

**A Compilation Report of Intimate
Partner Homicides and Homicide-
Suicides in Fairfax County
Between 2009-2013**

**Fairfax County
Domestic Violence
Fatality Review Team**

Five Year Report: 2009-2013



Executive Summary

The Fairfax County Domestic Violence Fatality Review Team reviewed intimate partner-related deaths that occurred between 2009 and 2013. The deaths included 25 homicides and an additional 12 offender suicides following the homicides. The following are the prominent findings from the Team's review:

Intimate partner-related homicide remains a leading cause of homicide in Fairfax County (25 of 66 total homicides, 38%).

Of the 2009-2013 intimate partner-related homicides:

- **22 offenders killed a total of 25 victims**, with two murders involving more than one victim.
- **76%** of the homicide *victims* were **female**, and **86%** of the homicide *offenders* were **male**.
- The average age of the homicide *victims* was **39 years old**, with a range in age of 13 to 66 years old. The average age of *offenders* was **42 years old**, with a range in age of 17 to 64 years old.
- **17** of the homicides (68%) involved a **firearm** as the fatal agent. **20%** of the homicides (5) involved **strangulation**.
- The most common events that preceded the homicides were: separation or termination (**break-up**) of the intimate partner relationship (52%), a **belief/perception that the victim had a new intimate partner** (28%), or **financial issues** (28%).
- **40% of the homicides (10) involved children**, including four children (16%) who were killed in intimate partner-associated homicides.
- A majority of the homicide offenders (64%) exhibited **controlling behaviors**, had previously **threatened to kill the victim**, and **owned weapons** prior to the homicides. 45% of the cases involved prior **stalking** of the victim or the victim's family by the offender.
- **65% of the cases involved bystanders** – people who either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene.



The Team identifies recommendations in three categories: (1) professional training, (2) community outreach and education, and (3) systems coordination and improvement. The following highlights the recommendations from our reviews of cases that occurred between 2011 and 2013:

Professional Training

- Provide training and develop protocols to increase victim advocates' capacity to explain the advantages of the deferred disposition option to victims in criminal cases, including the importance of batterer intervention programs.
- Increase the use of evidence-based prosecution in domestic violence cases, including routinely incorporating lethality screening information in prosecutorial decision making. Continue connection with victim advocacy services to promote victim's increased understanding of deferred disposition options.
- Deliver regular training to the following professions:
 - Religious Community, particularly on high-danger indicators and potential safety risks of couples counseling
 - Behavioral and mental health professionals, encouraging advanced training on risk and lethality indicators in violent relationships
 - Medical professionals
 - Family Law Attorneys

Community Outreach and Education

- Continue to educate about the increased risk of the presence of firearms in homes where domestic violence is also present.
- Educate the community about available behavioral health services, particularly about the availability of medication options for people without medical insurance.
- Develop suicide prevention and education materials about the connection between suicide and domestic violence.
- Continued efforts at increasing community participation in preventing and intervening in domestic violence, particularly educating on risk factors (that may be different than expected) and safety planning (what to do when someone you know is in danger).

Systems Coordination and Improvement

- Advocate for criminal background checks on firearms purchased through private sellers in Virginia.

- Increase victim advocacy services system-wide (within the police department and the county's domestic and sexual violence program, as well as with community and culturally-specific organizations) so they can follow up with victims more frequently and more proactively, even on cases that might not seem as serious.

- Expand options for children who witness domestic violence and/or experience vicarious trauma from domestic violence-related homicides.
 - Continue collaboration among victim service agencies and Fairfax County Public Schools to ensure timely and wraparound services following homicides to address both the individual complex trauma faced by children involved and the vicarious trauma experienced by classmates and friends.

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 Fatality Review Team is one of 15 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 as of the date of this publication's release:

- Civil Legal Services Provider: Rebecca Walters, Ayuda
- Courts & Probation: Laura Harris, Court Services Unit, Juvenile and Domestic Relations District Court
- Domestic Violence Shelter Representative: Raven Dickerson, Artemis House
- Faith-based Non-Profit Representative: Ambreen Ahmed, FAITH (The Foundation for Appropriate and Immediate Temporary Help)
- 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

- Mental Health Providers:
 - Dr. Brian Levine, Fairfax-Falls Church Community Services Board
 - Susan Folwell, private clinical practitioner
- Offender Services Provider: Jose Alvarado, OAR
- Prosecutor: Jessica Greis Edwardson, Assistant Commonwealth Attorney
- Victim Service Providers:
 - 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 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 provided staff support by the County-Wide Domestic Violence Coordinators, Sandy Bromley and Nicole Acosta, 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:

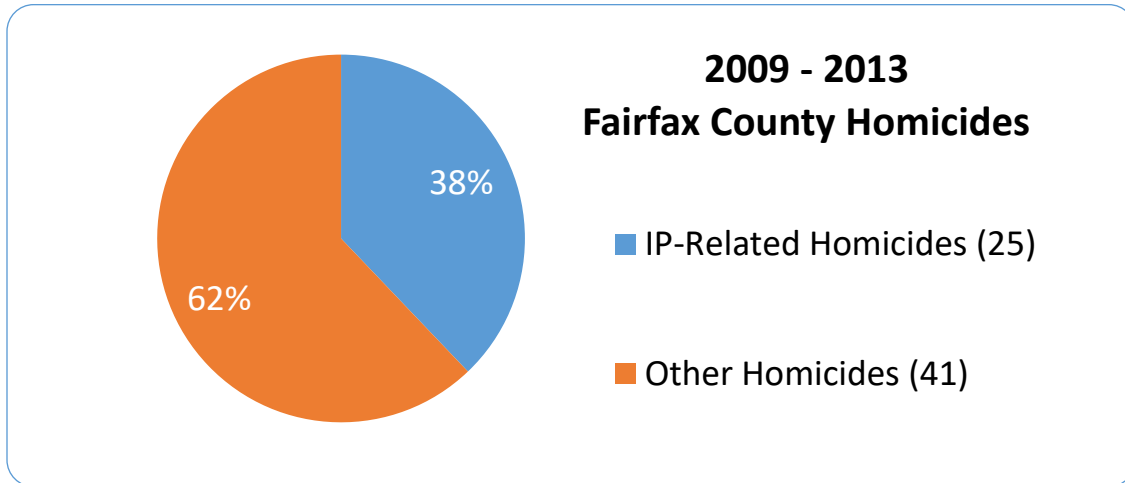
The Fairfax County Domestic Violence Fatality Review Team recognizes that offenders of intimate partner homicide are ultimately responsible for the death of their victims. Therefore, when identifying gaps in service delivery or responses to victims, the Team chooses not to place blame on any professional 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 were collected throughout 2011-2013 case reviews and are not attributed to any one specific case. Team members reviewed all recommendations to determine any trends or patterns. The Team then voted on the recommendations that are included in this report. Past recommendations and reports are available through the Fairfax County Office for Women and Domestic and Sexual Violence Services by contacting 703-324-9494, TTY 711.

