

Virginia Department of Health: Office of the Chief Medical Examiner

Virginia Domestic Violence Fatality Review Newsletter

DV Homicide Reduction Initiative: Phase II Grantees Announced

From twelve communities assessed for the [Domestic Violence Homicide Prevention Initiative](#) in 2013, four were selected to move on to Phase II of the initiative. The U.S. Department of Justice, Office on Violence Against Women, will be providing grant funds to sites in North Carolina, Ohio, California, and New York to implement locally Lethality Assessment and High Risk Team models in their communities. Phase II of the Initiative involves careful evaluation of these projects over the next three years to assess the efficacy of modified protocols, and to identify the key components needed to successfully adapt similar models nationwide.

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VAFRIS Turns One!

This winter the Virginia Domestic Violence Fatality Review Information System (VAFRIS) celebrated its first year of use by Virginia’s local domestic violence fatality review teams (DVFRTs). To date, fifteen users representing nine teams have registered their accounts. The database now holds case review data on eight cases entered by three separate teams over the last year.

As users were added to the system, the Office of the Chief Medical Examiner (OCME) provided training on how to use the database to 12 DVFRT members representing six teams. Three of these teams received an in-depth two-day training on the theoretical framework behind the database and detailed instruction on data

entry and reporting.

The OCME plans to conduct an annual review of how VAFRIS is operating and to implement changes or improvements as needed. Under the [Virginia Partnership for Community Defined Solutions to Violence Against Women’s](#) current Grant to Encourage Arrest and the Enforcement of Protective Orders, the agency will also make specific additions to the system in order to improve multidisciplinary review and data collection in cases involving protective orders and underserved populations including African Americans, older adults, and persons with limited English proficiency.

Domestic Violence Homicide Reduction in Virginia

In September, many members of Virginia’s DVFRTs were in attendance at the Virginia Domestic Violence Homicide Reduction Conference hosted by the Department of Criminal Justice Services in Williamsburg.

Current and former DVFRT members Megan Clark (Henrico County), Randy Walton and Carol Wilson (Colonial Area), Sandy Bromley (Fairfax County), and Linda Bryant (Norfolk City) spoke on a panel discussing their experience bringing fatality review to their communities.

Also included in the conference agenda was a presentation from Emma Duer, Domestic Violence Fatality Review and Surveillance Coordinator, outlining the OCME’s data on lethality factors and other characteristics common in Virginia’s domestic violence homicides.

The Family and Intimate Partner Homicide Surveil-

lance (FIPS) Project collects data on a list of risk factors related to fatal domestic violence, including those comprising evidence-based lethality assessment screening tools such as Dr. Campbell’s [Danger Assessment](#), and the [Lethality Assessment Program](#) (Maryland Model).

While a few jurisdictions in Virginia are now implementing formal lethality assessment protocols for law enforcement responding to calls for service (see page 3), fatality review teams and the FIPS Project routinely examine cases of fatal domestic violence for these and other red flags that may have been present before the person died.

The Maryland Model identifies three “high risk” factors which are used to identify a victim at the highest level of risk to be killed by their intimate partner. Under this protocol, a victim who exhibits any one of

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Domestic Violence Homicide Reduction in Virginia (continued)

these three high risk factors is immediately referred to services. These include whether the alleged perpetrator had ever threatened to kill the victim, whether the victim believed her abuser was capable of killing her, and whether the alleged perpetrator had ever threatened or assaulted the victim with a weapon.

Data from the FIPS Project shows that from 2009-2013, 17% (76) of intimate partner related (IPR) homicides involved one or more of these high-risk lethality factors, and 2% (10) involved all three (see figure below). In 12% of cases, the alleged perpetrator had previously threatened to kill the victim (Figure 1).

Among other evidence-based lethality factors, the five most common associated with fatal intimate partner violence in Virginia over the five year period between 2009-2013 are as

follows (Figure 2):

#1: Access to Firearms

From 2009-2013, FIPS recorded 477 IPR homicides—64% of which were committed with a firearm. Firearms are by far the most common method used to commit fatal domestic violence, with the next most common weapon being a sharp instrument at 20%.

#2: Ending of the Relationship

In 39% of IPR homicides, the relationship had ended or was in the process of ending. In 34% of cases, the end of the relationship was a precipitating factor in the homicide.

