to felony murder; 2 offenders were found guilty of murder after a trial
25 years	1	Offender pled guilty to malice murder and 7 other charges
20 years	12	11 offenders pled guilty to voluntary manslaughter
14 years	1	Offender pled guilty to voluntary manslaughter
12 years in prison, 8 years of probation	1	Offender pled guilty to voluntary manslaughter
10 years, to serve 4	1	Offender pled guilty to involuntary manslaughter. He was released from prison after serving 3 years.
Pled guilty but mentally challenged, 10 years confinement	1	Offender pled guilty to voluntary manslaughter
Not guilty by reason of insanity	1	Offender found not guilty after a jury trial

FEMALE PERPETRATORS (N=8)		
Sentence	# of perpetrators	Disposition, when known
Life with the possibility of parole	2	Offenders pled guilty to murder
26 years	1	Offender pled guilty to aggravated assault and additional charges
20 years	3	Offenders pled guilty to voluntary manslaughter
18 years in prison, 22 years of probation	1	Offender pled guilty to voluntary manslaughter
10 years	1	Offender pled guilty to voluntary manslaughter

This data represents our best efforts to reflect accurate sentences, although some public records varied. Sentencing data sources are prosecutor’s files, Georgia Department of Corrections, and Fatality Review Teams.

**Key Points:** Forty-four offenders from reviewed cases were sentenced to life in prison. Two of the offenders have already been paroled. One offender is scheduled to be released this year. Many of the offenders were fairly young when they committed the homicide and will still be fairly young when they are eligible for parole.

There are two types of life sentences in Georgia: life with the possibility of parole, and life without the possibility of parole. For those sentenced to life with the possibility of parole, the number of years a person must stay in prison before being considered for parole varies depending on the date of the crime. If the crime was committed before Jan. 1, 1995, the person may be considered for parole after serving seven years. If the crime was committed on or after Jan. 1, 1995, the person may be considered for parole after serving 14 years, with several exceptions including if the person received a life sentence for a serious violent felony (including murder). Persons sentenced to a term of years for a “serious violent felony” will have to spend every day of their sentence behind bars. To learn more about the parole process, see the Parole Handbook: A Guide to the Parole Consideration Process for People in Georgia Prisons and Their Families by The Law Office of the Southern Center for Human Rights.

For many families, learning that a “life sentence” is not actually a life sentence may be devastating. While there are no written parole guidelines for considering people serving life sentences, Georgia’s State Board of Pardons and Parole considers the seriousness of the crime and the impact the crime had on the victim and the community. Family members are encouraged to write letters to the parole board and to fill out victim impact statements. Victims or victim’s family members may also reach out to the Georgia Office of Victim Services to discuss a case and other services provided, including Victim Visitors’ Day and Victim Offender Dialogue. Learn more by visiting <http://pap.georgia.gov/>

