

A Review of Calendar Year 2009
Intimate Partner Homicides and
Homicide-Suicides

Fairfax County
Domestic
Violence Fatality
Review Team
2012 Annual Report



February 19, 2013

Supervisor Cathy Hudgins
Chair, Human Services Committee
Fairfax County Board of Supervisors
12000 Government Center Parkway
Fairfax, VA 22035

Supervisor Hudgins:

On behalf of the Fairfax County Domestic Violence Fatality Review Team (Team), we are pleased to present to you our 2012 Annual Report. The report outlines findings and recommendations from the Team's review of calendar year 2009 intimate partner homicides and homicide-suicides. Of note, the findings and recommendations included in the Executive Summary of this report were endorsed unanimously by the county's Domestic Violence Prevention, Policy, and Coordinating Council at their January, 2013 meeting.

The Team, established by the Board of Supervisors in 2007, is a multi-disciplinary group of professionals comprised of representatives from various county agencies and community organizations. The Team meets regularly to analyze system gaps and identify areas of success and improvement.

The Team's work is conducted on behalf of and in memory of victims of domestic violence and stalking and the family members who have lost a loved one. Our hope is that through the case review process we can create the knowledge necessary for developing strategies to prevent future death associated with this violence.

The members of the Team wish to thank you for your commitment to addressing domestic violence and stalking in Fairfax County and hope that you and other stakeholders will use this report to implement changes in policy and practice that will lead to the successful elimination of this type of violence in our county.

Sincerely,

Jessica Greis Edwardson §
Assistant Commonwealth Attorney

Lt. Col. Thomas Ryan
Deputy Chief, Fairfax County Police Department

cc: Members of the Board of Supervisors
County Executive Edward L. Long Jr.
Deputy County Executive Patricia D. Harrison
Deputy County Executive David M. Rohrer
County Attorney David P. Bobzien, Chair, Domestic Violence Prevention, Policy, and
Coordinating Council

February 19, 2013

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Executive Summary

In 2012, the Fairfax County Domestic Violence Fatality Review Team (DVFRT) reviewed 12 domestic violence-related deaths, including 8 homicides and 4 suicides, which occurred in 2009. The following are the prominent findings from the DVFRT's review:

- **More than half** (57%) of all of Fairfax County's **homicides** (14) were domestic violence-related (8).
- **75%** of the homicide **victims** were **female** and **75%** of the homicide **offenders** were **male**.
- The average age of **victims** was **40 years old**, with a range in age of 19 to 66 years old. The average age of **offenders** was **45 years old**, with a range in age of 17 to 64 years old.
- **63%** of the domestic violence-related homicides involved a **firearm** as the fatal agent. **25%** of the homicides involved **strangulation**.
- **Stalking** was present prior to the murder in **38%** of the homicides.
- **5 cases** (63%) involved either a separation or termination (**break-up**) of the intimate partner relationship and/or a belief or perception that the victim had a **new intimate partner**.
- **2 cases** (25%) involved **children** who were either **present** (within the vicinity of the murder) or **directly witnessed** (saw or heard) **the homicides**.
- **Half** (50%) of the homicide victims expressed a belief that the intimate partner was **capable of killing** them.
- A **quarter** (25%) of the homicide victims had also experienced domestic violence victimization in a **previous relationship**.
- Only **three** (38%) of the victims had ever sought **law enforcement intervention**, **one** (12%) of the victims sought a **protective order**, and **none** (0%) of the victims sought **domestic violence advocacy services**.



- **Half (50%)** of the offenders had ***threatened to kill*** the victim prior to the homicide; a **quarter (25%)** of the offenders had been ***previously arrested or convicted*** of domestic violence.

In 2012, the DVFRT identified recommendations in three categories: (1) professional training, (2) community outreach and education, and (3) systems coordination and improvement. The following highlights the recommendations:

Professional Training

- Train a variety of non-traditional points of entry on the identification of domestic violence and stalking and the existing resources available in the county. These non-traditional points of entry can provide opportunities for intervention for families who may not access traditional services (e.g. law enforcement, victim advocacy and counseling services).
 - Non-traditional points of entry can include school resource officers, teachers and counselors, as well as Department of Family Services' personnel, such as Child Protective Services social workers and staff in the Self-Sufficiency division.
- Train attorneys, guardians ad litem, and judges on domestic violence in the context of high-conflict custody cases.

Community Outreach & Education

- Educate the community about the lethality of domestic violence and stalking and the significance of community involvement in prevention. Highlight opportunities for safe bystander intervention and the importance of both public and private organizations maintaining employee policies on the issue.
- Reach out to underserved populations, including immigrants, men, and youth.

Systems Coordination & Improvement

- Increase coordination of services across disciplines, connecting victims with either a community-based or system-based advocate/specialist in every case for safety planning, lethality risk assessment, and options counseling.
- Develop and implement system-wide lethality screening and assessment tools for high-risk domestic violence and stalking cases.

- Create additional opportunities for affordable and accessible safe exchange and supervised visitation of children in high-risk domestic violence cases. In addition to maintaining the support of Stronger Together and Safe Havens, the county's existing supervised visitation and exchange centers, explore opportunities to provide these services in different sites throughout the county.

Acknowledgements

The Fairfax County Domestic Violence Fatality Review Team (Team) is grateful to the Fairfax County Board of Supervisors and the leaders of our participating member agencies for providing us with the opportunity to continue the important work of reviewing domestic violence-related fatalities in the county.

