

NORFOLK DOMESTIC VIOLENCE FATALITY
REVIEW TEAM

Initial Report
January 2012

Review of Domestic Violence Fatalities
Norfolk, Virginia
2005-2008



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The Honorable Gregory D. Underwood, Norfolk Commonwealth's Attorney

MISSION STATEMENT AND PURPOSE

The Norfolk Domestic Violence Fatality Review Team's mission is to prevent future deaths by conducting multi-disciplinary, systemic, comprehensive reviews of family or intimate partner fatalities.¹ The Team's objectives are: (1) to enhance the safety of victims and accountability of abusers; (2) identify and address systemic gaps and barriers to service; (3) implement coordinated community responses; and (4) influence public policy awareness for intervention and prevention.

ABOUT THE CITY OF NORFOLK

Norfolk, Virginia is a growing city of roughly 242,803 residents and more than 100 diverse neighborhoods. It is the cultural, educational, business and medical center of Hampton Roads. It hosts the world's largest naval base, the region's international airport and is one of the busiest international ports on the East Coast of the United States.

The city is undergoing a successful renewal, including new office, retail, entertainment and hotel construction downtown, new residential development along the rivers and bay front, and revitalization projects in many of its neighborhoods. Norfolk has added thousands of new residents to its downtown – turning it into a vibrant, lively place to live, visit or work. Light rail commenced in August of 2011.

According to the Virginia Department of Health, 1,731 homicides occurred in the state of Virginia between 2005 and 2008. Of those 1,731 homicide victims, 566 victims died at the hands of a family member or intimate partner (in 2007 alone, more than one out of every four homicides was family or intimate-partner related). 225 victims were killed by an adult intimate partner (in 2007, almost 12 percent of all homicide victims were killed by an intimate partner).²

In a Department of Health study focusing on homicides in Virginia occurring in 2007, the results show that when the state is broken up into four geographic districts (Central, Northern, Tidewater and Western), the Tidewater District, which includes the City of Norfolk, had the highest homicide rate of 10 homicides per 100,000 citizens. (The Northern District, which includes the Virginia suburbs of Washington D.C., had the lowest reported homicide rate of 2.1 per 100,000 citizens.)³

HISTORY OF NORFOLK'S DOMESTIC VIOLENCE FATALITY REVIEW

TEAM

Domestic-violence related fatalities⁴ continue to occur in the City of Norfolk. Recognizing the need for a review of the factors of these violent crimes and possible solutions, Norfolk's city authorities approved the creation of the Norfolk Domestic Violence Fatality Review Team (hereinafter, DVFRT or Team) in 2003.⁵ The DVFRT brings together prosecutors, magistrates, judges, nurses, social workers, defense

attorneys, detectives, police, sheriff's deputies, community service providers, mental health counselors, child protective service workers and other local domestic violence stakeholders. In accordance with the legislative intent of Virginia Code § 32.1-283.3⁶, the DVFRT conducts a comprehensive review and analysis of family or intimate partner violence fatalities in Norfolk, with the goal of preventing future domestic violence-related deaths.

The ultimate goal of the DVFRT is to provide better aid to potential domestic violence fatality victims. This goal is accomplished by identifying areas in which the city can improve its services to its citizens. In order to reach that goal, the DVFRT reviews and analyzes domestic violence fatalities to:

- (1) identify indicators, trends and patterns that prompt early identification, intervention, education and prevention efforts in similar domestic violence cases, and
- (2) enhance communication, coordination and agency effectiveness in all systems that serve persons involved in domestic violence in an effort to diminish the likelihood of future intimate partner domestic violence.⁷

The DVFRT began its fatality reviews in 2009. While recognizing the statutory requirement to review only closed cases,⁸ the Team wanted to ensure that the cases it reviewed occurred recently enough that the solutions to any identified problems would still be relevant. Therefore, the Team decided to begin its review with fatalities that occurred in 2005. Cases may be referred to the Team for review by any Team member, and pursuant to section (f) of the statute, each member must sign a confidentiality agreement at the beginning of each meeting.⁹

FINDINGS AND RECOMMENDATIONS

The following findings and recommendations are based on the Team's extensive review of the eighteen domestic violence fatalities that occurred in the City of Norfolk from 2005 to 2008. The Team reviewed the circumstances leading up to the fatalities to identify indicators, patterns and trends of domestic violence homicides and homicide-suicides. The Team used a risk/lethality assessment tool¹⁰ while reviewing all available information about these fatalities during its case review process. Information considered included the actions of the victim and perpetrator, as well as the various agency personnel who had contact with the victim and the perpetrator on the day of the victim's death and in the days immediately preceding the victim's death. Based on the Team's review, specific recommendations aimed at strengthening domestic violence policies and practices and systemic prevention strategies were generated.

