



**Prince George's County Maryland
Domestic Violence Fatality Review Team**



2016 FINDINGS AND RECOMMENDATIONS

**Prince George’s County Domestic Violence
Fatality Review Team**

**Findings and Recommendations
May 2016**

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Prince George's County Domestic Violence Fatality Review Team

Findings and Recommendations May 2016

The Prince George's County Domestic Violence Fatality Review Team

The Prince George's County Domestic Violence Fatality Review Team ("the Team") was initially convened in 2007 following the passage of legislation establishing county-wide Domestic Violence Fatality Review Teams to review domestic violence homicides. The purpose of each Team's in-depth review of domestic violence fatalities is to identify actions that could prevent a domestic violence-related homicide. Based upon its findings and conclusions, the Prince George's County Team is tasked with making specific recommendations for improvements in our service system and our community's response to domestic violence.

The Prince George's County Domestic Violence Fatality Review Team is comprised of a broad spectrum of service providers who are involved on a daily basis with victims or perpetrators of domestic violence. Team members include law enforcement, health care and mental health care providers, child welfare workers, prosecutors, attorneys, domestic violence and sexual assault advocates, educators, and community residents. These diverse and experienced Team members bring not only their own personal knowledge and experience to the Team's deliberations, but their entire agencies' knowledge and experience base as well. Representatives from the following agencies included: Child Protective Services, Community Advocates for Family and Youth, Prince George's County Department of Health, Prince George's County Department of Social Services, Domestic Violence/Sexual Assault Center, Family Crisis Center, Greenbelt Police Department, House of Ruth Maryland, Howard University, Laurel Police Department, Maryland Crime Victims Resource Center, Maryland Department of Parole and Probation, Maryland Network Against Domestic Violence, My Covenant Place, Office of the Sheriff for Prince George's County, Office of the State's Attorney, Prince George's County Court Family Services Unit, Prince George's County Police Department, and the Prince George's County Response System.

Success of the Team's 2012 Recommendations

In 2012, the Team issued its first set of recommendations. As a result of those recommendations, the Prince George's County Department of Parole and Probation reorganized its supervision of domestic violence perpetrators and implemented the Team's recommendations for enhanced supervision of those offenders. In addition, the Office of the Sheriff and the Prince George's County Police Department were trained on the administration of the Lethality Assessment Program and now do Lethality Assessments on every domestic violence call, with immediate linkages of victims to domestic violence advocates. The Office of the Sheriff also underwent an independent evaluation of their domestic violence unit that noted that unit's best practices and positive community impacts. Using the Fatality Review Team's recommendations as a springboard for innovation, these agencies are to be applauded for implementing best practices that now better protect victims of domestic violence and prevent domestic violence fatalities.

Study of Domestic Violence Murder-Suicides ("M/S") in Prince George's County

Following the issuance of its 2012 Report and Recommendations, the Prince George's County Domestic Violence Fatality Review Team undertook a review of domestic violence-related murder/suicides ("M/S"). The Team had observed a substantial increase in the number of domestic violence M/S in Prince George's County despite recent efforts by many county agencies to address domestic violence proactively by implementing best practices. We were curious to see if there were any patterns in these domestic violence M/S cases and whether our social, health, legal and law enforcement systems could play a role in possibly preventing these horrific and traumatic events.

From late 2012 to 2015, the Team carefully examined every identified domestic violence M/S that occurred in the County since 2007. Every murder/suicide is both shocking and devastating to surviving friends and family, but the loss is also felt by our community at large. Domestic violence M/S are especially painful because not only has an innocent life been taken, but the perpetrator is also lost. Once homicide detectives determine that the incident involves a M/S, they close the case "exceptionally," meaning that no further investigation is done because no prosecution will ensue from the investigation because both victim and perpetrator are deceased. These cases provide fewer clues as to the motives or the precipitating moments leading up to the homicide, compared to a domestic violence homicide where the perpetrator is still alive, law enforcement agencies undertake a more thorough investigation, followed by criminal prosecution, trial and sentencing. The Team had to examine these cases further, and because the cases ended by suicide, explore more theories about factors that might have precipitated such events. Consequently, we interviewed two survivors, homicide detectives, family members and friends of the victims and perpetrators. We reviewed detectives' notes and case files, previous court cases involving the victims and perpetrators, news articles, and in two cases, the actual words left by the perpetrators. We learned that while domestic violence M/S cases fit squarely within the common characteristics of domestic violence homicides, they have additional, unique characteristics that call for special intervention.

