



Montgomery County
Domestic Violence Fatality Review

2018 Annual Report

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Executive Summary

The Montgomery County Domestic Violence Fatality Review Team (DVFRT) is a multidisciplinary group of professionals and community members that meets regularly to examine the circumstances leading to fatalities and near-fatalities that occurred between intimate partners in Montgomery County, Maryland. From 2017-2018, the Montgomery County DVFRT completed a review of eight domestic violence-related cases that resulted in death or serious injury. Among the eight cases the offenses committed included six homicides and two attempted homicides. Three of the homicides also involved offender suicide. The cases reviewed occurred between 2008-2017. The data findings in this report are cumulative from 2017-2018. Multiple factors were assessed, including the following: gender, age, weapon ownership and use, child witness, precipitating event(s), history of arrest or conviction, interventions sought, and convictions/outcome. For the four cases reviewed in 2018, the Montgomery County DVFRT made findings and recommendations related to the following topics: education, outreach and training; judicial considerations; law enforcement response; and offender services and recidivism.

Team Members

Montgomery County (MC) DVFRT Officers: Debbie Feinstein, MC-DVFRT Chair, Chief, Special Victims Division, Montgomery County Office of the State's Attorney; Thomas Manion, MC-DVFRT Vice-Chair, Director, Montgomery County Family Justice Center, Montgomery County Office of the Sheriff

Community Organizations: Juanita Murkey, Attorney, House of Ruth Maryland; Donna Rismiller, Attorney, DVS Legal Services; Amy Palumbo, Attorney, DVS Legal Services; Dr. Rashid Chotani, former Executive Director, Muslim Community Center Medical Clinic; Dr. Rahel Schwartz, Therapist, Jewish Coalition Against Domestic Abuse

Hospital Based Health Care Provider: Dr. Jessica Volz, Clinical Nurse Manager, Forensic Medical Unit, Adventist Health Care, Shady Grove Medical Center; Vania Baioni, Forensic Nurse Examiner, Forensic Medical Unit, Adventist Health Care, Shady Grove Medical Center

Judiciary of Maryland, Commissioner's Office: Carolyn Creel, Administrative Commissioner, 6th District Court of Maryland

Maryland Department of Public Safety and Correctional Services: Ingrid Gonzalez, Field Supervisor (*Acting*), Division of Parole and Probation; Rochelle Perry, Field Supervisor (*Acting*), Division of Parole and Probation

Montgomery County Criminal Justice Coordinating Commission: Michael L. Subin, Executive Director

Montgomery County Department of Correction and Rehabilitation: Gale Starkey, Deputy Warden, Inmate Programs and Services; Ben Stevenson, Chief (*Acting*), Pre-Release Services Programs and Services; Tina Michaels, Program Manager, Pre-Trial Supervision

Montgomery County Department of Health and Human Services: Cornelia Skipton, Supervisory Therapist, Abused Persons Program; Dr. Marja Booker, Supervisory Therapist, Abused Persons Program; Wendy Grier, Assessment Manager (*Retired*), Child Welfare Services; Corrinne Millette, Assessment Manager (*Acting*), Child Welfare Services; Larissa Royal, Services Supervisor, Child Sexual Abuse and Fatalities Investigations, Child Welfare Services

Montgomery County Department of Police: Marcus Jones, Chief of Police (*Acting*), Investigative Services Bureau; Captain Mike Wahl, Director, Major Crimes Division, Investigative Services Bureau; Lieutenant Jordan Satinsky, Special Victims Investigations Division; Sergeant Andrew Suh, Special Victims Investigations Division; Sergeant John Reinikka, Special Victims Investigations Division

Montgomery County Public Schools: Dr. Elizabeth Rathbone, Coordinator, Student Health and Wellness

Montgomery County Office of the County Attorney: Corey Talcott, Chief, Health and Human Services Division; Lena Kim, Associate County Attorney

Montgomery County Office of the Sheriff: Lieutenant Colonel Christina Calantonio, Assistant Sheriff; Lieutenant Robin Lewis, Domestic Violence Section, Family Division; Smita Varia, Program Manager, Domestic Violence Coordinating Council

Montgomery County Office of the State's Attorney: Christina Miles, Program Director, Special Victims Division

Takoma Park Police Department: Lieutenant Richard Poole, Criminal Investigations; Diana Dean, Victim/Witness Coordinator, Criminal Investigations

Montgomery County DVFRT Staff: Ngozi Obineme, Program Manager, Montgomery County Family Justice Center, Montgomery County Office of the Sheriff

Acknowledgements

We would like to thank the dedicated county agencies, community partners and individual members for their contributions to the review process.

