

“Don’t Shoot Me”

Third Annual Mecklenburg Domestic Violence Fatality Review Team (DVFRT) Report
(7/31/2013)

Introduction

In each of our two previous reports we have highlighted the common factors in the four cases we reviewed per year. We also looked at factors that appear over the history of our Team’s work.

In our first four cases, reported in 2011, one victim died of gunshot wounds; in our next four cases, reported in 2012, two did. Our 2013 report covers four cases in which all the victims were killed with guns. That brings our overall numbers of gun deaths to seven, a significant majority (58%) of the 12 cases we have reviewed. These numbers are consistent with state and national numbers for domestic violence deaths.

Year of Review	Percentage of Cases Involving Firearms
2011	25%
2012	50%
2013	100%

All four of the killers in this year’s cases were men. Three of the victims were women. The one male victim was also armed with a gun. The man who killed him was not charged with a crime, as he appeared to have acted in self-defense.

None of the three women was armed. One was shot seven times in the back with an automatic weapon. Another was shot several times in the face. The third woman was also shot several times. All of these deaths occurred in the home of the woman killed. Children were present in all of the homes. At one of the crime scenes, six young children were all in the room when the murder occurred. Three were the children of the murdered woman. The other three were children of her sister.

Three of the killers had criminal histories which should have prohibited them from purchasing or possessing guns and ammunition. Yet all three were able to obtain, and openly possess, the guns they used to kill their partners. Many people knew of the guns—family, friends, probation and law enforcement officers. Of one of the killers, a family member said, “He always had a gun.” With their criminal records, these men could have been federally prosecuted and, if convicted, were subject to a mandatory minimum of five years in federal prison, up to a maximum of ten years in prison for felons in possession of firearms or ammunition.

Our top priority recommendation this year is better enforcement of existing laws to keep guns and ammunition out of the hands of criminals such as these men.

Another common factor this year, as well as in previous years, has been intoxication of the killer. At least two of our cases involved killers who abused alcohol, crack, and/or synthetic marijuana. These men had histories of untreated substance abuse. One of them had visited a local hospital numerous times during the months leading up to the murder, complaining of stomach or head pain, and always received strong pain medication in the emergency room. There was no documentation that he was ever referred for an evaluation of possible drug abuse or addiction. Our report includes a recommendation regarding Emergency Department visits for pain medications. Also, our Team recently added a member with substance abuse expertise.

Children were exposed to all of these deaths, whether or not they actually witnessed them, although several *did* witness the shootings. With these cases, as in earlier years, the response of DSS was not always optimal. As in earlier years, our recommendations include more attention by DSS to cases where domestic violence may be occurring, as well as to children whose parents have died at the hands of an abuser.

The report also contains several recommendations for more collaborative, inter-agency initiatives that would enhance criminal prosecutions and encourage use of community treatment services.

One of the killers was a graduate of a Mecklenburg County Batterer Intervention Program (New Options for Violent Actions), with a record of perfect attendance and excellent participation in class. Yet a few years later he killed his partner. Our recommendations include several aimed at more effective communication for batterer intervention programs.

As this report will show, our Team is encouraged by the response of a number of agencies to our previous recommendations. We are optimistic that our community will continue to explore all avenues to end the tragedy of domestic violence deaths for its residents.

Firearms

In all four cases reviewed, gunshots caused the fatalities. Three of the cases were murders and the fourth was a murder/suicide. In two cases handguns were used, in one a shotgun, and in the other an AK-47. In three of the four cases the killers obtained their weapons illegally. Family and friends were aware that the weapons were in the home or within easy access.