The Team would like to thank the following people for their contribution to the review process throughout the year:

- | | |
|------------------------|----------------------|
| ❖ Sam Bachman | ❖ Kelly Pearson |
| ❖ Det. Daniel Bibeault | ❖ Det. Mark Pfeiffer |
| ❖ Det. Brian Colligan | ❖ Debra Ranf |
| ❖ Ina Fernández | ❖ Kathy Stott |
| ❖ Kacey Kirkland | ❖ Det. Chester Toney |
| ❖ Pam Kelly | ❖ Det. John Wallace |
| ❖ Alma Martinez | |

The Team also appreciates the technical assistance provided by Avina Ross and Emma Duer, the statewide Domestic Violence Fatality Review Coordinators for the Office of the Chief Medical Examiner.

A special acknowledgement is extended to Lynne and Andy Russell, parents of Siobhan Russell, who provided information for the review of Siobhan's homicide. The Team is grateful not only for their willingness to speak publicly about Siobhan's murder, but also to continue addressing teen dating abuse in Fairfax County through their organization, DASH (www.datingabusestopshere.com).

Finally, this report is written, and the Team's work is conducted, on behalf and in memory of, the victims of domestic violence and stalking and the family members who have suffered the loss of loved ones. Our wish is that our reviews, and the subsequent recommendations, improve responses to victims of domestic violence and stalking and ultimately prevent future homicides associated with this violence.

About the Fairfax County Domestic Violence Fatality Review Team

The Fairfax County Domestic Violence Fatality Review Team (*hereinafter referred to as DVFRT or Team*) is a multi-disciplinary group of professionals who meet regularly to review the facts and circumstances surrounding all intimate partner homicides and homicide-suicides in Fairfax County, with the aim of diminishing the likelihood of future intimate partner fatalities.



The mission of the DVFRT is to:

- **identify** the circumstances leading up to intimate partner homicides and homicide-suicides;
- **determine** indicators that prompt early identification, intervention, education, and prevention efforts in similar cases; and
- **improve** communication in all systems that serve persons involved in domestic violence in an effort to diminish the likelihood of future intimate partner homicides.

The Fairfax County DVFRT is one of fifteen regional or local domestic violence fatality review teams in the Commonwealth of Virginia. DVFRTs were authorized by the Code of Virginia in 1999 and the Fairfax County DVFRT was established by the Board of Supervisors in 2007.

Team Membership

The DVFRT is co-chaired by the Fairfax County Office of Commonwealth's Attorney and the Fairfax County Police Department.

The Team is comprised of the following professionals:

- Civil Legal Services Provider: *Vacant*
- Community Victim Services Providers: Kathleen Kelmelis, Office for Women & Domestic and Sexual Violence Services; Susan Folwell, Private Clinical Practitioner; Ambreen Ahmed, FAITH (Foundation for Appropriate and Immediate Temporary Help) Social Services
- Courts & Probation: Laura Harris, Court Services Unit, Juvenile and Domestic Relations District Court
- Domestic Violence Shelter Representative: Laly Goodmote, Artemis House
- Family Services: Teresa Belcher, Domestic Violence Unit, Fairfax County Department of Family Services

- Law Enforcement: Detective Jacquelynn Smith, Fairfax County Police Department; Lt. Col. Tom Ryan, Fairfax County Police Department
- Medical Examiner: Dr. Constance DiAngelo
- Mental Health Provider: Dr. Gary Axelson, Director of Clinical Operations, Fairfax-Falls Church Community Services Board
- Offender Services Provider: Robert Ivanovich, OAR (certified batterer intervention program)
- Prosecutor: Jessica Greis Edwardson, Assistant Commonwealth Attorney
- System-based Victim Services Provider: Saly Fayez, Victim Services Section, Fairfax County Police Department

Depending on the fatality to be reviewed, stakeholders from other agencies may be invited to participate in a DVFRT review, including, but not limited to:

- Investigating Detective, local police department
- Prosecuting Attorney, Office of the Commonwealth's Attorney
- Magistrates
- Forensic Nurses and Emergency Room Physicians
- Other County and Community-Based Social Service Providers
- Substance Abuse Programs
- Military Communities
- Court Appointed Special Advocates/Guardians ad Litem
- Shelter and Transitional Housing Programs
- Fairfax County Public Schools

The Team is staffed by the County-Wide Domestic Violence Coordinator, Sandy Bromley, with support from Paola Cabrera from the Fairfax County Police Department.

DVFRT Case Reviews

Case Types

The DVFRT reviews all intimate partner and intimate partner-associated homicides and homicide-suicides (*also referred to throughout this report as domestic violence-related homicides*) that occur in Fairfax County (including the towns of Herndon and Vienna and the city of Fairfax) each year.

Intimate partner homicide victims were killed by one of the following: spouse (married or separated); former spouse; and current or former boyfriend, girlfriend, same-sex partner, or

dating partner. This group can include homicides in which only one of the parties has pursued or perceived the relationship with the other, where at least one of the following was historically noted: rejection, threats, harassment, stalking, possessiveness, or issuance of a protective order.

Intimate partner-associated homicide victims were killed as a result of domestic violence stemming from an intimate partner relationship. Victims can include offenders killed by law enforcement or persons caught in the crossfire of intimate partner violence, such as friends, co-workers, neighbors, relatives, new intimate partners, or bystanders.

The Team reviews only closed cases and does not attempt to re-open the investigation of those deaths. Closed cases are those where the offender is dead or has been convicted of the death and most or all of the criminal appeals have expired. When a reasonable amount of time has passed since the death, the Team also reviews those cases that are classified as unsolved by law enforcement or when an alleged offender was never criminally charged for the death.