#3: Substance Abuse by the Abuser

In 26% of IPR homicides, the abuser had a known history of illegal drug or alcohol abuse. In 37% of cases, alcohol or substance abuse was a precipitator of the fatal violence.

#4: Victim Had a Child Not In Common With Their Abuser

The “Cinderella Effect” theorizes that abusers are less invested in—or even threatened by the presence of—children not biologically related to them. In one out of every five IPR homicides, the victim had a child from another relationship.

#5: The Abuser Avoided Arrest for Domestic Violence

From 2009-2013, 30% (132) of IPR homicides exhibited a history of physical assault between the intimate partners. In only 38% (50) of these cases were either partners ever arrested or convicted of domestic violence prior to the homicide. In the remaining 82 cases (18% of all IPR homicides), we can surmise that while there was a history of domestic violence, the abuser had avoided ever being arrested.

Figure 1. Percentage of IPR Homicides by High Risk Lethality Factor in Virginia (N=447): 2009-2013

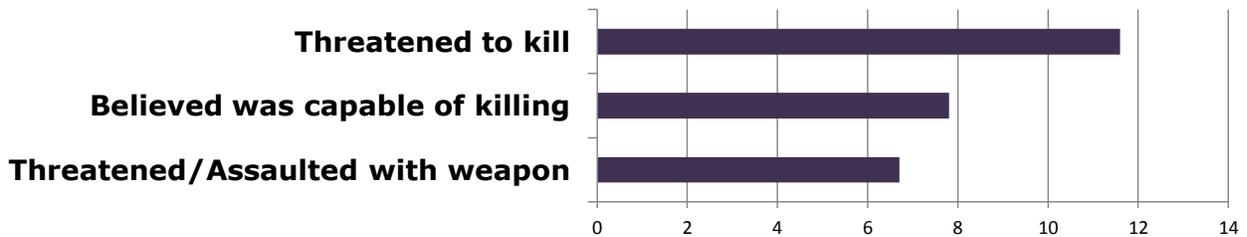
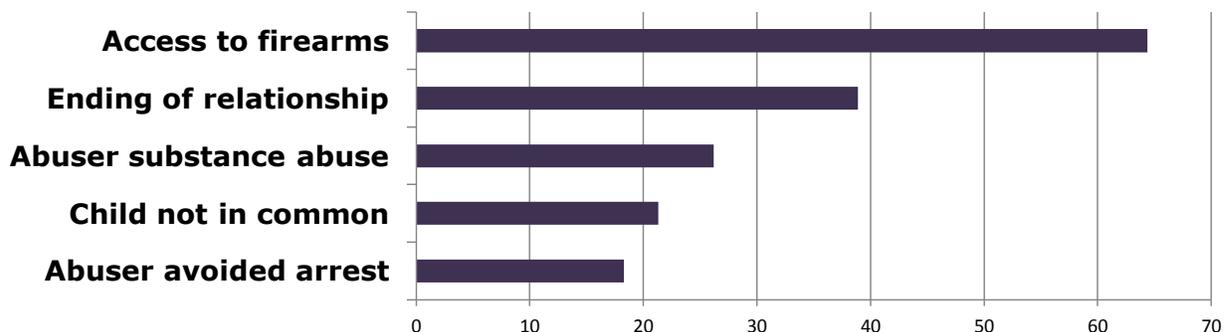


Figure 2. Percentage of IPR Homicides by Most Common Lethality Factor in Virginia (N=447): 2009-2013



Source: Family and Intimate Partner Homicide Surveillance Project, Office of the Chief Medical Examiner, Virginia Department of Health

Linking Lethality Assessment and Domestic Violence Fatality Review

With the launch of a statewide initiative by the Office of the Attorney General (OAG) to bring domestic violence lethality assessment to Virginia, stakeholders are abuzz with plans to make training and other resources available in the Commonwealth. A handful of localities already use some form of lethality assessment, and several more are in the planning stages. But in areas already served by a DVFRT, how do these two prevention models co-exist?

Norfolk City was the first community in Virginia to receive training from the Maryland Network Against Domestic Violence on the Lethality Assessment Program (LAP, Maryland Model). In their case, the recommendation to implement a lethality assessment protocol came directly from the Norfolk Family Violence Fatality Review Team. The Team's work was the catalyst for the project, and members were instrumental in promoting and implementing the new protocol in 2012.