Recommendations:

1) Encourage local police departments to further train and familiarize patrol officers about all legal means to seize firearms on DV calls including: seeking consent to search, pursuing a warrant, and contacting Probation and Parole for a warrantless search. Law enforcement officers may also request that a firearm be temporarily surrendered for

safety's sake. The Lethality Assessment Protocol, currently used by the Charlotte-Mecklenburg and Huntersville Police Departments, contains questions that ask the victim whether the abuser has a gun and/or can easily obtain one. The answers should alert the officer to check whether there is anything in the abuser's criminal record that would make it unlawful for him or her to possess a weapon, and, if so, to take all available legal means to remove it from the premises.

2) Encourage local law enforcement, state and federal prosecutors, and Probation and Parole to increase strategic efforts to enforce existing prohibitions against possession of firearms or ammunition by convicted felons and some persons convicted of misdemeanor crimes of domestic violence. The federal sentence can be up to a mandatory minimum of fifteen years, if the defendant has two prior convictions of violent felony or drug crimes. Strategic efforts should include: monitoring identified repeat offenders, communicating the enhanced penalties clearly, ensuring that all parties are familiar with necessary documentation to facilitate prosecution, and ensuring ongoing dialogue and documentation to "make the case".

3) Advocate that state and federal prosecutors prioritize domestic violence related possession of firearm cases for federal prosecution.

4) Encourage local law enforcement to require patrol officers to query Criminal Justice Law Enforcement Automated Data Services (CJLEADS) on DV calls to learn: whether the suspect has any pending DV charges, has been convicted of a DV offense, has spent any time in jail or prison, has any known gang affiliation, conditions of parole, probation, and post release supervision information. This information is useful to the officer in assessing whether the suspect has the right to possess a firearm. If he has no right, the officer should take all legal and available steps to remove the weapon.

5) Explore with the State Bureau of Investigation/Division of Criminal Information whether probation status, parole status, and post-release supervision can be added as an automatic query of the NC DOC Offender Population Utilization System (OPUS) when DCI/NCIC is accessed to check warrants (similar to 50B, sex offender and concealed carry permit). If the officer has information leading to the conclusion that the suspect is in possession of a firearm, and the SBI/DCI check revealed that he is on probation, the officer could then contact Probation to follow through with a warrantless search, if appropriate. The officer would also be able to notify Probation about an incident concerning an individual on probation, even if it did not result in an arrest.

Substance Abuse

In three of the four cases the killer had a history of substance abuse. In one case he used synthetic marijuana, in another cocaine and alcohol, and in the third a variety of legally prescribed pain killers. The killer in the murder/suicide went to a local hospital frequently in the year preceding the fatality to obtain pain medications, including morphine. He was not sent for a substance abuse evaluation or treatment, per the available records.

Recommendation:

1) Encourage local hospital systems to review current procedures for identifying and treating patients who utilize the Emergency Department for chronic pain needs to ensure patients are counseled regarding how to access substance abuse evaluations and treatment when indicated.

Children

In one fatality, law enforcement delayed reporting to DSS a DV incident with children in the home. The case was never properly initiated at DSS.

Recommendations:

1) Request the North Carolina General Assembly to enact an additional aggravating factor for felony structured sentencing as follows: “The defendant knew or reasonably should have known that the offense was being witnessed by sight or hearing, by a person under the age of 16 who was not involved in the commission of the offense.”

2) Require DSS to consult with all of the Mecklenburg police departments on their protocols, timing, forms and any training needs for reporting suspected child abuse/neglect when there is a DV incident and children are known to live in the home. Since December 2012 CMPD has had automated forms in its KBCOPS system for this purpose. Through May 2013 reports from CMPD to DSS increased almost 5% over the same time period a year earlier. The CMPD Lethality Assessments are also in KBCOPS, and these are forwarded to the appropriate social worker to provide a more complete picture of the incident.

3) Require DSS to implement a quality assurance process to flag any cases where timely case initiation has not occurred, and to eliminate any gaps.

Strategic Information Sharing, Training, and Case Coordination

Recommendations:

1) Synchronize law enforcement, prosecutorial and judicial record-keeping to enable federal prosecution of firearms cases when there has been a qualifying misdemeanor crime of DV. Ensure that factual findings of physical violence, co-habitation, and whether there was a valid waiver of counsel are included and retained in the case file. Train district court judges to include “use of violence” language in the 50B order.

