

A Review of Calendar Year 2010  
Intimate Partner Homicides and  
Homicide-Suicides

Fairfax County  
Domestic  
Violence Fatality  
Review Team  
**2013 Annual Report**



May 6, 2014

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

Supervisor Hudgins:

We are pleased to present to you the Fairfax County Domestic Violence Fatality Review Team's 2013 Annual Report. This report outlines findings and recommendations from the Team's review of calendar year 2010 intimate partner homicides and homicide-suicides. The findings and recommendations included in the report were endorsed unanimously by the county's Domestic Violence Prevention, Policy, and Coordinating Council (DVPPCC) at their January 2014 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 deaths 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* & *Lt. Col. Thomas Ryan*  
Assistant Commonwealth Attorney      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, DVPPCC Chair  
Members of the DVPPCC and DV Network

May 6, 2014

# Table of Contents

<b>Table of Contents</b>	<b>2</b>
<b>Executive Summary</b>	<b>3</b>
<b>Acknowledgements</b>	<b>5</b>
<b>About the Fairfax County Domestic Violence Fatality Review Team</b>	<b>6</b>
<b>Findings from Calendar Year 2010 Reviews</b>	<b>10</b>
<b>2013 Recommendations</b>	<b>17</b>
<b>Revisiting 2012 Recommendations</b>	<b>24</b>

## Executive Summary

In 2013, the Fairfax County Domestic Violence Fatality Review Team reviewed nine domestic violence-related deaths, including seven homicides and two suicides, which occurred in 2010. The following are the prominent findings from the Team's review:

**In 2010, domestic violence was the leading cause of homicide in Fairfax County** (7 of 16 total homicides, 44%).

Of the seven domestic violence-related homicides:

- **Six offenders killed a total of seven victims**, with one murder involving two victims.
- **86%** of the homicide *victims* were **female** and **83%** of the homicide *offenders* were **male**.
- The average age of *victims* was **36 years old**, with a range in age of 15 to 52 years old. The average age of *offenders* was **41 years old**, with a range in age of 25 to 60 years old.
- **Four** (57%) of the domestic violence-related homicides involved a **firearm** as the fatal agent. **Two** (29%) of the homicides involved **strangulation**.
- **Five cases** (71%) 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**.
- **One murder** (14%) involved **two children** who were **present** (within the vicinity of the murder) during the homicide. Another murder involved a **child who was killed by her father** after the father had killed her mother.
- **Five** of the six offenders (83%) had **a history of alcohol abuse**, though alcohol was only **present in two** of the seven (29%) homicides.
- **Five** of the six offenders (83%) exhibited **jealousy and controlling behavior** in the relationship prior to the homicide.
- **Three** (43%) of the homicide relationships involved **quick involvement with intense courtship**.
- **Four** of the seven homicides (57%) involved **bystanders** – people whom either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene.



From the 2013 reviews, the Team 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 professionals in the domestic violence field about ***poly-victimization*** (experiencing more than one type of victimization in a lifetime) and resulting long-term impact, known as ***complex trauma***, including teaching strategies for preventing re-victimization or future offending.

### **Community Outreach and Education**

- Continue to educate the community about the dynamics of domestic violence and stalking—including indicators of lethality—and the significance of community involvement in prevention of these crimes.
  - Alert the community of the ***increased lethality risk of owning firearms in houses where domestic violence is also present***.
  - Clarify that ***alcohol abuse is not a root cause of domestic violence even though it may play a role in violent relationships***.
  - ***Empower community members to intervene safely*** in domestic violence and stalking cases.

### **Systems Coordination and Improvement**

- Increase our community's competence to respond to families impacted by domestic violence who represent a wide range of ethnic, religious, and cultural (including the military culture) backgrounds.
  - Encourage recurring ***cultural competency*** training for all justice professionals and service providers
  - ***Engage existing culturally-specific groups*** to become safe interveners in domestic violence cases
  - Increase the capacity of area ***Batterer Intervention Programs*** to provide services in languages other than English and Spanish.
- Expand the domestic violence community's capacity to respond to ***children who witness domestic violence***, including those who witness domestic violence homicides.

## Acknowledgements

The Fairfax County Domestic Violence Fatality Review 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 assistance with case reviews throughout the year:

- ❖ Det. Robert Bond, Fairfax County Police Department (FCPD)
- ❖ Det. Brian Colligan, FCPD
- ❖ Det. Eric Deane, FCPD
- ❖ Sarai Heath, Victim Services Section, FCPD
- ❖ Alma T. Martinez, Department of Family Services
- ❖ Det. Monica Meeks, FCPD
- ❖ Det. Stephen Needels, FCPD
- ❖ Det. Mark Pfeiffer, FCPD
- ❖ Debra Ranf, Fairfax County Office for Women & Domestic and Sexual Violence Services
- ❖ Det. Erik Stallings, FCPD
- ❖ Antonia Torres-Ramos, Victim Services Section, FCPD

The Team also appreciates the technical assistance provided by the staff of the Virginia Office of the Chief Medical Examiner, including Emma Duer, statewide Domestic Violence Fatality Review Coordinator, Olivia Gillies, Family and Intimate Partner Homicide Surveillance Coordinator, and Virginia Powell, program manager of Fatality Review and Surveillance.

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 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 Team is to:

- **Identify** the circumstances leading up to intimate partner homicides and homicide-suicides;
- **Determine** indicators that promote 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 team is one of fifteen regional or local domestic violence fatality review teams in the Commonwealth of Virginia. Fatality review teams were authorized by the Code of Virginia in 1999 and the Fairfax County Team was established by the Board of Supervisors in 2007.