The Team found the following top four contributors to domestic violence homicides in the City of Norfolk between 2005-2008:

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. Over 50% of the victims who sought shelter protection had substance abuse and mental health issues.
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. **Possession of a Firearm:** In nine fatalities, access to a handgun directly contributed to the death.

Through the review process, the Team's members have continued to appreciate the role of each of their respective agencies in the protection of victims of domestic and dating violence. As a result, the Team members worked to identify concrete problems and gaps in community services that the victim or perpetrator may or may not have utilized. Where feasible, the Team has implemented solutions. For more pervasive problems or gaps in services, the Team has identified the problem and recommended a solution.

PROBLEMS IDENTIFIED:

The Team identified the following challenges or gaps in services through its review of domestic violence fatalities that occurred in Norfolk between 2005-2008:

- 1. Dissemination of “No Contact” Orders:** A domestic violence victim received a “no contact” order from the courts against her batterer. Her boyfriend violated the order several times. She sought redress from the courts on a day when the court was closed and called 911 to seek assistance from law enforcement. The officers could not confirm the order, as it was not entered into the Virginia Criminal Information Network (VCIN). The victim, fearing for her safety and getting no response from authorities, killed her boyfriend.

This case review revealed a state-wide gap. Court orders requiring “no contact” are not disseminated through law enforcement channels. No mechanism exists for law enforcement to confirm the existence of a “no contact” order – unless a protective order has been entered by the judge and then entered into VCIN.

Solution Implemented/What More Can Be Done: The statewide gap led members of the Team to represent the Norfolk DVFRT on the state’s Protective Order Work Study group. They provided input to the legislature regarding the substance and text of proposed legislation designed to expand the situations when people are entitled to protective orders. Bills effective July 1, 2011 include sweeping changes to protective order legislation. New bills expand the class of individuals who can get protective orders. Since the enactment of the new protective order legislation, Norfolk judges and magistrates lead the way across the state by a wide margin in the number of instances in which they issue protective orders. This demonstrates a strong awareness among local judges of domestic violence issues. Local judges utilize protective orders as a tool as part of a safety plan in many potentially lethal situations.

- 2. The Need for Increased Supervision of Probationers:** In one case, the decedent was murdered by his family member. Both the decedent and offender had significant substance abuse problems. While the offender had a serious substance abuse problem, her criminal record consisted primarily of misdemeanor appearances in front of the Norfolk General District Court. Often, sanctions for misdemeanor convictions are devoid of the level of supervision required to rehabilitate someone with longstanding substance abuse issues.

Solution Implemented/What More Can Be Done: Agencies now work to ensure Batterer’s Intervention counseling (18 weeks), Substance Abuse counseling, and/or Anger Management counseling are ordered where appropriate. The Department of Criminal Justice Services’ Adult Community Supervision division ensures that probationers who commit a new offense(s) are brought back before the court as soon as possible to ensure appropriate action is taken before

someone is killed or seriously hurt. Additionally, those misdemeanants that present a threat to the community can be placed on supervised probation, ordered to report to a local probation officer and supervised by their probation officer.

The Director of Norfolk Criminal Justice Services (NCJS) has encouraged courts to evaluate low level offenders whose crime might belie their need for supervision. An assessment can help determine what type of counseling is necessary. For example, many batterers also have substance abuse issues. Without a global approach to an offender's issues, rehabilitation programs may fail. An assessment by trained professionals will ensure the appropriate placement and monitoring of low level offenders in appropriate case management programs. Individuals should be referred to NCJS for supervision of low-level offenders both before and post- trial. In 2010, the Director of NCJS implemented major changes in the Pretrial and Adult Community Supervision divisions to move towards greater supervision of dangerous misdemeanants. Additionally, the Director of NCJS received grant funding to enable pre-trial supervision of more offenders. NCJS should be used more frequently to monitor defendants prior to trial.

On September 7, 2011, the Norfolk General District Court commenced its Mental Health docket. This docket helps monitor low-level offenders with mental health issues. Often, these same offenders have significant substance abuse issues as well.