Case Review Confidentiality

Team meetings, and therefore case reviews, are closed and confidential. Pursuant to § 32.1-283.3F of the Code of Virginia, all Team members, including alternates and any other persons presenting information and records on specific fatalities to the Team at a closed case review meeting, are required to execute a sworn statement at each meeting honoring the confidentiality of the information, records, discussions, and opinions disclosed during case review. Violations of this subsection are punishable as a Class 3 misdemeanor.

Additionally, all information and records obtained or created regarding the review of a fatality are confidential and excluded from the Virginia Freedom of Information Act (§2.2-3700 et seq.). Such information and records are not subject to subpoena or discovery. At the conclusion of each individual case review, all information and records concerning the victim of the fatality and surviving family members are returned to the originating agency or destroyed.

Summaries and reports on DVFRT findings and recommendations are presented only in aggregate form to provide patterns and trends in intimate partner homicides and homicide-suicides.

Review Process

For each case, the DVFRT collects consistent data, including demographic information, medical examiner reports, criminal and civil justice histories of the victim and the offender, other known history of intimate partner violence, information regarding the legal or advocacy services that the victim sought or utilized prior to their death, media reports, and the details of the time frame prior to or following the death as they relate to the domestic violence involved in the case. In some cases, the Team may also be able to interview family members or friends of the victim or offender. These interviews can provide great contextual information about the relationship dynamics and prior unreported violence.

At Team meetings, members first review the details of the death in a report containing the above listed information. Then, members and invited guests contribute any additional information they may know about the death and its surrounding circumstances. For this additional information, the Team often invites the investigating detective and prosecuting commonwealth attorney to assist with the review. Additionally, the Team relies on the community and system-based victim advocates to assist with providing any contextual background information about the intimate partner relationship and, likewise, our culturally specific providers, such as Tahirih Justice Center or FAITH, to provide any cultural insights that may be relevant to the case review. Each Team member provides their unique professional expertise and possible agency interaction on the case to assist in a more thorough review process.

Once the Team has reviewed the facts and circumstances surrounding the death(s), they begin to analyze the risk factors for both the victim and the offender; any possible gaps in services; and any possible prevention strategies that could be enacted in similar cases.

Finally, the DVFRT engages in a systems evaluation, looking specifically at each system's response to the victim and/or the offender prior to and following the death. In their analysis, the Team reviews the following systems:

- Law Enforcement
- Prosecution
- Courts
- Corrections
- Probation
- Victim Service Agencies
- Medical Services
- Mental and Behavioral Health Care Services
- Legislation and Public Policy
- Other Community and Social Services (including schools)

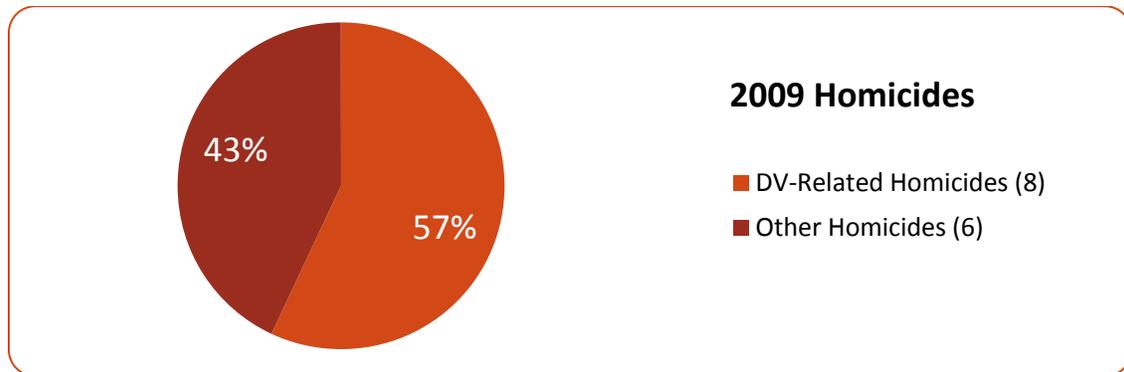
Following the analysis and systems evaluation, the DVFRT discusses any possible recommendations for improvement or changes to the system response. The goal in making these recommendations is to diminish the likelihood of future intimate partner homicides, not to point fingers or place blame on any individual or organization. In fact, the Team's philosophy states:

The Fairfax County Domestic Violence Fatality Review Team recognizes that offenders of intimate partner homicide are ultimately responsible for the death of their victims. Therefore, when identifying gaps in service delivery or responses to victims, the Team chooses not to place blame on any professional agency or individual but rather learn from our findings in order to better understand the dynamics of domestic violence and how to prevent future associated deaths."

The Team recommendations are collected throughout the year and are not attributed to any one specific case. At the end of the year, the Team reviews all recommendations to determine any trends or patterns. The DVFRT then votes on the recommendations that will be included in the Team's Annual Report.

DVFRT Findings from Calendar Year 2009 Reviews

During 2012, the DVFRT reviewed 12 total fatalities from 2009 calendar year cases. The 12 fatalities included 8 homicides and 4 suicides (all associated with the homicides).