### Membership

The Team 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: Rebecca Walters, Ayuda
- Courts & Probation: Laura Harris, Court Services Unit, Juvenile and Domestic Relations District Court
- Domestic Violence Shelter Representative: Laly Goodmote, Artemis House
- Faith-based Non-Profit Representative: Ambreen Ahmed, FAITH (The Foundation for Appropriate and Immediate Temporary Help) Social Services
- 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, Office of the Chief Medical Examiner
- Mental Health Providers:
  - Dr. Gary Axelson and Dr. Brian Levine, Fairfax-Falls Church Community Services Board
  - Susan Folwell, Private Clinical Practitioner
- Offender Services Provider: Robert Ivanovich, OAR
- Prosecutor: Jessica Greis Edwardson, Assistant Commonwealth Attorney
- Victim Service Providers:
  - Saly Fayez, Victim Services Section, Fairfax County Police Department
  - Kathleen Kelmelis, Office for Women & Domestic and Sexual Violence Services

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

- Investigating Detective
- Prosecuting Attorney
- Magistrates
- Forensic Nurses and Emergency Room Physicians
- Other County and Community-Based Social Service Providers (including school staff)
- Substance Abuse Programs
- Military Communities
- Court Appointed Special Advocates/Guardians ad Litem
- Shelter and Transitional Housing Programs

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

## **Case Reviews**

### *Case Types*

The Team 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 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 the Team's 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 Team 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 Ayuda or FAITH Social Services, 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 Team 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)

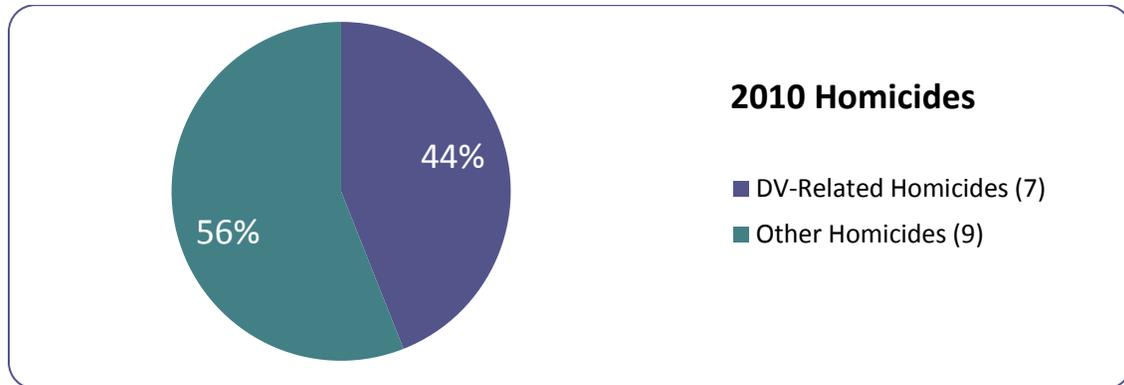
Following the analysis and systems evaluation, the Team discusses any possible recommendations for improvement or changes to the system response. The goal in making these recommendations is to diminish the likelihood of future intimate partner homicides, not to point fingers or place blame on any individual 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, Team members review all recommendations to determine any trends or patterns. The Team then votes on the recommendations that will be included in the Annual Report.

## Findings from Calendar Year 2010 Reviews

During 2013, the Team reviewed nine total fatalities from 2010 calendar year cases. The nine fatalities included seven homicides and two suicides (associated with the homicides).



In 2010, there were a total of sixteen homicides in Fairfax County. Seven of those homicides (44%) were domestic violence-related (intimate partner homicides).

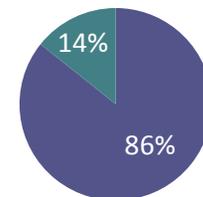
The following findings refer to the Team's analysis of those seven homicides:

### *Victim Characteristics*

- 86% of the seven homicide victims were female.
- The average age of the homicide victims was 36, with a range in age of 15 to 52 years old.
- The majority of homicide victims (4) identified as Asian (57%). Three victims identified as White (43%).
- When taking into consideration race and ethnicity, three victims identified as Caucasian (43%), two victims identified as Korean (29%), and two victims identified as Vietnamese (29%).

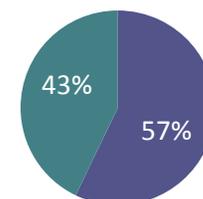
#### **Victim Gender**

■ Female (6) ■ Male (1)



#### **Victim Race**

■ Asian (4) ■ White (3)



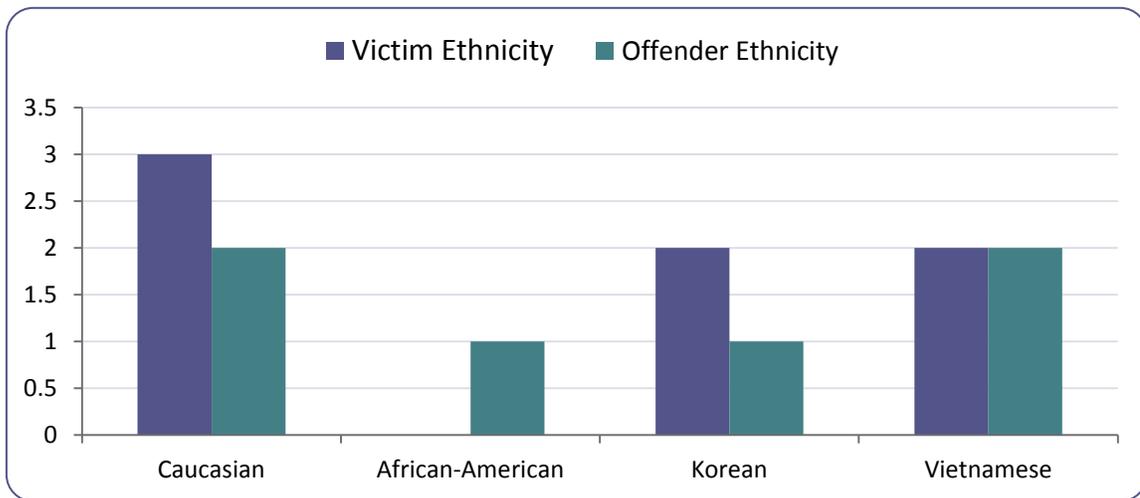
### Offender Characteristics

- 83% of the six homicide offenders were male.
- The average age of the homicide offenders was 41, with a range in age of 25 to 60 years old.