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.

3. The Need for Greater Domestic Violence Education Outreach in Closed

Communities: Two cases involved victims from a closed community, where English is a second language. In one case, an elderly victim had significant mental health issues and relied solely on a sibling for care. In a second case, family members turned to authorities too late. They did not contact law enforcement until moments before the fatality took place.

Solution Implemented/What More Can Be Done: Members of tight knit communities and underserved minority communities often rely on each other for support, rather than turning to outside agencies for help with domestic violence. Additionally, members of underserved communities may distrust government agencies and law enforcement. It can be difficult for outside agencies to detect people in tight-knit communities who need help; such as people with mental health issues, people suffering mistreatment at the hands of family members, and those who are isolated from the larger portion of the population. Agencies such as the Norfolk Community Services Board and the YWCA should continue to

educate and expand community outreach on mental health issues and extend their outreach to communities of various cultural backgrounds.

From September 30, 2010 to September 30, 2011 , community outreach educators from the YWCA have educated 3,862 community members, on sexual assault, risk reduction, and domestic violence. Additionally YWCA community outreach coordinators educated 613 people and 350 youth on intimate partner violence, teen dating violence and conflict intervention based on the Center for Disease Control's *Choose Respect* curriculum.

Additionally, from March 15, 2011 until September 30, 2011, through the Virginia Rules Law Related Education collaboration, juvenile justice professionals educate young school age children, teenagers and college students on a number of law related education topics ranging from "Bullying" to "Dating Violence." The collaborative includes police officers, prosecutors, public defenders, victim witness advocates, sheriff's deputies, local civilian attorneys and community providers. Training on dating violence was provided to at least 550 high school students in the last year through the Norfolk Commonwealth's Attorney's Office and the YWCA's community outreach efforts. To date in 2011, law enforcement experts and victim witness advocates have taught over 3400 middle, high school and college students on other law related topics, including teen violence and bullying. Within the last two years during which juvenile justice experts have taught Virginia Rules in local public schools, bullying incidents have already decreased by 66% (middle school) and 30% (elementary schools). The Virginia Attorney General has recognized this education program as a Best Practice.¹¹ Additionally, the Norfolk Education Foundation recognized this education collaborative and awarded it an "A+ Community Partners Collaboration Award."¹²

The Team has local medical personnel from Sentara Norfolk General Hospital (SNGH) as core members. SNGH's Emergency and Forensics departments aggressively attempt to educate patients who seek treatment on an inpatient or outpatient basis. Posters listing hotline numbers for victims of domestic violence abound in SNGH hospital facilities. SNGH healthcare providers received training through the Virginia Department of Health's Project RADAR curriculum.¹³ Finally, SNGH Forensic Nurse Examiners collaborated with the Norfolk Commonwealth's Attorney's Office, the SAFE Program, and the YWCA's Response program to provide domestic violence training for healthcare providers at Sentara Healthcare and to medical students, residents and physicians at Eastern Virginia Medical School (EVMS).

In 2010, representatives from the YWCA, the Norfolk Department of Human Services and the Norfolk Commonwealth's Attorney's office provided information during a television broadcast encouraging neighbors and family members to get involved in helping domestic violence victims. Referral sources for those seeking help for loved ones were provided during the broadcast.

In April, 2012, the National Institute on Domestic Violence in the African American Community in conjunction with the U.S. Department of Justice, Office of Violence Against Women will host a first-of-its-kind conference in Norfolk at the Sheraton Waterside. The conference is titled: “Domestic Violence and African Americans: Unpacking the Significance of our Diversity.” This archetypical conference in Norfolk will explore the challenges of addressing race, class, culture, ethnicity and social context among African Americans. The conference will encourage attendees to develop meaningful approaches to serving survivors of domestic violence and their families. This conference could be the start to examining the disproportionate number of domestic violence fatalities reflected in the cases the Team reviewed.¹⁴

4. Lack of availability of long-term counseling for child victims and witnesses:

Minor children directly witnessed unspeakable acts of violence in six fatalities. Unless left parentless, children who witness murders or murder/suicides may not be identified as “in need of services.” These children who bear witness to murder and simultaneously suffer the loss of a parent are in critical need of services for the short and long term. Surviving family members may not be aware of existing resources that can help children get the counseling they need. Limited resources exist to help ensure children receive proper counseling and long-term therapy. Similarly, minimal resources exist to provide long-term counseling and therapy to children who are victims of physical, emotional and/or sexual abuse.