In Henrico County, findings from the Henrico County Family Violence Fatality Review Team informed the development of a unique lethality assessment protocol which was implemented in 2013. With the use of data from their DVFRT reflecting what is specific to fatal family violence occurring in their locality, Henrico County developed a modified lethality screening tool to be used by police officers in cases of arrests and protective orders involving family or household members.

Fairfax County also recently received training on the Maryland Model, and providers in the New River Valley region are working under a grant to develop and implement a lethality assessment program based on the LAP. These and other localities are represented on the OAG's Lethality Assessment State Planning Team along with state entities such as the Department of Criminal Justice Services and the Virginia Sexual and Domestic Violence Action Alliance. The Team is meeting

monthly to gather input from localities and research on lethality assessment in other states. In addition to promoting the adoption of lethality assessment protocols locally, the Team is also looking for ways to support this evidence based practice statewide such as through trainings by the Commonwealth's Attorneys' Services Council and the Virginia Association of Chiefs of Police.

Lethality assessment and fatality review are typically seen as two separate approaches to domestic violence homicide reduction: one predicts future fatal violence, while the other provides retrospective insight on how the violence may have been prevented. Few resources exist on how to integrate these or other evidence based practices together as part of a coordinated response to domestic violence. In fact, implementing them separately—each uninformed by the other—would undermine the purpose of a coordinated response.

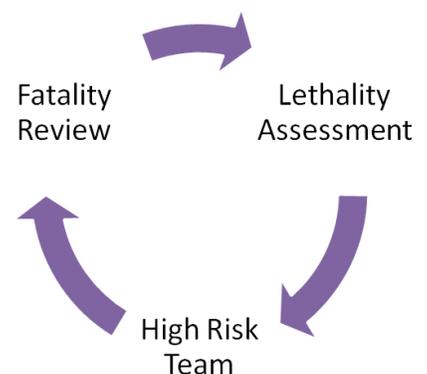
Just as research on the characteristics of completed domestic violence homicides forms the basis for screening tools such as the Danger Assessment and the LAP, findings from local and regional DVFRTs provide critical feedback on the implementation of any assessment protocol:

- Are the items being assessed by first responders the same as those revealed through multidisciplinary fatality review?
- What other characteristics are associated with high risk victims in the community?
- Are lethal risk factors uniquely weighted in the community, such that any one factor is more highly associated with fatal violence than in the general population?
- Is lethality assessment effective in preventing or reducing fatal violence in the community?

- In the case of a fatality, was lethality assessment ever provided to the victim? What impact did the intervention have on the course of the events leading up to the homicide?
- If the victim was never assessed, were there red flags that could have been identified if they had been? What other opportunities might there be for assessing these "missed" victims?

To summarize, DVFR draws a coordinated response involving lethality assessment into an elegant circle: lethality assessment identifies victims at elevated risk; a high risk team (or other coordinated team) responds to improve victim safety and perpetrator accountability; and in the tragic event of a fatality, DVFR provides the crucial opportunity to reflect on the entire process and make any needed improvements.

Virginia communities implementing both lethality assessment and fatality review have a unique opportunity to demonstrate to other interested localities how these models complement and improve upon each other. Localities interested in adopting lethality assessment should also consider conducting fatality review to bring their prevention efforts full circle!



Stalking & Domestic Violence

Virginia Programs Recognized in Honor of the 20th Anniversary of VAWA

The office of the Vice President released its report [1 is 2 Many: Twenty Years Fighting Violence Against Women and Girls](#), highlighting 131 programs across the country for their work to combat violence against women. Among these, six programs in Virginia were honored:

Domestic Violence in Later Life Project

Family and Intimate Partner Homicide Surveillance Project

I-CAN!

Loudoun Abused Women's Shelter

Tahirih Justice Center

Virginia Anti-Violence Project

Data from the 2000 [National Violence Against Women Survey](#) indicates that 1 in 12 women have been stalked in their lifetime, and the link between stalking and domestic violence is clear. The majority of women (62%) were stalked by a current or former intimate partner, and 81% were also physically assaulted by them.