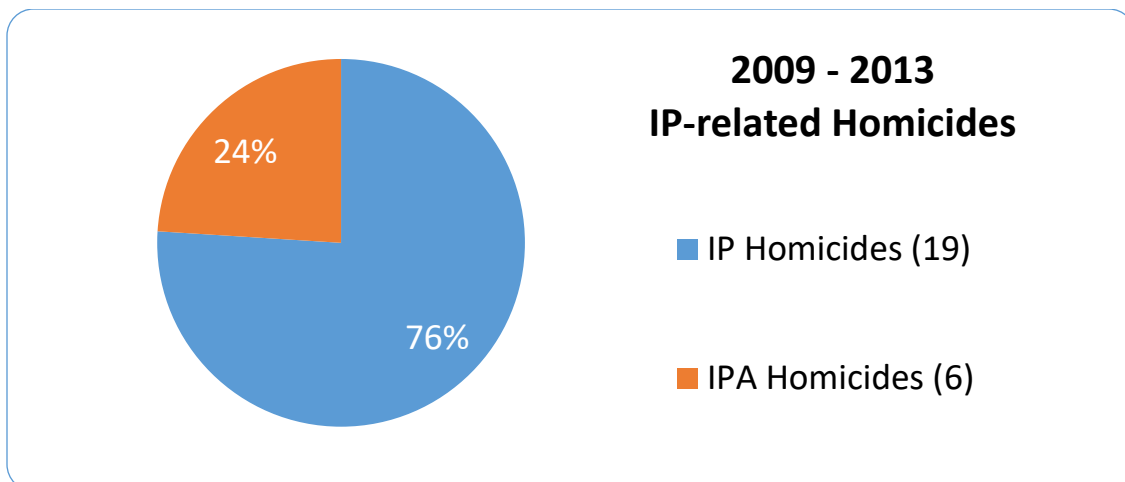
Findings from Calendar Year 2009 - 2013 Case Reviews

The Team reviewed five years of intimate partner-related homicides and homicide-suicides, from 2009 through 2013.

Thirty-eight percent (38%) of all homicides in Fairfax County from 2009 through 2013 were intimate partner-related.



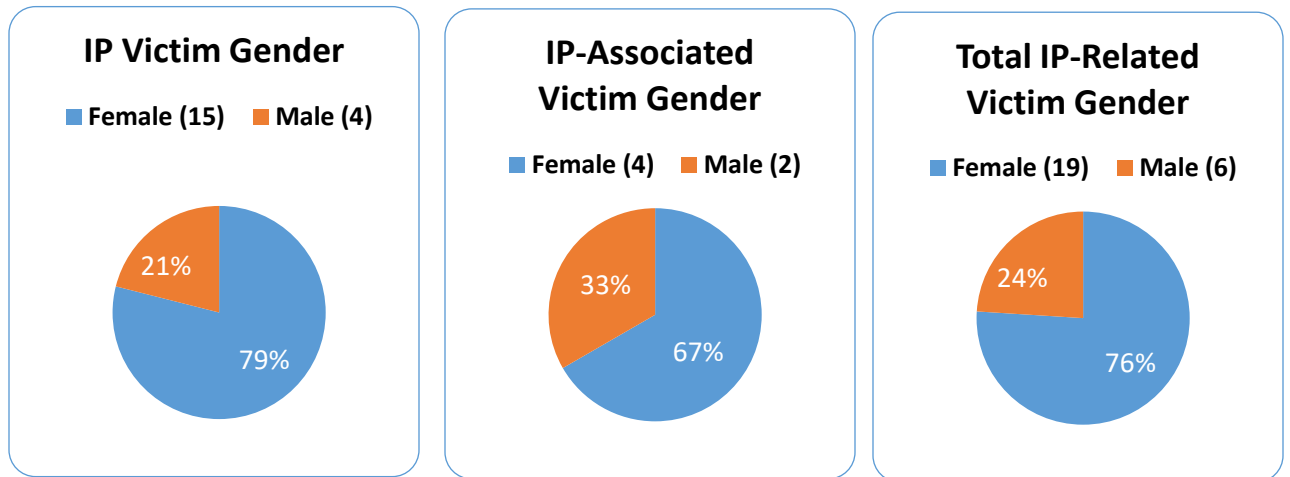
During that time period, 25 victims were murdered in an intimate partner-related homicide. When cases were distinguished, 19 of the victims were murdered by their intimate partner (IP) and 6 additional victims were killed in intimate partner-associated (IPA) homicides (see page 7 for definitions of the two categories).