In two fatalities, the offenders had a history of sexual victimization and never received counseling or long-term therapy. This speaks volumes to the increased need of counseling and long-term healing therapies for children who not only witness violence in their homes, but also those who are victims of violence. These tragic experiences carry over into adult relationships and experiences.

Solution Implemented/What More Can Be Done: Service providers, schools, medical facilities, and churches must strive to identify child victims and child witnesses who need counseling and services. This is vitally important to ensure these children do not become perpetrators or future victims of violence later in life. Additionally, this helps ensure children do not suffer from the host of medical and psychiatric issues associated with bearing witness or being victimized by an act of violence. Additional Team recommendations are to:

- Revise the Memorandum of Understanding between the Commonwealth’s Attorney’s Office, the Norfolk Police Department, the Department of Human Services and the Child Abuse Program (The Children’s Hospital of The King’s Daughters) to include provisions for reporting a child’s exposure to Domestic Violence as a child abuse/neglect concern. This will give Child Protective Services an opportunity to intervene, identify risk, and recommend treatment to reduce risk factors for future family violence.

- Advocate with local and state legislators for legislation that would make exposure to family violence an enumerated category of child abuse or neglect. Currently, there is no language in the Virginia Code that mandates that exposure should be investigated for abuse or neglect. Investigation followed by services helps reduce future risk.
- Advocate for local funding or grant monies to co-locate social workers in local precincts or future justice centers to assist officers and prosecutors on DV family violence calls and cases. Immediate assessment, safety planning, and referrals could be made for victims and children. Social workers could also assist victims with recognizing the risk of future harm if they do not follow through with safety planning. Social workers could also assist victims with understanding the need to cooperate with criminal investigations and prosecutions.
- Contact to guardians of surviving children should be facilitated by Victim-Witness advocates, ensuring these children receive appropriate services and necessary follow-up counseling. Victim-Witness advocates should continue their valuable work with the Virginia Crime Victim's Compensation Fund to obtain compensation for counseling, medical expenses, and other compensable necessities.
- Work to continue collaboration between Victim-Witness advocates and reputable local charitable organizations that can provide resources to children and families in crisis. Simple acts of kindness on behalf of individuals and agencies restore hope and faith to surviving family members and child witnesses.

5. **Church authorities try to remedy domestic violence through marriage counseling within the church; marriage counseling is counterproductive to the goal of preventing batterers from inflicting violence on intimate partners:**

When a perpetrator of domestic violence is an active church member, church personnel may be reluctant to turn to authorities for help. Instead, in the hopes of keeping the family united and protecting the church member, church authorities may unintentionally discourage the victim from reporting the crime. They may try to handle the domestic violence internally, through their own counseling programs.

Solution Implemented/What More Can Be Done: Intensive outreach to church leaders on domestic violence issues is needed to help leaders recognize domestic violence. Outreach will also help church leaders understand the complex dynamics of domestic violence and the potentially fatal consequences of unreported domestic acts of domestic violence. Church leaders should also be made aware of the large number of services available to help victims of domestic violence. They should understand that Batterer's Intervention counseling is not the same as anger management or marriage counseling, nor do they have similar curricula.

In March of 2011, the Norfolk Commonwealth's Attorney gave a presentation to church leaders, explaining the dynamics of domestic violence and the daunting statistics. The Norfolk Commonwealth's Attorney also encouraged church leaders to refer individuals to trained community providers for batterer's intervention counseling rather than addressing domestic violence solely through marriage counseling within the church.

6. **An Unwillingness to Involve Authorities or Service Providers:** In nine of the fatalities reviewed by the Team, neighbors and adult family members witnessed incidents of violence between the perpetrator and the victim, but did not contact authorities.

Solution Implemented/What More Can Be Done: See #3, above.

7. **Victims' Delay or Failure to Seek Services:** In nine cases, half of all cases reviewed, authorities and community service providers were unaware of the victim's plight. The perpetrator continued to victimize their partner until the final deadly act. In over 40% of the 1300--1600 domestic violence cases that take place in Norfolk each year, victims either: (a) do not show up to court; or, (b) recant or minimize what happened in an effort to get the prosecutor to drop the charge or the court to dismiss the charge.