Stalking is a known risk factor for lethal domestic violence and research shows that abusers who stalk are more violent than those who do not stalk (see the report described below). From 1999-2013, 8.5% (116) of intimate partner violence related homicides in Virginia involved prior stalking of the victim by the alleged offender ([Family and Intimate Partner Homicide Surveillance Project](#); N=1,364). A report published in 2010 supported by the [National Institute of Justice](#) highlighted the following findings from recent research on stalking and domestic violence:

- Stalkers who target their intimate partners are more violent and threatening than those who stalk family members, acquaintances,

or strangers. They are more likely to assault their victim or a third party, and more likely to threaten or commit property damage.

- One study included in the report found that approximately 90% of actual or attempted lethality victims were also stalked by the violent partner.
- Several studies reviewed suggest that the majority of partner stalkers discontinue their stalking behavior after a civil protective order is obtained against them (61-65%). However, women stalked after obtaining such an order are more likely to experience other kinds of abuse and violence—such as threats, assault, and property damage—than those who had not been stalked.
- Not much is known about what differentiates abusers who stalk from those who don't, but a few studies reviewed suggest that abusive partners who stalk have higher rates of drug and alcohol use.

The OCME asked Virginia DVFRTs:

What was your team's greatest challenge and/or success this past year?

"The [report] writing portion has been difficult, but luckily the OCME's website allows us to access other teams' writing for a reference point." -Monticello Area DVFRT Member

"Success—our team is working very well together. Challenges are really recognizing that many homicide victims are not reaching out to services in the community." -Fairfax County DVFRT Member

"Reaching out to victims' families was both a success and a challenge, depending on the particular case we were reviewing. Another challenge was the difference in methods of data collection between law enforcement agencies." -Monticello Area DVFRT Member

"[Our biggest success was] being able to use our experience and knowledge to decide on what are the best practices to implement, moving forward." -Fairfax County DVFRT Member

In the News

Reports

- The United States is making progress in preventing violence and keeping people safe, healthy, and productive. This progress is summarized in a [new report](#) from the World Health Organization.
- The chief of the suicide prevention branch at the U.S. Substance Abuse and Mental Health Services Administration says survivors of intimate partner violence are twice as likely to attempt suicide multiple times, and cases of murder-suicide are most likely to occur in the context of abuse. A [new federal initiative](#) aims to bring together resources on the links between intimate partner violence and suicide.

Resources

- The new clearinghouse for domestic violence services, [DomesticShelters.org](#), is also collecting data on services provided to victims. Their research shows that half of all services provided by domestic violence

programs are emergency services such as safety planning.

Research

- A [Center for Disease Control and Prevention study](#) shows restricting the number of locations where alcohol can be sold in a community may help reduce domestic violence.
- [The Lancet Series on Violence Against Women and Girls](#) covers the evidence base for interventions and presents a call for action with five key recommendations and indicators to track progress.
- [Data on 1,125 children](#) referred to Child Protective Services for abuse or neglect show that witnessing domestic violence affects boys and girls differently.
- A [surveys of teens](#) who visited northern California school health clinics from 2012-2013 shows many teens suffer “cyber” dating abuse.

For more information on Virginia DVFR:

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In 1999, the Virginia General Assembly enacted legislation authorizing family and intimate partner fatality review. The [Code of Virginia §32.1-283.3](#) allows for the establishment of local and regional DVFRs. The statute includes important confidentiality protection, and directs the Office of the Chief Medical Examiner to provide technical assistance and training.

Upcoming Events

March

- March 3: Conference Call; [VSDVAA TA Call on Child Custody and Domestic Violence](#)
March 3-4: Williamsburg, VA; [DCJS Training on Non-Stranger Sexual Assault Response & Investigation](#)
March 3-6: Morrisville, NC; [Domestic Violence and Sexual Assault Training](#)
March 5: Webinar; [When the Intersections of Cultural Identity and Victimology Collide: Looking Beyond the Mainstream](#)
March 11: Richmond, VA; [VSDVAA Basic Advocacy Training on Cultural Competency](#)
March 18: Webinar; [Reporting Without Re-Victimizing](#)
March 19-21: Washington, DC; [2015 National Conference on Health and Domestic Violence](#)

April

- National Child Abuse Prevention Month*
April 19-25: [National Crime Victims' Rights Week](#)
April 22-23: Richmond, VA; [Building Healthy Futures 2015](#)