The following findings refer to the Team’s analysis of those 25 homicides:

Victim Characteristics

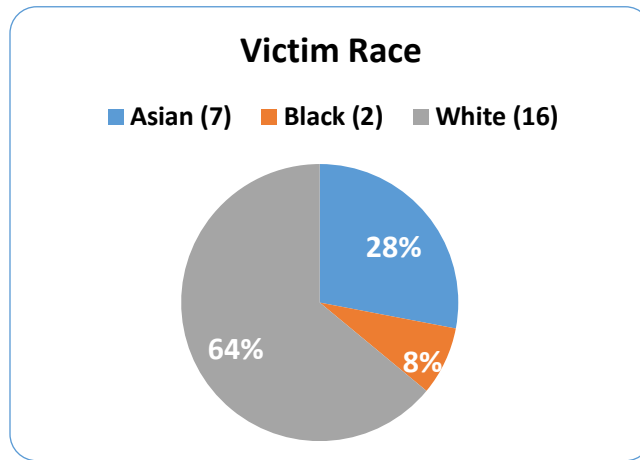
- **Gender:** 76% of the 25 homicide victims were female. When cases were distinguished as intimate partner homicides, 79% of the victims were female. Intimate partner-associated cases involved 33% male victims.



- **Age:** The average age of the total IP-related homicide victims was 39, with a range in age of 13 to 66 years old.

When distinguished by case type, the average age of IP victims was 33, with a range from 15–66 years old, and the average age of IPA victims was 28, with a range from 13 to 62 years old.

- **Race:** The majority of homicide victims (16) identified as White (64%). Seven victims identified as Asian (28%) and two victims identified as Black.

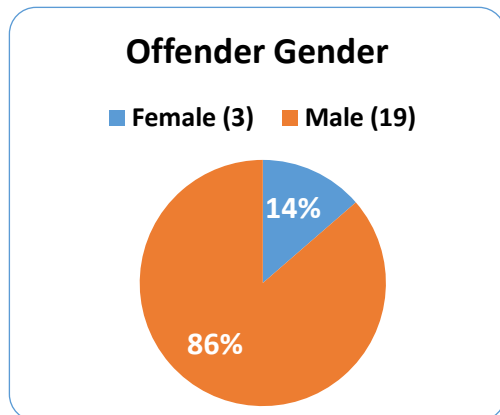


- **Ethnicity:** When taking into consideration race and ethnicity, the 25 victims identified as the following:
 - African-American (2): **8%**
 - Caucasian (9): **36%**
 - Chinese (1): **4%**
 - Indian (1): **4%**
 - Korean (3): **12%**
 - Hispanic (5): **20%**
 - Moroccan (1): **4%**
 - Vietnamese (2): **8%**
 - Unknown (1): **4%**

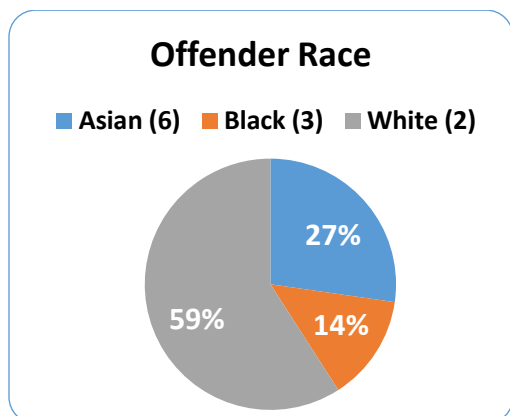
Offender Characteristics

The 2009 – 2013 cases involved 22 offenders, with 2 cases involving offenders who killed more than one victim.

- **Gender:** 86% of intimate partner-related homicide offenders were male.



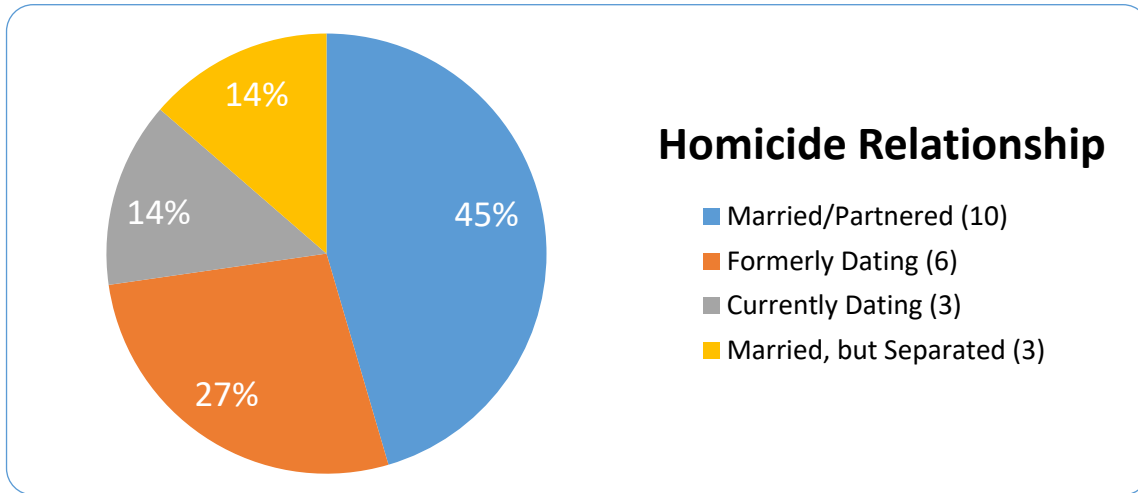
- **Age:** The average age of the homicide offenders was 42, with a range in age from 17 to 64 years old.
- **Race:** The majority of the homicide offenders identified as White (67%). Three offenders identified as Black (14%) and 6 offenders identified as Asian (27%).



- **Ethnicity:** When taking into consideration race and ethnicity, 11 offenders identified as Caucasian (50%), 3 offenders identified as African-American (14%), 2 offenders identified as Hispanic (9%), 2 as Korean (9%), 2 as Vietnamese (9%). One offender identified as Indian (5%) and 1 offender identified as Chinese (5%).