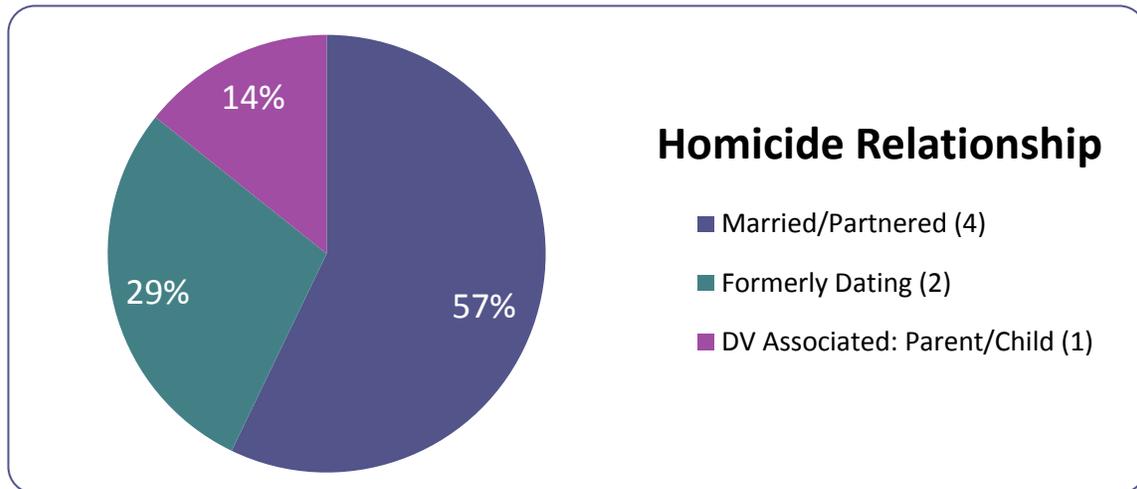
- The majority of the homicide offenders identified as Asian (50%). One offender identified as Black (17%) and two offenders identified as White (33%).
- When taking into consideration race and ethnicity, two offenders identified as Vietnamese (33%), two offenders identified as Caucasian (33%), one offender identified as African-American (17%), and one as Korean (17%).

### Victim and Offender Ethnicity



### ***Relationship between Victim and Offender***

The majority of victims and offenders of domestic-violence related homicides (4) were married or cohabitating partners (57%). Two couples had formerly dated at the time of the homicide (25%). The seventh homicide involved a father who killed his daughter after he had killed his wife.



### ***Involvement of Children***

One of the domestic violence-related homicides (14%) involved two children who were present (within the vicinity), though not physically harmed, at the time of the murder. Both children were awoken by gunshots in the middle of the night and ran into their parent's room to find their mother had been murdered by their father.

A second case involved a child who was killed by her father after the father killed her mother.

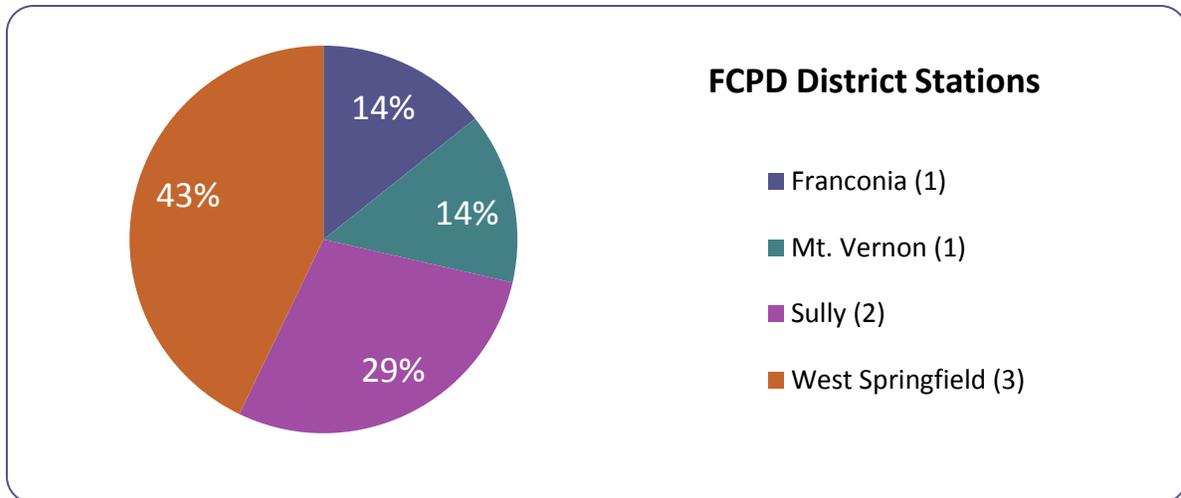
### ***Bystanders***

In addition to the child witnesses, four of the seven homicides (57%) also involved adult bystanders. These bystanders were people (friends, siblings, and adult children) who either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene.