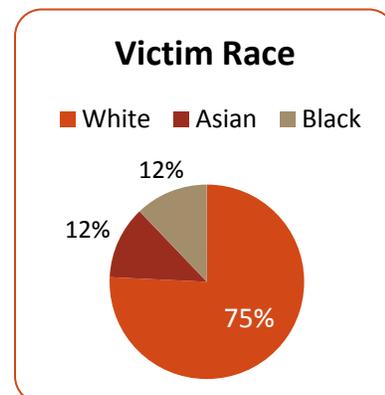
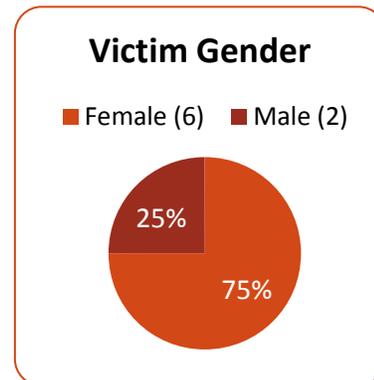


In 2009, there were a total of fourteen (14) homicides in Fairfax County. Eight (8) of those homicides (57%) were domestic violence-related (intimate partner homicides).

The following findings refer to the Team's analysis of those eight (8) homicides:

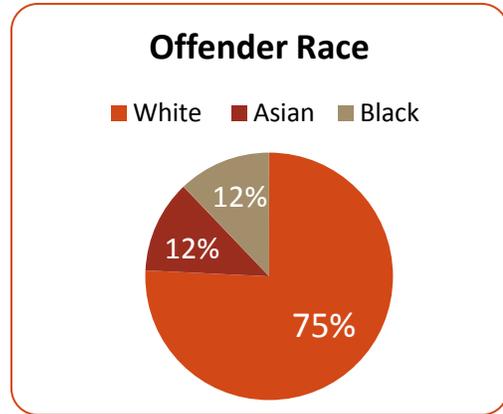
Victim Characteristics

- 75% of the homicide victims were female.
- The average age of the homicide victims was 40, with a range in age of 19 to 66 years old.
- The majority of the homicide victims were categorized as White (75%). One victim was categorized as Asian (12%) and one victim was categorized as Black (12%).
- When taking into consideration race and ethnicity, victims were identified as Caucasian in half (50%) of the homicides, with one victim identified as African-American (12%), one victim Chinese (12%), one victim Hispanic (12%) and one victim Moroccan (12%).
- One victim (12%) had limited English proficiency.



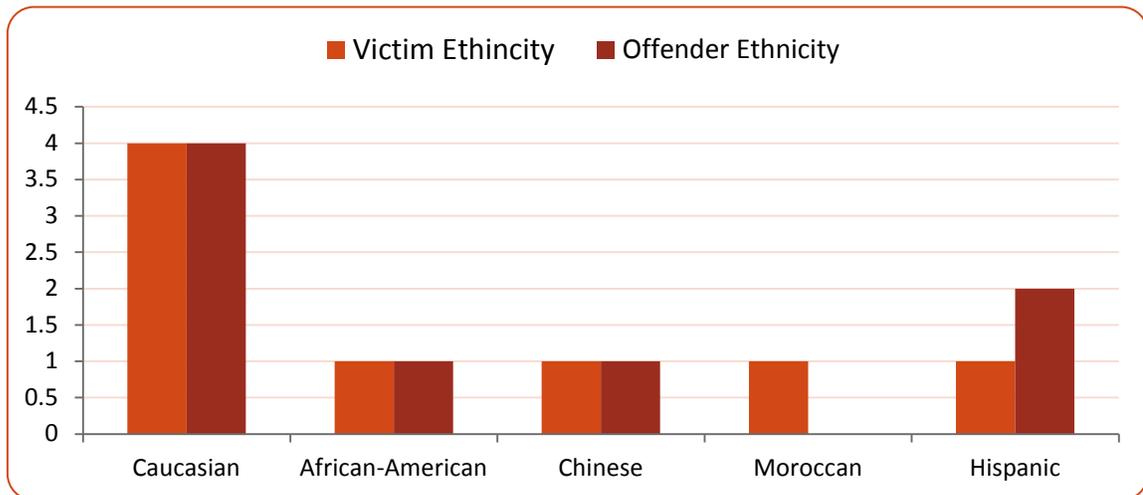
Offender Characteristics

- 75% of the homicide offenders were male.
- The average age of the homicide offenders was 45, with a range in age of 17 to 64 years old.



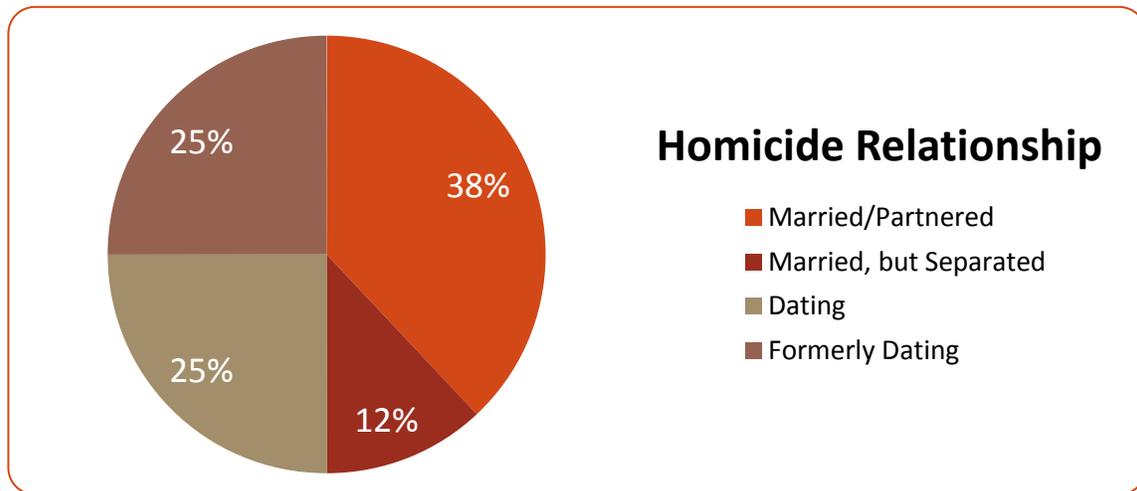
- The majority of the homicide offenders were categorized as White (75%). One offender was categorized as Black (12%) and another offender was categorized as Asian (12%).
- When taking into consideration race and ethnicity, the majority of offenders were identified as Caucasian (50%). Two offenders were identified as Hispanic (25%), one offender was identified as African-American (12%) and one as Chinese (12%).
- One offender (12%) had limited English proficiency.