Thank you to the following people for your continued support and allocation of dedicated staff to participate in the review process:

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- The Honorable John McCarthy, Montgomery County State's Attorney
- Montgomery County Sheriff Darren Popkin
- Montgomery County Acting Police Chief Marcus Jones
- Takoma Park Police Chief Antonio B. DeVaul
- Dr. Raymond Crowel, Director, Montgomery County Department of Health and Human Services
- Angela Talley, Director, Montgomery County Department of Correction and Rehabilitation
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- Robert L. Green, Secretary, Maryland Department of Public Safety and Correctional Services
- Carolyn Creel, Administrative Commissioner, Maryland District Court, Montgomery County
- Dorothy Lennig, Director, Marjorie Cook Legal Clinic at House of Ruth Maryland
- Jack Smith, Superintendent, Montgomery County Public Schools
- Donna Rismiller, Executive Director, DVS Legal Services
- Dr. Jamshed Uppal, Acting Executive Director, Muslim Community Center Medical Clinic
- Amanda Katz, Executive Director, Jewish Coalition Against Domestic Abuse
- John Sackett, President, Adventist Health Care Shady Grove Medical Center

Our sincerest gratitude also goes to Ngozi Obineme, Program Manager, for her tireless coordination efforts and for keeping our team moving in a forward and productive direction.

About the Montgomery County DVFRT

Mission

The mission of the Montgomery County DVFRT is to:

- 1) Achieve a better understanding of why and how people are injured and/or die in domestic violence-related incidents;
- 2) Find ways to improve community involvement, work collaboratively in responding to, effectively addressing and preventing domestic violence-related deaths and serious injuries; and
- 3) Formulate recommendations for systemic improvements in individual agency policies and protocols to prevent domestic violence-related deaths and serious injuries.

The Montgomery County DVFRT is one of eleven regional DVFRTs in Maryland. DVFRTs were authorized by the Maryland General Assembly in 2005, and the Montgomery County DVFRT was established in 2005.

Purpose

The purpose of Montgomery County DVFRT is to prevent deaths and serious injuries related to domestic violence. This purpose is accomplished by:

- 1) Promoting a coordinated community response among agencies that provide domestic violence-related services;
- 2) Identifying gaps in service and developing an understanding of the causes that result in deaths and serious injuries to domestic violence; and
- 3) Recommending changes, plans and actions to improve:
 - a. coordination related to domestic violence among member agencies,
 - b. the response to domestic violence by individual member agencies, and
 - c. state and local laws, policies and practices.

Case Review Process

Selection of Cases for Review

The Montgomery County DVFRT (hereinafter referred to as DVFRT or Team) reviews domestic violence-related deaths or serious injuries that occur in Montgomery County, Maryland. The review process begins with the Montgomery County Police Department (MCPD) compiling a list of cases. Cases include those that have been adjudicated through trial and sentencing or have resulted in the death of the perpetrator. The DVFRT Case Screening Committee (CSC) determines which domestic violence homicide and attempted homicide cases that the Team will review at each meeting. Per the request of the Chair, the Team is given the names of the victim and offender and other basic identifying information to gather information pertinent to the case. The cases selected for review occurred between 2008-present year.

Gathering Information

The Team is asked to research agency and organization files to locate records they have on the parties involved in the case. The Team may also request records and information from agencies and organizations that do not participate as DVFRT members, as authorized by statute Section 4-705 of the Family Law Article of Maryland Annotated Code. The release of medical records is covered by federal statute under HIPAA, however exceptions are made for release of information mandated by state law, such as the Team statute.