## Location of Homicides

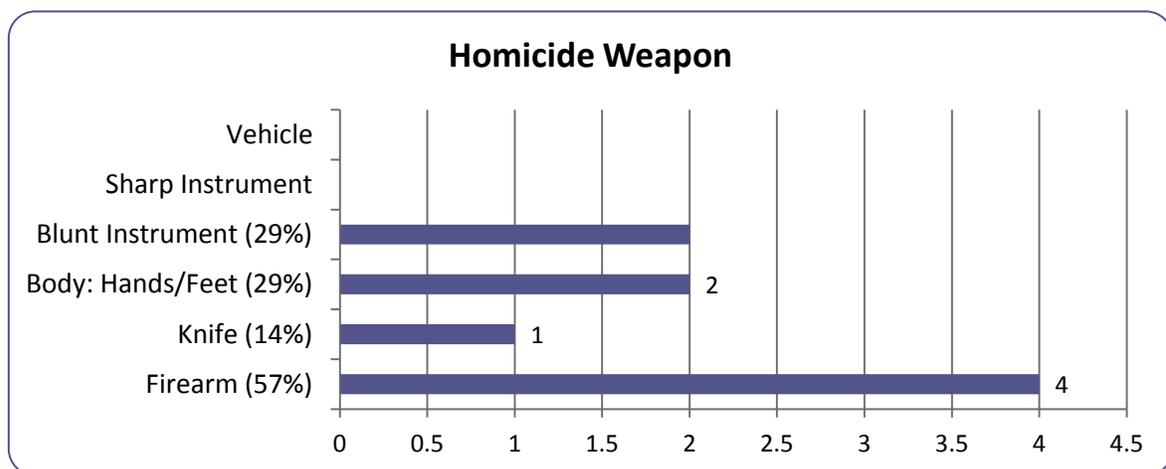
The majority of the homicides (71%) happened at the shared home of the victim and offender. Two of the homicides (29%) occurred in a public location (one on a neighborhood street and the second in a restaurant).

The 2010 homicides occurred within the following police district station boundaries: three homicides in West Springfield district, two homicides in Sully district, one homicide in Franconia district, and one homicide in the Mt. Vernon district. No homicides occurred in Fair Oaks, Mason, McLean or Reston district station areas.



## Homicide Methods

Firearms were used in the majority (4) of the homicides (57%). A knife was used in one of the cases (14%), blunt instruments were used in two of the murders (29%), and the body (hands) was used as a weapon in two of the cases. Those two cases (29%) involved strangulation as the fatal agent in the case.



### ***Behaviors Present In Intimate Partner Relationship Prior To Homicide***

During 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 six offenders prior to the homicide:

<b>Offender Behaviors</b>	<b># Offenders</b>	<b>% Offenders</b>
Abused alcohol	5	83%
Exhibited controlling behavior	5	83%
Exhibited jealousy	5	83%
Threatened to kill victim	4	57%
Experienced financial hardship	3	50%
Owned weapons	2	33%
Arrested or convicted of prior domestic violence offense	2	33%
Stalked victim or victims' family	2	33%
Threatened or attempted suicide	2	33%
Was a military veteran	2	33%
Used illegal drugs	2	33%
Arrested or convicted of non-domestic violence offenses	1	17%
Destroyed the intimate partner's property	1	17%
Non-compliance with prior court orders	1	17%
Threatened to harm victim's family member/friend	1	17%
Was unemployed or recently lost a job	1	17%
Experienced prior domestic violence victimization	0	0%
Was violent outside of the home relationship	0	0%

The following behaviors were attributable to the 2010 victims prior to the homicide:

<b>Victim Behaviors</b>	<b># Victims</b>	<b>% Victims</b>
Had a child from a prior relationship	4	57%
Experienced financial hardship	4	57%
Experienced prior domestic violence victimization	3	43%
Began/perceived to begin an intimate relationship with a new person (someone other than the offender)	2	29%
Expressed a belief that the intimate partner was capable of killing him/her	2	29%
Used illegal drugs	2	29%
Threatened or attempted suicide	1	14%
Abused alcohol	1	14%
Arrested or convicted of non-domestic violence offenses	1	14%
Arrested or convicted of prior domestic violence offense	1	14%
Was unemployed or recently lost a job	0	0%

### ***Interventions Sought by Victim***

Of the seven homicide victims, one (14%) had sought law enforcement intervention prior to her murder (the offender was on probation, having been released from jail one week prior to the murder). That victim also had a civil protective order against her offender at the time of her murder. A second victim had previously obtained a preliminary protective order against her offender years prior to the murder. Five of the victims did not appear to seek out any interventions.

<b>Interventions</b>	<b># of Cases</b>
Ever reported to law enforcement	1
Ever sought mental health services	0
Ever obtained a protective order	2
Ever sought domestic court interventions	0
Ever sought domestic violence advocacy services	0