Domestic Violence Statistics – Nationally

Domestic violence is a significant social problem in Prince George's County that impacts every aspect of our community. Nationally, domestic violence is reported to occur to 1 out of every 4 women, compared to 1 out of every 13 men.¹ Domestic violence frequently includes assault and battery, but all too often includes rape and other sexual assaults, and stalking. The Center for Disease Control's National Center for Injury Prevention and Control reported that 1 in 5 women have been raped in their lifetime, compared to 1 in 71 men raped in their lifetime.² The injuries inflicted during incidents of domestic violence are often quite serious and have long-lasting effects in the form of permanent disability, post-traumatic stress disorder, and trauma to children.³

Domestic Violence Statistics – Statewide

Mirroring national trends in violent crime rates, Maryland's statewide crime data indicate a decrease in reported domestic violence crimes, with 16,817 domestic violence crimes reported in 2013 compared to 17,615 crimes in 2012.⁴ However, due to the *inclusion* of additional relationships in domestic violence crime reporting to comport with changes in Maryland law regarding the identification of domestically-related crimes, the total of intimate partner violence statewide was more accurately recorded at 20,626 in 2013.⁵

Domestic Violence in Prince George's County

In Prince George's County, there were 13,046 domestic calls for service in 2012, resulting in 855 arrests.⁶ In 2013, there were 10,843 domestic calls for service, resulting in 862 arrests.⁷ And in 2014, there were 10,277 domestic calls for service, resulting in 773 arrests.⁸ While many of these calls involved intimate partner violence, they were not coded separately from other types of family relationships, such as parent/child, or related family members. The Maryland Uniform Crime Report, which records only crimes for which a police report or an

¹ Tjaden, P., and N. Thoennes. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. U.S. Department of Justice, National Institute of Justice, and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, November 2000, NCI 183781.

² Center for Disease Control, National Center for Injury Prevention and Control, Division of Violence Prevention, *National Intimate Partner and Sexual Violence Survey*, available at www.cdc.gov/violenceprevention/nisvs (2011).

³ *Id.*

⁴ 2013 Maryland 2013 Maryland Uniform Crime Report, p. 53, available at:

<https://www.mdsp.org/LinkClick.aspx?fileticket=Ynu0iNFwsVE%3D&tabid=429&mid=3218>.

⁵ *Id.*, pp. 53-54.

⁶ Internal report, 2012 Domestic Related Calls for Service, Prince George's County Police Department.

⁷ Internal report, 2013 Domestic Related Calls for Service, Prince George's County Police Department.

⁸ Internal report, 2014 Domestic Related Calls for Service, Prince George's County Police Department.

arrest was made, reported 1,238 domestic violence crimes in Prince George’s County during 2012 and 2,489 domestic violence crimes during 2013.⁹ In FY 14, Prince George’s County led the State in domestic violence protective order filings, with 5,437 protective orders filed – constituting one-fifth, or 20%, of all the protective orders filed in the State.¹⁰

Domestic Violence Homicides in Prince George’s County

Over the past six years (January 1, 2009 – December 31, 2014), there have been 72 domestic violence homicides in Prince George’s County,¹¹ comprising 16% of Prince George’s County’s total of 451 homicides over that same period.¹² Over the past five fiscal years (7/1/10 – 6/30/15), Prince George’s County has ranked 1st in the State in domestic violence homicides.¹³ Of the 72 domestic violence homicides from 2009 through 2014, 26% (19) were domestic violence M/S. The Team examined 17 domestic violence M/S deaths occurring between 2007 and 2014 which are reflected in this Report.

PRINCE GEORGE’S COUNTY HOMICIDE TABLE

Year	Total Homicides	DV-related Homicides and Homicide/Suicide
2014	54	20
2013	56	9
2012	64	14
2011	95	10
2010	90	5
2009	92	14
TOTALS:	451	72

⁹ 2013 Maryland Uniform Crime Report, p. 60, available at: <https://www.mdsp.org>.

¹⁰ FY 2014 Annual Statistical Abstract, Maryland Judiciary, *Circuit Court Statewide and County Totals for Domestic Violence Cases (CC-23) and District Court Statewide and County Totals (DC- 7)*, <http://mdcourts.gov/publications/annualreport/reports/2014/fy2014statisticalabstract.pdf>.

¹¹ Prince George’s County Police Department statistics, collected on a calendar year basis. See also Maryland Network Against Domestic Violence, *Domestic Violence Homicides: Individuals Who Lost Their Lives by County: 2010-2015*, available at http://mnadv.org/DV_Stats/dv_stats.html, which collects domestic violence homicide figures on a fiscal year basis. The MNADV homicide totals will vary slightly from the Prince George’s County Police Department statistics due to different attribution periods and slightly different definitions for domestic violence homicides. Maryland’s statewide homicide totals for 2009 – 2014 were: 440 (2009), 425 (2010), 398 (2011), 372 (2012), 387 (2013), and 363 (2014), respectively. 2014 Maryland Uniform Crime Report, p. 16, available at: <http://www.goccp.maryland.gov/msac/documents/2014-crime-in-maryland-ucr.pdf>.

¹² *Id.* See also, *Maryland Uniform Crime Reports for years 2008, 2009, 2010, 2011, 2012, 2013 and 2014*, available at <http://goccp.maryland.gov/msac/msac.php>, MSAC Quicklinks.

¹³ Maryland Network Against Domestic Violence, *Domestic Violence Homicides: Individuals Who Lost Their Lives by County: 2010-2015*, available at http://mnadv.org/DV_Stats/dv_stats.html.