Victim and Offender Ethnicity



Relationship between Victim and Offender

The majority of victims and offenders of domestic-violence related homicides (5) were married or cohabitating partners (38%). One couple was married, but separated (12%). Two couples were dating at the time of the homicide (25%) and two couples had formerly dated at the time of the homicide (25%).



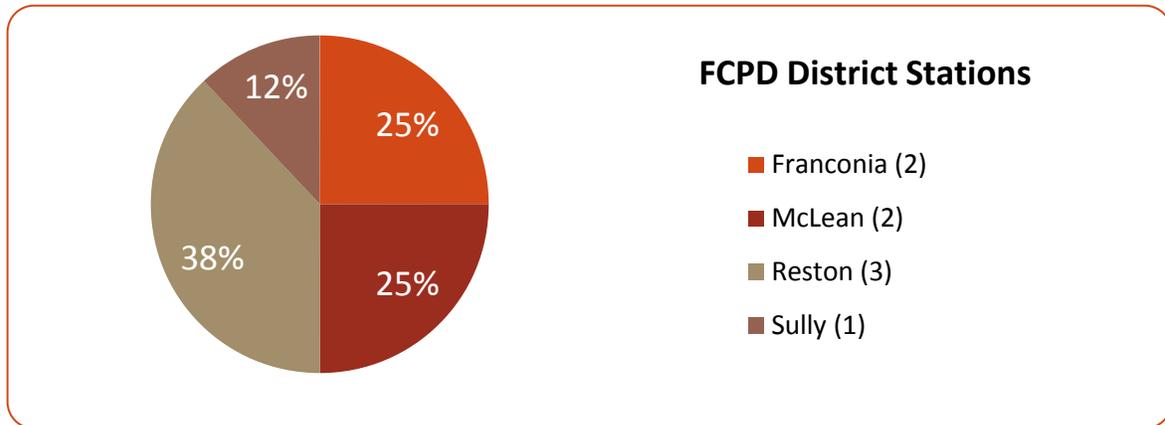
Involvement of Children

Two (2) of the domestic violence-related homicides (25%) involved children. One case involved a child who was present, defined by being within the vicinity of the murder (though reportedly did not hear or see the event). The second case involved a child who directly witnessed (saw or heard) the homicide.

Location of Homicides

The majority of the homicides (63%) happened at the offender's home. Three homicides (37%) occurred in the shared home of the victim and offender. None of the homicides occurred in the victim's home or in a public location.

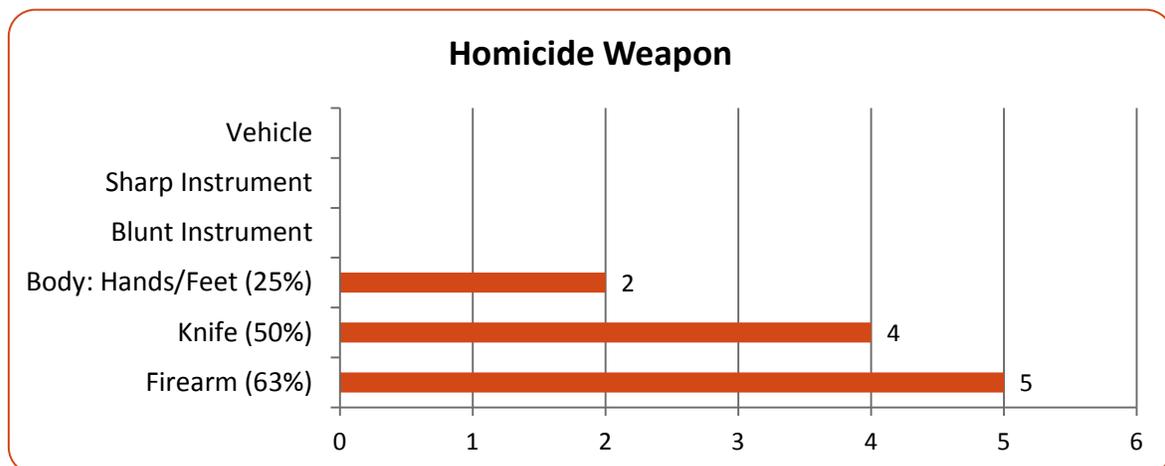
The 2009 homicides occurred within the following police district station boundaries: 3 homicides in Reston district, 2 homicides in Franconia district, 2 homicides in McLean district, and 1 homicide in Sully district. No homicides occurred in Fair Oaks, Mason, Mt. Vernon, or West Springfield district areas.



Homicide Methods

Firearms were used in the majority (5) of the homicides (63%). Knives were used in 4 of the cases (25%) and the body (hands or feet) was used as a weapon in 2 of the cases. Those two cases (25%) involved strangulation as the fatal agent in the case.