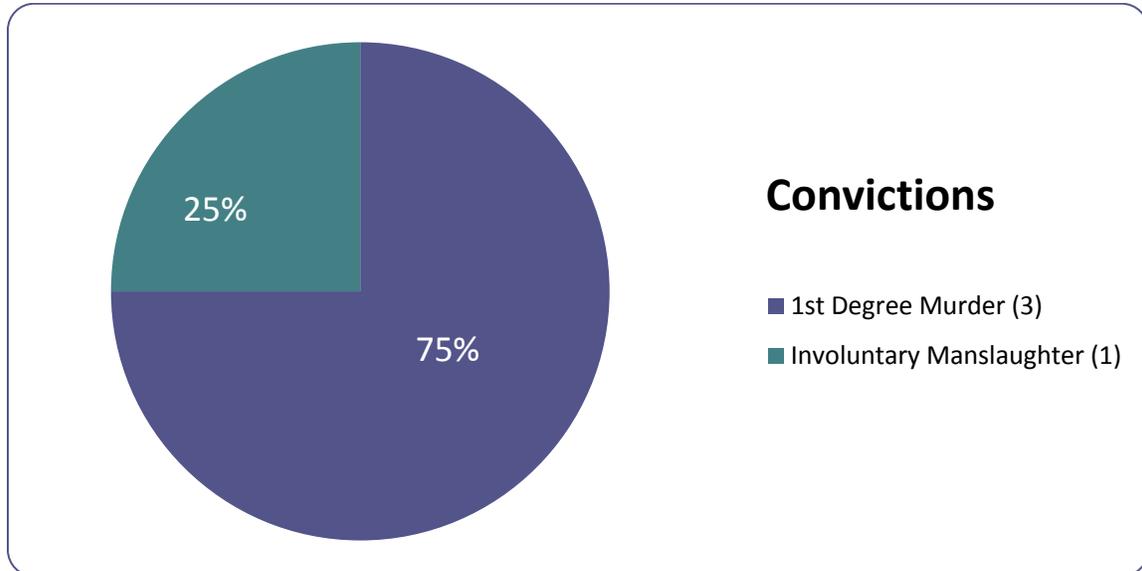
### ***Precipitating Events in Domestic Violence-related Homicides***

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 (71%) involved those events. The following are additional events that occurred prior to the homicides (may have more than one per case):

<b>Event</b>	<b># of Cases</b>	<b>% of Cases</b>
Separation or termination of relationship/break up	5	71%
Financial issues	3	43%
Relationship involved quick involvement with intense courtship	3	43%
Argument over property	2	29%
New partner or the perception of a new partner	2	29%
Argument over child custody	0	0%
Illness/mercy killing	0	0%
Argument but not specified by sources	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)	0	0%

### ***Criminal Justice Response***

Four of the homicide offenders were charged and convicted of a crime following the murder. One was convicted of involuntary manslaughter and three were convicted of first degree murder (with one offender convicted of two counts of first degree murder). The additional two offenders committed suicide following the homicide.



The average prison time the four convicted offenders faced is 24 years, with a range of prison sentences from seven years to life in prison.

## 2013 Recommendations

During the Team's 2013 review of calendar year 2010 cases (including seven homicides and nine 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 prompted discussion and analysis from the multi-disciplinary team regarding any gaps in existing services and possible improvements 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 Team grouped their 2013 recommendations into three categories:

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

### ***Professional Training***

**Train professionals in the domestic violence field about poly-victimization (experiencing more than one type of victimization in a lifetime) and resulting long-term impact, known as complex trauma, including teaching strategies for preventing re-victimization or future offending.**

As many of the cases involved both victims (3) and offenders (2) who experienced prior—and multiple—forms of victimization, the Team recommends providing training to domestic violence professionals on poly-victimization and complex trauma.

[Poly-victimization](#) refers to the experience of multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, witnessing family violence, and exposure to community violence (versus experiencing a single form of victimization). The wide-ranging, long-term impact of poly-victimization is often referred to as [complex trauma](#). Complex trauma can have devastating effects on the victim's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders.

This complex trauma can also create vulnerability in victims of violence to be re-victimized. [Research](#) indicates there are many reasons for this increased risk of re-victimization, including the idea that abuse becomes normalized or “learned behavior”

for victims which can result in poor choices in intimate partners as adults, a lack of self-protective techniques, and low self-worth and denial.

Prior victimization and the effects of complex trauma can lead to subsequent offending as well. Though research indicates that the majority of individuals who experience child abuse do not commit acts of violence, a large portion of offenders who commit domestic violence were abused as children. Researchers contend that child abuse, sexual or physical, may result in future perpetuation of violence because individuals “learn” at a young age that such actions are acceptable and tolerable behaviors ([Futures without Violence](#)).

Training on poly-victimization and complex trauma will provide our community’s professionals with a more holistic and person-centered approach to responding to both victims and offenders, teaching them strategies for working with clients on reducing the risk of both future victimization and future offending.

### ***Community Outreach and Education***

**Continue to educate the community about the dynamics of domestic violence and stalking—including indicators of lethality—and the significance of community involvement in prevention of these crimes.**

The Team recognizes the continued need to equip our community members with a deeper understanding of the dynamics of domestic violence as well as training them to take advantage of opportunities to safely intervene in domestic violence and stalking cases. Therefore, though this recommendation is similar to the 2012 Community Outreach and Education recommendation, it is expanded to include specific areas of education identified in the 2010 cases.

***Alert the community of the increased lethality risk of owning firearms in houses where domestic violence is also present.***

As was the case with the Team’s 2009 reviews (where 63% of the cases involved a firearm as the fatal agent), firearms were used in the majority (57%) of domestic violence-related homicides in 2010. In three of the four cases where firearms were used in 2010, the weapons were legally owned by either the offender (2) or the victim (1). It is imperative, then, to educate our community members about the increased risk of homicide for victims of domestic violence when there is a firearm in the house.

“Compared to homes without firearms, the presence of guns in the home is associated with a three-fold increased homicide risk within the home. The risk connected to gun ownership increases to eight-fold when the offender is an intimate partner or relative of the victim and is 20 times higher when previous domestic violence exists.” This

[research](#), reported by the Johns Hopkins Bloomberg School of Public Health, suggests that limiting access to firearms can result in fewer lethal domestic violence cases.