The Team may also choose to interview certain informed individuals that had contact with the involved parties. Informed individuals can include family and non-family members of the parties involved in the case. If the Team determines that the individual may have information relevant to the review, a designated team member will request and, if granted, conduct an interview with that individual. Interviews of informed individuals will often be assigned to counselors and advocates due to the sensitive nature of the discussion. All information gathered by the Team will be shared at the DVFRT meetings.

Review Meetings

The Chair convenes meetings monthly to review selected cases. DVFRT meetings are comprised of two parts, public and confidential. Members of the public are welcome to attend the public portion of the meeting where the Team discusses general community issues and events related to domestic violence. The Team reviews cases during the confidential portion of the meeting, which is open only to designated team members. Before the confidential portion of the meeting is called to order, all Team members in attendance are required to sign a sworn statement honoring the confidentiality of the information, records, discussions, and opinions disclosed during case review. A breach of confidentiality by any member results in removal from that member and possible prosecution under Section 4-706 or 4-707 of the Family Law Article of the Maryland Annotated Code.

The Chair calls to order and presides over the discussion. A member of the Montgomery County Police Department typically offers the initial case overview. Other Team members present relevant information from gathered records, documents and interviews. When reviewing cases, the Team analyzes the following: the facts and circumstances surrounding the death or serious injury of the victim; the possible gaps in services, coordination of services, and systems response; and individual, relationship, community and societal risk factors associated with the case.

Findings, Recommendations and Annual Report

After case analysis, the Team offers specific findings and recommendations. Finalized findings and recommendations are reached by consensus. The Team's recommended actions aim to prevent deaths and serious injuries related to domestic violence. Recommendations are collected throughout the year and are not attributed to any one specific case. Findings and recommendations collected during the calendar year are included in a written annual report, which is disseminated the following year.

Cumulative Data Collection Findings: 2017-2018 Case Review

From 2017-2018, the Team reviewed eight domestic violence cases, which included six domestic violence-related homicides and two attempted homicides. The following are the prominent findings from the Team's review:

- Seven of the eight homicide and attempted-homicide victims were female, and seven of the eight offenders were male.
- Three of the eight offenders died by suicide immediately after perpetrating the homicide or attempted homicide. One of the offenders attempted suicide sometime after the homicide.
- The average age of victims was 36 years old, with an age range of 23 to 50 years old. The average age of offenders was 40 years old, with an age range of 30 to 52 years old.
- Guns were used as the fatal or non-fatal agent in 50% of the cases. Approximately 38% of the cases involved the use of a blunt instrument, 25% of the cases involved the use of a knife, and 13% of the cases involved the use of a personal weapon (hands or feet) as the fatal or near-fatal agent. *(Please note that some cases involved more than one fatal or near-fatal agent.)*
- Two of the eight offenders used more than one type of weapon as the fatal or near-fatal agent.
- Three of the cases involved children who were present during the homicide or attempted homicide. Of the three, two of the cases involved children who directly witnessed the homicide or attempted homicide.
- Five of the cases involved either termination or separation of the intimate partner relationship and a belief or perception that the victim had a new intimate partner.
- The available historical information from seven of the eight cases demonstrated some history of domestic violence between the victim and the offender.
- Four of the offenders had a documented history of arrest or conviction for non-domestic violence offenses.
- Three of the victims sought law enforcement intervention and obtained a protective order prior to the homicide or attempted homicide. None of the victims sought victim advocacy services prior to the homicide or attempted homicide.
- The five living offenders were charged and convicted of criminal offenses: three were found guilty of first degree murder and two were found guilty of attempted first degree murder.