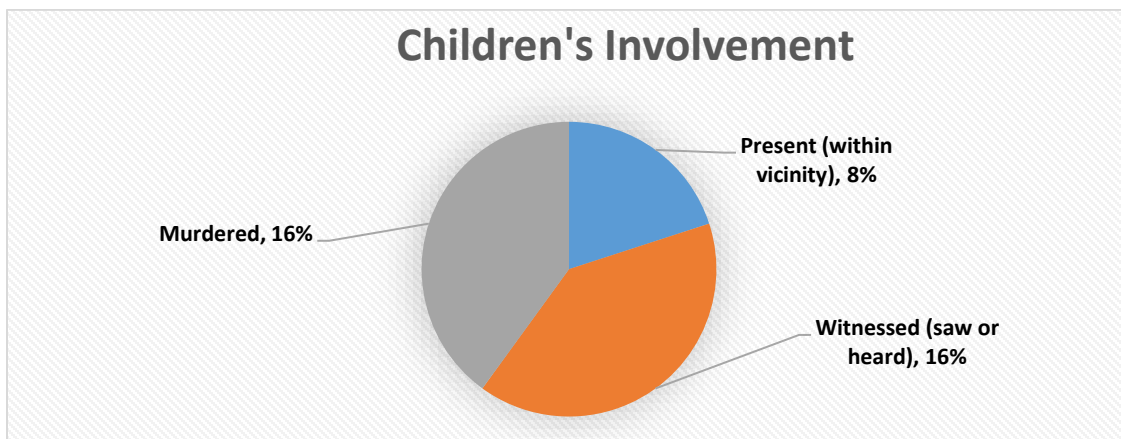
Relationship between Intimate Partner Pair

The majority of the 22 intimate partner pairs were married or cohabitating partners (45%). Six of the pairs (27%) had formerly dated. Three of the pairs (14%) were married, but separated, and 3 of the pairs (14%) were dating at the time of the homicide. The other three homicide victims were associated with one of the 22 intimate partner pairs (and not reflected on the chart below).



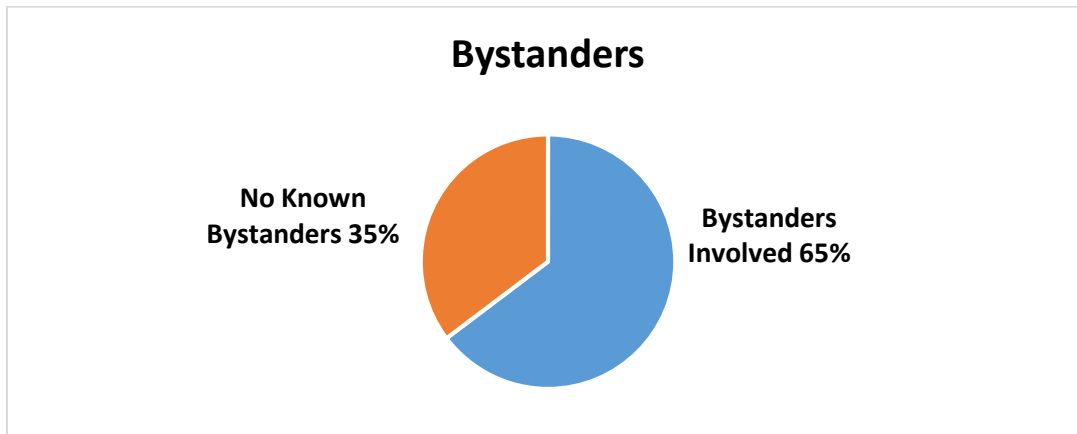
Involvement of Children

Ten of the 25 homicides (40%) involved children. Two homicides (8%) involved children who were present, defined as being within the vicinity of the murder, though reportedly did not see or hear the event. Four of the homicides (16%) involved children who directly witnessed the murder, either seeing or hearing it. Another four children (16%) were killed in intimate partner-associated homicides.



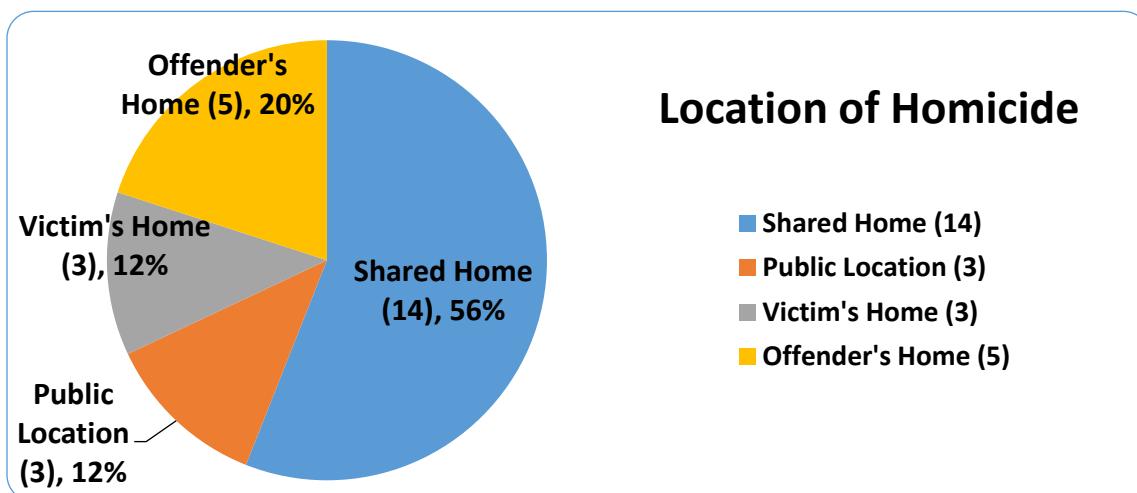
Bystanders

In addition to the child witnesses, 11 of the 17 IP-related homicides (65%) that occurred between 2010 and 2013 also involved adult bystanders (Note: data was not available for 2009 cases). These bystanders were people (friends, neighbors, co-workers, 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.