Domestic Violence Murder-Suicide Predictors

Research over the past two decades has identified some key predictors of a domestic violence homicide.¹⁴ Some of these predictors, or “red flags,” include strangulation, sexual violence, possession of a gun, unemployment of the abuser, abuse of drugs and/or alcohol by the abuser, stalking behavior, and prior attempts by the victim to leave the relationship.¹⁵

Domestic violence murder-suicides have additional characteristics that may offer us an opportunity to intervene before a domestic violence M/S occurs. Statistics demonstrate that the vast majority of domestic violence homicides are committed by men against their female partners (91.4% are male perpetrators).¹⁶ If a domestic violence homicide is committed, the risk that the perpetrator will go on to kill himself ranges from 32% - 69%.¹⁷ Previous abuse in the relationship is the strongest predictor of a domestic violence homicide: 72% of those victims murdered by their partners had been previously abused by those partners.¹⁸ Murder-suicides may often involve a mental illness and/or substance abuse problem. One study that analyzed M/S cases nationally discovered that 11% of the perpetrators had a *documented* mental health problem and 30% were intoxicated at the time of the incident.¹⁹ Congruent with national trends, domestic violence M/Ss were most frequently committed with a firearm (88%).²⁰

Forty percent (40%) of domestic violence M/S perpetrators were believed to have committed the act in response to a divorce proceeding or relationship breakup, and an additional 18% had recently been in court for custody, child support or protective order proceedings.²¹ In one study, 50% of the perpetrators had made a previous suicide threat, and 40% of the perpetrators had seen a mental health provider before the M/S.²² Of the women who were killed, 47% had received health care services at some time in the year prior to their murders.²³

¹⁴ Campbell, J. C., Glass, N. E., Sharps, P. W., Laughon, K., & Bloom, T., *Intimate Partner Homicide: Review and Implications for Research and Policy*. Violence, Trauma & Abuse, 8 (3), 246-269 (2007).

¹⁵ *Id.*

¹⁶ Campbell, J.C., et al., *Intimate Partner Homicide: Review and Implications of Research and Policy*. Trauma Violence Abuse. 2007 Jul;8(3):246-69; Logan, J., et al., *Characteristics of Perpetrators in Homicide-Followed-by-Suicide Incidents: National Violent Death Reporting System—17 US States, 2003–2005*; Am. J. Epidemiol. (2008) 168 (9): 1056-1064.

¹⁷ Walsh, S.; Hemenway, D., *Intimate partner violence: Homicides followed by suicides in Kentucky*. Journal of Kentucky Medical Association, 2005; 103:667-70; Koziol-McLain, et al., *Risk Factors for Femicide-Suicide in Abusive Relationships: Results from a Multisite Case Control Study*. Violence & Victims 2006 Feb;21(1):3-21.

¹⁸ Koziol-McLain, et al., *Risk Factors for Femicide-Suicide in Abusive Relationships: Results from a Multisite Case Control Study*. Violence & Victims 2006 Feb;21(1):3-21.

¹⁹ Bossarte, R.M., et al., *Characteristics of Homicide Followed by Suicide Incidents in Multiple States, 2003–04*. Injury Prevention 2006;12 suppl 2:ii33-ii38.

²⁰ Koziol-McLain, supra; Bossarte, R.M., supra; Violence Policy Center. (2015, September). *When Men Murder Women: An Analysis of 2013 Homicide Data*. Washington, D.C.: Author.

²¹ Bossarte, R.M., supra.

²² Koziol-McLain, supra.

²³ *Id.*

The following table analyzes the Prince George’s County domestic violence M/S cases according to these identified factors:

Factor	National Results	Prince George’s Co. Cases
Male perpetrator	91.4%	100%
Previous abuse	72.0%	75%
Previous mental illness treatment/diagnosis of perpetrator	11%	63%
Substance abuse	30%	37.5%
Use of firearm	88%	87.5%
Recently separated/filed for divorce	40%	87.5%
Recent domestic case court appearance	18%	37.5%
Previous suicide threat	50%	50%
Victim rec’d health care in previous year	47%	12.5%

This comparison shows that the Prince George’s County domestic violence M/S cases reviewed by the Team contained many of the factors highlighted by national and international studies on domestic violence M/S. Some of these factors, such as previous suicide threats, recent separation or divorce filing, and recent appearance in court were particularly strong in our cases.

Findings and Recommendations

The Team reviewed 9 cases involving 17 deaths. These Findings and Recommendations of the Domestic Violence Fatality Review Team relate only to those improvements that were indicated by the cases reviewed. The details of each case are required by statute to be kept confidential and therefore are not discussed in this report.

Finding 1: Every domestic violence homicide/suicide occurred after the parties had separated.²⁴

Discussion: In making the decision to separate from their abusers, the victims we studied appear to have recognized the growing dangerous behavior of their partners. When

²⁴ The Team reviewed a homicide/suicide that involved an elderly couple where there was no apparent prior history of domestic violence. Because the circumstances of that homicide/suicide were so different from the rest of the domestic violence homicide/suicides studied, none of the Findings of the Team arise from the facts of that case and each of the Findings that follow expressly exclude that case.

some of these victims asked for help post-separation, the fact of their separation was viewed by the courts, community agencies, law enforcement, family or friends as *decreasing* her need for protection, rather than *increasing* it. In other words, the public view is often that after a victim separates from the perpetrator, the victim is safer when, in fact, the victim's safety is at a heightened risk. In every case except one, there was a history of domestic violence identified *preceding* the parties' separation, and in 5 of the 8 cases studied, there was domestic violence *following* the parties' separation. In those cases, the victims' efforts to obtain protection after separating were viewed with some skepticism, particularly by the courts, precisely because the parties were already separated. In half of the cases the Team examined, there had been a recent court filing or hearing close in time to the M/S.