2) Encourage local law enforcement agencies, the U.S. Attorney’s Office and the District Attorney to provide annual training to officers on:

a) the nuances of the federal law that prohibits persons convicted of a misdemeanor crime of DV from possessing any firearm or ammunition. Possession of even one bullet

has resulted in a federal conviction and a long prison term, per U.S. Attorney Anne Tompkins.

b) establishing probable cause in DV cases. (In one case, the victim claimed water had been thrown on her shirt and the officer noted that her shirt was dry. There was no indication that the officer had asked whether she had changed her shirt, or if he could see the wet shirt, or if there was a witness to the incident.)

3) Develop and publicize an electronic “ready/go” packet that can be shared with local employers to assist employees who are experiencing DV. Provide easily identifiable links to best practice workplace DV protocols on the Safe Alliance and Women’s Commission websites. Present information about DV resources at the annual Employee Assistance Program Association conference in Charlotte.

4) Request the County Manager’s Office to reconvene the Charlotte Domestic Violence Leadership Team to consider and to act on suggestions of the DV Fatality Review Team and to identify ways that the partner organizations can work together more effectively to reduce DV. One potential focus area for the Team should be violence prevention initiatives.

5) Encourage local law enforcement agencies to join with DV and other human service providers to develop conveniently formatted resource and referral information on counseling and substance abuse services to be provided to suspects, particularly when no arrest is made on DV calls. Resource materials are routinely provided to the victim in these situations.

6) Encourage CMPD and the other local law enforcement agencies to continue to use the Lethality Assessment Protocol (initially implemented in November 2012) as a means to educate DV victims about the dangers of DV and available community resources.

7) As a means to build trust and credibility among residents who have long distrusted DSS and Law Enforcement, request that these agencies consider featuring individuals and/or families who are satisfied customers (willing to share their positive experiences) in their marketing materials.

8) Encourage the Mecklenburg County New Options for Violent Actions (NOVA) Program to take the lead in exploring the current avenues and obstacles to obtaining a behavioral health forensic evaluation and necessary behavioral health treatment for persons on probation who have committed DV offenses.

9) When a defendant is ordered to a batterer intervention program, such as NOVA, the only version of the facts of the DV incident that staff hears may come from the defendant himself. Require that any Mecklenburg batterer intervention program obtains a copy of the judgment form (both from civil and criminal DV court) and that it is placed in the case record at assessment. The form provides collateral information regarding the reasons the client was placed on probation and ordered to the program.

10) Encourage CMPD to provide the batterer intervention programs with the incident reports related to an arrest. These reports provide details and collateral information that is useful to the program staff when a defendant has been ordered to batterer intervention.

Accomplishments : Reauthorization, and Implementation of Team Recommendations

1) Reauthorization of the Team

In June 2013, the North Carolina General Assembly reauthorized the Mecklenburg Domestic Violence Fatality Prevention and Protection Team, eliminating the sunset provision, and adding two additional teams—one in Pitt County and one in Alamance County. The additional teams create an opportunity to strengthen the recommendations, particularly any that might be applied state-wide.

During this past year, the Mecklenburg DV community has implemented a number of recommendations contained in the Team's first two annual reports.

2) Development of a Supervised Visitation/Safe Exchange Center

Mecklenburg County's Community Support Services Women's Commission Division received a three year federal grant from the Office on Violence Against Women (1 year planning/ 2 years operations) for a Center to provide supervised visitation and safe exchange of children by and between parents in situations involving DV. The Planning Team is in the process of identifying a site, developing a safety and security plan and drafting policies and procedures. The Planning Team anticipates a start date for operations in the summer of 2014.