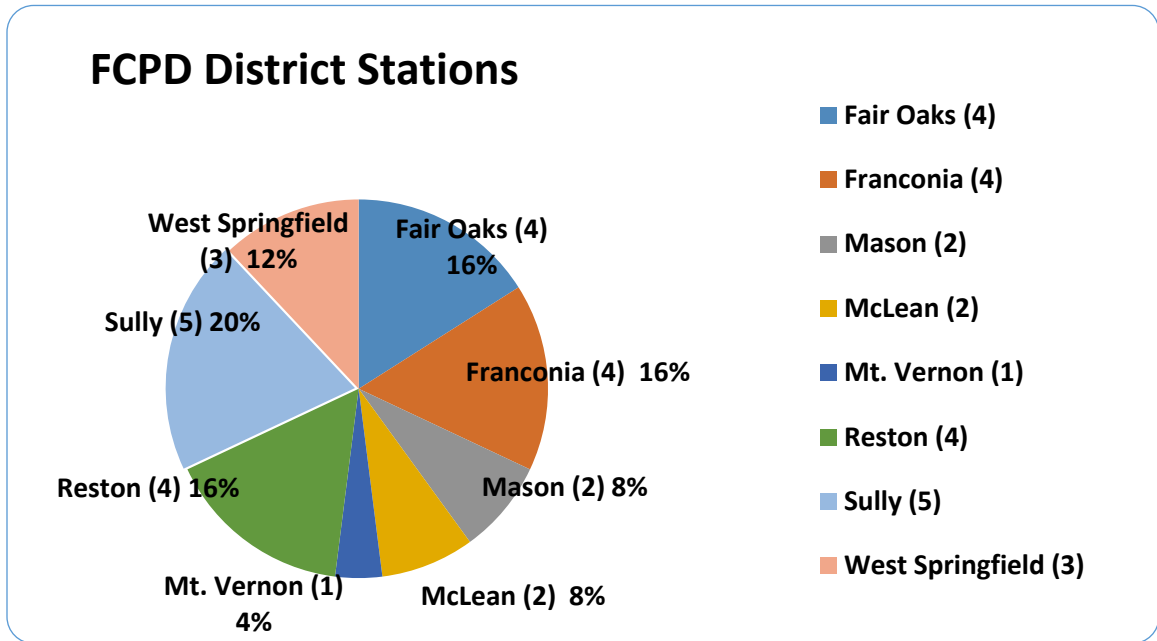


Location of Homicides

The majority of the homicides (56%) happened at the shared home of the victim and offender. Three of the homicides (12%) occurred in a public location. Three of the homicides occurred at the victim's home (12%) and five of the homicides (20%) occurred at the offender's home.

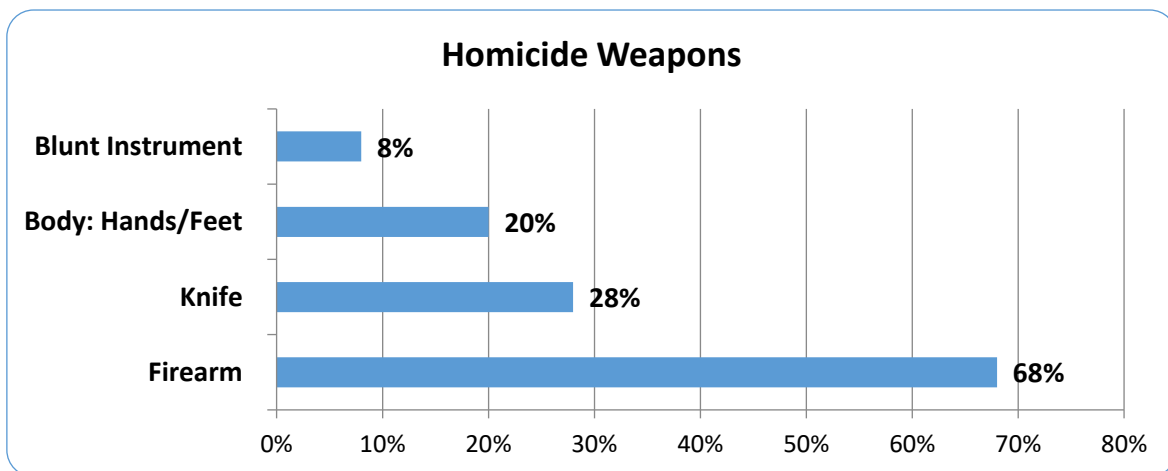


The twenty-five homicides occurred within the following police district station boundaries.



Homicide Methods

Firearms were used in the majority (17) of the 25 (68%). Knives were used in seven of the cases (28%), blunt instruments were used in two of the murders (8%), and the body (hands) was used as a weapon in five of the cases (20%). Those five cases (20%) involved strangulation as the fatal agent in the case. Several cases involved more than one weapon or fatal agent.



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 22 offenders prior to the homicide:

Offender Behaviors	# Offenders	% Offenders
Exhibited controlling behavior	14	64%
Threatened to kill victim	14	64%
Owned weapons	14	64%
Exhibited jealousy	13	59%
Experienced financial hardship	10	45%
Stalked victim or victim's family	10	45%
Threatened or attempted suicide	9	41%
Arrested or convicted of non-domestic violence offenses	8	36%
Abused alcohol	7	32%
Was unemployed or recently lost a job	7	32%
Arrested or convicted of prior domestic violence offense	6	27%
Threatened to harm victim's family member/friend	6	27%
Was a military veteran	4	18%
Used illegal drugs	4	18%
Destroyed the intimate partner's property	3	14%
Non-compliance with prior court orders	3	14%
Experienced prior domestic violence victimization	1	5%
Was violent outside of the home relationship	1	5%

The following behaviors were attributable to the 19 intimate partner victims prior to the homicide:

Victim Behaviors	# Victims	% Victims
Expressed a belief that the intimate partner was capable of killing him/her	9	47%
Began/perceived to begin an intimate relationship with a new person (someone other than the offender)	6	32%
Experienced financial hardship	6	32%
Experienced prior domestic violence victimization	5	26%
Had a child from a prior relationship	4	21%
Used illegal drugs	3	16%
Threatened or attempted suicide	2	11%
Abused alcohol	1	5%
Arrested or convicted of non-domestic violence offenses	1	5%
Arrested or convicted of prior domestic violence offense	1	5%
Was unemployed or recently lost a job	1	5%

Interventions Sought by Victim

Of the 25 homicide cases, five victims (20%) had sought law enforcement intervention prior to her murder; four (16%) had ever obtained a protective order against the offender; three (12%) of the victims had obtained mental health services, including private counseling and couples therapy; three (12%) of the victims had sought relief from domestic court; and only 1 (4%) of the 25 victims had ever sought domestic violence advocacy services.