We must do a better job to understand that when a victim separates from perpetrator, the perpetrator will do what is necessary to re-establish control, do serious harm, or end the victim's life. When a victim first leaves an abuser, he will often correct his behavior so that the victim perceives the threat of future harm to have receded. For example, the perpetrator may seek out counseling or substance abuse treatment, or take more interest in the parties' children, and thus the parties may reconcile. But then another incident of violence occurs, another separation, followed by escalated efforts by the abuser to regain his control over his victim to get her to return to him. Separation, then, often indicates that there has been a recent incident of violence.

Judges, law enforcement and lawyers must look more carefully at the implications of seemingly innocuous post-separation behaviors, such as harassment, stalking and property damage. In most of the cases we studied, the M/S occurred shortly after the parties had either made a report to police, filed something in court or appeared in court. In two cases, the victims' cars had been vandalized shortly before the M/S. In one case, the victim applied for and was denied a protective order²⁵; in the other case, the victim filed criminal charges but only a summons was issued even though the perpetrator was a convicted felon. In another case, the perpetrator persistently stalked the victim. Police must investigate more fully reports of stalking, property destruction, break-ins and other types of seemingly minor property crimes involving newly separated intimate partners. Court commissioners, police, lawyers and judges must begin to review these crimes in a larger context of domestic violence in order to see them for what they are: a harbinger of escalating intimidation and violence that may lead to a homicide.

It became clear to the Team how important the courts have become to victims of domestic violence. *None* of the victims in these cases had sought out domestic violence services, but in 4 of the 9 cases reviewed, the victims had previously sought out protective orders, and in 2 other cases, the victims had recently filed for or received a divorce. The courts may now be the most accessible place where victims, potential perpetrators and their families can receive information about the red flags of domestic violence.

²⁵ The victim was appropriately denied a protective order because the protective order statute currently does not include malicious destruction of property as an act of abuse.

In 6 of the 9 cases, the perpetrator had documented mental health issues. Counselors, therapists, social workers, psychiatrists and psychologists must be better educated on the “red flags” of post-separation domestic violence in order to properly assess the mental health status of domestic violence perpetrators and their risk for M/S. As family and friends of abusers and victims alike, we must all learn more about protecting victims after they have separated from their abusers and to notice if the perpetrator begins to spiral into depression and suicidality.

Recommendations: As a community, we must make the time and financial commitment to learn more and be trained about the danger and risks of being killed that victims of domestic violence face when they separate from their abusers. Once this information is received, it must be applied in our work, policies, practices, and actions.

The Legal Profession: Judges, court commissioners, prosecutors and attorneys must be educated on the “red flags” that often precede a domestic violence M/S, and incorporate that knowledge into every decision-making moment affecting victims of domestic violence and perpetrators – in protective order hearings, in bail review hearings, in criminal prosecutions, and in divorce and custody proceedings. In particular, the legal profession must reject the erroneous view that separation means a lessening of risk for victims of domestic violence. Anticipating the emotional devastation that separation entails, particularly for those perpetrators who have a history of mental illness, we should incorporate preventive mental health messages within our criminal and family law divisions with referrals to community agencies that provide help.

The Mental Health Community: Counselors, social workers, therapists, psychiatrists and psychologists must be educated on the “red flags” of post-separation domestic violence in order to properly assess the mental health status of domestic violence perpetrators and their risk for M/S. When an alleged perpetrator receives treatment, the mental health community must make every reasonable and lawful effort to contact the victim in order to better assess the perpetrator’s risk of a domestic violence M/S.

Elected Officials: Our elected officials must lead the way to fund these educational and outreach efforts. In addition, our legislators must immediately sponsor legislation that includes harassment and malicious destruction of property as acts of abuse in the protective order statute.

Finding 2: Domestic violence-related homicide/suicides are premeditated, not impulsive, acts.

Discussion: *In every case studied*, the Team found that the perpetrator had planned ahead to kill his victim and himself. None of the cases involved homicide/suicides committed in the midst of an argument or in the spur of the moment.

Because the perpetrator had the time to premeditate his murder/suicide, we, as a community, have the opportunity to intervene before the M/S occurs. Education is one method by which we can influence potential perpetrators. Education must be directed to environments where perpetrators might seek out information: the courts, the internet, social media, social programs, family, and friends.

Recommendations: The community must be educated about the “red flags,” or predictors, of domestic homicides and domestic violence M/S. We recommend that the County’s 211 site provide information on these “red flags” and that all County service provider websites and social networking sites make a point to post prominently these “red flags.” We recommend that the County or the State provide funding to facilitate the posting of these “red flags” in prominent places that are easily accessed by all members of the community, such as courthouses, police stations, court commissioner offices, community centers, libraries, and faith-based institutions.

Finding 3: Mental illness played a role in some, but not all, the homicide/suicides.

In 63% of the cases reviewed by the Team, the perpetrator had been previously diagnosed with some type of mental illness. In half of the cases (50%), the perpetrator had previously made a suicide threat. In national studies, a significant percentage of domestic violence M/S perpetrators who were unknown to the criminal justice system had been seen within the mental health system. This information provides us with an opportunity to intervene before a domestic violence M/S occurs.

