Monticello Area Domestic Violence Fatality Review Team Report

October 2014

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Monticello Area Fatality Review Team

Albemarle County Commonwealth's Attorney's Office
Albemarle County Department of Human Services
Albemarle County Police Department
Albemarle County School Board
Albemarle County Victim/Witness Assistance Program
City of Charlottesville Commonwealth's Attorney's Office
City of Charlottesville Department of Human Services
City of Charlottesville Police Department
City of Charlottesville School Board
City of Charlottesville Victim/Witness Assistance Program
Charlottesville/Albemarle Domestic Violence Community Services Coordinator
16th District Court Services Unit
Martha Jefferson Hospital
Offender Aid and Restoration - Jefferson Area Community Corrections
Probation and Parole District #9
Region Ten Community Service Board
Shelter for Help in Emergency
University of Virginia

Dear Reader:

The City of Charlottesville and Albemarle County area is listed as one of the greatest locations in which to live and work in the United States. Although we are fortunate to live in such a place, our community is not immune to what is considered a worldwide problem - intimate partner violence (IPV). The physical and psychological injures that result from IPV directly and indirectly impact our community and seem to come to the forefront when death is the end result. The *Monticello Area Domestic Violence Fatality Review Team* was formed to better understand the IPV deaths that have occurred in our locality, and it is our sincere hope that our efforts can help the community implement the recommendations included in this report to prevent further IPV deaths. We would like to thank all the individuals and agencies who contributed to making Charlottesville and Albemarle a safer and better community. We would also like to thank the Office of the Chief Medical Examiner of Virginia for logistic and technical support in preparation of the review and this report.

Respectfully Submitted,

Robin Hoover & Jon Zug
Co-Chairs,
Monticello Area Domestic Violence Fatality Review Team

The mission of the Monticello Area Domestic Violence Fatality Review Team is to prevent the incidence of family and intimate partner violence fatalities.

Representatives from the criminal justice system, advocacy community, academic and public policy fields, health care community, mental health and social services community, other interested individuals and agencies work to identify circumstances that lead to family and intimate partner deaths. This effort will help determine what practices and procedures may be implemented or improved to enhance early identification, intervention and prevention efforts in similar cases. All individuals and agencies involved hope to highlight successful practices and procedures and to strengthen those that are identified as less effective.

The Centers for Disease Control and Prevention (CDC) use the term "intimate partner violence" to describe what is commonly referred to as domestic violence. The CDC has found that intimate partner violence (**IPV**) is a serious and preventable public health problem that affects millions of Americans. The CDC defines intimate partner violence as physical, sexual, or psychological harm by a current or former partner or spouse, and that this type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. IPV can vary in frequency and severity. It occurs along a continuum, ranging from one hit that may or may not impact the victim to chronic, severe beating.

There are four main types of intimate partner violence:

- **Physical violence** is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes; but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, strangulation, shaking, slapping, punching, burning, use of a weapon, and use of restraints of one's body, size, or strength against another person.

- **Sexual violence** is divided into two categories: 1) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sexual act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to

communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and abusive sexual contact.

- **Threats of physical or sexual violence** use words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.

- **Psychological/emotional violence** involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include; but is not limited to: humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. Using children to relay inappropriate messages, harassing the victim during visitation and threatening to take the children is another form of psychological/emotional violence. In addition, stalking is often included among the types of IPV. Stalking generally refers to harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property.

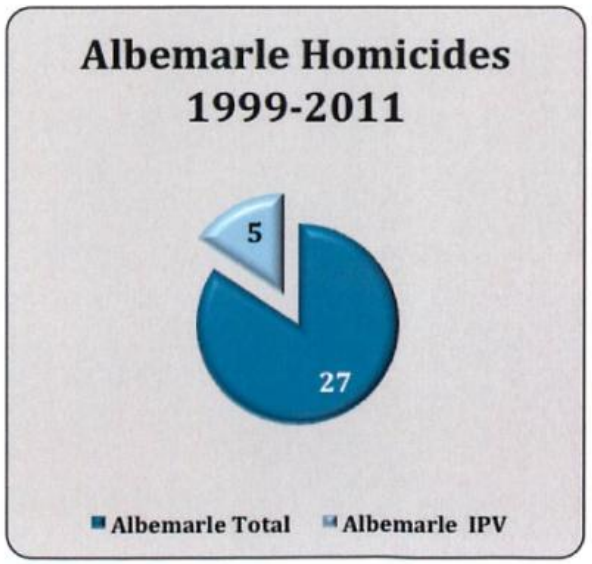
To put this report into context, the Fatality Review Team considered the following demographic information:

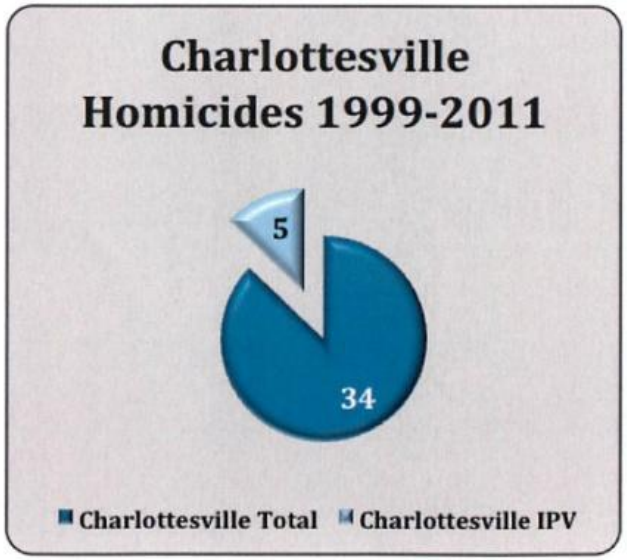
2010 Census Data

Census Data	Albemarle County	City of Charlottesville
Total Population	98,970	43,475
Persons under 18 years of age	26.8%	21.2%
Persons 65 and older	15.4%	9.2%
Females	52.1%	51.7%
Caucasian	82.4%	70.3%
African American	9.9%	19.5%
Native American	0.4%	0.4%
Asian	4.9%	6.5%
Hispanic or Latino	5.6%	5.0%
Other	0.1%	0.1%
Land area	720.7 sq. miles	10.24 sq. miles
Population Density	137.3 people/sq.mile	4,246.4 people/sq. mile

The Monticello Area Domestic Violence Fatality Review Team has reviewed five domestic fatality events to date. All five included a male subject killing a female partner or former partner. These include three from Albemarle County and two from the City of Charlottesville that range in dates of occurrence from 1999 to 2007. Of the cases reviewed, three involved homicides where the perpetrator killed himself after murdering his partner or former partner. In four of the cases the victim and perpetrator were married, married and estranged, or formerly married. In the three cases of murder-suicide, the victim was either in the process of removing herself from the relationship or had done so within the previous two months. In the other two cases, the parties had been estranged for a longer period of time, and in one of those two, the parties had finalized their divorce. Of the five homicides or homicides/suicides; two involved the use of a firearm, one involved a stabbing, one a strangulation, and one blunt force trauma. It is notable that the two cases involving a firearm were also matters in which the perpetrator turned the gun on himself. In the stabbing case, where the perpetrator later committed suicide, he used a gun to kill himself. It is these three cases in which a firearm was used in the homicide and the suicide after the stabbing of his partner that involved victims who had recently left the relationship or were in the process of doing so.

IPV Homicides in the Context of Total Homicides in the Community





One of the purposes of reviewing cases is to see if any discernible patterns exist in these homicides. The process included data collection on demographics of the parties involved, the location of the homicide, the nature of the parties relationship at the time of the homicide, specific information about how the homicide was committed, who was present, relationship factors between the parties, substance abuse and mental health histories of the parties, monetary factors, and lethality/criminal indicators related to the perpetrator, and the victim's response to these escalating circumstances. Finally, inquiries were made into what interventions and outreach assistance both parties made and what agencies were aware of the domestic situation prior to the homicide. It is through this lens the Fatality Review Team investigated and analyzed the specific cases to formulate recommendations to help prevent intimate partner violence homicides in the future.