Solution Implemented/What More Can Be Done: Greater coordination between member agencies of the Team has already been implemented. Agencies should continually strive for even greater coordination. The Virginia Supreme Court's Protective Order statistics from January 2010 to August 2011 underscore Norfolk's great strides in the area of agencies working together, led by an aware judiciary. Responding police officers ensure that either the perpetrator is removed from the premises or placed into custody. Responding police should ensure the victim has a safety plan. More importantly, criminal complaints are now provided to a Victim Advocate or a SAFE worker usually within 24 hours of the incident. Even where shelter services are refused or not sought by the victim, victim advocates will make contact with the victim early in the process.

Our own Norfolk experience shows that where a victim advocate can reach the victim in the early stages of the unfolding of an incident, the more likely the victim will feel connected to the system and remain supportive of the prosecution. However, prosecutors must make competent efforts to pursue prosecution of domestic violence offenders effectively, with or without a victim's cooperation. Norfolk prosecutors are well-versed on victimless prosecution and should continue to enhance their ability to prosecute without victims.

Norfolk prosecutors, law enforcement and victim safety programs can work together to increase offender accountability and victim safety by: (a) facilitating prosecutor access to 911 calls; and, (b) implementing user friendly protocols to

ensure first responders conduct appropriate lethality assessments and referrals to shelter agencies.

City agencies should collaborate to apply for a grant for a long-term or short-term coordinated community response specialist to coordinate and streamline the response of multiple agencies to domestic violence.

CONCLUSION

Throughout the course of this review, the Team was challenged by questions of which information to collect and how that information might help identify trends that could be addressed to effect positive change. Individual agencies had become aware of specific shortcomings in some of their procedures or protocols and have already taken steps to address those shortcomings in the last two years. With this informal reform process already underway, the individual agencies are more than receptive to continue those efforts to improve their agencies responses to domestic violence.

Moving forward, the team will examine emerging programs and tools (for example lethality assessment protocols, www.dangerassessment.org) to address some concerns identified by the reviews. Clearly public awareness and education are on-going needs. Successful efforts, such as Virginia Rules, should continue. Team members worked not only locally, but on the state level to encourage better systemic responses to domestic violence. As opportunities or needs arise, the Team is prepared to implement and/or facilitate system changes and improvements.

The Team has worked determinedly to ensure that all possible services and resources would be provided to protect and serve domestic and dating violence victims and their families. Not only has the Team developed recommendations and suggestions to better protect those families affected by domestic and dating violence, but the Team is determined to continue its efforts to prevent domestic violence fatalities in Norfolk.¹⁵

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1. Mission Statement, City of Norfolk Domestic Violence Fatality Review Team Protocol.
 2. Family and Intimate Partner Homicide Surveillance Project, Va. Dept. of Health, Office of the Chief Medical Examiner, Oct. 2011.
 3. <http://www.vdh.virginia.gov/medExam/familyandintimatepartnerviolence.htm>.
 4. The DVFRT defines domestic violence fatalities as any deaths, including homicides, homicide-suicides or suicides, occurring in Norfolk as a result of or related to abuse between intimate partners and/or family members.
 5. Norfolk City Council Resolution 1218: “A Resolution to Create a Family and Intimate Partner Fatality Review Team for the City of Norfolk.”

6. Va. Code Section 32.1-283.3, enacted in 1999, “provides localities with the authority to establish a team to examine fatal family violence incidents and to create a body of information to help prevent future family violence fatalities.” Va. B. Summ., 1999 H.B. 2185.

§ 32.1-283.3. Family violence fatality review teams established; model protocol and data management; membership; authority; confidentiality, etc.

A. The Chief Medical Examiner shall develop a model protocol for the development and implementation of local family violence fatality review teams (hereinafter teams) which shall include relevant procedures for conducting reviews of fatal family violence incidents. A "fatal family violence incident" means any fatality, whether homicide or suicide, occurring as a result of abuse between family members or intimate partners. The Chief Medical Examiner shall provide technical assistance to the local teams and serve as a clearinghouse for information.

B. Subject to available funding, the Chief Medical Examiner shall provide ongoing surveillance of fatal family violence occurrences and promulgate an annual report based on accumulated data.

C. Any county or city, or combination of counties, cities or counties and cities may establish a family violence fatality review team to examine fatal family violence incidents and to create a body of information to help prevent future family violence fatalities. The team shall have the authority to review the facts and circumstances of all fatal family violence incidents that occur within its designated geographic area.