Indeed, the [National Institute of Justice](#) states that “One of the most crucial steps to prevent lethal violence is to disarm abusers and keep them disarmed.” Knowing this, law enforcement, prosecutors, and judges should work to remove or limit the use of firearms that domestic violence offenders own when they have been convicted of certain crimes or are subject to a protective order.

However, as many of the Team’s reviews involve cases where law enforcement are never notified of the violence, the general public, including victims themselves, can help reduce the risk of lethality in homes where domestic violence are involved by educating one another on the importance of removing firearms from the home.

***Clarify that alcohol abuse is not a root cause of domestic violence even though it may play a role in violent relationships.***

In the 2013 reviews, the Team read quotes from family members or friends in at least three of the cases indicating their belief that if only the offender’s use or abuse of alcohol or drugs was addressed, the domestic violence would have stopped. They, like many in our community, believed that the offender’s substance abuse was the primary reason for their violence against the victim.

While there is a link between substance abuse and the occurrence of domestic violence (in that alcohol or drugs can increase the frequency or severity of violence), [evidence](#) consistently concludes that the use of alcohol or drugs is not a *cause* of domestic violence.

Offenders of domestic violence often blame their behavior on drugs and alcohol, reporting that they “lost control” of the situation. Interestingly, alcohol or drugs were only present in two of the seven 2010 homicides (29%), though five of the six (83%) offenders had a history of alcohol abuse. These domestic violence homicides did not suggest a situational loss of control, instead a culmination of a pattern of exerting power over the victim through the use of violence.

It is important for the community to understand the increased risk alcohol or drugs create in domestic violence situations and that, though substance abuse and domestic violence are two separate issues, it is difficult to address one without addressing the other. Both require specialized intervention and treatment.

***Empower community members to intervene safely in domestic violence and stalking cases.***

Understanding the dynamics of domestic violence (including the lethality risks of firearms in the home and substance abuse) can help community members better identify domestic violence and stalking, however, many people report that even if they know about the violence, they do not know what to do with the information or how to assist in keeping the victim safer in the violent relationship.

Following the 2010 homicides, when friends or family members were interviewed by law enforcement, they reported feeling equally as helpless—that even though they had either witnessed prior violence or heard specific threats, they either did not understand the potential severity of the violence or did not feel they could intervene.

For example, a friend in one case reported that “[the offender] had mentioned on a couple of occasions shooting [the victim], then himself.” In another case, the offender called his friend before 7 a.m. stating he needed a gun to go kill his girlfriend and then kill himself. The friend reports he told the offender to “hang up the phone and get some sleep.” The victim in that case was murdered before 7:30 a.m.

Therefore, the Team recommends increasing our community education around bystander intervention and the options and resources for concerned citizens. The [bystander approach](#) to ending domestic violence is about enabling community members to prevent and intervene in a violent situation. In this approach, our entire community is a part of the solution to end abuse.

The following are some examples of what bystanders can do to make a difference in our community:

- **Believe someone** who discloses an abusive relationship, sexual assault, or stalking experience. Tell them there is help and share the county’s 24-hour Domestic & Sexual Violence Hotline number (703-360-7273; TTY 703-435-1235).
- **Watch out for your friends, neighbors and co-workers** – if you see someone who looks like they are in trouble, ask if they are okay. If you see a friend doing or saying something that concerns you, speak up.
- **Report crime to the police** (Emergencies: 911; Non-emergencies: 703-691-2131; Anonymous text messages: “TIP187” plus your message to CRIMES [274637]) – Domestic violence is not just a “family issue,” it’s a community issue. Bystanders are often the necessary link to preventing serious injury or death.
- **Get involved** – apply to be a volunteer at one of the domestic and sexual violence programs in the county. After training, those programs offer opportunities to answer the Hotline or conduct outreach in your community.

## ***Systems Coordination and Improvement***

**Increase our community's competence to respond to families impacted by domestic violence who represent a wide range of ethnic, religious, and cultural (including the military culture) backgrounds.**

***Encourage recurring cultural competency training for all justice professionals and service providers.***

[Fairfax County](#) is a large and diverse community; 38% of the population report speaking a language other than English at home and elementary school students report 170 different languages spoken in the home. While language is only one component of someone's culture, these numbers illustrate the variety of cultures that human service and public safety professionals engage with every day.

Domestic violence affects people regardless of race, ethnicity, socio-economic status, sexual and gender identity, religious affiliation, age, immigration status, and ability. Because victims of domestic violence may experience abuse in culturally specific ways, justice professionals and service providers should seek to understand the cultural background and the unique issues faced by victims in order to provide appropriate interventions and services.

Additionally, as some offenders may use their culture as a justification for abuse, professionals should learn to distinguish what may be acceptable forms of behavior (i.e. discipline) in that culture versus what is criminal and unacceptable in our jurisdiction.

As achieving cultural competence is a continuous process, the Team encourages professionals to obtain frequent and continual education to broaden their understanding and sensitivity to other cultures.

***Engage existing cultural groups to become the "Identify and Refer" interveners in domestic violence cases***

One method of obtaining regular education about the variety of cultures represented in the county is to engage the leadership of those communities. Cross-training and relationship-building among domestic violence professionals and the leaders of these cultural groups works not only to create better understanding of local cultures, but also empowers cultural leaders to become critical interveners in domestic violence.

Cultural leaders play a key role in identifying violence in their community and referring individuals and families impacted by violence to services. Over time, the relationships modeled by cultural leaders with domestic violence professionals can build trust among the members of a given cultural group and, ultimately, encourage more victims to report crimes to the police or to seek shelter or services before the violence escalates.