Recommendations: 2018 Case Review

Education, Outreach and Training

Finding: When reviewing the cases, the Team found that one offender died by suicide immediately after perpetrating the homicide, and one offender attempted suicide a few days after perpetrating the homicide. Further research and discussion noted a correlation between domestic violence offenders and suicidality, specifically among murder-suicide cases. According to the National Institute of Justice, homicide-suicides represent about 27-32% of intimate partner femicides, and offenders having prior mental health problems in the form of depression or suicidality are one of the risks for intimate partner homicide-suicides.¹ Femicide is defined as the homicide of women.²

In addition to offender suicidality, the Team identified other risk factors for domestic violence related homicide in several of the cases, including: two cases in which victims were ending or planning to end the relationship with the offender prior to the homicide, one case that involved financial stressors present in the relationship, two offenders who either self-reported or were diagnosed with mental health issues and three cases in which the offender had alcohol abuse issues. Studies show that risk factors for offenders who commit homicide-suicides include being male, jealousy, current or past depression, a long relationship with the victim, a history of physical abuse or separation/reunion episodes, personality disorder, and alcohol abuse.¹ A multisite case study seeking to identify risk factors for femicide in abusive relationships found that if a female victim has been separated from an abusive partner after living together, has ever left or asked the partner to leave, then she was at higher risk of femicide.²

Agencies and organizations that provide direct services to domestic violence victims, and the Domestic Violence Coordinating Council (DVCC) have made great strides in educating victims about the red flags associated with domestic violence. Medical providers in the County have also made efforts to screen patients for domestic violence and provide resources. The Adventist HealthCare Shady Grove Medical Center not only screens patients for domestic violence, but also requests on-call advocates from the Victim Assistance and Sexual Assault Program to meet with victims and provide immediate crisis services.

Recommendation: Improve education to the community and to victims of domestic violence regarding domestic violence high-lethality risk factors, including offender suicidal ideation and the increased vulnerability and lethality risk for victims when ending their relationships with their abusive partners.

Response: The DVCC's Education and Outreach Committee is working to create high-risk information cards for first responders and service providers to utilize when assisting domestic violence victims. These information cards will include information on the high-risk lethality factors for victims (i.e., offender threats of suicide, strangulation, etc.) and victim services available in the County.

The DVCC's Education and Outreach Committee is working on providing victim resource materials to local hospitals in the County. To date, the committee has distributed the Family Justice Center 16-language cards to 136 medical providers in the area.

Finding: Several cases involved family members or friends who were aware of the abuse. In one of the cases, the offender informed a member of his church about his offense after the homicide. Two cases involved family members who were aware of the history of domestic violence that occurred between the victims and offenders. In one of those cases, family members disclosed difficulty in knowing how to aid the victim. Many bystanders who witness domestic violence or know of someone who is experiencing domestic violence do not know how to help someone who is experiencing it. A study showed that 58% of college students did not know how to help someone experiencing dating abuse.³ Providing bystander intervention education teaches members of the community how to safely support and aid the impacted victim(s).

In Montgomery County, the DVCC has increased their efforts to provide bystander education to the youths in the County. At the Choose Respect Montgomery Conference in 2018, an annual teen dating prevention conference hosted by the DVCC's Education and Outreach Committee, a bystander intervention workshop was provided to the middle and high school students in attendance.

Recommendation: Increase efforts to advocate and provide bystander education.

Recommendation: The DVCC Education and Outreach Community should increase outreach and training efforts to clergy and religious groups and faith organizations, and coordinate efforts with faith-based organizations that provide services and support to victims of domestic violence.

Response: The FJC is working to create bystander intervention training that will be available to the community, including working with the Title IX program at Montgomery College, who offers bystander intervention program to college students.

Finding: In two cases, children were present during the homicide or attempted homicide. In one of the cases involving children, Child Welfare Services (CWS) became involved with the case after the incident. The children were also referred to and completed the Safe Start Program, a therapy program in Montgomery County for children who witness domestic violence in the home. Team members noted that, in addition to providing services to children exposed to domestic violence, it is critical to educate parents about the impact of domestic violence on children and ways to positively communicate with their kids. Further discussion revealed that the Montgomery County Pre-Release Center offers parenting classes and the Dads Program, an evidence-based model that runs for 8-10 weeks, to offenders who have children. Additionally, the Choose Respect Montgomery Conference also has workshops available for parents that teaches them how to talk to their kids about teen dating violence and services available for victims.

