Norfolk Domestic Violence Fatality Review Team Executive Summary Final Report (2005-2008)

Between 2005 and 2008, the Norfolk Domestic Violence Fatality Review Team conducted a comprehensive analysis of eighteen family or intimate partner violence fatalities in an effort to prevent future domestic violence related deaths. The Team defines "family or intimate partner" or "family or household member" as defined in Virginia Code Section 16.1-228.

Adult Domestic Violence Fatalities Information in Norfolk, 2005-2008: Selected Characteristics

Demographic/Person	Gender		Race / Ethnicity			Age			
	Male	Female	Black	White	Other	18 - 24	25 - 44	45 - 64	65 +
Victim	7	10	13	3	1	3	7	5	2
Perpetrator	12	5	13	3	1	3	7	6	1

Relationship Between Victim and Perpetrator	Child	Acquaintance	Family of Intimate Partner (e.g. in- law)	Immediate Family Member	Current / Former Intimate Partner	Other
·	0	0	2	2	13	1

TOP FOUR CONTRIBUTORS TO DOMESTIC VIOLENCE FATALITIES

- 1. Delay/Failure to Seek Services: In thirteen fatalities, the delay or failure to seek services on the part of the victim or perpetrator directly contributed to the death.
- 2. Substance Abuse: In nine fatalities, serious substance abuse issues on the part of the victim or perpetrator directly contributed to the death.
- 3. Mental Health Issues: In nine fatalities, serious mental health issues on the part of the victim or perpetrator directly contributed to the death.
- 4. Access to a Firearm: In nine fatalities, access to a handgun directly contributed to the death.

¹ Please note: that although the number of fatalities reviewed was 18, the number of victims stands at a total of 17 being that one of the victims was counted as his own defendant and not a victim (his death was a result of his own actions). Additionally, the number of defendants also stands at 17 being that one defendant was responsible for two victims although he has only been counted once.

GAPS IN SERVICES:

- 1. Erratic dissemination of "No Contact Orders."
- 2. Lack of adequate supervision of perpetrators with mental health and substance abuse issues.
- 3. Need for greater domestic violence education outreach in socially isolated communities.
- 4. Lack of availability of long term counseling for child victims and witnesses.
- 5. Church authorities inappropriately attempting to remedy domestic violence through marriage counseling.
- 6. Unwillingness of others to get the authorities or service providers involved.
- 7. System inability to monitor perpetrator and/or victim delay or failure to seek services.

TEAM RECOMMENDATIONS:

- 1. Increase the use of Norfolk DCJS for both pre-trial supervision and post-trial monitoring of alleged offenders charged with a violation of Virginia Code Section 18.2-57.2.
- 2. Create targeted outreach and education for: (a) socially or culturally isolated communities; and (b) African American communities. Outreach and education should (a) address a lack of awareness of domestic violence dynamics, services and available resources; and (b) foster and promote trust in systems.
- 3. City leaders and domestic violence advocates should address the disproportionate number of domestic violence fatalities in the African-American community by forming a city committee to examine the issues and propose solutions.
- 4. Apply for a grant for a long-term or short-term coordinated community response specialist to coordinate and streamline the response of various agencies to domestic violence.
- 5. Ensure better identification of and advocacy for children who are victims or witnesses. Develop quality resources for long-term counseling and therapy for surviving children.
- 6. The Norfolk Community Services Board should create a task force to better identify and respond to citizens in abusive relationships that also have a need for mental health and/or substance abuse services.
- 7. The Norfolk Police Department should revise its Family Violence general order to ensure first responders have an effective and pragmatic danger assessment protocol. This will help increase victim safety, reduce the risk of lethality and increase aggressor accountability while immediately connecting victims to services and shelters.

For more detailed information on our findings and recommendations, please contact linda.bryant@norfolk.gov.

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