Recent studies on the risk of M/S posed by perpetrators of domestic violence indicate that we should take their suicide threats much more seriously. Statistics indicate that when a domestic violence abuser threatens to commit suicide, not only is he at a heightened risk of actually committing suicide, but his children and intimate partner are also at a heightened risk of being killed by him. As a leading national expert on domestic violence-related fatalities, Dr. Jacquelyn Campbell recently stated in a national training on Domestic Violence and Suicide, “Abusers do not threaten to kill themselves lightly.”²⁶ Recommended best practices to any expressed suicidal threat by a domestic violence abuser is to immediately evaluate that individual for suicidality, assess simultaneously for domestic violence, provide mental health services, and alert the victim if possible.

Because of the importance of this issue, the Team examined the process by which an abuser might be subject to an emergency mental health evaluation. To our great dismay, we learned from experts in the field that victims of domestic violence are rarely interviewed by mental health professionals during the course of an emergency evaluation of their partners.

²⁶ April 16, 2015 webinar, “Suicide and Domestic Violence,” sponsored by the Battered Women’s Justice Project.

This statement means that emergency evaluations are done in an information vacuum that may have devastating consequences for the victim and her children. We believe a more thorough investigation of the process of emergency evaluations should be conducted in order to better assess what gaps, if any, exist in this process.

Recommendation: The County Executive should appoint and convene a multi-disciplinary Task Force to study the procedure and effectiveness of the county's emergency evaluation process for assessment of suicidality and domestic violence with the goal of proposing improvements in the assessment, intervention and mental health service delivery to domestic violence perpetrators, victims, and child witnesses.

Finding 4: Very few of the victims sought help from police, courts or domestic violence service providers until immediately prior to the homicide/suicide.

Discussion: The Team found that most of the victims did not have histories of seeking out assistance from formal social service or criminal justice providers, such as applying for protective orders or peace orders, filing criminal charges against their abusers, or calling domestic violence programs, before being killed. *The absence of any record of help-seeking actions targeted formal providers by the victim, therefore, did not predict a lessened risk of being killed.* Rather, victims' delay in help-seeking efforts actually underscored the fact that when these victims finally reached out for formal assistance, they were doing so because they correctly perceived that they were at a much greater risk of injury or death. In light of the fact that 1 out of every 10 homicides in Prince George's County was domestically-related, it is time that we give more credence to these victims' concerns and do more to better understand why many are not seeking support from formal providers.

Recommendations: Judges, court commissioners, prosecutors and attorneys must be educated on the latest research pertaining to domestic violence dynamics and help-seeking behaviors as it relates to cultural context. This research indicates that many stereotypes of victims of domestic violence do not mirror the reality of most victims' lives. We also know that women of color, particularly Black women, often do not reach out to formal provider systems for fear of discriminatory treatment by these systems. Consequently, when they do reach out to formal providers, they are often at heightened risk or under imminent threat of injury or death. When they seek support from formal systems, there may be no history of protective orders or criminal charges that encourage formal systems to act.²⁷ In many cases, these victims did reach out to their informal supports, such as friends, family members and extended family. The more educated we are about these dynamics, the better we will be able to evaluate the

²⁷ Bent-Goodley, T.B., *The Ultimate Betrayal: A Renewed Look At Intimate Partner Violence*. Washington, D.C.: NASW Press (2011); Bent-Goodley, T.B.; *Domestic Violence Fatality Reviews And The African American Community*. *Homicide Studies*, 17 (4), 375-390 (2013).

respective risks each victim and perpetrator present, and work with communities to enhance awareness and knowledge of how bystanders can respond.

Finding 5: Children were frequently on the scene or nearby when their mothers were killed.

Discussion: Of the 6 cases we studied where there were children in the family, 4 homicide/suicides occurred in front of or near the children. The long-term impact on children who are exposed to domestic violence is now well-established in the social science research.²⁸ Children who see one or both parents killed have just experienced a major traumatic event with negative, life-altering effects. We currently have no systematic protocol in place to provide immediate and ongoing intervention and help for these most vulnerable secondary victims.

Recommendation: The County Executive should coordinate the county-wide adoption of a Protocol for the provision of immediate services to children who are present during a domestic violence-related homicide. Under the County Executive's auspices, law enforcement, crisis intervention teams and domestic violence agencies should enter into MOUs to delineate responsibilities for immediate and long-term intervention and follow-up for children who witness or are affected by a domestic violence fatality.

SPECIAL NOTE

While these Recommendations were being drafted, members of the Team moved ahead and drafted a multi-agency Protocol for responding to cases where children had been exposed to a domestic violence fatality, as well as a Memorandum of Understanding between all involved agencies (both attached to this 2016 Findings and Recommendations). We are very pleased to report that the Protocol has already been successfully implemented in five cases involving domestic violence M/S or attempted M/S and that the MOU is in the process of being executed by all involved agencies.

Finding 6: Guns were the primary method by which victims and perpetrators were killed.