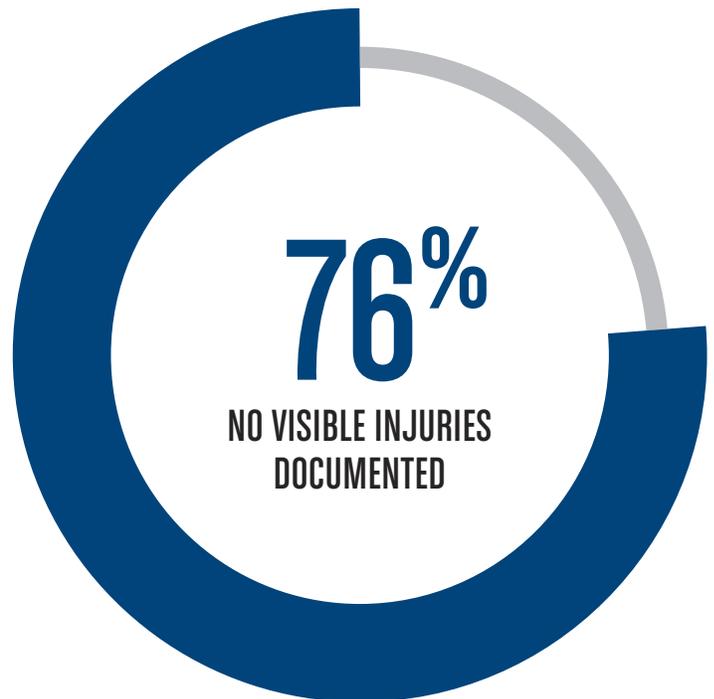
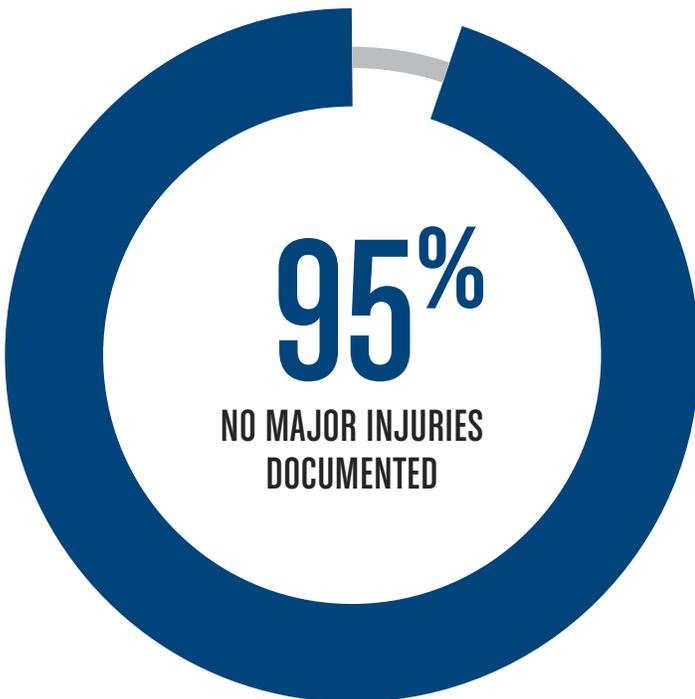
### HISTORY OF INJURY TO THE VICTIM | 2004-2015

In 95% of calls to the police prior to the homicide, there was no major injury to the victim documented in law enforcement reports. In 76% of prior calls, there were no visible injuries documented. This means most victims who were later killed were either not physically injured or did not have major physical injuries when the police were called prior to their death. This suggests that while serious and visible injury is a predictor of future, and possible lethal violence, it will not always be present in cases where victims are later killed.

This information has implications for service providers. First, when advocates and other service providers are assessing for danger, they cannot rely solely on the level of prior injury to the victim. While research indicates that a history of prior violence is a predictor of future violence, victims who are at a substantial risk for a lethal assault

will not always have a history of serious injury. Lethality assessments must take into account the totality of the victim’s experience and the presence of a combination of factors that are viewed as high risk.

Moreover, acts of lower-level violence provide an opportunity for the system to prosecute and sanction perpetrators and provide support to victims with the goal of de-escalating the violence and preventing future homicide. If responders wait for a more aggravated crime or a serious injury to occur before they intervene, they do so at the risk of further loss of life. While criminal prosecution is not always possible and not always the safest option, it is important to understand the messages victims and perpetrators (and children) receive about the system’s willingness or capacity to intervene when there is a history of unsuccessful intervention.



# Acknowledgments

The Georgia Commission on Family Violence (GCFV) and the Georgia Coalition Against Domestic Violence (GCADV) are grateful to the many individuals who continue to make Georgia's Domestic Violence Fatality Review Project possible.

## Fatality Review Project Staff

The 2015 Georgia Domestic Violence Fatality Review Annual Report is written by Project Coordinators Jenny Aszman, GCFV, and Taylor Thompson Tabb, GCADV.

