



Montgomery County  
Domestic Violence Fatality Review

2019 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 2017-2019, the Montgomery County DVFRT completed a review of ten domestic violence-related cases that resulted in death or serious injury. The ten cases reviewed included nine homicides and two attempted homicides. One of the homicide cases included a secondary victim. Four of the homicides also involved offender suicide. The cases reviewed occurred between 2008-2017. The data findings in this report are cumulative from 2017-2019. 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 two cases reviewed in 2019, the Montgomery County DVFRT made findings and recommendations related to the following topics: education, outreach and training; and expanding victim services.

## **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, 6<sup>th</sup> District Court of Maryland

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

**Montgomery County Department of Correction and Rehabilitation:** Gale Starkey, Deputy Warden, Inmate Programs and Services; Ben Stevenson, Chief (*Acting*), Community Corrections Division; 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; Captain Mike Wahl, Director (*Former*), Major Crimes Division, Investigative Services Bureau; Lieutenant Kevin Sullivan, Director (*Acting*), Major Crimes Division, Investigative Services Bureau; Captain Willie Parker-Loan, Assistant Chief, Patrol Services Bureau; Lieutenant Brian Tanzi, Executive Officer, Patrol Services Bureau; Sergeant Andrew Suh, 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:

- County Executive Marc Elrich
- The Honorable John McCarthy, Montgomery County State's Attorney
- Montgomery County Sheriff Darren Popkin
- Montgomery County 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
- The Honorable Marc Hansen, Montgomery County Attorney
- 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: 2017-2019 Case Review**

From 2017-2019, the Team reviewed ten domestic violence cases involving eleven victims. Of the eleven victims, eight were intimate partner-related homicide victims, one was a child of a victim who died by homicide and two were intimate partner-related attempted homicide victims. The following are the prominent findings from the Team's review:

### **Demographics**

- Eight of the eleven homicide and attempted-homicide victims were female, and nine of the ten offenders were male.
- One of the homicide victims was under the age of 18.
- One of the homicide victims was pregnant.
- The average age of victims was 35 years old, with an age range of 11 to 51 years old. The average age of offenders was 40 years old, with an age range of 30 to 52 years old.

### **Weapons**

- Guns were used as the fatal or non-fatal agent in four of the cases. Four of the cases involved the use of a blunt instrument, four of the cases involved the use of a knife, and one 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.*)
- Three of the ten offenders used more than one type of weapon as the fatal or near-fatal agent.

### **Involvement of Children**

- One of the ten cases involved a child who was killed after the homicide of the intimate partner.
- Three of the ten 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.

### **Precipitating Circumstances**

- Five of the ten cases involved either termination or separation of the intimate partner relationship and a belief or perception that the victim had a new intimate partner.
- One of the ten cases involved cultural and religious stressors within the intimate partner relationship.

### **History**

- The available historical information from eight of the ten cases demonstrated some history of domestic violence between the victim and the offender.



- Five of the ten offenders had a documented history of arrest or conviction for non-domestic violence offenses.
- One of the ten offenders had documented history of child abandonment and trauma.
- Four of the ten offenders had documented history of alcohol or drug abuse.
- Three of the eleven 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.
- Three of the eleven victims had domestic violence history with a former intimate partner and were ultimately killed by another.

### **Perpetrator Outcomes**

- Four of the ten offenders died by suicide: three died by suicide immediately after perpetrating the homicide or attempted homicide, and one died by suicide sometime after perpetrating the homicide. One of the offenders attempted suicide sometime after perpetrating the homicide.
- The six living offenders were charged and convicted of criminal offenses: three were found guilty of first degree murder, one was found guilty to two counts of first degree murder, and two were found guilty of attempted first degree murder. One of the deceased offenders was charged and convicted of first-degree murder prior to his death.

## **Recommendations: 2019 Case Review**

### **Education, Outreach and Training**

**Finding:** The Team discovered during case review that a bystander heard screams at the time of the intimate partner homicide, however there was no indication that the bystander contacted police. Community residents are often the first to know when something out of the ordinary occurs in their area. Reporting such information helps law enforcement to investigate and prevent crime, which leads to safer communities. A study conducted by the Federal Emergency Management Agency and the International Association of Chief of Police found that there are several barriers that prevent community members from reporting suspicious activity to law enforcement, including: concern for getting an innocent person in trouble; fear of retaliation; discomfort with judging others; unsure if the information will be a worthwhile use of police resources; assuming that someone else will report; uncertainty regarding how to properly report; belief that police may not take one's call seriously; and fear or mistrust of law enforcement.<sup>1</sup> The Team noted the need to improve the community's awareness surrounding the importance of reporting suspicious activity. Awareness of the barriers helps to create effective campaigns for learning about suspicious activity reporting and for creating positive relationships between members of the community and law enforcement.

**Recommendation:** Law enforcement, County agencies and community organizations should promote community involvement in identifying and reporting suspicious activities through education and outreach efforts and campaigns.