Discussion: Nationally, 52% of female homicides were committed with a firearm.²⁹ In the cases reviewed by the Team here, in all but one of the cases, victims were killed by a firearm. Studies by public health researchers have made the case clear that possession of a firearm makes it easier to kill and increases significantly the chances that women will be

²⁸ Humphreys, C. & Stanley, N., *Domestic Violence And Protecting Children: New Thinking And Approaches*. London: Jessica Kingsley Publishers (2015).

²⁹ *Id.*, p. 3.

killed.³⁰ Given that two convicted felons were able to procure prohibited firearms, it is clear to the Team that simply prohibiting a perpetrator from possessing firearms does not guarantee safety. Meanwhile, the research indicates that barriers to firearm possession and ownership have helped protect victims of domestic violence.³¹

Recommendation: Legislators should strengthen our current firearm prohibition laws to prohibit the possession of firearms by any perpetrator convicted of a domestically related crime. Judges should include in all probation orders that a defendant convicted of a domestically related crime be prohibited from possessing or obtaining a firearm during the term of the probation.

Finding 7: All of the homicide/suicides were perpetrated by men against female partners.

Discussion: In cases where the relationship between the victim and the perpetrator is known, ninety-three percent (93%) of women killed nationally are killed by an intimate partner.³² In contrast, men who are killed by their female partners make up only 1% of all DV homicides. Every DVM/S case reviewed by the Team involved a female victim and a male perpetrator.

While men increasingly report being victims of domestic violence, preliminary research findings of a study of hospital-based domestic violence programs in Maryland revealed that 89% of the patients accessing those hospital services were women. The implication of these results is that when women are victimized by domestic violence, they are more likely to be seriously injured by that abuse than when men are abused.³³ These preliminary findings are fully consistent with the 2011 National Intimate Partner and Sexual Violence Survey.³⁴ Thus, women in relationships with abusive partners are an especially vulnerable group, and are at a significantly higher risk of being killed by that abusive partner than by a stranger.

³⁰ *Id.*

³¹ Fourteen percent (14%) of federal firearm transfer requests were denied due to the existence of active protective orders or domestic violence misdemeanor convictions. *Federal Denials, Reasons Why the NICS Section Denies*, November 30, 1998–March 31, 2014, <http://www.fbi.gov/about-us/cjis/nics/reports/denials-033114.pdf>.

³² Violence Policy Center, *When Men Murder Women: An Analysis of 2012 Homicide Data*, September 2014 Report, p. 4, available at: <http://www.vpc.org/studies/wmmw2014.pdf>.

³³ Andrea Gielen, Samantha Illangasekare, Shannon Frattaroli, Jeff Zhu and Jerome Chelliah, “*Evaluation of Hospital Based Domestic Violence Programs*” in Maryland, Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Center for Injury Research and Policy (preliminary unpublished findings).

³⁴ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M.R. (2011). *Prevalence and Characteristics of National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Annual Report*. Atlanta, GA: National Center for Injury Prevention and Control.

Recommendation: While both men and women can be victims of domestic violence, it is important that judges, police, court commissioners, lawyers and policy makers become educated on the increased risks that women face of being killed by an intimate partner.

Finding 8: Intense, extreme jealousy on the part of the perpetrator was a distinctive characteristic in almost every case.

Discussion: Almost every perpetrator expressed, or was reported to have expressed extreme, obsessive jealousy about his victim. Jealousy is not about love or romance, but is about a sense of ownership, control and entitlement to the object of one's jealousy. Contrary to media images, jealousy is not a healthy relationship attribute. We, as a community, must reject at every level the message that jealousy is an acceptable excuse for violent, possessive behavior. We must not tolerate this message in the courts or in our laws, and we must have discussions about the corrosive effects of jealousy in every environment to counteract this outdated cultural excuse for controlling, possessive behavior.

Recommendations: Agencies, social service and mental health providers, criminal justice organizations, and community members need more healthy relationship education. In addition, more education is needed around the serious implications of jealousy within relationships where domestic violence is present.

Our Schools: Education about healthy relationships must begin early in our schools, from K-12. The Prince George's County Board of Education should immediately work to develop and implement curricula in every grade level on healthy, non-violent relationships. The Centers for Disease Control has age-appropriate educational resources for prevention education on the topic of dating violence that could be easily used and adapted for this use. More resources should be provided to the education system to implement these prevention education programs and to develop an appropriate reporting structure, policy and process for addressing dating violence.

Perpetrators: It could be life-saving for perpetrators to receive education about healthy relationships and the effects of obsessive jealousy. Judges should make a point of ordering respondents in Protective Order hearings to certified Abuser Intervention Programs, and Abuser Intervention Programs within the County should be required to address this topic in their curricula. The Department of Corrections should put a healthy relationships curriculum in place for every inmate returning to the community.

Faith and Community Organizations: Faith-based communities should make efforts to begin to address this issue through education and awareness within their communities.

Finding 9: Family members of the perpetrator often knew that something was wrong prior to the murder/suicide.

Discussion: Many family members and friends of both the victims and the perpetrators had the growing sense that something was wrong with the perpetrator prior to the M/S, but often did not know what to do about it. For example, in several cases there were suggestions that the perpetrators were becoming increasingly depressed. We need to help family and friends get information about the red flags of domestic violence lethality and suicidality so that they can intervene sooner and more effectively with their family members. Information for family and friends of both victims and perpetrators should occur where they are most likely to seek out this information – the internet, social media, faith-based communities and schools.