Recommendation: Increase current efforts to educate parents about the impact of domestic violence on children and the services available to victims of domestic violence and children exposed to domestic violence.

Response: After the DVFRT's discussion regarding this finding and recommendation, the Domestic Violence Coordinating Council collaborated with the Family Division at the Montgomery County Circuit Court to add information pertaining to domestic violence and victim resources to the curriculum for mandated coparenting classes.

Judicial Considerations

Finding: When reviewing a case, the Team found that an attempted-homicide victim was granted two six-month Final Protective Orders (FPO) after prior domestic violence incidents. Currently, six-month FPOs are an uncommon practice, as most victims of domestic violence are granted a one-year FPO. Given that the victim filed a second Protective Order, if the Court had knowledge of currently open and past civil and criminal cases between the parties, the second Protective Order filed may have been granted for one year. According to a study funded by the National Institute of Justice, protection orders deter further violence and increase victim safety.⁴ Another study found that permanent protection orders, usually in effect for 12 months, are associated with a significant decrease in risk of police-reported violence against women by their male abusers.⁵ Therefore, it is important the Courts not only consider the domestic violence dynamics but are also aware of the civil and criminal history between parties to make informed decisions regarding protection orders to increase victim safety.

Recommendation: Judges should review information regarding the criminal, civil and cross petition history between parties prior to any consideration of a Protective Order petition. The Courts should utilize the “Record and Report of All Open and Pending Actions” form, currently completed by Court commissioners and clerks to gather open and pending criminal and civil cases between the parties. The form should also be revised to include past criminal and civil cases, in addition to open and pending cases. This form should be used to inform judges of related cases and included in the service packet given to the Montgomery County Sheriff’s Office before serving the Respondent.

Finding: One victim declined to engage in victim services and another victim failed to appear at a Final Protective Order hearing against her abusive partner. According to the National Crime Victimization Survey conducted in 2015, more than 80% of domestic violence victims did not receive assistance from victim services agencies.⁶ There are several reasons why victims may not receive assistance or engage in services, including fears of repercussions by the abusive partner, fears due to negative past experiences with engaging in victim services, situational barriers (i.e., limited English proficiency, lack of transportation, etc.), or lack of knowledge that such services exist. The Team also found that one victim was victimized by one intimate partner and ultimately killed by another. Studies show that access to resources and social support serve as protective factors against continued abuse and revictimization.⁷

The Team discussed current efforts by various service providers to educate victims about the services available to them. At the Montgomery County Family Justice Center (FJC), protocols are set in place in which the Sheriff’s Office Client Assistance Specialists or Deputies assigned to the Domestic Violence Section check the welfare of clients who fail to appear at their Protective Orders hearings. Additionally, the FJC, the Abused Persons Program and the DVCC work collaboratively to educate the community and victims of domestic violence about the services available to victims and the benefits of engaging in services.

Through further discussion, the Team recognized the need to collaborate with the judiciary on this issue. Judges are usually the first to learn that a victim is not in attendance at their hearing. Although some Judges request the Sheriff’s Office to conduct a welfare check on these victims, the Team noted that increasing collaboration with the judiciary on this issue will improve the efforts

made in checking the safety and welfare of victims and educating victims about the availability of services and benefits of engaging in services.

Recommendation: Explore the role of the judiciary in following-up with victims who have failed to appear for any stage of their Protective Order hearing.

Response: The Team recognized that many judges could benefit from additional information about domestic violence dynamics and the services available to victims. A Judicial Working Group (JWG) was created in collaboration with agencies involved in DVFRT, the DVCC and the Montgomery County Child Fatality Review Team. The JWG was established to develop best practices for judiciary and interagency collaboration involving domestic violence and child abuse. The JWG meets regularly to accomplish the judicial-related recommendations made in this report.