3) Lethality Assessments

The Charlotte-Mecklenburg, Davidson and Huntersville Police Departments, the Community Support Services Women's Commission Division, and Safe Alliance piloted a Lethality Assessment Protocol starting in November 2012 (copy attached). All of these organizations plan to continue the initiative because it educates the DV victims and law enforcement officers about the lethality risk associated with DV and about available community resources to reduce risk. **Preliminary results from the pilot: 62% of the lethality screens revealed a high danger situation.**

4) Additional resources to assist DSS Youth and Family Services to respond to domestic violence situations

The County has deployed four staff with DV expertise (through the Women's Commission Division of Community Support Services), to work closely with Youth and Family Services when there is DV or suspicion of DV. DV is a factor in 1 of 4 reports accepted by Child Protective Services investigations. The additional resources have

enabled the Women's Commission to participate in weekly Child Development/Community Policing staffings, bringing this expertise to bear promptly when a child has been exposed to violence.

5 . Increased Awareness about DV

Private and public funds have been contributed to the eNOugh Campaign to end domestic violence in North Carolina. The campaign is focused on awareness and prevention, education and outreach. A pilot project is currently underway in Mecklenburg and Iredell counties. In the first six months of 2013, the eNOugh Campaign and its media partners issued DV Prevention and Awareness messages via radio, outdoor billboards, cinema, print and online advertizing. These ads encourage victims and bystanders alike to contact the National Domestic Violence Hotline for help. From January through June 2013, service provider partners in Charlotte experienced a 26% increase in referrals from NDVH; partners in Statesville experienced a 26% increase.

In addition, the Campaign is forging collaborations with employers to build DV-responsive policies in workplaces; with law enforcement and healthcare to look for indicators of DV and offer assistance, and with faith-based organizations to promote family relationships free from the fear and threat of violence.

The Mecklenburg County Human Resources and Community Support Services departments are developing an on-line Domestic Violence in the Workplace training for County employees. This training for all County employees is designed to educate about the impact of domestic violence in the workplace and ways to access resources. The on-line training will launch in FY14.

Mecklenburg Domestic Violence Fatality Review Team Members

Honorable Jane Harper, Chair
Retired District Court Judge

Kimberly Barker, Vice-Chair
Manager, Community Care Services, Novant Health

Jamie Adams, Mecklenburg District Attorney's Office

Jay Ashendorf, Mecklenburg District Attorney's Office

Susan Cabarcas, Detective/Victim Advocate, Huntersville Police Department

Honorable Ronald L. Chapman, Mecklenburg District Court Judge

Katrina Clyburn, North Carolina Department of Probation

Christine Davis, Survivor

Sergeant Angela Haywood, Charlotte-Mecklenburg Police Department

Betty J. Hooper, Mecklenburg Department of Social Services

Captain "Dan" Johnson, Mecklenburg Sheriff's Office

Karen Johnson, Chief Magistrate

Pat Kelly, Safe Alliance Victim Assistance

Kimberly Livingston, Mecklenburg Community Support Services Women's Commission
Division

Tommy Lopez, Community Volunteer

Sara Lovett, Mecklenburg Health Department

Linda Margerum, MeckLINK Behavioral Healthcare

Nikkie Perry, MEDIC

Reverend Glencie S. Rhedrick, First Baptist Church-West

Erin Pettit Rumble, Domestic Violence Healthcare Project, Carolinas Medical Center

Dr. James M. Sullivan, Mecklenburg Medical Examiner

Melissa Summit, Survivor

Jane Taylor, Safe Alliance, Shelter for Battered Women

Karen Thomas, Charlotte-Mecklenburg Public Schools

Staff support: Helen Lipman, Mecklenburg Community Support Services
John Weil, Facilitator



DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS



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

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

MNADV 08/2005

REFERRALS (Fax #):

SBW 704-332-5403

DVHP 704-355-9549

UFS_SA Svcs 704-373-1604

VA 704-336-4416

WOC 704-336-4198

Other _____