Interventions	# of Cases	% Cases
Ever reported to law enforcement	5	20%
Ever obtained a protective order	4	16%
Ever sought mental health services	3	12%
Ever sought domestic court interventions	3	12%
Ever sought domestic violence advocacy services	1	4%

Precipitating Events in Intimate Partner-Related Homicides

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

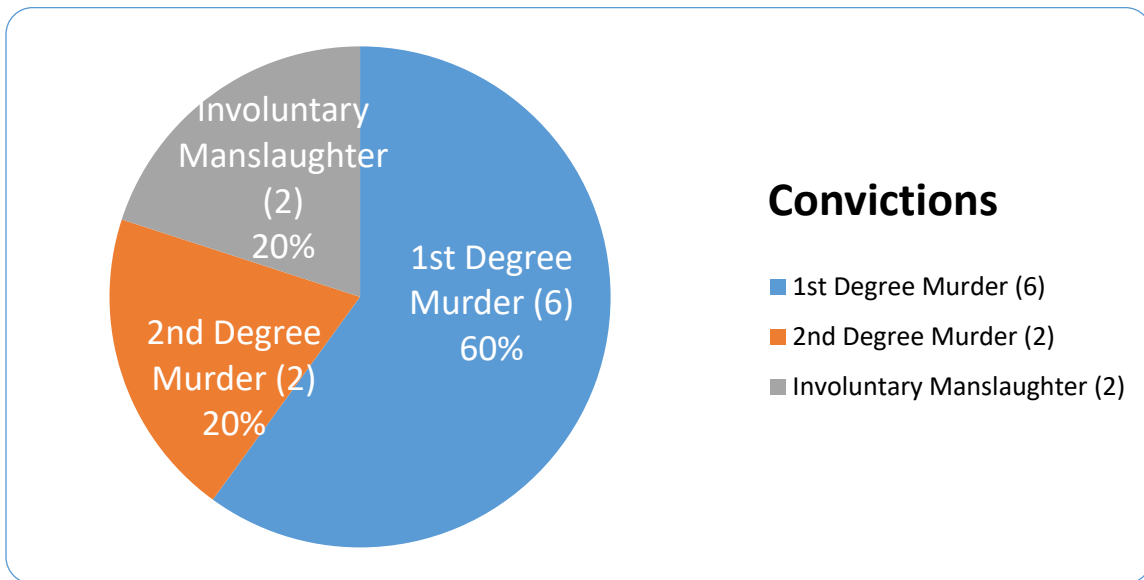
Event	# of Cases	% of Cases
Separation or termination of relationship/break up	13	52%
Financial issues	7	28%
New partner or the perception of a new partner	7	28%
Relationship involved quick involvement with intense courtship (Note: no data for 2009 cases)	5	20%
Upcoming system intervention (criminal or civil court case)	4	16%

Argument over property	3	12%
Argument over child custody	3	12%
Illness/mercy killing	1	4%

Criminal Justice Response

Ten of the 22 (45%) homicide offenders were charged and convicted of a crime following the murder. Two were convicted of involuntary manslaughter; six were convicted of first degree-murder, and two were convicted of second-degree murder.

The remaining 12 offenders (55%) committed suicide following the homicide.



Recommendations

During the Team's review of intimate partner-related deaths that occurred between 2009 and 2013, 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 from case reviews conducted between 2011-2013 are reflected in the recommendations presented in this section.

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

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

Professional Training

Provide training and develop protocols to increase victim advocates' capacity to explain the advantages of the deferred disposition option to victims in criminal cases, including the importance of batterer intervention programs.

The deferred disposition is a one-time option for an individual charged with a misdemeanor domestic assault & battery. The deferred disposition is only available to a defendant who has no prior convictions for domestic violence. This is an appropriate disposition for an intimate partner relationship where there is no real history of domestic violence, the victim was not seriously injured, and the victim wants to maintain his/her relationship with the defendant. The deferred disposition requires that the court find the facts sufficient for a finding of guilt, but the actual imposition of that guilty finding is withheld for two years. If the defendant is successful on probation, is not convicted of any other charges, and completes all court-ordered programs, the case is ultimately dismissed at the end of the two-year period. However, if the defendant is not successful in completing court-ordered classes and/or is arrested/convicted of any offense, at the end of the two-year period, the court will enter a finding of guilt on the domestic assault & battery charge; that conviction will be on the defendant's criminal record permanently.

The deferred disposition is often an appealing option for victims who are reluctant to go through the court process and are concerned about active jail time and/or the defendant having a permanent conviction on his/her record. The advantages of the deferred disposition include placing the defendant on active probation (up to two years) and requiring the defendant to complete court-ordered programs such as alcohol/drug assessments and treatment, mental health treatment, parenting classes, and the mandatory certified batterer intervention program.