Finding: The Team discovered during case review that in a Protective Order, the burden of scheduling child visitation was placed on the victim despite her request that the offender have no contact with her or their children. According to the National Resource Center on Domestic Violence, having offenders remain in contact with ex-partners and children due to unsupervised or poorly supervised visitation can lead to negative outcomes for domestic violence victims and their children.⁸ Negative outcomes can include ongoing abuse such as continued harassment, intimidation and manipulation from the abusive ex-partner, and continued exposure to abuse for children.⁹ Such outcomes negatively affect the safety and well-being of victims and their children.

When domestic violence has been identified as a concern between parties during a Protective Order hearing, judges should consider tailoring custody and visitation orders to the specific safety needs of domestic violence victims and their children. In 2018, the County opened its first supervised visitation and monitored exchange center, the Safe Passage Center. Although this type of Center did not exist at the time the case occurred, the Team identified the need for increased collaboration between the courts and the Safe Passage Center to promote the safety and well-being of victims and children during child visitations and exchanges between the victims and their abusers.

Recommendation: Increase collaboration between the courts and the Safe Passage Center.

Response: After the DVFRT's discussion regarding this finding and recommendation, staff from the Safe Passage Center, the FJC and Court Watch Montgomery have worked collaboratively to raise awareness about the Safe Passage Center and its services with the courts, other County agencies and the community.

Finding: During review of a case, the Team discovered that there was no centralized repository at the county courthouses for completed court-ordered Department of Social Services (DSS) reports. When a DSS report is ordered by a judge during a Protective Order hearing, CWS investigates whether the child(ren) in that case has been abused or neglected by their parents, guardians or custodians.

In cases involving domestic violence, DSS reports are often ordered when the Protective Order petition indicates that a child was involved in or injured during a domestic violence incident. The

findings in DSS reports help judges make informed decisions regarding protection orders, however judges often do not receive these reports in time for FPO hearings and the reports do not stay on file for any future related hearings between the parties involved. Creating a centralized repository for submitting DSS reports to court will ensure that the courts are able to locate and provide the reports to the judges in a timely manner.

The Team identified that in 2020 the Maryland Judiciary will implement a new case management system called the Maryland Electronic Courts (MDEC). MDEC is a single Judiciary-wide integrated case management system that will be used by all the courts in the state court system. This case management system will allow courts to collect, store and process records electronically, and to access complete records instantly as cases travel from District Court to Circuit Court and on to the appellate courts. The system will also allow paper records to be available when specifically requested. Such a system may be able to include the submissions of DSS reports.

Recommendation: A streamlined process and centralized repository should be created to receive DSS reports, and the Court should check if a DSS report was ordered and review the report before ruling on a case. If the report is not in file, the Court should obtain a copy before any further rulings, and the reports should remain in the court file and be placed under seal for the duration of the Protective Order. The courts should prospectively consider if the MDEC case management system can include the submissions of DSS reports.

Response: Staff from CWS and the Office of the County Attorney (OCA) worked collaboratively with District Court to create a central email address for sending DSS reports to District Courts in Montgomery County. CWS and OCA are working to create a centralized email address for sending DSS reports to the Circuit Court.

Law Enforcement Response

Finding: In a case where children were present at the location of the violence, the Team found that CWS was not notified about the children's presence. According to the US Department of Justice, 1 in 4 children are exposed to at least one form of family violence during their lifetimes, and most youth exposed to family violence, including 90% of those exposed to intimate partner violence, saw the violence as opposed to hearing it or other forms of indirect exposure.¹⁰

Exposure to domestic violence can lead to emotional, psychological and behavioral problems for children. The needs of children who witness a domestic violence incident must be assessed immediately after the incident has occurred, therefore it is important that protocols in place for notifying CWS are always followed. Given that patrol officers are usually the first responders during a domestic violence occurrence, the Team identified the need for additional training to be provided for patrol officers regarding protocol for contacting CWS when children are present at a scene.

In addition to training patrol officers, the Team also identified the need for the presence of children to be consistently documented on the Montgomery County Police Department Domestic Violence Supplemental (DVS). When an officer completes an incident report for a domestic violence case, it is required that a DVS, which includes additional relevant information, also be completed. This form is shared with the investigating detective and with the State's Attorney's Office.