Victim

Case #	Race	Age	In a new relationship	Protective Order	# of Children	# of children in common	Friends/ Family Knowledge
1	W	21	No	No	0	0	Yes
2	B	21	No	No	0	Pregnant	No
3	W	47	No	No	3	0	Yes
4	B	30	No	No	3	2	Yes
5	W	50	No	No	3	1	No

Perpetrator

Case #	Race	Age	In a new relationship	Prior IPV Convictions
1	W	42	No	No
2	B	20	No	No
3	W	47	Yes	No
4	B	38	Yes	No
5	W	43	No	No

Findings

With that in mind, the Fatality Review Team was able to determine the following facts:

1) Four out of the five homicides occurred in the victim's home or in a home that the victim and the perpetrator shared or had shared at some point in the past. In only one was the homicide committed in a location to which the victim did not have a significant attachment.

2) In three of the five homicides minor children were present at the location even if they did not actually witness the killing. In all but one (and that one the parties had no children from their marriage or previous relationships), minor or adult children were collateral victims of the homicide or homicide-suicide. Their presence at the scene of the crime shortly after the commission of the homicide, if not during the homicide, resulted in additional psychological trauma as a result of their proximity to the homicide.

3) In none of the cases had the victim sought a protective order against her killer. That being said, in one case the victim had expressed concern or fear to law enforcement regarding her killer in the months preceding her murder. In at least two of the other cases, the victim had expressed to family or friends concerns about the behavior of her killer prior to the homicide.

4) (a) Of the five murders reviewed, only one of the perpetrators had a known criminal history of IPV.
(b) All but one perpetrator had a known criminal history at the time of the killing. Of the remaining cases, one had a criminal history of domestic assault and battery against his ultimate homicide victim. This individual also had a misdemeanor criminal history that stretched over two decades. In another case, the perpetrator had charges of a violent nature (not related to IPV or the victim) pending at the time of the homicide. This same individual also had an extensive criminal history that included felony convictions. Of the remaining two cases reviewed, one perpetrator had a criminal history involving substance abuse but not of violence, and the other was under investigation for a sexual assault at the time of the homicide, but otherwise had no arrests prior to the murder.

5) With regard to mental health and substance abuse, none of the victims were determined to be abusing substances (alcohol or drugs - prescription or non-prescription). However, of the perpetrators, four of the five individuals were known to be abusing alcohol, drugs, or both. Of those four, one was known to have mental health issues that he was not treating properly nor taking his prescribed medications designed to treat his condition (this was also the same individual who had a prior history of domestic violence against his murder victim). The one individual who was not known to be abusing alcohol or drugs, however, was suffering from what was diagnosed later as clinical depression. Three of the individuals who were known to abuse drugs had been offered treatment for their substance abuse problem, but had not successfully completed their treatment plan.

6) In only one case the perpetrator had any significant loss of employment or loss of income that related recently to the homicide that he committed. In two other cases, the perpetrator was habitually unemployed.

7) When assessing lethality, instruments designed to predict such dangerous behavior have a number of different components that factor into the lethality assessment. That being said, the Fatality Review Team was able to glean the following from the five cases reviewed:
   (a) Only two individuals had expressed any suicidal ideation of any kind prior to their murdering the victim and taking their own life, but such ideation was not made to (or known to, as far as we could tell) the victim. In the third matter where the perpetrator took his own life after murdering his victim, he had expressed no suicidal ideation. He had expressed a threat to kill the victim to a third party and the victim had expressed concern about this threat to other family members or friends. The two cases in which the perpetrator did not take his own life after the murder, the perpetrator did not express any suicidal ideation (although it is important to note that those individuals also continued to deny any involvement in the death of their spouse, even after their convictions for the murder).
   (b) In three of the cases the perpetrator was known to be suffering from depression at the time of the homicide or homicide-suicide.
   (c) All five cases reflected some form of ownership/control of the decedent by the perpetrator. Whether it took the form of obsessiveness about the partner or family, extreme jealousy, perceived betrayal or rage and/or depression as a result of the separation, any one of these factors is a warning sign of potential lethality.

(d) As expressed earlier about prior criminal or anti-social behavior, three of the five perpetrators had prior criminal histories that involved either violence or failure to comply with conditions of probation. An additional perpetrator was under current investigation of a past sexual assault at the time of the homicide. Four of the five cases involved a weapon of some sort, and the final one involved an asphyxiation or strangulation.