Fatality review is difficult work, both for the review teams and for Project staff. We want to acknowledge that Project staff could not have successfully conducted our work and completed this report without the support, analysis, and feedback of our colleagues. Special thanks to our co-workers for assistance on this Project:

## GCFV

Jameelah Ferrell, Family Violence Intervention Program Certification Coordinator

Stacey Seldon, Family Violence Coordinator

Jennifer Thomas, Executive Director

## GCADV

Alexis Champion, Training Manager

Jan Christiansen, Executive Director

Adrienne Hamilton-Butler, Director of Finance and Development

Trish Hardy, Special Projects Manager

Deborah Monley, Operations Manager

Shenna Morris, Policy and Community Engagement Manager

Christy Showalter, Director of Training and Membership

Allison Smith-Burk, Director of Public Policy

## Review Teams

We acknowledge the commitment of the Fatality Review participants from around the state who devoted their time, energy, and expertise to work towards creating safer

communities. The teams listed below are those who reviewed a case this year and/or engaged in the re-review process.

Atlanta Judicial Circuit

Blue Ridge Judicial Circuit

Clayton Judicial Circuit

Mountain Judicial Circuit

## Production Support

Printing: Canterbury Press, LLC, Atlanta, GA,

Design: Two Way Dialogue, LLC, Atlanta, GA.

## Financial Support

The Project was supported by subgrants No. W14-8-024 and W14-8-026, awarded by the Criminal Justice Coordinating Council administering office for the STOP Formula Grant Program. The opinions, findings, conclusions and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Criminal Justice Coordinating Council or the U.S. Department of Justice, Office on Violence Against Women.

## Special Thanks

A special acknowledgement goes to the family members and friends of homicide victims who were willing to share with us the struggles their loved ones faced.

We are grateful to Allison Smith-Burk, GCADV, who again conducted data analysis and editing for the Project.

We are thankful for Jennifer Thomas, GCFV, and Holly Tuchman, YWCA of Northwest Georgia and GCFV, for their contributions to and editing of the annual report.

Our special thanks goes to Debbie Lillard Liam, LCSW, Mosaic Counseling, Inc., who provided the Project with trauma expertise.

**The Georgia Coalition Against Domestic Violence (GCADV)** brings together member agencies, allied organizations, and supportive individuals who are committed to ending domestic violence. Guided by the voices of survivors,

we work to create social change by addressing the root causes of this violence. GCADV leads advocacy efforts for responsive public policy and fosters quality, comprehensive prevention, and intervention services throughout the state. Being a coalition means working together for a common cause. We know that now and in the years to come, we will be up against enormous challenges that promise to test our capacity for conviction and perseverance. It is as vital as ever that we remember the foundation for the future success of this coalition lies in our hands, all of us, collectively. As we coalesce around our common cause, we do so with the voices of domestic violence survivors and their needs for safety always in the forefront of our minds. To learn more or get involved, visit [www.gcadv.org](http://www.gcadv.org).

**The Georgia Commission on Family Violence (GCFV)** is a state agency created by the Georgia General Assembly in 1992 to develop a comprehensive state plan for ending family violence in the state. GCFV works throughout the state to help create and support task forces made up of citizen volunteers working to end domestic violence in their communities. In addition, GCFV conducts research and provides training about domestic violence, monitors legislation and other policies affecting victims of domestic violence, certifies all of Georgia's Family Violence Intervention Programs, and coordinates the statewide Domestic Violence Fatality Review Project with GCADV. Please visit [gcfv.georgia.gov](http://gcfv.georgia.gov) for more information.

**Disclaimer:** The views, opinions, findings, and recommendations expressed in this report do not necessarily reflect the views of individual GCFV Commission members; all GCADV member programs, funders, or individual team members; and are the product of analysis by the joint GCFV and GCADV Project Team.