Often victims view the deferred disposition as a way to minimize their involvement in the court process, preserve their relationship with the defendant, and provide the defendant with the tools and services necessary to help him/her change their negative/high-risk patterns of behavior. Advocates working with victims throughout the criminal process need training to ensure the victim is aware of the potential outcomes of the criminal case so the victim may best plan for their safety and engage with the process. Victims working with an advocate who is trained to explain the nuances of the deferred disposition process are in a better position to assist and support the victim in their decision making throughout the criminal court process. Victims with a clear understanding of the deferred disposition option from the onset of the criminal court process may be more likely to cooperate with prosecution because they will have an accurate understanding of the consequences facing their abusive partner.

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. Advocates receiving training in the importance of Batterer Intervention Programs will be better equipped to support the victims they serve throughout the criminal process.

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.

Based on the cases reviewed between 2009-2013, the team also notes the importance of increasing capacity for BIPs in Fairfax County to provide programs in additional languages beyond the current programs offered in English, Spanish, and Arabic.

Increase the use of evidence-based prosecution in domestic violence cases, including routinely incorporating lethality screening information in prosecutorial decision making. Continue connection with victim advocacy services to promote victim’s increased understanding of deferred disposition options.

Evidence based prosecution is often referred to as “victimless prosecution,” i.e., proceeding with the prosecution of a domestic violence case where the victim is absent or a reluctant witness. This prosecution technique is being used more frequently given the reality that many domestic violence victims are afraid or reluctant to participate in the court process. Research shows advocacy services and connection with ongoing domestic violence program supports are protective factors. The information from the lethality screening should be used to assess the danger to the victim and whether proceeding with prosecution (with or without the victim) is advisable. Increasing the use of evidence based prosecution will in turn increase offender accountability. Studies show that communities that employ evidence-based prosecution see fewer cases declined, more cases tried, and increased convictions¹.

Deliver regular training to the following professions and community groups: religious communities, behavioral and mental health professionals, medical professionals, and family law attorneys.

Throughout the Team’s case reviews, there were many instances when both the victim and offender interacted with community and professional groups shortly before the homicide occurred. These touch points with professionals and faith communities provide an opportunity for potential screening for domestic violence and lethality indicators and, ultimately, intervention when domestic violence is disclosed.

Religious Community

Many victims of domestic violence and their families turn to faith communities for help. Ensuring that faith communities are equipped with the tools and resources to respond safely when their members disclose domestic violence is one strategy to increase protective factors for both victims and offenders. In particular, the Team recommends that regular training be provided to faith communities on high-danger indicators and potential safety risks of couples counseling. Couples’ counseling as an intervention in domestic violence relationships increases the risk of danger to victims. The Faith Trust Institute, a national organization providing

¹ Messing, J. (2010) *Evidence-Based Prosecution of Intimate Partner Violence in the Post-Crawford Era: A Single-City Study of the Factors Leading to Prosecution*. Phoenix, AZ. *Crime & Delinquency* 2014, Vol. 60(2) 238–.260.

information and training to faith communities to respond appropriately to domestic violence, has issued a statement to religious communities denouncing the use of couples' counseling as an intervention when domestic violence has been identified due to the safety risks potentially encountered by victims should they participate in this intervention².

Behavioral and Mental Health Professionals

While many victims and offenders access domestic violence services from victim service organizations and batterer intervention programs, it is also common for victims and offenders to seek traditional behavioral health services from private therapists or community-based mental health providers. With the appropriate training, these providers may be able to intervene and assess the risk of lethality when domestic violence is identified. Based on the Team's findings, it is recommended that behavioral and mental health providers are provided advanced training on screening, risk assessment, and lethality indicators in violent relationships, with particular emphasis on private providers, as the majority of cases reviewed that had sought behavioral health services had seen private therapists.

Medical Professionals

Throughout the Team's case review process, several cases were identified in which the victim or offender sought medical attention for health-related concerns or behavioral health issues shortly before the homicide occurred. Providing training to medical professionals on the assessment of domestic violence, including risk and lethality assessment, is imperative so that appropriate intervention and services are provided when victims or offenders are identified in medical settings.

Attorneys

Based on the Team's findings, 16% of homicide victims in the cases reviewed were involved in a court-related system intervention. This increased risk during court involvement places family law attorneys in a unique position to intervene by providing the victim and offender with information and resources related to services available, and also to help the victim understand potential risks for lethality as they navigate the family court system. The Team recommends implementing a series of trainings on the dynamics of domestic violence during divorce and custody litigation, specifically tailored toward family law attorneys, especially in private practice, to help build the capacity of the Fairfax legal community to best represent their clients to ultimately increase victim safety.

² Frank, P. & Houghton, B. *A Policy Statement on Domestic Violence Couples Counseling*. FaithTrust Institute, <http://faithtrustinstitute.org>.

Community Outreach and Education

Continue to educate about the increased risk of the presence of firearms in homes where domestic violence is also present.

According to the *American Journal of Public Health*, the presence of a firearm in domestic violence situations increases the risk of homicide to women by 500%. In 68% of the cases reviewed by the Team, firearms were used as the homicidal weapon. Based on the Team's findings and the prevalence of firearms used in the cases reviewed, it is their recommendation that community-wide education on the increased risk of the presence of firearms be conducted.

On July 1, 2016, a new provision of Virginia law prohibits a person who is subject to a family abuse permanent protective order ("respondent") from possessing a firearm. The law provides that after being served with a permanent protective order, the respondent has a 24-hour period to lawfully possess the firearm solely for purpose of transferring or selling the firearm to another person who is legally allowed to possess it. A violation of this law is a Class 6 felony, punishable up to five years in prison, as well as the loss of certain civil rights, including the right to possess a firearm.

The Fairfax County Domestic Violence Prevention, Policy and Coordinating Council and the Fairfax County Domestic Violence Network have worked together since 2016 to improve our system's response related to the firearm prohibitions for protective order respondents passed in 2016. Those efforts have largely focused on internal procedures, which are necessary to continue to improve. However, the Team also recommends a concerted effort to increase awareness and education about the increased risks firearms pose in domestic violence situations across the community as a whole.

Educate the community about available behavioral health services, particularly the availability of psychiatric medication options for people without medical insurance.