Note: Three cases involved more than one weapon or fatal agent (for example, one case involved both a knife and strangulation).



Behaviors Present In Intimate Partner Relationship Prior To Homicide

During the DVFRT case reviews, the Team analyzes whether the following behaviors were present in the relationship between the victim and offender prior to the homicide. Often multiple behaviors are present in a single case.

The following behaviors were attributable to the offender prior to the homicide:

| Offender Behaviors | # of Cases | % of Cases |
|---|-------------------|-------------------|
| Arrested or convicted of non-domestic violence offenses | 4 | 50% |
| Owned weapons | 4 | 50% |
| Threatened to kill victim | 4 | 50% |
| Exhibited controlling behavior | 3 | 38% |
| Exhibited jealousy | 3 | 38% |
| Was unemployed or recently lost a job | 3 | 38% |
| Experienced financial hardship | 3 | 38% |
| Stalked victim or victims' family | 3 | 38% |
| Arrested or convicted of prior domestic violence offenses | 2 | 25% |
| Threatened or attempted suicide | 2 | 25% |
| Experienced prior domestic violence victimization | 1 | 12% |
| Abused alcohol | 1 | 12% |
| Non-compliance with prior court orders | 1 | 12% |
| Used illegal drugs | 1 | 12% |
| Destroyed the intimate partner's property | 1 | 12% |
| Threatened to harm victim's family member/friend | 1 | 12% |
| Was violent outside of the home relationship | 0 | 0% |

The following behaviors were attributable to the victim prior to the homicide:

| Victim Behaviors | # of Cases | % of Cases |
|---|-------------------|-------------------|
| Expressed a belief that the intimate partner was capable of killing him/her | 4 | 50% |
| Began/perceived to begin an intimate relationship with a new person | 3 | 38% |
| Experienced prior domestic violence victimization | 2 | 25% |
| Used illegal drugs | 1 | 12% |
| Threatened or attempted suicide | 1 | 12% |
| Was unemployed or recently lost a job | 1 | 12% |
| Experienced financial hardship | 1 | 12% |
| Abused alcohol | 0 | 0% |
| Arrested or convicted of non-domestic violence offenses | 0 | 0% |
| Arrested or convicted of prior domestic violence offenses | 0 | 0% |

Interventions Sought by Victim

Of the eight homicide victims, three (38%) sought law enforcement intervention prior to their murder (one of the cases involved a report to a school resource officer). One of those three victims also received mental health services, obtained a protective order, and sought domestic court interventions prior to her murder. Five of the victims did not appear to seek out any interventions.

| Interventions | # of Cases |
|---|-------------------|
| Ever reported to law enforcement | 3 |
| Ever sought mental health services | 1 |
| Ever obtained a protective order | 1 |
| Ever sought domestic court interventions | 1 |
| Ever sought domestic violence advocacy services | 0 |

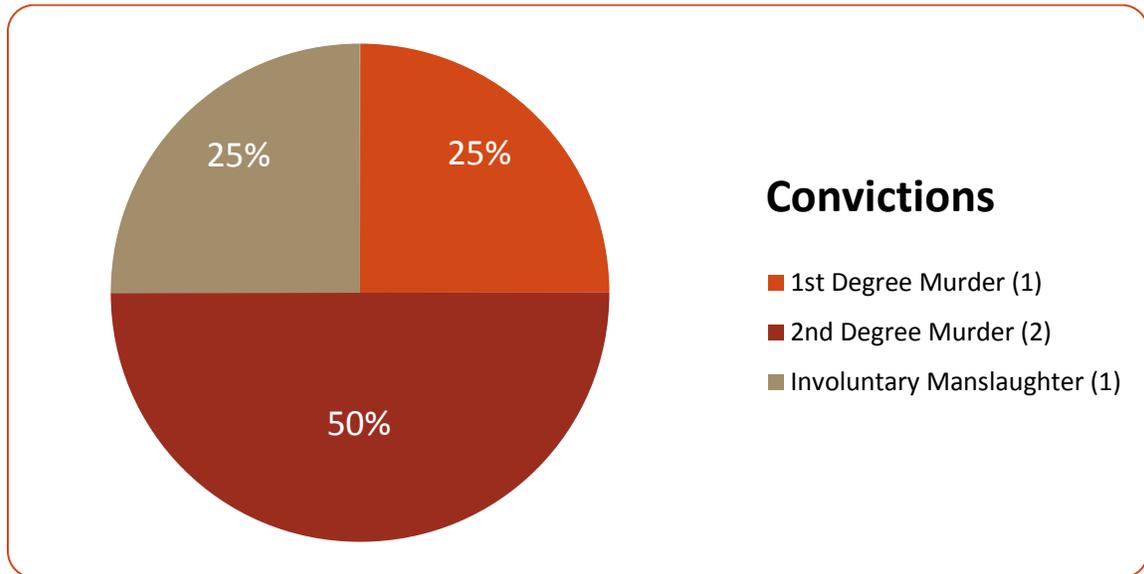
Precipitating Events in Domestic Violence-related Homicides