(e) In four of the five cases the victims had expressed grave concern for their safety regarding their ultimate killer or concern for his mental health, albeit only one expressed any form of that concern to law enforcement. All the remaining ones expressed such thoughts only to family and/or friends, and such fears were not discovered by authorities until after the homicide had taken place.

8) The level of education for both parties in the cases reviewed ranged from 10th grade to completion of post-graduate degrees. Employment status of each case included unemployed, student, skilled laborers, and medical specialists. As statistics demonstrate, IPV crosses all socioeconomic, educational, and racial lines.

A recurring theme in all but one case was that none of the victims of homicide had reached out to community resources or law enforcement. Only one had accessed any form of assistance available in the community. Much of what was learned about the dynamics of the relationship between the victim and her murderer was learned by the authorities and their respective agencies as a result of the investigation conducted by law enforcement after the murder had occurred.

Recommendations

The Fatality Review Team discussed its findings and conclusions to reach the following recommendations to service providers in the local community:

1) Create an interfacing system between criminal justice stakeholders to identify high risk cases, increase efficient communication, and implement intervention. In turn, the information shared on this interagency communications system would be given the highest priority. Currently, the criminal justice system use police and criminal history databases: PISTOL and VCIN, which do not routinely identify domestic bond, juvenile petitions, and protective order conditions. It is recommended that data collection and data analysis can be used towards preventing system breakdowns and to support evidence-based interventions.

2) Best practices in police departments should have designated domestic violence units to conduct investigations and for follow up on all matters where domestic violence warrants are obtained. The Blue Print for Safety citation should be used as a guide and model to assist with this transition.

3) A Lethality Assessment Tool needs to be utilized by local police departments and hospitals in regards to any interactions that have intimate partner violence victims.

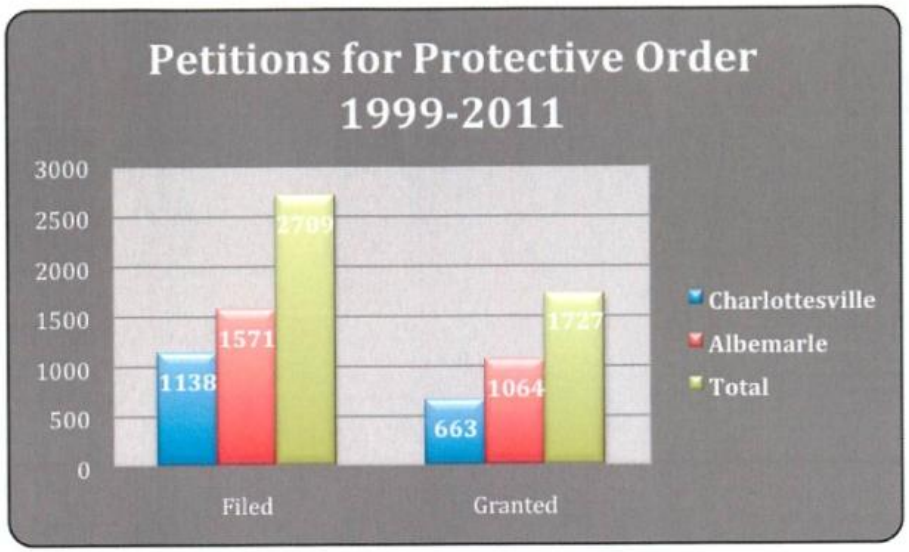
4) Enhance the visibility of intimate partner violence services to the general community and service providers. None of the victims in the cases reviewed had contacted local resources for assistance. The general public is not comfortable becoming engaged with victims of intimate partner violence for various reasons. We recommend offering trainings to the general community and service providers about how to recognize an intimate partner violence situation, how to help and what resources are available. Additionally, incorporate prevention programs in the school systems for faculty and students on intimate partner violence.

5) As none of the victims in the reviewed cases contacted local intimate partner violence resources for assistance, we must conclude they or their family and friends were not aware of the availability of such resources. As these

services can be critical for victim safety, the team recommends the Charlottesville City Council and the Albemarle Board of Supervisors consider launching a strategic public information campaign to raise the profile of local resources and the impact of intimate partner violence on the community through public service announcements and the use of social media.