Recommendations: We recommend that the County's 211 site provide information on these "red flags" of domestic violence as well as the warning signs of suicide, and that all County service provider websites and social networking sites make a point to post prominently these "red flags" and warning signs. We recommend that the County or the State provide funding to facilitate the posting of these "red flags" and warning signs in prominent places that are easily accessed by all members of the community, such as courthouses, police stations and court commissioner offices. In addition, red flag training should be provided more broadly within community and faith-based organizations to educate community members, families and other informal support systems.

Finding 10: In two cases, the victims and perpetrators were from ethnic groups that had little or no involvement with any public agencies.

In two cases, the victims and perpetrators were from ethnic groups that had no prior involvement with any community services, and little or no knowledge of available domestic violence resources. One of Prince George's County's strengths is our ethnic diversity. We have a special obligation to reach out to these communities to educate them about the dynamics of domestic violence and the services of our public and private non-profit agencies. We also need to tailor victim services and abuser intervention programs to diverse ethnic and immigrant communities.

Recommendation: Domestic violence service agencies, social service and mental health providers, and criminal justice organizations must make a concerted effort to reach out to communities in culturally appropriate and relevant ways to bring information about domestic violence, "red flags" and suicide warning signs to these communities. Funding should be identified and obtained to provide targeted outreach to these groups. Services should be offered in a culturally competent manner that demonstrates knowledge and skills of how to engage and support diverse groups. Training should be offered on this topic across formal

provider systems, and accountability measures put in place to ensure that these issues are addressed.

Finding 11: The perpetrators often had prior involvement with the criminal justice system.

In half of the cases studied, the perpetrator had prior involvement with the criminal justice system. Because the risk posed by these perpetrators is so great, we must re-evaluate the methods by which we work with these individuals. It is important that we clearly communicate with them that their behavior is unacceptable, that they can never repeat their abusive behavior, and that they will be held accountable if they do. For example, in one case, even though the perpetrator had been convicted of a very serious assault against the victim and several of her family members, he was only given a summons when criminal charges of stalking the victim were filed against him. Now that domestically-related crimes are to be coded as such at sentencing, judges, prosecutors, law enforcement and court commissioners will be able to see when a defendant is being charged with new crimes against an intimate partner. In the case described above, if that information had been reviewed, the perpetrator's risk to the victim would have been better assessed and a warrant issued.

Recommendations: Arrest warrants should be issued and substantial bail or no bail terms considered for all new crimes involving perpetrators of domestic violence to reflect the risk of danger to the victim and the public. At every bail review and sentencing hearing involving a repeat domestic violence crime, judges and probation agents should evaluate a perpetrator's risk of future harm to a victim. Where the lethality assessment points to a heightened risk of harm, the court should consider mandatory gun surrender and possession prohibition terms as part of the defendant's pretrial release and/or probation. Abuser Intervention Program participation, supervised probation, and gun prohibition conditions should be considered mandatory terms of the perpetrator's probation for repeat DV crimes.

Once a perpetrator has served his sentence, he should be included in the Safe Return Program prior to release. Finally, when the Department of Parole and Probation requests a warrant for a violation of probation in DV-related crimes, special consideration should be given to the request, such as the immediate issuance of a warrant.

Conclusion

Domestic violence and domestic violence-related homicide/suicides are preventable. With greater coordination, education and commitment, these issues can be addressed. It will require each domestic violence, social service, health, and mental health system and community member to address these issues. Domestic violence is not a private matter. It impacts all of us. We must improve our efforts so that no lives will continue to be lost to this devastating crime.

ATTACHMENT A:

Prince George's County Domestic Violence Fatality Review Team Children Affected By Domestic Violence Homicide

SERVICE PROTOCOL

During 2013-2015, the Prince George's County Domestic Violence Fatality Review Team reviewed all domestic violence-related homicide/suicides that have occurred in the County since 2007. Of the 8 cases reviewed, 6 of those cases involved families with children. In 4 of those cases, the homicide/suicides occurred in front of or near the children. In all of the domestic violence-related homicide/suicides studied, no service provider on the Team had provided any services to these children. Clearly, a gap exists in our service delivery system.

Children who experience one or both parents murdered or killed suffer a major traumatic event with long-term, life-altering, negative effects. The long-term impact on children who are exposed to domestic violence homicides but who fail to receive prompt intervention is well-established. Unserved children have significantly increased risks of physical and mental health problems, higher school drop-out rates and higher incarceration rates than children who receive treatment immediately after the incident and as they grow up. In Prince George's County, we currently have no systematic protocol in place to provide immediate and ongoing help for these secondary victims.

The Domestic Violence Fatality Review Team proposes adoption of the following protocol for prompt and immediate intervention with children whose parent or parents are involved in a domestic violence homicide.

1. Law Enforcement Responds To Domestic Violence Homicide

Whenever law enforcement is called to the scene of a domestic violence homicide and determines that there are minor children present, law enforcement, first responder or the Homicide Investigator shall request the Prince George's County Crisis Response Team ("Mobile Crisis Team") to respond. If law enforcement cannot locate an appropriate home placement for the child(ren), they shall also contact Child Protective Services ("CPS").