The most common precipitating event in the homicides was either a separation or termination (break-up) of the intimate partner relationship or a belief/perception that the victim had a new intimate partner. Five cases (63%) involved those events. The following are additional events that occurred prior to the homicides (may have more than one per case):

| Event | # of Cases | % of Cases |
|---|-------------------|-------------------|
| New partner or the perception of a new partner | 4 | 50% |
| Termination of relationship/break Up | 3 | 38% |
| Argument over child custody | 2 | 25% |
| Financial issues | 1 | 12% |
| Illness/mercy killing | 1 | 12% |
| Argument but not specified by sources | 0 | 0% |
| Argument over property | 0 | 0% |
| Argument about or attempted unwanted sexual contact | 0 | 0% |
| Argument over child paternity | 0 | 0% |
| Argument over partner feeling "disrespected" | 0 | 0% |
| Argument over substance/alcohol use or abuse | 0 | 0% |
| Argument over the addition of a new child | 0 | 0% |
| Self-Defense | 0 | 0% |
| Upcoming system intervention (criminal or civil court case) | 1 | 0% |

Criminal Justice Response

Four of the homicide offenders were charged and convicted of a crime. Two were convicted of 2nd degree murder, one was convicted of 1st degree murder and the last was convicted of involuntary manslaughter. The additional four cases involved an offender suicide following the homicide.



The average prison time the four convicted offenders faced is 24.5 years, with a range of prison sentences from 10 to 40 years.

DVFRT 2012 Recommendations

During the team's 2012 review of calendar year 2009 cases (including eight homicides and twelve total fatalities), the Team discussed the facts and circumstances surrounding each of the cases. Those facts and circumstances are reflected above in the *Findings* section. Additionally, the reviews of these cases prompt discussion and analysis from our multi-disciplinary team regarding any gaps in existing services and any possible improvement or changes to the system response to both victims and offenders of domestic violence. The results from those discussions are reflected in the recommendations presented in this section.

For this report, the DVFRT grouped their 2012 recommendations into three categories:

- (1) Professional training;
- (2) Community outreach and education; and
- (3) Systems coordination and improvement.

Professional Training

Train a variety of non-traditional points of entry on the identification of domestic violence and stalking and the existing resources available in the county.

Historically, victims of domestic violence have been encouraged to seek out certain systems and services for safety and assistance. These 'traditional' points of entry can include law enforcement, civil justice protection (protective orders) or other court services (domestic relations), and victim advocacy or counseling services.

However, as so few of the 2009 homicide victims sought out those traditional points of entry (only three victims sought law enforcement, and one of those same three also sought civil protection and court services), the Team recommends training for other professionals who may come in contact with victims or offenders of domestic violence and stalking.

These 'non-traditional' points of entry can provide opportunities for early identification of the warning signs of domestic violence and stalking in individuals and families they serve, as well as provide interventions and referrals to services for both victims and offenders.

The following non-traditional points of entry were professionals identified as interacting with either the victim or offender in our 2009 reviews:

- School Resource Officers, teachers, and counselors

- Department of Family Services' personnel, including Child Protective Services social workers and staff in the Self-Sufficiency (food stamps, temporary assistance, etc.) division

The Team recommends expanding this list to include a variety of other non-traditional points of entry, including, but not limited to:

- Religious or spiritual leaders
- Housing professionals, including public housing leaders and private landlords
- Medical professionals, including doctors, nurses, dentists and public health officers

Professional training is offered for free several times a year through the county's coordinated community response team, the DV Network, and can also be provided to these professionals on an as-needed basis by the various agencies represented on the DVFRT.

Train attorneys, guardians ad litem, and judges on domestic violence in the context of high-conflict custody cases.

As two of the 2009 cases involved disputes over child custody and a third case involved a pending separation with concerns about future child custody (for a total of 38% of the cases), the Team identified family law professionals as additional points of possible intervention on these high risk cases. Family law professionals include family law attorneys, guardians ad litem, and judges who decide family law matters, such as child custody, support and visitation. As domestic violence is rarely a required course in law schools, these professionals, particularly those who may be new to the field or the bench, might never have received education on the dynamics and risk factors in cases involving domestic violence and stalking.

For family law attorneys and guardians ad litem, free continuing legal education courses on domestic violence are offered at least once per year in Fairfax County through Legal Services of Northern Virginia. Judges have a variety of state and national training options, including through the National Council of Juvenile and Family Court Judges (www.ncjfcj.org/our-work/domestic-violence).

Community Outreach & Education

Educate the community about the lethality of domestic violence and stalking and the significance of community involvement in prevention.

As in 2009 (57%), the Fairfax County Police Department reports that approximately half of all homicides in Fairfax County are domestic violence-related every year. This alarming statistic highlights the need to alert our community that domestic violence and stalking are not only social ills and public health concerns, but potentially lethal crimes.

The importance of community involvement in the early identification and prevention of domestic violence homicides cannot be overstated. As so few of our 2009 homicide victims involved themselves in the traditional systems, professionals are relying on our fellow community members—neighbors, co-workers, friends and family members—to serve as bystanders against violence. Bystanders can intervene in violent situations when it is safe to do so, or they can also pull a victim aside and simply indicate they are concerned for the victim’s safety. More tips for bystanders can be found here: www.icadvinc.org/prevention/for-bystanders/bystander-basics/ and www.livethegreendot.com/.

Additionally, community members can speak out against domestic violence in virtually every area of their lives—with their employers, youth group and activity/sports leaders, spiritual or religious leaders and community organizations. Minimally, community members can ask each of these groups whether they have a policy on responding to domestic or dating violence. These groups can also host trainings or simply post materials announcing available resources for victims and offenders of domestic violence in conspicuous locations.

Community Outreach & Education, cont.

Reach out to underserved populations, including immigrants, men, and youth.