In cases reviewed by the Team, there were multiple instances where the offender was known to have psychiatric or behavioral health issues with symptoms that worsened prior to the homicide occurring. Through the process of case review, the Team identified several barriers to accessing behavioral health services that arose, including a lack of knowledge of available resources on the part of the victim or offender; a lack of behavioral health resources for individuals without medical insurance or who are underinsured; and a lack of behavioral health providers who are bilingual and bicultural. As a result, the Team recommends providing on-going community outreach and education to ensuring community members are aware of the resources available, especially resources that remove barriers for individuals without medical insurance.

Develop suicide prevention and education materials about the connection between suicide and domestic violence.

Community-wide outreach and education should focus on the connection between suicide and domestic violence, as well as risk assessment and intervention. Both research and the case review data show a connection between suicide and domestic violence. The case data reviewed by the Team shows that of the cases reviewed between 2009-2013, 41% of the offenders in these cases had threatened or attempted suicide. Suicidology research also shows women who had been victims of intimate partner violence and whose partners had threatened or attempted suicide were at greater risk of suicide than women victims whose partners had never threatened or attempted suicide³. Throughout case review, 11% of the homicide victims had attempted suicide or had suicidal thoughts. Research also indicates that approximately one in four women who have experienced intimate partner violence have threatened or attempted suicide.

Continue efforts to increase community and family participation in preventing and intervening in domestic violence, particularly educating on risk factors (that may be different than expected) and safety planning (what to do when someone you know is in danger).

Community-wide prevention and intervention education is an important component to building protective factors for victims who may disclose their victimization to trusted members within their own community and families. In 65% of the cases reviewed by the team between 2009-2013, bystanders were involved, meaning the majority of the cases involved people who either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene. Providing community education on the risk factors of domestic violence, as well as how to intervene by assisting someone you know is in danger create a safety plan is imperative to ensuring victims receive the information and assistance they need.

³ Cavanaugh, Messing, Del-Colle, O'Sullivan & Campbell, (2011). *Prevalence and Correlates of Suicidal Behavior among Adult Female Victims of Intimate Partner Violence*. *Suicide and Life Threatening Behavior*, 41(4):372-383.

Systems Coordination and Improvement

Advocate for criminal background checks on firearms purchased through private sellers in Virginia.

Throughout the process of reviewing cases, the Team identified situations in which an offender purchased the firearm used as the fatal weapon from a private seller without any documentation that a criminal background check occurred. Research indicates access to a weapon, especially a firearm, dramatically increases the risk of potential lethality in a domestic violence situation⁴. In recent years, with the dramatic increase in incidences of mass gun violence linked to known perpetrators of domestic violence across the country, the issue of firearm access for offenders of domestic violence has received national attention. In Virginia, firearms were the fatal agent in the majority (65.5%) of domestic violence homicides in 2015.⁵ Therefore, the Team recommends advocacy for stronger background check laws that may limit an offender's access to purchasing a gun.

Increase victim advocacy services system-wide (within the police department and the county's domestic and sexual violence program, as well as with community and culturally specific organizations) so that they can follow up with victims more frequently and more proactively, even on cases that might not screen in as high-danger for risk of lethality.

Case review data showed only one victim (4%) of the 25 homicide victims identified had accessed services through a domestic violence program. However, 20% of the homicide victims in the cases reviewed had reported domestic violence at some point to law enforcement, providing an opportunity for engagement with advocacy services and domestic violence programs. Some victims may be reluctant to participate in advocacy services initially, especially when their involvement with other parts of the system, such as law enforcement or prosecution, was not voluntary. However, proactive and regular follow-up contact with victims will help build rapport and trust with advocacy services, which also increases support and protective factors for victims who may be willing to engage in services later in their process of making change. In addition, with limited resources, victim services providers are forced to triage staff resources to higher-risk cases. While this is necessary to meet the needs of victims in high-risk situations, increased staffing levels will allow the opportunity for victim services agencies to provide more intensive outreach and intervention to cases that may appear lower-risk initially, in turn helping prevent escalation and risk levels increasing in those situations over

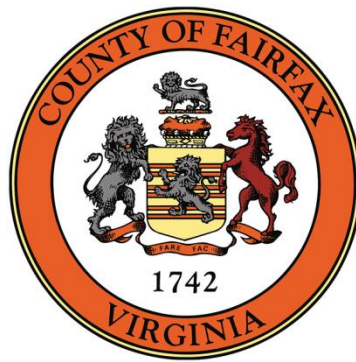
⁴ Violence Policy Center (2017). *When men murder women: An analysis of 2015 homicide data*. Retrieved from <http://www.vpc.org/studies/wmmw2017.pdf>.

⁵ Virginia Department of Health, Office of the Chief Medical Examiner (2018). *2015 Family and Intimate Partner Homicide Surveillance Report*. <http://www.vdh.virginia.gov/content/uploads/sites/18/2018/02/2015-FIPS-Annual-Report.pdf>.

time. The Team recommends increased capacity for organizations to provide more advocacy services, both community-based and system-based, specifically directed toward providing proactive follow-up services to victims before the violence escalates in frequency or risk level.

Expand options for children who witness domestic violence and/or experience vicarious trauma from domestic violence-related homicides.

Case review data showed 40% of the homicide cases reviewed involved children, including four children (16%) who were killed in intimate partner-associated homicides. Information discovered during the case review process highlighted barriers and challenges engaging child witnesses to domestic violence-related homicides in therapeutic services after the homicide occurred. Therefore, the Team recommends Fairfax County continues collaboration among victim service agencies and Fairfax County Public Schools to ensure timely and wraparound services following homicides to address both the individual complex trauma faced by children involved and the vicarious trauma experienced by classmates and friends. The Team's recommendations include creating an interdisciplinary team approach in cases of domestic violence homicides where children were present or impacted that would create wraparound services for families as they grapple with the trauma of experiencing domestic violence homicide.



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