While the Monticello Area Domestic Violence Review Team worked in this process to identify factors that contributed to the violent deaths of IPV victims and perpetrators, we also recognized the profound effects these deaths had on family members, particularly children, friends and their surrounding community. It is our hope that our work will lead directly to the implementation of these recommendations at some level, so that our community might be spared the damage from future fatalities.

Appendix


Petitions for Protective Order
1999-2011
3000
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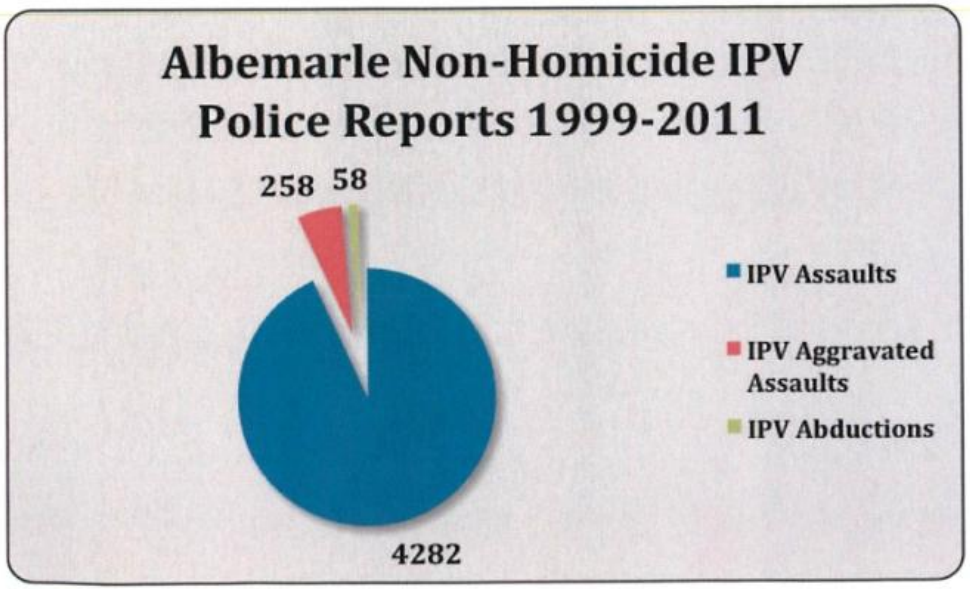
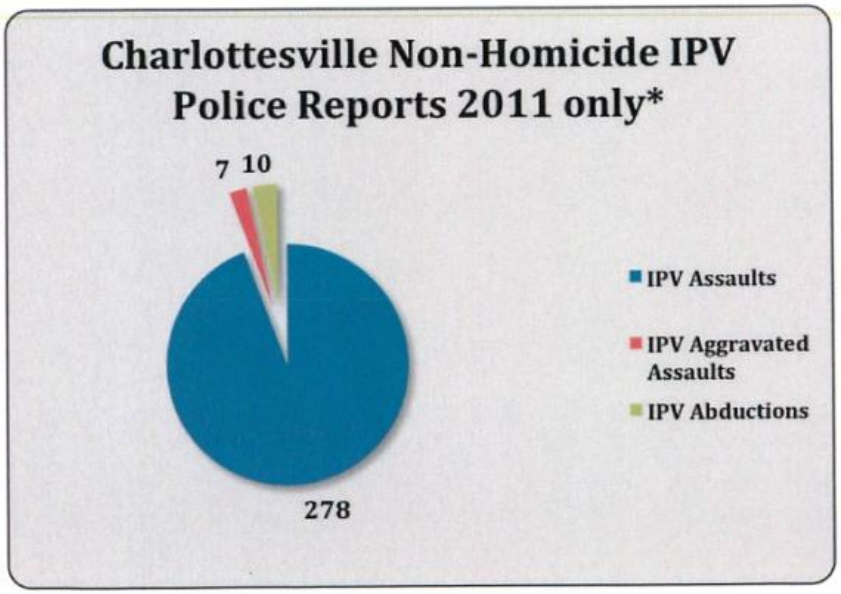

Albemarle Non-Homicide IPV
Police Reports 1999-2011
258
58
4282
IPV Assaults
IPV Aggravated Assaults
IPV Abductions


Charlottesville Non-Homicide IPV
Police Reports 2011 only*
7
10
278
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