A consistent recommendation in each of the cases the Team reviewed was to increase our outreach to victims of domestic violence and stalking. Though we do not know the reason why, none of the homicide victims accessed domestic violence advocacy services prior to their death.

In addition to continuing professional outreach efforts towards the highest at-risk group of victims (women of child-bearing age), the Team recommends increasing outreach to underserved populations as well. As the 2009 homicides involved two male victims, three immigrant victims, and one teen victim, this recommendation focuses on the need to reach out to those populations specifically.

The Team recommends increasing outreach to men, not only to emphasize that men are victims of high-risk domestic violence and stalking as well as woman, but also to reach out to men who may be at risk for offending. Teaching men and boys about healthy relationships and other prevention tools for avoiding violence can help reduce our homicide rates in the county.

Thirty-eight percent (38%) of the 2009 homicides involved victims who were immigrants, illustrating the necessity of impacting this population. The DVFRT appreciates that many immigrant victims may feel reluctant to contact law enforcement for help, however, additional outreach is necessary to educate this population on the availability of both criminal justice and victim advocacy services that are accessible to them, regardless of their immigration status.

Finally, the homicide victim who was 19 when she was murdered in 2009 had been a victim of teen dating violence for some time prior to her murder, though both professionals and family members report being unaware of the potential lethality of her case. Educating our communities regarding the seriousness of teen dating violence, including the warning signs for high risk cases, is crucial to ensure that this case is not repeated. Fortunately, our community now has a leader in speaking out against teen dating violence—DASH (Dating Abuse Stops Here). DASH was created following the murder of Siobhan Russell, the 19 year-old discussed in this report, by her parents Lynne and Andy Russell, to provide resources and education to teens, parents, and the community about teen dating abuse. More information about DASH and the great work they are doing in Fairfax County can be located on their web site: www.datingabusestopshere.com.

Systems Coordination & Improvement

Increase coordination of services across disciplines, connecting victims with either a community-based or system-based advocate/specialist in every case for safety planning, lethality risk assessment, and options counseling.

In conjunction with the recommendation regarding training for a diversity of professionals, the DVFRT encourages communication and coordination of services across all sectors of the county and community. Providing those allied professionals with information about available resources and collaborating to encourage more referrals will hopefully assist victims in receiving critical support and intervention services.

The county's coordinating groups, the Domestic Violence Prevention, Policy, and Coordinating Council (DVPPCC) and the DV Network, convene regularly to assist with the development and implementation of coordinated response plans for victims and offenders of domestic violence and stalking. The DVFRT supports the continued success of the work of these groups and encourages them to seek opportunities for outreach, training, and strategy to ensure that all victims are connected with an advocate once they've encountered any other sector of the county or community.

Advocates can provide victims with crisis intervention services as well as engage in safety planning, assess the victims' lethality risk, and provide victims with information about the myriad of options available to them (known as options counseling). Fairfax County is fortunate to have both system-based victim advocates (known as Victim Service Specialists) within the Victim Services Section of the Fairfax County Police Department and community-based victim advocates from the Fairfax County Office for Women & Domestic and Sexual Violence Services and local non-profit organizations, such as The Women's Center and Ayuda. Both Victim Services and most of the community-based victim advocates are affiliated with DVAC, the county's Domestic Violence Action Center. DVAC is a grant project that funds two of these community victim advocates as well as a one-stop service center, located in the Fairfax Historic Courthouse, designed to provide a holistic, multi-disciplinary response to victims of domestic violence and stalking.

Connecting victims with a DVAC or Victim Services advocate can be a key step in preventing future domestic violence-related homicides.

Systems Coordination & Improvement, cont.

Develop and implement system-wide lethality screening and assessment tools for high-risk domestic violence and stalking cases.

As indicated in the previous recommendation, a lethality risk assessment is an important component of the services provided to victims of domestic violence and stalking. Additionally, law enforcement can utilize risk and threat assessment to assist in predicting and preventing domestic violence-related homicides. A brief survey of the DVFRT members indicate that currently only a few agencies are utilizing screening and assessment tools and are often not implementing them routinely or consistently as they are not a component of their written protocol or standard practice.

The DVFRT, therefore, recommends that Fairfax County agencies and their community partners explore opportunities to develop and implement system-wide lethality screening and assessment tools for all high-risk domestic violence and stalking cases. Examples of such tools are the DV-MOSAIC threat assessment tool (www.mosaicmethod.com) and the Danger Assessment tool (www.dangerassessment.org). [Note: These are two of the most common validated tools used for the prediction and assessment of risk of *lethality*; there are many other tools used to assess the risk of *re-offending*.]

Regardless of the tool chosen by each agency, the DVFRT recommends a corresponding response and referral protocol also be implemented system-wide. Professionals should be trained not only on the execution of the screening tool, but also how to respond when faced with high-risk cases.

Create additional opportunities for affordable and accessible safe exchange and supervised visitation of children in high-risk domestic violence cases.

In addition to offering domestic violence training to family law professionals, the DVFRT encourages the continued, and expanded, use of supervised visitation and safe exchange services for families involved in high-risk domestic violence cases.

As noted in 38% of the 2009 cases, conflict over child custody is a risk factor for lethality and these family law professionals are in a unique position to intervene in cases in order to keep the victim and children safe. The availability of accessible and affordable safe exchange and supervised visitation services is critical to maintaining safety in situations where visitation is ordered but safety is an ongoing concern.

In addition to maintaining the support of Stronger Together and Safe Havens, the county's existing supervised visitation and safe exchange centers, the DVFRT also encourages future efforts to provide similar services in various sites throughout the county.



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