***Increase the capacity of area Batterer Intervention Programs to provide services in languages other than English and Spanish.***

Batterer Intervention Programs (BIPs) are an integral part of our community's coordinated response to domestic violence. These programs work with offenders of domestic violence to help them identify and take responsibility for their abusive behaviors and the effects of their abuse on their intimate partners and children. BIPs can also help offenders make positive changes and, in turn, reduce recidivism rates and prevent future violence.

In Virginia, BIPs are certified by the [Virginia Batterer Intervention Program Certification Board](#), which ensures that programs uphold certain standards set by their professional colleagues. Fairfax County currently has three state-certified BIPs:

- (1) Fairfax County's Office for Women & Domestic and Sexual Violence Services' ADAPT (Anger & Domestic Abuse Prevention & Treatment) program,
- (2) Northern Virginia Family Service's (NVFS) Batterer Intervention Program, and
- (3) OAR (Opportunities, Alternatives, and Resources) of Fairfax County's Violence Intervention Program.

These three programs provide services in both English and Spanish languages (ADAPT = English and Spanish; OAR = English only; NVFS = Spanish only).

In 2010, two of the six homicide offenders spoke minimal English as their second language, their first language being Vietnamese. One of those two offenders had actually been ordered to complete a BIP, but murdered his victim soon after receiving that court order. Had this offender sought out a BIP in Vietnamese, he would not have found a certified program to fulfill a court order that mandates participation.

The Team, therefore, recommends that Fairfax County agencies and their community partners explore opportunities for expanding the language capacity of certified BIP providers.

**Expand the domestic violence community's capacity to respond to children who witness domestic violence, including those who witness domestic violence homicides.**

In the Team's review of 2009 and 2010 homicides, 20% (3 out of 15) of the domestic violence-related homicides involved children. Those four children were either present during the time of the homicide (in the vicinity of the murder) or directly witnessed the murder. Additionally, a fifth child was a direct victim in a domestic violence-associated murder. Finally, there was also one homicide in 2010 in which a neighbor's child witnessed a murder in the street in front of his house.

These kids were not only exposed to extreme acts of violence, most had witnessed prior incidents of domestic violence as well. In fact, one of the witnesses described the history of violence against his mother by his father and stated, "As bad as things got, I never thought this [the murder] would happen."

Witnessing domestic violence at home is not an uncommon circumstance. In the 2011 Fairfax County Youth Survey, 7% of students answered "Yes" to "My parent has had his/her body hurt from actions (such as punching, kicking, choking, shoving, and pulling of hair) by a spouse/partner." Extrapolating that percentage and applying it to the current number of students enrolled in Fairfax County Public Schools (184,625), approximately 12,924 students in our school district have witnessed physical violence between their parents or guardians at home. While that number alone is staggering, it does not include the amount of students who witness controlling, psychological, or emotional abuse at home.

While there are limited county and community programs and services for children who witness domestic violence, the Team is unaware of any program that specifically addresses the compound trauma and grief of suffering a loss due to a domestic violence-related homicide. The Team, therefore, recommends that Fairfax County agencies and their community partners explore expansion of the available services—including advocacy, prevention, and therapeutic services—for children who witness violence as well as the development of specialty services for those children who witness homicides that are a result of domestic violence.

## Revisiting 2012 Recommendations

Through their annual reports, the Team shares its findings and recommendations with the Board of Supervisors and other community stakeholders in an effort to raise awareness of the dynamics and lethality of domestic violence, guide the county's priorities, and implement changes in policy and practice that will lead to the elimination of domestic violence and stalking in our county. To this end, the Team works to continually revisit its recommendations to ensure their successful implementation.

The following lists the Team's 2012 Annual Report recommendations and highlights the efforts of the Team's member agencies, as well as those from the DVPPCC and DV Network, in implementing the recommendations.

### ***2012 Professional Training Recommendations***

**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.**

Efforts to implement routinized training for the following populations, which were identified by the Team as key audiences to educate, include:

- ***School resource officers:*** Starting the summer of 2013, the Fairfax County Police Department instituted a mandatory two-hour presentation on teen dating violence and domestic violence at the annual training of all school resource officers in the department.
- ***School teachers and counselors:*** In August 2013, the Fairfax County Public Schools (FCPS) hosted training on domestic violence for their Family Life Education (health) teachers at their yearly in service training. Additionally, throughout the 2013-2014 school year, FCPS social workers and counselors will receive three trainings on domestic violence, teen dating violence, and children exposed to domestic violence. The Team will continue to advocate for the recurrence of these trainings.
- ***Department of Family Services (DFS) personnel,*** including staff from Child Protective Services and the Self-Sufficiency division: Dozens of DFS staff have attended the DV Network's 20-hour Tier One Domestic Violence training, held approximately three times per year. Additionally, School Age Child Care employees are provided with regular training on children exposed to domestic violence and the resources and options available to families.

- **Religious or spiritual leaders:** Fairfax County's [Faith Communities in Action Domestic Violence Prevention Committee](#) hosts regular trainings entitled *Domestic Violence Intervention: First Steps for Clergy and Faith Leaders*. Over four trainings, the Committee has trained over 300 faith leaders from a variety of faith communities.
- **Housing professionals,** including public housing leaders and private landlords: Several community housing professionals have also attended the Tier One training.
- **Medical professionals,** including doctors, nurses, dentists and public health officers: The DV Network's Outreach Committee, with the County's Office for Women & Domestic and Sexual Violence Services Community Engagement Team taking the lead, has conducted several trainings for medical professionals.

Additionally, in its 2013-2018 [Community Health Improvement Plan](#), the Partnership for a Healthier Fairfax also recommended that medical professionals "implement evidence-based behavior health screenings and make appropriate referrals." The DV Network will join efforts with the Partnership to create an outreach and education plan to carry out that recommendation.