D. Membership in the team may include, but shall not be limited to: health care professionals, representatives from the local bar, attorneys for the Commonwealth, judges, law-enforcement officials, criminologists, the medical examiner, other experts in forensic medicine and pathology, family violence victim advocates, health department professionals, probation and parole professionals, adult and child protective services professionals, and representatives of family violence local coordinating councils.

E. Each team shall establish local rules and procedures to govern the review process prior to the first fatal family violence incident review conducted. The review of a death shall be delayed until any criminal investigations or prosecutions connected with the death are completed.

F. All information and records obtained or created regarding the review of a fatality shall be confidential and shall be excluded from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 9 of § 2.2-3705.5. All such information and records shall be used by the team only in the exercise of its proper purpose and function and shall not be disclosed. Such information or records shall not be subject to subpoena, subpoena duces tecum or discovery or be admissible in any criminal or civil proceeding. If available from other sources, however, such information and records shall not be immune from subpoena, subpoena duces tecum, discovery or introduction into evidence when obtained through such other sources solely because the information and records were presented to the team during a fatality review. No person who participated in the review nor any member of the team shall be required to make any statement as to what transpired during the review or what information was collected during the review. Upon the conclusion of the fatality review, all information and records concerning the victim and the family shall be returned to the originating agency or destroyed. However, the findings of the team may be disclosed or published in statistical or other form which shall not identify individuals. The portions of meetings in which individual cases are discussed by the team shall be closed pursuant to subdivision A 21 of § 2.2-3711. All team members, persons attending closed team meetings, and persons presenting information and records on specific fatalities to the team during closed meetings shall execute a sworn statement to honor the confidentiality of the information, records, discussions, and opinions disclosed during any closed meeting to review a specific death. Violations of this subsection shall be punishable as a Class 3 misdemeanor.

G. Members of teams, as well as their agents and employees, shall be immune from civil liability for any act or omission made in connection with participation in a family violence fatality review, unless such act or omission was the result of gross negligence or willful misconduct. Any organization, institution, or person furnishing information, data, testimony, reports or records to review teams as part of such review, shall be immune from civil liability for any act or omission in furnishing such information, unless such act or omission was the result of gross negligence or willful misconduct.

(1999, cc. 849, 868.)

7. Purpose Statement, City of Norfolk Domestic Violence Fatality Review Protocol.

8. Va. Code Section 32.1-283.3(c)

9. Text from DVFRT Agreement to Maintain Confidentiality:

By signing this form, I do hereby acknowledge and agree to the following:

I acknowledge that the effectiveness of the review process is dependent on the quality of trust and honesty fatality review team members bring to it. Thus, I agree that I shall not use or disclose any material or information obtained or learned during the Fatality Review Team meeting for any reason other than that which it was intended.

I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. I shall not take any case indentifying material from a meeting other than that which originated in the agency or department I represent. Thus, I shall not make copies or otherwise document/record material electronically or otherwise made available in these reviews. I shall return all material shared by others at the end of each meeting.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in civil or criminal liability and exclusion from future Fatality Review Team Case Reviews.

I further agree to refrain from representing the views of the Fatality Review Team to the media.

Signature

Date

10. This tool identifies risk and lethality indicators to assist first responders, criminal justice agencies, social service providers, and domestic violence victims in evaluating the increased risk of a batterer killing his or her partner, other family members, and/or him or herself. The more indicators present in a relationship, the higher the risk that future violence or death may occur. (FRT Protocol, 2nd Ed., Va. Dept. of Health, Office of the Chief Medical Examiner, Dec. 2002).

11. For more on Norfolk as a Best Practice, see “Office of the Attorney General, Virginia Rules, Best Practices” at <http://www.virginiarules.com/resources/norfolk>.

12. For more information on the Norfolk Education Foundation A+ Community Partner Collaboration Award, see <http://www.norfolk.gov/commatty/A+AwardsDinner.html>.

13. Project RADAR is a provider-focused initiative to promote the assessment and prevention of intimate partner violence in the health care setting. Through the RADAR initiative, the Virginia Department of Health seeks to enable Virginia’s health care providers to recognize and respond to intimate partner violence.

14. For more information on the Institute on Domestic Violence in the African American Community and to register for the conference (“Domestic Violence and African Americans: Unpacking the Significance of our Diversity”), go to www.idvaac.org.

15. For more information on this report, contact linda.bryant@norfolk.gov.