**Finding:** One of the offenders died by suicide while awaiting sentencing for murdering his intimate partner. Similar findings have been discovered by the Team in past case reviews where offenders have either died by suicide or attempted suicide after perpetrating intimate partner homicides. According to the National Institute of Justice, homicide-suicides represent about 27-32% of intimate partner homicides with female victims.<sup>2</sup> Some abusive partners use suicide threats to control and manipulate their victims. Such threats also increase the victim's risk of harm by the abuser. Montgomery County law enforcement and community agencies and organizations that provide services to victims of domestic violence often use the Lethality Assessment Program, created by the Maryland Network Against Domestic Violence, and the Danger Assessment as tools to assess victims of domestic violence and identify those who are at the highest risk of being seriously injured or killed by their abusive partners. These tools are also used to educate victims about the risk factors and connect victims to services. The Team noted that an additional tool may be needed for law enforcement and service providers to increase efforts in educating victims about the link between threats of suicide by abusive partners and the risk of lethality.

**Recommendation:** The Montgomery County Domestic Violence Coordinating Council (DVCC) should create an informational tool for first responders and service providers that will include information on high-risk lethality factors, including offender threats of suicide, in addition to resources for victims in the County.

**Response:** The DVCC's Education and Outreach Committee created information cards for first responders and services providers to use to educate victims about the high risk lethality factors and to provide resources for victims. The DVCC plans to launch and distribute the tool to first responders and service providers throughout the County in 2020.

## Expanding Victim Services

**Finding:** When reviewing a case, the Team discovered that the victim had substance abuse history prior to the homicide. The Team discussed the complex trauma associated with domestic violence, and the intersection between domestic violence and substance abuse. Substance abuse, defined as the overindulgence in and dependence of an additive substance such as alcohol and drugs, is one of the many adverse trauma-related health effects of domestic violence.<sup>3</sup> Studies have found higher rates of lifetime domestic violence among people who use or are dependent on substances. A study of women who attended a methadone clinic found that 90% had experienced domestic violence in their lifetime.<sup>3</sup>

Some victims of domestic violence use substances to cope with the traumatic effects of abuse or the abuse itself. However, some victims are coerced into using substances by an abusive partner, who then uses the victim's dependence on substances as a way to further control the victim in several ways, including: undermining the victim's efforts to achieve sobriety; isolate the victim from sources of support; use stigma around substance use to call a victim's credibility into question, including in protective order and family law cases; and threatening to undermine the victim with authorities by disclosing their substance use.<sup>3</sup> Results from a study of National Domestic Hotline callers showed that 15% had attempted to seek help for substance use, and of them, 60% reported that their partner/ex-partner prevented or discouraged such treatment.<sup>4</sup> Given the implications of substance use coercion in a domestic violence situation, it is important the judges are aware of the stigma surrounding substance use among victims of domestic violence and the best practices for handling cases involving victims experiencing substance use disorder and other complex trauma due to the abuse.

In addition to substance abuse, victims of domestic violence may experience chronic pain, injury, depression, and posttraumatic stress disorder (PTSD) as a result of the abuse.<sup>5</sup> Studies show that women who have experienced domestic violence are nearly three times more likely to develop a major depressive disorder or PTSD as compared to women who have not experienced domestic violence. When seeking intervention services that address domestic violence, victims may also seek assistance to address substance abuse and mental health conditions that may prevent their healing. Coordinated, collaborative and integrated service programs, such as the Montgomery County Family Justice Center (FJC), prove to be effective programs when assisting victims experiencing intersecting issues allowing victims easy access to an array of services.

As a multiagency and multidisciplinary center, the FJC offers several critical, wrap-around services to victims of domestic violence in the County. However, there is currently a need for additional cultural-specific and trauma-informed services that address substance use disorders among victims. The Team recommends a need for additional partnerships between the FJC and service providers offering substance abuse intervention services. Team members also noted the limited grant opportunities available to fund necessary long-term counseling services for domestic violence victims experiencing complex trauma.

**Recommendation:** County agencies, community organizations and the DVCC should advocate for the increase of grant funding efforts for trauma and substance abuse related counseling, allowing domestic violence victims of complex trauma to have access to extended and long-term counseling services.

**Recommendation:** The Montgomery County Family Justice Center should explore collaborative opportunities with substance abuse service providers in the County able to provide services to victims of domestic violence.

Recommendation: The Montgomery County Judicial Working Group should educate judges about the relationship between domestic violence, the abuse of substances among victims, and the trauma-related mental health conditions that victims experience. Judges should also be educated about best practices for handling cases that involve victims experiencing complex trauma.

## **References**

1. Improving the Public's Awareness and Reporting of Suspicious Activity: Key Research Findings from Literature Review, Household Surveys, Focus Groups and Interviews. Retrieved from: [https://www.fema.gov/media-library-data/20130726-1818-25045-6132/suspiciousactivitykeyfinding\\_508\\_.pdf](https://www.fema.gov/media-library-data/20130726-1818-25045-6132/suspiciousactivitykeyfinding_508_.pdf)
2. Intimate Partner Violence Risk Assessment Validation Study. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/209731.pdf>
3. The Relationship Between Intimate Partner Violence and Substance Use. Retrieved from: <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/09/IPV-SAB-Final202.29.1620NO20LOGO-1.pdf>
4. [See 3.](#)
5. [See 3.](#)