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

In response to this recommendation, the Fairfax Bar Association included training on identifying domestic violence lethality indicators in family law cases in their "Hot Topics in Juvenile & Domestic Relations Law" continuing legal education (CLE) program in March 2013.

Additionally, each October, Legal Services of Northern Virginia (LSNV) provides a free two-and-a-half-hour CLE program entitled "Stop the Violence: Introduction to Domestic Violence and Family Abuse Protective Orders." This training provides attorneys, guardians ad litem and judges with the basics on the dynamics of domestic violence and how to effectively represent victims of domestic violence in protective order hearings.

This year, in line with the Team's 2012 recommendation, LSNV and other partners from the Domestic Violence Action Center (DVAC) will also host an additional advanced two-and-a-half hour CLE training on children exposed to domestic violence and the impact of domestic violence in protective orders and custody cases.

In conjunction with this year's recommendation regarding increasing our community's capacity to serve children exposed to domestic violence, the Team will continue to explore opportunities to provide this specialized training for judges and attorneys.

## ***Community Outreach and Education***

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

Team member agencies, as well as those in the DVPPCC and DV Network, routinely provide community education on domestic violence, whether through hosting awareness walks, appearing on a show via the County's Channel 16, or providing seminars to community groups.

This next year, however, the Team and its partners will explore opportunities to be more intentional in efforts to increase the community's involvement in intervening appropriately in domestic violence cases. As discussed in this year's Community Education and Outreach recommendation, the Team and its partners will address the need to utilize additional modalities to reach the public, including social media and culturally-specific medium.

Additionally, this next year, Fairfax County will take the lead in encouraging private employers in the county to enact policies for responding to domestic violence in the workplace, including providing training to employees. The County's Workplace Violence Policy incorporates information for supervisors on responding to employees affected by domestic and sexual violence or stalking and enumerates the rights available to these victims. Additionally, the County's new employee orientation course, entitled Workplace Violence, will include education on these crimes and how to safely respond to violence in the workplace.

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

Efforts to increase outreach to underserved populations remain crucial. The DV Network has deliberately invited new culturally-specific agencies to participate in an effort to connect those organizations with our domestic violence community—to learn from each other's unique expertise and share resources for families impacted by domestic violence and stalking.

Additionally, the DV Network's Training Committee has planned two advanced trainings, called Tier Two, to better equip our domestic violence community to reach out to men and boys as well as teens. In February 2014, a train-the-trainer session on teen dating violence will prepare professionals to provide education on dating violence to local youth and parent groups. A session on working with male victims, including a discussion on best practices in outreach to that population, is scheduled for November 2014.

## ***Systems Coordination and 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.**

A concerted effort was made throughout the domestic violence community this past year to increase awareness of the advocacy services available through the Domestic Violence Action Center (DVAC) and its member agencies. Whether victims seek law enforcement intervention (and receive services through the police department's Victim Services Section) or want to learn about their options without calling the police (and contact a community advocate at DVAC), more victims are receiving advocacy services. In FY13, the Victim Services Section handled almost 1500 cases of domestic violence and DVAC community advocates served almost 600 victims (and more than doubled the amount of victims served within one year).

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

Significant progress has been made to implement lethality assessments in a variety of agencies. The follow are a few examples:

- ***Domestic Violence Action Center (DVAC) partner agencies:*** Following a survey of the tools and practices the DVAC agencies were using, the DVAC Advisory Team agreed to implement the Danger Assessment tool in advocacy work with victims of domestic violence. To that end, Dr. Jacqueline Campbell, the creator of the tool, trained DVAC partners in January 2014 on administering the Danger Assessment. DVAC community victim advocates, system advocates in the Victim Services Section of the Fairfax County Police Department (FCPD), and FCPD Domestic Violence Detectives attended the training and will incorporate the tool as determined by their agency policy.

Other partners, such as the Juvenile and Domestic Relations District Court's Protective Order Compliance Monitor and the Office for Women & Domestic and Sexual Violence Services' Offender Services team, will continue to use tools more appropriate for assessing risk in offenders. However, their staffs have also been trained on the Danger Assessment which will be helpful when working with their advocate colleagues or with partners of the offenders they serve.

- ***Fairfax County Police Department:*** Following the 2012 recommendation, FCPD created a workgroup, comprised of patrol officers, domestic violence detectives, and FCPD leadership, to analyze the most effective lethality assessment tool and protocol for our community's law enforcement professionals. The workgroup will soon present its concluding recommendations to the Chief of Police and create a plan for implementation of the protocol.
- ***Office for Women & Domestic and Sexual Violence Services:*** As the office staffs the 24-hour Domestic & Sexual Violence Hotline, OFWDSVS is working to incorporate a condensed version of the Danger Assessment tool into their hotline protocol. Additionally, all of the counselors at OFWDSVS have been trained on the Danger Assessment and will incorporate that tool in their work with victims of domestic and sexual violence and stalking.

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

The Fairfax County Juvenile & Domestic Relations District Court Services Unit (JDRDC CSU) continues to serve families impacted by domestic violence through their Stronger Together and Safe Havens supervised visitation and safe exchange centers.

In January 2014, JDRDC CSU submitted a grant proposal to continue the specialized domestic violence services provided by the Safe Havens program, including opening supervised visitation and exchange options to families litigating in Circuit Court as well as families referred from community agencies who may not be involved in current litigation.

The Team will continue to support JDRDC CSU's efforts to provide this important service in our community, including exploring options to create visitation sites in other areas of the county.



---

A Fairfax County, Virginia publication. Printed 05/14. Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. To request this information in an alternate format, please call Sandy Bromley at 703-324-9494 or TTY 703-324-5706.