Recommendation: Provide additional training for patrol officer regarding the impact of domestic violence exposure on children and the protocols for CWS notification when children are present at a domestic violence incident, as well as the importance of documenting the presence of children on the DVS form.

Recommendation: The DVS form should be shared with the Sheriff's Office Client Assistance Specialist team so that referrals can be made for children who were present at the time of the domestic violence.

Finding: When reviewing a case, the Team discovered that several 911 calls were made from the home of the victim and offender prior to the homicide. It was unknown if the Emergency Communication Center (ECC) personnel informed responding officers about the call history made from the home and nature of the calls.

Recommendation: ECC personnel should automatically inform responding officers about the call history and nature of calls made from the residence.

Finding: In the course of case review, the Team found that further investigation of the victim's and offender's other intimate partner relationships was not conducted during the investigation of a domestic violence homicide case. The Team recommends that investigating officers should consider victimology, and the offender's and victim's domestic violence and intimate partner histories when investigating domestic violence related homicides.

The Team further discussed that Montgomery County Police officers are trained to conduct Lethality Assessments with the victims and provide resources when responding to domestic

violence related 911 calls. However, additional new resources for victims have been identified since the last large-scale training of officers.

Recommendation: Investigating officers should gather relevant information on victimology, and the offender's and victim's domestic violence and intimate partner histories when investigating a domestic violence related homicide or attempted homicide.

Recommendation: Offer training to officers about updated domestic violence response protocols.

Offender Services and Recidivism

Finding: The Team found that three of the offenders were domestic violence re-offenders. One offender had prior domestic violence history with other intimate partners, one offender had domestic violence history with the victim prior to the attempted homicide, and one offender had prior history with other intimate partners and with the victim prior to the homicide. Studies have found that reoffending rates of physical abuse based on victim reports range from 30% to 50% among domestic violence offenders.¹ Studies also show that stalking and a pattern of escalating severity and frequency of physical violence are associated risk factors for intimate partner femicide.² In addition to keeping domestic violence offenders accountable, it is also important that judges are provided with the criminal and civil history of reoffenders to enhance decision-making on accountability, and that the domestic violence victims and the community are educated on the continued pattern of violence that increases victim lethality.

To ensure that judges are aware of domestic violence offender's history during criminal cases, prosecutors from the Montgomery County State's Attorney's Office provide the Court with past offenses and protective order history of offenders. The Team noted that it is also important to support future policies and laws that promote the safety of domestic violence victims and the accountability of domestic violence offenders. Having such laws in place helps to ensure that the Courts and law enforcement send a consistent message that domestic violence will not be tolerated.

Recommendation: The DVCC's Legislation Committee should consider legislative suggestions for enhanced penalties for repeat offenders.

Finding: The Team found that one offender self-reported being a victim of child abuse. Studies indicate that child abuse victimization and witnessing domestic violence in childhood are risk factors for intimate partner violence perpetration and risk factors for re-assault.¹ The Team also found that treatment for past sexual assault and child abuse trauma is scarce for offenders. In Montgomery County, correctional facilities have seen an increase in the number of offenders who disclose being a victim of correctional rape or sexual assault within the last five years.

Recommendation: Assessment and treatment for past sexual and child abuse trauma should be available to incarcerated domestic violence and other offenders.

Finding: The Team found that one of the offenders completed the ordered Abuser Intervention Program (AIP) in Montgomery County before the homicide. In the course of case review, the Team discovered that AIP assessment and discharge evaluations do not include a release of information to the Assessment of Lethality and Emergency Response Team (ALERT). ALERT is a multi-disciplinary team, lead by the Montgomery County Sheriff's Office, that meets on a regular basis to discuss and collaborate on current intimate partner domestic violence cases that are at an elevated risk for lethality. AIP records for a particular abuser may contain important information such as risk of recidivism which would be relevant to share with ALERT.

Recommendation: The AIP assessment and discharge evaluation should include a release of information to ALERT.

Response: Leadership at the Sheriff's Office and the FJC are working with the Abused Persons Program and the OCA to include the release of AIP assessment and discharge evaluation to ALERT.

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