In the event that the domestic violence homicide involves a child fatality and there are additional children in the family, the Homicide Investigator shall notify CPS.

2. Child Protective Services Provides Shelter Placement

If CPS responds to a call from law enforcement for a domestic violence fatality, the CPS worker shall contact the Mobile Crisis Team. CPS shall provide foster care placement if necessary.

3. Mobile Crisis Team Responds To Provide Assessment and Coordination of Care

The Mobile Crisis Team shall respond to the scene or other designated location and meet with all available children in the family. The Mobile Crisis Team will conduct a crisis assessment and then contact the Prince George's County Crisis Response Services "Supervisor On Call" to make recommendations for follow up care. The Supervisor On Call will then contact the Community Advocates for Family and Youth

(“CAFY”) Supervisor to coordinate continuation of care. This may include use of Mobile Crisis Team’s Urgent Care Therapist/Psychiatrist if immediate treatment is needed. The Mobile Crisis Team will obtain a release of information between Mobile Crisis Team and CAFY from the parent or guardian during the crisis assessment.

4. Community Advocates for Family and Youth Provides Ongoing Intervention

CAFY shall provide all child(ren) with longer-term intervention and treatment after the crisis assessment by the Mobile Crisis Team. If CAFY is notified of a domestic violence homicide by law enforcement, and the Mobile Crisis Team has not been involved, the CAFY Supervisor will contact the Mobile Crisis Team Coordinator to ensure coordinated care.

All agencies shall enter into a Memorandum of Understanding that sets forth their specific responsibilities in domestic violence homicides where minor children are affected.

Attachment B:

Prince George's County Domestic Violence Fatality Review Team Children Affected By Domestic Violence Homicide

MEMORANDUM OF UNDERSTANDING ("MOU")

This Memorandum of Understanding ("MOU") is made between the Prince George's County Police Department ("PGPD"), the Prince George's County Department of Social Services ("PGDSS"), the Prince George's County Crisis Response Team ("Mobile Crisis Team") and the Community Advocates for Family and Youth ("CAFY"). This MOU is based upon recommendations from the Prince George's County Domestic Violence Fatality Review Team ("PGDFVFT") and describes the protocol to address the needs of and delivery of services to children who witness or are affected by domestic violence parental homicide. This MOU does not supersede any previous MOUs among the parties.

PURPOSE

The mission of the PGDFVFT is to reduce domestic violence-related fatalities and near-fatalities through a systemic multi-disciplinary review of domestic violence fatalities in Prince George's County in order to identify gaps in service that might have prevented the domestic violence fatality. Following a two-year study of domestic violence homicide/suicides in Prince George's County since 2007, the PGDFVFT found that no mechanism existed to provide immediate intervention to children who had witnessed or been affected by domestic violence parental homicide. In 2015, the PGDFVFT issued a recommendation that a protocol be established among services providers to insure immediate services to children of parental homicides and follow-up care.

ROLES AND RESPONSIBILITIES

The following outlines the roles and responsibilities of each partner agency in administration of the protocol. These provisions represent new policies and procedures for the participating agencies. Nothing in this MOU changes any existing protocols, policies or procedures established by each individual agency.

1. When PGPD responds to a suspected domestic violence homicide and there is a child of the parties or a child who has witnessed the homicide, the Homicide Investigator shall contact the Mobile Crisis Team to respond on the scene to perform an assessment of the child and to provide immediate mental health intervention, or insure that the Mobile Crisis Team has been notified by law enforcement or first responders. The Homicide Investigator shall contact the Mobile Crisis Team as soon as possible but no later than 12 hours.

2. If there is no apparent family member with whom the child can be placed, PGPD shall contact CPS to provide emergency child placement.

3. If the suspected domestic violence homicide involves a child fatality and there are other children in the family, PGPD shall contact CPS to inform them of the child fatality and the status of the other children in the family. PGPD shall contact CPS as soon as possible but not later than within 24 hours.

4. If CPS responds to a call concerning a domestic violence fatality, CPS shall immediately notify the Mobile Crisis Team to inform them of the child's placement and any other pertinent information regarding the family.

5. Upon receipt of a call from law enforcement, first responder or a Homicide Investigator, the Mobile Crisis Team shall respond and perform a crisis assessment of the child and provide any immediate mental health services. Mobile Crisis Teams are required to respond within 1 hour, or as soon as possible if on another police/crisis call.

6. The Mobile Crisis Team shall provide emergency mental health services and assess the ongoing mental health needs for the child. As appropriate, the Mobile Crisis Team Coordinator shall contact a CAFY Supervisor to arrange transfer of the case to their ongoing services.

7. When the case is transferred from the Mobile Crisis Team, CAFY shall provide ongoing treatment and any appropriate referral services to the child.

8. This MOU shall be effective even if signed in counterparts by the agencies listed below.

Agreed and Approved

We have read and agreed to the terms of this Memorandum of Understanding and the collaborative effort described herein.

Prince George's County Police Department

Mark A. Magaw, Chief of Police

Date

Prince George's County Department of Social Service

Gloria Brown, Director

Date

Prince George's County Crisis Response Team

Susan Ward, Director

Date

Community Advocates for Family and Youth

Arleen B. Joell, Executive Director

Date