*"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."*

**MARGARET MEAD**

# References

- Adams, D. (2007). *Why do they kill?: Men who murder their intimate partners*. Nashville, TN: Vanderbilt University Press.
- American Psychological Association. (2014). Children see domestic violence that often goes unreported, research finds [Press release]. Retrieved from <http://www.apa.org/news/press/releases/2014/04/domestic-violence.aspx>
- Armour, M. (n.d.) Life after domestic homicide. Survivor Resources. Retrieved from <http://www.survivorresources.org/grief-knowledge/articles-survivors/life-after-domestic-homicide/>
- Baker, C.R. & Stith, S.M. (2008). Factors predicting dating violence perpetration among male and female college students. *Journal of Aggression, Maltreatment & Trauma*, 17(2), 227-244.
- Campbell, J. & Wolf, A.D., (n.d.) Guns and domestic violence homicide: Multi city intimate partner femicide study [PowerPoint slides]. Retrieved from <http://iom.nationalacademies.org/~media/F2AFC8BB463841F58F68C53FE11C0089.ashx>
- Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K. & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, & Abuse*, 8(3), 246-269. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17596343>
- Centers for Disease Control and Prevention. (2014). Adverse childhood experiences study. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/index.html>
- Cook, A., Blaustein, M., Spinazzola, J. & van der Kolk, B. (Eds.) (2003). *Complex trauma in children and adolescents*. The National Child Traumatic Stress Network. <http://www.NCTSN.net.org>. Retrieved from [http://www.nctsn.org/nctsn\\_assets/pdfs/edu\\_materials/ComplexTrauma\\_All.pdf](http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf)
- Dabby, C., Patel, H. & Poore, G. (2010). Shattered lives: Homicides, domestic violence, and Asian families. Asian & Pacific Islander Institute on Domestic Violence Asian and Pacific Islander American Health Forum. Retrieved from <http://www.api-gbv.org/files/Homicides.DV.AsianFamilies-APIIDV-2010.pdf>
- Dube, S.R., Anda, R.F., Felitti, V.J., Edwards, V.J. & Williamson, D.F. (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*. 17(1): 3-17.
- Dube, S.R., Miller, J.W., Brown, D.W., Giles, W.H., Felitti, V.J., Dong, M. & Anda, R.F. (2006). Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. *Journal of Adolescent Health*, 38(10), 1-444.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14, 245-258. Retrieved from [http://www.acestudy.org/yahoo\\_site\\_admin/assets/docs/RelationshipofACEs.127152545.pdf](http://www.acestudy.org/yahoo_site_admin/assets/docs/RelationshipofACEs.127152545.pdf)
- Futures Without Violence. (2008). The facts on children and domestic violence. Retrieved from [www.futureswithoutviolence.org/userfiles/file/Children\\_and\\_Families/Children.pdf](http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Children.pdf)
- Futures Without Violence. (2012). Protective factors and resiliency. Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence. Retrieved from <http://promising.futureswithoutviolence.org/what-do-kids-need/supporting-parenting/protective-factors-resiliency/>
- Gelles, R. (2009). The horror of familicide [Video interview]. Big Think. Retrieved from <http://bigthink.com/videos/the-horror-of-familicide>
- Gilligan, R. (2000). Adversity, resilience and young people: the protective value of positive school and spare time experiences. *Children & Society*, 14(1), 37-47.
- Hamby, S., Finkelhor, D., & Turner, H. (2015). Intervention following family violence: Best practices and helpseeking obstacles in a nationally representative sample of families with children. *Psychology of Violence*, 5(3), 325-336. Retrieved from <http://www.apa.org/pubs/journals/releases/vio-a0036224.pdf>

- Hamby, S., Finkelhor, D., Turner, H. & Ormrod, R. (2011, October). Children's exposure to intimate partner violence and other family violence: National survey of children's exposure to violence. *Juvenile Justice Bulletin, October 2011*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf>
- House of Ruth Maryland & Baltimore City Domestic Violence Fatality Review Team. (n.d.) The protocol when children witness domestic violence parental homicide. Retrieved from <http://www.ndvfri.org/conference-documents/TheProtocolWhenChildrenWitnessDomestic%20ViolenceParentalHomicide.pdf>
- Judd, A. (2015, December, 29). Mass shootings take a toll in Georgia. *Atlanta Journal Constitution* [Blog]. Retrieved from <http://investigations.blog.ajc.com/2015/12/03/mass-shootings-take-a-toll-in-georgia/>
- Koziol-McLain, J., Webster, D., McFarlane, J., Block, C.R., Ulrich, Y., Glass, N. & Campbell, J. (2006). Risk factors for femicide-suicide in abusive relationships: Results from a multisite case control study. *Violence and Victims 21(1)*, 3-2.
- Levenson, R. (2015, March 25). Trauma-informed approaches to domestic violence exposure, adverse childhood experiences and resiliency [Webinar]. Futures Without Violence. Retrieved from <http://www.futureswithoutviolence.org/trauma-informed-approaches-to-domestic-violence-exposure-adverse-childhood-experiences-and-resiliency/>
- Masten, A.S. (2006). Promoting resilience in development: A general framework for systems of care. In R. Flynn, P. Dudding & J. Barber (Eds.), *Promoting resilience in child welfare* (1st ed.). Ontario: University of Ottawa Press.
- Nebraska Domestic Violence Sexual Assault Coalition. (n.d.). Stage specific effects of domestic violence. Retrieved from <http://stoprelationshipabuse.org/pdfs/Stage%20Specific%20Effects%20of%20Domestic%20Violence.pdf>
- Nelson, K. & Link, A. (2012). The effects of domestic violence on children: Picking up the pieces [PowerPoint slides]. Retrieved from <http://www.icadvinc.org/wp-content/uploads/2012/10/Conf2012-Picking-Up-The-Pieces.pdf>
- Pearson, J. & Kordich Hall, D., (2012). Building resilience in young children: Booklet for parents of children from birth to six years. Health Nexus. Retrieved from [http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/BSRC\\_Resilience\\_English\\_fnl.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/BSRC_Resilience_English_fnl.pdf)
- The National Child Traumatic Stress Network. (n.d.) Children and domestic violence. Retrieved from <http://www.nctsn.org/content/children-and-domestic-violence>
- Vézina, J., & Hébert, M. (2007). Risk factors for victimization in romantic relationships of young women: A review of empirical studies and implications for prevention. *Trauma, Violence, & Abuse, 8(1)*, 33-66.
- Violence Policy Center. (2015). American roulette: Murder-suicide in the United States. Retrieved from <http://www.vpc.org/studies/amroul2015.pdf>
- Websdale, N. (2009) *Familicidal hearts: The emotional styles of 211 killers*. New York, NY: Oxford University Press.
- White Starr, Z.R. (2010). Promoting safety in cases involving domestic violence and child maltreatment. *The Connection*. Retrieved from [http://www.casaforchildren.org/site/c.mtJSJ7MPiSE/b.6061701/k.A296/Cover\\_Story.htm](http://www.casaforchildren.org/site/c.mtJSJ7MPiSE/b.6061701/k.A296/Cover_Story.htm)
- White Starr, Z. R. (2003). Tapping innate resilience in children exposed to domestic violence. The National Council of Juvenile & Family Court Judges. *Synergy, 7(2)*, 4-7.
- Wilson, M., Daly, M. & Daniele, A. (1995). Familicide: The killing of spouse and children. *Aggressive Behavior, 21(4)*, 275-291.



114 New Street, Suite B, Decatur, GA 30030  
404.209.0280 | [www.gcadv.org](http://www.gcadv.org)



270 Washington Street, SW, 5th Floor, Atlanta, GA 30334  
404.657.3412 | [gcfv.georgia.gov](http://gcfv.georgia.gov)

[www.georgiafatalityreview.com](http://www.georgiafatalityreview.com)